

KU

SCHOOL OF MEDICINE

The University of Kansas

Graduate Medical Education Policy and Procedure Manual

Version 5.2

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This manual represents the institutional guidelines, policies and procedures governing the selection, appointment, evaluation and promotion of residents at the University of Kansas School of Medicine. While every effort has been made to ensure the accuracy and comprehensiveness of the information presented, the content of this manual is subject to change. Unless otherwise noted, all policies included in and revisions of this document become effective upon their publication on www.kumc.edu/. Individuals seeking the most recent additions or revisions should contact the Office of the Associate Dean for Graduate Medical Education.

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1. ABOUT THE UNIVERSITY OF KANSAS MEDICAL CENTER

The University of Kansas Medical Center is a campus of the University of Kansas and offers educational programs through its Schools of Allied Health, Medicine, Nursing, and Graduate Studies. The campus is comprised of academic units operating alongside The University of Kansas Hospital, which provides opportunities for clinical experience and residency positions.

1.1 University of Kansas Medical Center Mission Statement

The University of Kansas Medical Center, an integral and unique component of the University of Kansas and the Kansas Board of Regents system, is composed of the School of Medicine, located in Kansas City and Wichita, the School of Nursing, the School of Allied Health, the University of Kansas Hospital in Kansas City, and a Graduate School. The KU Medical Center is a complex institution whose basic functions include research, education, patient care, and community service involving multiple constituencies at state and national levels. The following paragraphs chart the KU Medical Center's course and serve as a framework for assessing programs, setting goals, developing initiatives and evaluating progress.

The University of Kansas Medical Center is a major research institution primarily serving the State of Kansas as well as the nation, and the world, and assumes leadership in the discovery of new knowledge and the development of programs in research, education, and patient care. The KU Medical Center recognizes the importance of meeting the wide range of health care needs in Kansas – from the critical need for primary care in rural and other underserved areas of the state, to the urgent need for highly specialized knowledge to provide the latest preventive and treatment techniques available. As the major resources in the Kansas Board of Regents system for preparing health care professionals, the programs of the KU Medical Center must be comprehensive and maintain the high scholarship and academic excellence on which the reputation of the University is based. Our mission is to create an environment for:

Instruction. The KU Medical Center educates health care professionals to primarily serve the needs of Kansas as well as the region and the nation. High quality educational experiences are offered to a diverse student population through a full range of undergraduate, graduate, professional, postdoctoral and continuing education programs.

Research. The KU Medical Center maintains nationally and internationally recognized research programs to advance the health sciences. Health related research flourishes in a setting that includes strong basic and applied investigations of life processes, inquiries into the normal functions of the human body and mechanisms of disease processes, and model health care programs for the prevention of disease and the maintenance of health and quality of life.

Service. The KU Medical Center provides high quality patient-centered health care and health related services. The University of Kansas Medical Center will be the standard bearer in the development and implementation of model programs that provide the greatest possible diversity of proven health care services for the citizens of Kansas, the region and the nation.

1.2 University of Kansas School of Medicine Mission, Vision, and Values

Mission

The University of Kansas School of Medicine commits to enhance the quality of life and serve our community through the discovery of knowledge, the education of health professionals and by improving the health of the public.

Vision

The University of Kansas School of Medicine will work with its partners to become the premier academic medical center in the region known for its excellent education, innovative scientific discovery, outstanding clinical programs and dedication to community service. It will be known as the place where everyone wants to come to learn, to teach, to conduct research and to receive his or her health care.

Values

Excellence

Partnership and Collaboration

Teamwork and Participatory Decision Making

Ethics, Honesty and Respect

Practicality and Financial Responsibility

Openness and Transparency in Decisions and Finances

Accountability and Measurable Milestones

Diversity

Continuous Improvement

2. INTRODUCTION TO GRADUATE MEDICAL EDUCATION (GME)

Graduate Medical Education prepares physicians for practice in a medical specialty. Graduate Medical Education focuses on the development of professional skills and clinical competencies as well as on the acquisition of detailed factual knowledge in a specialty. The Graduate Medical Education process is intended to prepare the physician for the independent practice of medicine and to assist in the development of a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

The single most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the resident that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill.

The education of residents relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. The quality of the Graduate Medical Education experience is directly related to the quality of patient care. Within any program, the quality of patient care must be given the highest priority. A proper balance between educational quality and the quality of patient care must be maintained. A program must not rely on residents solely to meet service needs and, in doing so, compromise both the quality of patient care and of resident education.

Upon satisfactory completion of a residency, the resident is prepared to undertake independent practice within the chosen specialty. Residents in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) typically complete the educational requirements for certification as specified by the appropriate specialty board recognized by the American Board of Medical Specialties (ABMS).

The School of Medicine and the American Association of Medical Colleges (AAMC) have long held that residents, although receiving stipends and providing useful clinical service, are primarily students, not employees. Though there have been several attempts in the past three decades to organize interns and residents for purposes of collective bargaining, the resident's primary role is that of a trainee in an educational program rather than an employee. In the "educational" setting, the level of stipends, the availability of other "benefits", the duty hours, the length of training programs, the

rotations of residents to various services, and the methods of testing and evaluating residents, are necessarily determined unilaterally by the programs and sponsoring institutions based on the guidelines provided by the ACGME, and the various Residency Review Committee's (RRCs) and specialty boards. Furthermore, the decision to reappoint or promote a resident is fundamentally subjective and is to be made by the officers of the program based upon evaluation of both the resident's performance and potential for future growth.

The University of Kansas School of Medicine recognizes that with the authority vested in the institution to determine the terms of the Resident Agreement come the responsibilities to provide levels of support sufficient to allow the residents to pursue their educational goals and to administer the programs fairly and uniformly. Because organization of the resident staff for purposes of collective bargaining would interfere with the educational objectives of the Graduate Medical Education programs, the School of Medicine is committed to effectively addressing issues of concern to the residents and to providing the resident staff with representation on the institutional committees concerned with the administration of the residency programs.

2.1 Policies and Procedures Governing Graduate Medical Education

Every resident expects his or her training program to be of high quality. Similarly, each program expects its residents to pursue their educational goals and to carry out their patient care responsibilities according to high personal and professional standards.

This Graduate Medical Education Policies and Procedures Manual (Manual) establishes the institutional guidelines for the selection, appointment, evaluation and promotion of residents. It provides guidelines for the probation, suspension and termination of residents who are unable to carry out their educational and/or clinical responsibilities. Provision is also made for the evaluation of Graduate Medical Education programs and faculty by residents, for the adjudication of resident complaints and grievances relevant to the Graduate Medical Education programs, and for the sanction of programs failing to adhere to these policies and procedures.

This document reflects the minimum guidelines acceptable to the School of Medicine and Medical Center. Programs must meet these minimum guidelines, but are free to adopt more rigorous policies as they see fit or as necessary to meet the requirements of their particular RRCs or specialty boards.

Should material conflict between this Manual and those adopted by a program arise, the institutional document will take precedence. Similarly, should conflict arise between the institutional or program documents and the requirements of the particular RRC and/or specialty board, the RRC and/or board requirements shall take precedence. All communications, evaluations or notices prepared, submitted and/or circulated amongst parties governed by these policies and procedures shall be documented in writing. Unless otherwise noted, all responses on the part of the resident are to be made to the Officers of the Program.

2.2 Graduate Medical Education Committee (GMEC)

In accordance with the ACGME, the Graduate Medical Education Committee (GMEC) is an organized administrative system that oversees all residency and fellowship programs sponsored by the University of Kansas School of Medicine. The Chancellor of the University of Kansas maintains authority over the University of Kansas School of Medicine and its residency and fellowship programs.

The Associate Dean for Graduate Medical Education serves as the Designated Institutional Official (DIO), and in collaboration with the GMEC, has authority and responsibility for the oversight and administration of the ACGME-accredited programs sponsored by the

University of Kansas School of Medicine, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements. GMEC meetings are generally held monthly.

2.2.1 GMEC membership consists of the DIO, GME leadership, a representative sample of program directors, a minimum of two peer-selected residents/fellows, a quality improvement/safety officer or his or her designee, a program coordinator, representatives from the University of Kansas Hospital, and representatives from the VA Medical Centers.

2.2.2 The GMEC has the responsibility for monitoring and advising on all aspects of residency education. Responsibilities include:

- a) oversight of:
 - i. the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
 - ii. the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
 - iii. the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
 - iv. the ACGME-accredited programs' annual evaluation and improvement activities; and,
 - v. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
- b) review and approval of institutional GME policies and procedures.
- c) review and approval of annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- d) Establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other participating institutions.
- e) Regular review of all residency programs to assess their compliance with both institutional and program requirements of the relevant ACGME Residency Review Committees.
- f) Review and approval of all correspondence with the ACGME or any of its RRCs as part of the responsibilities of the University of Kansas School of Medicine as the sponsoring institution for the Medical Center's programs in Graduate Medical Education.
 - i) All such correspondence must also be reviewed by the Office of Graduate Medical Education, and be cosigned by the Associate Dean for Graduate Medical Education/DIO indicating that the institution

and GMEC has reviewed and approved of the content of the correspondence.

- g) Before a position is offered to a Graduate Medical Education candidate in any program, the position must be approved in writing by the Associate Dean for Graduate Medical Education. The total number of positions offered in a program must also be approved in writing by the Associate Dean. The total number of positions offered will under no circumstances be greater than, but may be less than, the maximum program size authorized by the ACGME.

2.2.3 The GMEC demonstrates effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). The AIR includes monitoring procedures for action plans resulting from the review, and the DIO submits a written annual executive summary of the AIR to the Chancellor of the University of Kansas. Institutional performance indicators for the AIR include, but are not limited to:

- a) results of the most recent institutional self-study visit;
- b) results of ACGME surveys of residents/fellows and core faculty;
- c) notification of ACGME-accredited programs' accreditation statuses and self-study visits;
- d) results of each ACGME-accredited program's most recent GMEC Periodic/Special Review;
- e) results of each ACGME-accredited programs' Annual Program Evaluation (APE); and,
- f) Chairman Report Card.

3. THE ACGME AT A GLANCE

The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits medical residency programs in the United States.

The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of Graduate Medical Education for physicians in training.

The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Medical Specialty Societies.

3.1 ACGME Accredited Residency and Clinical Fellowship Training Programs at the University of Kansas Medical Center

Residency Programs

Anesthesiology
Cardiothoracic Surgery
Child and Adolescent Psychiatry
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine (Prelim & Categorical)
Neurological Surgery
Neurology
Obstetrics and Gynecology
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology-Anatomic and Clinical
Pediatrics
Physical Medicine and Rehabilitation
Plastic Surgery
Psychiatry
Radiation Oncology
Radiology-Diagnostic
Surgery-General
Urology

Fellowship Programs

Addiction Psychiatry
Allergy and Immunology
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Clinical Neurophysiology
Cytopathology
Endocrinology, Diabetes, and Metabolism
Gastroenterology
Geriatric Medicine
Hematology and Oncology
Hematopathology
Hospice and Palliative Medicine
Infectious Disease
Interventional Cardiology
Nephrology
Neuromuscular Medicine
Neuroradiology
Pulmonary Disease and Critical Care Medicine
Rheumatology
Selective Pathology
Sleep Medicine
Vascular and Interventional Radiology
Vascular Neurology

3.2 Non-ACGME Residency and Fellowship Training Programs at the University of Kansas Medical Center

Advanced Clinical Cardiac Electrophysiology Fellowship Program
Body Imaging (Radiology) Fellowship Program
Bone Marrow Transplant Fellowship Program
Breast Radiology Fellowship Program
Burn (Plastic Surgery) Fellowship Program
Cardiac Arrhythmia Fellowship Program
Family Medicine MPH Fellowship Program
Head and Neck Surgery and Microvascular Reconstruction Fellowship Program
Integrative Medicine Fellowship Program
Internal Medicine/Psychiatry Residency Program
Musculoskeletal Radiology Fellowship Program
Musculoskeletal/Spine (Physical Medicine and Rehabilitation) Fellowship Program
Nephrology Research Fellowship Program
Neurointerventional Radiology Fellowship Program
Non-Invasive Cardiology Fellowship Program
Regional Anesthesia Fellowship Program
Transplant Surgery Fellowship Program
Traumatic Brain Injury (Radiology) Fellowship Program
Urologic Oncology

4. ELIGIBILITY, TRANSFER , APPLICATION, SELECTION, AND APPOINTMENT OF RESIDENTS

4.1 Eligibility

Resident applicants must meet the following qualifications for appointment to an accredited residency program:

- 4.1.1 Graduation from an acceptable medical school, as outlined by the University of Kansas School of Medicine and the Kansas State Board of Healing Arts (KSBHA):
- a) Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME), or
 - b) Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), or
 - c) Graduation from an acceptable medical school outside the United States or Canada with one of the following:
 - i) successful completion of a Fifth Pathway program provided by an LCME accredited medical school, or
 - ii) A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
 - iii) All Canadian citizens and eligible Canadian Landed Immigrants who are NOT graduates of a foreign medical school must hold a status, which allows employment as a medical resident, and maintain an appropriate status throughout the length of the graduate medical training program. Possession of valid immigration documents which verify the status must be presented, or
 - iv) A full, unrestricted license to practice medicine in the State of Kansas and Missouri, depending on the training program.
 - d) Foreign medical schools are deemed acceptable as defined by the KSBHA (K.S.A. 65-2873). This is the minimum standard for graduates of foreign medical schools, however individual programs may have more stringent requirements for foreign medical school graduates:
 - i) Inclusion in the list of “approved” medical schools on the KSBHA’s website (<http://ksbha.org/medicalschooolsapprovedunapproved.html>),
 - ii) The school must not appear on the list of “disapproved” schools, also on the KSBHA website,
 - iii) If the school has not been specifically approved by the Board, an applicant may still be eligible for a license if the school has not been disapproved and has been in operation (date instruction started) for not less than 15 years,
 - iv) Medical schools that are established less than 15 years ago are not immediately approved and will need to be approved by the KSBHA on a case-by-case basis.

- v) The established date for any foreign school not specifically excluded should be determined using the FAIMER tool at <https://imed.faimer.org/>. A school appearing on the FAIMER website, but without an established date may still be eligible and must be approved by the KSBHA. Please use the “Foreign School Verification Request Form” on the KSBHA website under the “FORMS” heading.
 - vi) To be eligible for appointment, all Canadian citizens and eligible Canadian Landed Immigrants who ARE graduates of a foreign medical school must seek and maintain sponsorship through ECFMG for J-1 non-immigrant visa status.
- 4.1.2 The Office of Graduate Medical Education reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.
- 4.1.3 Some ACGME program requirements stipulate further qualifications that must be met for eligibility to an ACGME accredited program at the University of Kansas. Additionally, some programs may have more stringent qualification requirements as specified in their individual program manuals.
- Applicants are required to demonstrate spoken, auditory, reading, and writing proficiency in the English language.
- During the in-person interview, the applicant may be asked to complete a writing exercise that will provide information on the applicant’s writing skills, including ability to organize information, content development and grammatical skills.
- 4.1.4 To be eligible, applicant must meet with or without reasonable accommodation, all duties and responsibilities as described in our [policy and procedure manual](#).
- 4.1.5 Residency program applicants for the PGY 1, 2 or 3 levels must provide evidence of passing USMLE Step II/COMLEX Level 2 before they will be admitted. Residency program applicants for the PGY 3 level or beyond must provide evidence of sitting for the USMLE Step III/COMLEX Level 3 before they will be admitted. Fellowship program applicants must provide evidence that they successfully passed USMLE Step III/COMLEX Level 3 before they will be admitted.

DIO Review 12/1/2011
 GMEC Approval 12/5/2011

4.2 Transferring Residents must meet all eligibility qualifications and:

- a) Any transfer of residents from one accredited program to another within the University of Kansas Medical Center must be reviewed and approved by the receiving program. The sending program must be informed as soon as possible by the transferring resident.
- b) Resident Transferring from another ACGME- accredited program into a University of Kansas School of Medicine ACGME-accredited program must have their transferring program director provide a written or electronic verification of previous educational experiences and a summative

competency-based performance evaluation of the transferring resident. This must be received prior to entrance into the accepting program.

- c) For residents transferring to another accredited program outside of the University of Kansas Medical Center, the program director must provide timely verification of residency education and summative competency-based performance evaluations for residents who leave the program prior to completion.

4.2.1 Personal Hardship Transfers

The University of Kansas recognizes that there are a number of circumstances, which might lead a resident in an external, accredited program to request a transfer to the corresponding program sponsored by the University of Kansas Medical Center. Such circumstances might include illness of a family member in the metropolitan area or spousal transfer into the area.

Any Program Director or Chair receiving a request for such a transfer may petition the Office of Graduate Medical Education and the Graduate Medical Education Committee to consider such personal hardship transfer. The Office of Graduate Medical Education will investigate and collect all necessary information in support of the request and provide a report to the Graduate Medical Education Committee and the Associate Dean for Graduate Medical Education. Approval of personal hardship transfers is granted only on a case-by-case basis. Personal hardship transfers must meet the following criteria and restrictions before the Associate Dean and the GMEC can consider them:

- a) The resident requesting the transfer must be in good standing and in an ACGME-accredited residency program at the external sponsoring institution.
- b) Personal hardship transfers must take place between programs of the same specialty, i.e. Internal Medicine to Internal Medicine, Surgery to Surgery, but not from Internal Medicine to Surgery.
- c) The resident requesting transfer must meet all eligibility qualifications, submit a completed application and all supporting materials, and must meet all other applicable requirements for admission to the program sponsored by the University of Kansas.
- d) The Officers of the program accepting a resident under conditions of personal hardship must identify sources of funding for the stipend and benefits of the transferring resident.
- e) If the transferring resident is not to receive stipend or benefits during the initial appointment at the University of Kansas, then the Officers of the program must notify the Graduate Medical Education Committee and the Associate Dean for Graduate Medical Education in writing during the application process.
- f) If the transferring resident does not receive a stipend or benefits during their initial appointment, they must be placed in a funded position at the start of the academic year immediately following the transfer.

- g) Programs are prohibited from requesting, receiving, or accepting any payment from or on behalf of the resident requesting the hardship transfer.
- h) Under no circumstances will a program be allowed to exceed the maximum number of residents approved by the applicable residency review committee of the ACGME.

4.3 Application

Application to a program is the first step in the process of credentialing a resident for appointment to the resident staff. Most residency and fellowship programs at KUMC participate in the Electronic Residency Application Service (ERAS). A list of participating Specialties and Programs can be found on the ERAS website at www.aamc.org/audienceeras.htm. Applicants must use ERAS to submit supporting credentials directly to the program director. These include:

- a) application form
- b) letters of recommendation
- c) medical school performance evaluation/Dean's letter
- d) medical school transcript
- e) personal statement
- f) USMLE or COMLEX transcript
- g) ECFMG status report (for graduates of foreign medical schools)

All applicants to any ACGME-accredited KUMC program should access important additional information on our Web Site at <http://www.kumc.edu/school-of-medicine/gme/prospective-residentsfellows.html>.

DIO Review 12/1/2011

GMEC Approval 12/5/2011

4.4 Resident Selection

- 4.4.1 Programs will select residents from among eligible candidates on the basis of residency-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity.

- 4.4.2 Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status as required by the ACGME.
- 4.4.3 In selecting from among qualified candidates seeking an initial Graduate Medical Education position, or a position in an advanced Graduate Medical Education program that participates in one of the “specialty” matching programs, the programs will participate in and abide by the rules and regulations established by the National Resident Matching Program and/or the applicable specialty matching program.

4.5 Appointment of Residents

- 4.5.1 National Match Program is the strongly suggested appointment method for Residents, if available. In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available. Those Programs appointing residents outside a National match should provide the GME office with a copy of the fully executed standard letter of offer at least two months prior to the candidate’s start date, signed by the Program Director and Resident/Fellow indicating acceptance.

Successful resident candidates, after receiving a contingent offer of appointment, must provide the Program Director with the following documents before the commencement date of the resident agreement:

- a) original, complete copies of all medical school transcripts, stamped with the official seal(s) of the candidates medical school(s),
- b) a certified true copy of their medical school diploma,
- c) a photograph taken within six months of the resident’s application for Graduate Medical Education,
- d) a copy of a current temporary or permanent license to practice medicine in the State of Kansas (the resident is encouraged to obtain a full, unrestricted Kansas license as soon as eligibility requirements are met),
- e) a copy of a current temporary or permanent license in the appropriate jurisdiction as soon as allowable by that jurisdiction, if their program requires rotation to affiliate institutions outside the State of Kansas (other than the Veteran’s Health Services affiliates),
- f) all applicants must be BLS certified before arriving.
- g) evidence of current certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Neonatal Resuscitation Program (NRP) and/or Pediatric Advanced Life Support (PALS), as required by the individual programs, unless this training is provided by the program during orientation,
- h) Residents at the University of Kansas School of Medicine may apply for the Fee or Fee-Exempt Kansas DEA. A copy of a current Drug Enforcement

Agency (DEA) registration is a condition of a residents training, for any resident holding a state medical license and/or whose duties require that they prescribe. Residents not holding a valid personal DEA registration who violate the provisions of the Controlled Substance Act (1970) will be personally liable for any consequences, penalties, and/or fines resulting from the prosecution of such violations.

Upon receiving a DEA Number, a resident shall use his/her DEA number when writing prescriptions, rather than using the signature of the attending or supervisor. Residents who inappropriately use their DEA registrations will be subject to remedial or corrective action.

A DEA registration issued for the State of Kansas is not valid for the State of Missouri or any other state. Rotations at certain Missouri Participating Institutions allow use of the Institutional DEA. It is the rotating residents responsibility with program leadership's guidance, to determine whether an individual or institutional Missouri DEA is appropriate. In addition to a valid State of Missouri DEA registration, trainees rotating to Missouri must obtain a Missouri BNDD certificate if they wish to prescribe or dispense medications in accordance with the Controlled Substance Act (1970). Residents should contact their Program Coordinator for proper forms and instructions at least 8 weeks prior to rotating outside of the State of Kansas.

- i) confirmation of a valid National Provider Identifier (NPI) number, as issued by the National Plan and Provider Enumeration System (NPPES),
- j) a signed and dated Resident Agreement to be forwarded to the Office of Graduate Medical Education,
- k) proof of legal employment status (i.e., birth certificate, passport, naturalization papers, valid visa, etc.),
- l) a complete and satisfactory background check
 - i) The resident must request the background check from the School's contracted provider according to the instructions provided by the program.
 - ii) The background check is then delivered to the Office of Graduate Medical Education by the contracted provider.
- m) such other information as the School may consider relevant to the resident's credentialing

4.5.2 After appointment to the resident staff and prior to beginning participation in clinical service, the resident must complete the following:

- a) medical/occupational history review, physical exam and vision test and
- b) immunization updates for tetanus/diphtheria/pertussis, measles/mumps/rubella, chickenpox and hepatitis B. This may include vaccine and/or lab titers for measles, mumps, rubella, chickenpox or hepatitis B, and
- c) begin TB surveillance testing. This includes either a 2-step TB skin test (TST) or for residents with a past positive TB skin test, the completion of a

tuberculosis surveillance questionnaire and a baseline Chest x-ray.
Participation in the TB surveillance program is completed annually.

The resident will continue to meet the Medical Center's Occupational Health polices/protocols and the state's standards for immunizations for the duration of their training.

4.5.3 A resident offered a subsequent appointment to commence upon the expiration of an existing agreement will, prior to the commencement date of the new agreement, provide to their Program Director:

- a) copies of all active medical licenses,
- b) copies of all DEA registrations and state narcotics registration numbers,
- c) copies of current certifications in BLS, ACLS, ATLS, NRP and/or PALS as required by the individual programs, and
- d) verification of immigration and VISA status as well as a copy of an ECFMG certificate indicating the validation dates, if applicable.

Each resident, once appointed to the housestaff, is responsible for providing new and/or updated versions of all required documentation as appropriate, including, but not limited to, ACLS or BLS certification, social security cards and other employment eligibility paperwork.

4.5.4 All resident candidates and residents offered subsequent appointment will be checked with the government's "excluded providers" listing by the individual programs and on a continuing basis by UKP's Office of Compliance to determine that they are eligible to provide care to individuals covered by various government programs, including but not limited to Medicare, Medicaid, and Champus. Individuals whose names appear on the excluded providers' list will not be offered appointments until their status is resolved. Among the reasons for placement on the excluded providers list are convictions of fraud related to Medicare payments and default loans obtained through any of the federally backed student loan programs.

4.5.5 Participation in a Graduate Medical Education program is a full time commitment. Consequently, concurrent employment or appointment to other positions including faculty or research positions is prohibited. While participation as a trainee under the provisions of a training grant is permissible in those instances where formal research experience is a requirement of the program, participation as an investigator with formal time commitments that conflict with the commitment to the educational program is prohibited.

4.6 Appointment Review, Audit and Oversight

4.6.1 Final approval of all Resident Agreements and appointments, and all modifications, amendments or attachments thereof, is the responsibility of the Dean's Office as the agent for the University of Kansas.

4.6.2 Offer of a position not approved by the Office of Graduate Medical Education, or a verbal offer that for whatever reason is not subsequently approved in writing by the School are the responsibility of the department or division. Should a candidate

accept such offer, either verbally or in writing, the department or division assumes the financial obligations of the agreement until such time as the agreement is approved in writing by the School.

- 4.6.3 In meeting its institutional requirements and responsibilities as defined by the ACGME, the School of Medicine through the Dean's office may review and/or request copies of any or all materials relating to a candidate's appointment or reappointment as a resident. Should deficiencies be identified in a candidate's file, the Dean's Office may deny an appointment pending resolution of the deficiencies.
- 4.6.4 Should a resident appointment be found to have been based on incomplete, inaccurate or fraudulent information submitted by a candidate or program during any phase of the application, selection, or appointment process, or should the resident appear on the excluded provider list, the resident agreement will be declared invalid and the appointment will be immediately annulled.

Appointment of an ineligible candidate to a position may be a cause for withdrawal of accreditation of the program by the ACGME and will be a cause for institutional sanction of the program.

DIO Review 7/23/2010
GMEC EC Approval 7/23/2010
GMEC Approval 8/2/2010

5. THE RESIDENT AGREEMENT

5.1 Parties

The agreement allowing a resident to participate in a program of Graduate Medical Education (Resident Agreement) is an agreement between the University of Kansas Medical Center, through the Office of the Executive Dean of the School of Medicine, and the individual resident. Programs will not contract with a candidate or resident for professional or educational services independently from the School of Medicine.

5.2 Term

The resident agreement is effective for a term of twelve (12) months. Unless modified by the program and approved by the Dean, the agreement commences on July 1 of a calendar year and ends on June 30 of the next year, and is repeated yearly for the length of the training program.

- 5.2.1 Neither the Resident Agreement nor the appointment to the resident staff constitute or imply a benefit, promise, option, or other commitment by the School to offer a subsequent agreement, or otherwise renew or extend the appointment of the resident beyond the termination date of an existing Agreement.
- 5.2.2 The decision to offer a subsequent agreement to a resident does not imply a duty or obligation to simultaneously promote the resident to the next training level in the program.
- 5.2.3 Residents subject to corrective actions or pursuing appeal and hearing of a proposed corrective action will not be offered a subsequent appointment unless and until the

corrective actions are completed or the appeal and hearing process produces a finding for the resident.

- 5.2.4 Residents potentially qualify for promotion if they are in good standing and/or are in active remediation with or without the probation process, at the discretion of the Program Director and Program Chair.

5.3 Appointment Level

The agreement shall specify the resident's training level of appointment by both the postgraduate year level (PGY) and the program training level.

5.4 Stipend

All residents in ACGME accredited programs must receive stipends as prescribed in the Resident Agreement and the Policies and Procedures governing Graduate Medical Education. All residents at a given postgraduate year level of training will receive the same stipend. The base stipend is determined by the resident's PGY level and is set during the state government's annual budgetary process. Stipends are subject to yearly revision, and all residents will be granted revised stipends appropriate for their PGY levels when and if such revisions are made effective. The current year stipends are found at the following link [2014-2015 Resident Stipends](#).

- 5.4.1 PGY level is determined by the number of years of successfully completed required prior training for any individual program according to the ACGME.
- a) All residents in their first year of any residency programs, except for those programs which require a preliminary year, start at the PGY 1 level.
 - b) All residents in a preliminary year are assigned the PGY 1 level.
 - c) The PGY level for residents who change residency programs within KUMC, or transfer to a KUMC residency program from another US institution, is determined by the amount of training credit the appropriate specialty board grants to the resident for his/her prior training (e.g. a resident who completes two years of pediatrics residency might only be granted six months of credit if he/she transfers to a general surgery program, and therefore would join the surgery program as a PGY1 for six months).
 - d) With few exceptions, fellows start at the PGY 4 level. Exceptions are limited to those fellowship programs which require more than three years of prior training. Additionally, fellows who have successfully completed additional, related fellowship programs can be started at an increased PGY level when appropriate with the approval of the Office of Graduate Medical Education.
- 5.4.2 Supplementary stipends may be paid to chief residents or fellows; however, these supplements are not to be paid with state funds and typically are derived from departmental clinical income, clinical grant funding, or arrangements with affiliate facilities. The Dean of the School of Medicine and Executive Vice Chancellor of the University of Kansas Medical Center must be informed of and approve all supplements. The cause for and terms of payment of the supplement must be in writing and attached to the resident agreement. Supplemental stipends do not affect PGY level. Considerations for payment of a supplement include:

- a) Service as a “chief resident.”
- b) Performance of administrative, clinical, teaching/ research responsibilities beyond those that are expected of all residents in a program. In the event that a resident is asked to voluntarily perform a patient examination that is not part of regular responsibilities, the resident will be asked to sign a consent outlining that the work is voluntary.
- c) Professional Travel. The decision to pay supplements to defray the cost of travel and subsistence for residents is a departmental prerogative.

5.5 Benefits and Leaves

All residents in ACGME accredited programs must receive benefits as prescribed in the Policies and Procedures governing Graduate Medical Education. All residents are given the following benefits:

5.5.1 Health, Dental, and Vision Insurance and Flexible Spending and Health Savings Account

House Staff and their families are eligible for the State of Kansas Employees Group Health, Dental and Vision Insurance and Flexible Spending and Health Savings Accounts. (See Guideline 29.6)

Beginning August 1, 2010, coverage begins the first day of the calendar month following the first 30 days of employment as required by the State of Kansas. Premiums are deducted from the paycheck. Incoming residents and fellows are strongly encouraged to investigate COBRA coverage or other private, short-term health insurance during this statutorily-mandated waiting period. (Kansas Administrative Regulation K.S.A. 40-2209 and K.S.A. 40-3209) More information is provided through the following link.
<http://www.kdheks.gov/hcf/sehp/active.htm>

Under certain circumstances, a request to waive the 30 day waiting period may be submitted. Before the potential employee’s first day in pay status, the waiver request form (available in the Human Resources Department) must be submitted.

5.5.2 Family Health Insurance

The Kansas Legislature has appropriated funds to pay for spousal and dependent health insurance coverage for residents enrolled in the State of Kansas group health insurance program. Premiums for this coverage are not the responsibility of the resident.

5.5.3 Professional Liability Insurance

- a) Kansas Statute Annotated (KSA 40-3401, et seq.) provides professional liability coverage and tail coverage for residents for acts committed while carrying out their program responsibilities in the amounts of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Tail coverage assures that, even after residents and fellows have completed their training at KUMC, any claims brought as a result of those training activities will continue to be covered by their resident/fellow policy. In a given case, one or more of the conditions described below must apply if coverage is to be extended under the statute:

- i) The resident is providing service under direct supervision of a duly appointed member of the medical faculty of the University of Kansas.
 - ii) The resident is providing service under the direct supervision of a physician at an institution that has a formal, written affiliation agreement for the resident's services signed by the officers of the department and program, and approved by the Office of General Counsel, the Executive Dean of the School of Medicine, and the Executive Vice Chancellor, or their designee(s). Ideally, the supervising physician should hold a medical faculty appointment with the University, but this is not an absolute requirement.
 - iii) The resident is providing service with the knowledge of, and under protocols developed and reviewed by the officials of the department and program. A formal written contract between the facility requesting resident coverage and the department must be in place and approved by the Office of General Counsel, the Executive Dean, and the Executive Vice Chancellor.
 - iv) Kansas Rural locum tenens agreements between the resident and a private physician are in place. The department officials must be aware of and approve these agreements, and copies of the request for services and the approval of the agreement must be provided to the Associate Dean for Graduate Medical Education.
- b) Coverage under the statute will specifically not be extended for services under agreements to which the program, department, and/or school are/is not a party.
 - c) The receipt of any summons, complaint, subpoena, or court paper of any kind relating to activities in connection with this Agreement or the resident's activities at the Medical Center, or on his/her behalf by anyone with whom the resident works or resides, will be immediately reported to the Risk Manager in the Office of the General Counsel by the resident. Further, the resident will immediately submit the document received to that office.
 - d) The resident will cooperate fully with Medical Center Administration, the Office of the General Counsel, all attorneys retained by that office, all attorneys retained by the Professional Practice Group (University of Kansas Physicians, Inc.) and all investigators, committees, and departments of the Medical Center including but not limited to Risk Management, Quality Assurance, Human Resources, particularly in connection with the following:
 - i) evaluation of patient care;
 - ii) review of an incident or claim;
 - iii) preparation for litigation, whether or not the resident is a named party to that litigation; or
 - iv) any investigation, discovery, and defense that may arise regarding any claims or other legal actions.

5.5.4 Worker's Compensation

Through the Kansas Self-Insurance Fund, benefits are provided to residents and fellows who are injured performing their job duties.

5.5.5 ACLS, PALS or ATLS Training

Residents are provided initial certification fees (including books) for ACLS, PALS or ATLS Certification. Programs are responsible for renewal costs during the course of the residency program. However, charges assessed for residents who do not attend their scheduled sessions, or for repeat classes after failing a certification course are the responsibility of the resident.

5.5.6 Meal Cards

Meal Cards will only be provided to residents and fellows who are on primary call (spending 24 hours in the hospital) or on night float rotations. Meal Cards will not be provided to residents or fellows who are on home call unless they are called in to the hospital for an extensive period. The daily allowance is \$16.00. Meal allowances do not carry over from month to month. Additionally, meal card balances cannot be converted to cash or any other device (such as a gift card).

5.5.7 Pagers

Pagers are provided at no cost. Charges may be assessed if pagers are lost or damaged.

5.5.8 Parking

Residents and fellows are provided free parking by their respective departments.

5.5.9 Housing

The University does not provide resident or fellow housing.

5.5.10 White Coats/Scrubs

Residents receive a limited number of white coats/scrubs.

5.5.11 Vacation

The University will provide up to a maximum of three weeks (15 workdays) of vacation, per contract year, which is covered by the resident stipend. .

Vacation must be requested from and approved by the Program Director or a designee in advance in the manner prescribed by the program. Denial of a specific request for vacation is a management decision on the part of the officers of the program and is not a grievable matter.

5.5.12 Sick Leave

The University will provide up to 10 workdays of sick leave per year, covered by the resident's stipend, to cover personal illness or illness in the resident's immediate family (spouse, parents or children). The use of sick leave must be approved by the

Program Director or Department Chair. At the discretion of the Chair or Program Director, a physician's written statement may be required as a condition of approval for sick leave. The University also may require a certification that the resident is released to return to work following three or more consecutive days of absence resulting from the resident's own illness.

Paid leave (e.g., vacation, sick) cannot be accumulated or carried over from contract year to contract year.

5.5.13 FMLA Leave

A resident eligible for FMLA leave may request FMLA designation pursuant to the University's FMLA policy for up to twelve weeks of leave per academic or contract year: (1) because of the resident's own serious health condition, including because of the resident's own pregnancy, or a qualifying work-related illness or injury; (2) to care for the resident's immediate family member who has a serious health condition; (3) for the birth of a child or placement of a child with the resident for adoption or foster care; or (4) for any "qualifying exigency" arising out of the fact that the resident's spouse, son or daughter (of any age) or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. A resident eligible for FMLA leave also may request up to 26 weeks of military caregiver leave to care for a spouse, son daughter, parent or next of kin who is a covered service member in the regular armed forces, the National Guard or Reserves and who is undergoing medical treatment, recuperation or therapy, or who is otherwise on the temporary disability retired list, for a serious injury or illness relating to that covered service member's military service.

Refer to KUMC's complete [FMLA policy](#) and/or contact KUMC's Human Resources for additional details regarding FMLA leave. Residents must draw down all PAID leave while on FMLA. If the maximum number of vacation and sick leave days for the year has been used, the resident's FMLA leave will be unpaid.

Stipend payments to the resident will be suspended during periods of leave without pay, but the resident will continue to receive all other non- healthcare benefits.

Residents will be responsible to pay out of pocket for continued health care benefits while on leave without pay. Residents should work with KUMC's Human Resources on maintaining health care benefits while on leave.

When possible, the resident must give the School and program a 30 day notice of the intent to take leave for foreseeable covered events such as childbirth, adoption, or necessary medical treatment. However, if the need for leave arises without 30 days advance notice, the resident must provide notice of the need for leave as soon as is reasonably possible.

Residents requesting leave will work with their program director to address coverage of resident duties during leave, transition of resident duties both prior to and following leave, and the impact of leave on all ACGME and RRC training requirements for competency and Board certification requirements.

Note: The use of leave may require the resident to extend his/her training program to satisfy ACGME or the training board eligibility/certification requirements (see <http://gme.kumc.edu/EligibilityforSpecialtyBoardExams.xlsx> for information regarding specialty board exams). The length of the extension, if required, normally will be equal to the total time absent from the program, excluding vacation leave and

sick leave, but is dependent on the specific training board requirements. A resident satisfying an obligatory training extension will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

Residents returning from FMLA Leave must meet all certification and reinstatement requirements of KUMC's FMLA policy prior to being returned to work. KUMC does not discriminate against residents who use FMLA leave or who exercise their rights under the FMLA. Additionally, KUMC does not consider the taking of FMLA as a negative factor when making employment decisions. (*see Guidelines for the FMLA Leave Checklist, pg. 126*)

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Legal review 9/20/2013

5.5.14 Non-FMLA Leave of Absence

A resident who does not qualify for or who has used the maximum amount of FMLA leave for the year, but who still requires relief from the responsibilities of the program, may request a Leave of Absence.

A leave of absence, and the length of the leave of absence, will be granted at the program's discretion, in consultation with the Assistant Dean of GME, and in consideration of the rules of the particular RRC and/or specialty board. The Leave of Absence, if granted, may extend to the termination date of the existing resident agreement. All stipend payments and benefits will be suspended during the Leave of Absence. The resident will be required to exhaust all forms of paid leave during a leave of absence. Following exhaustion of paid leave, the remainder of the leave will be unpaid. Residents taking a leave of absence should work with KUMC's Human Resources regarding the impact of the leave on benefits and health insurance.

Residents seeking to return from a Leave of Absence must communicate intended return to work date and seek approval from the program and GME in the manner determined by the program director and the Assistant Dean of GME, including providing appropriate certification of the resident's ability to return to work if the leave of absence results from the residents own serious health condition or illness. Residents who fail to return to work by the conclusion of the agreed upon leave period will not be reinstated, absent exceptional circumstances, and will be required to reapply for a position with the program. Additionally, in order to maintain compliance with specific program requirements, leaves of absence may affect a resident's ability to satisfy criteria for completion of the residency program, required by ACGME and/or board eligibility, and may result in a training extension. A resident satisfying an obligatory training extension will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

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5.5.15 Leave without Pay

A resident may request up to three months (12 weeks) of leave without pay per year for reasons of illness, serious health condition, disability of the resident or in the resident's immediate family, or the birth or adoption of a child. The decision to grant such leave is at the discretion of the officers of the program, but denial of a request for leave is a grievable matter.

Leave for birth or adoption cannot be taken intermittently. If both spouses are members of the resident staff, their combined total leave for birth or adoption is limited to three months per year; and if less than the maximum three months is taken for birth or adoption, the balance can be used for reasons of illness or other serious health condition.

- a) "Immediate family" is defined as a child, parent, or spouse of the resident related by blood, marriage, or adoption.
- b) "Serious health condition" is defined as an illness, injury, impairment or any physical or mental condition that requires inpatient medical care or continuing treatment by a health care provider.

Stipend payments to the resident will be suspended during periods of leave without pay, but the resident will continue to receive all other benefits. There is a cost to continue health insurance. In lieu of having the stipend payments interrupted, the resident can elect to use a portion of the allotted vacation time instead of leave without pay.

If the maximum number of vacation and sick leave days for the year has been used, the resident must request leave without pay.

When possible, the resident must give the School and program 30 day notice of the intent to take leave for foreseeable events such as childbirth, adoption, or necessary medical procedures. However, if the birth, adoption, or medical treatment requires leave to begin in less than 30 days, the resident must provide notice as soon as reasonably possible.

The use of leave without pay may require the resident to extend his/her training program to satisfy the duration of training board eligibility/certification requirements (see <http://gme.kumc.edu/EligibilityforSpecialtyBoardExams.xlsx> for information related for specialty board exams). The length of the extension, if required, will be equal to the total time absent from the program, excluding vacation leave and sick leave. A resident satisfying an obligatory training extension due to leave without pay will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

5.5.16 Leave of Absence

A resident who has used the maximum amount of leave without pay, but still requires relief from the responsibilities of the program, may request a Leave of Absence.

At the program's discretion and in accordance with the rules of the particular RRC and/or specialty board, the Leave of Absence, if granted, may extend to the termination date of the existing resident agreement. All stipend payments and benefits will be suspended during a Leave of Absence. In some situations, health insurance may be continued. Residents seeking to return from a Leave of Absence must request reinstatement from the program in the manner determined by the

program director and they are not assured of a position. Additionally, in order to maintain compliance with specific program requirements, leaves of absence may affect satisfying criteria for completion of the residency program and/or board eligibility.

5.5.17 Military Leave

A Resident who enlists or is drafted into the armed forces of the United States, including reservists and members of the national guard who are activated to military duty, other than active duty for training purposes for reservists, shall be granted military leave without pay.

A Resident who is a member of the State Guard or Kansas National Guard or the reserves of the United States Armed Forces shall be granted a maximum of 15 working days per calendar year of military leave with pay for active duty for training purposes. Any active duty for training purposes in excess of 15 working days in a calendar year shall be changed to military leave without pay from KUMC, or at the Resident's request, to accrued vacation leave.

A Resident who is a member of the State Guard or Kansas National Guard shall be granted military leave with pay for the duration of any official call to state emergency duty.

Sick leave, vacation leave, and holidays shall not be earned or accrued during a period of military leave without pay.

When a Resident is called for duty, the Resident shall be permitted to return to the program in a position with status and pay similar to that which the Resident occupied at the time of the beginning of the military leave.

Unless otherwise specified in the applicable program regulations and agreed to by the program director, the time away for military leave does not count toward the Resident's time in the program.

The Resident should contact the program director within 30 days of the Resident's release from duty. The Resident and the program director should agree on the date of the next regular working period that the Resident would be required to work; provided that such date is no later than ninety (90) days following the Resident's release from duty.

All military leave orders that specify a non-KUMC payroll or benefit arrangement will be handled on a case-by-case basis.

5.5.18 Professional Leave

The University of Kansas will provide all residents with paid professional leave at the discretion of the Program Director for the following reasons:

- a) While in the due process phase of a fair hearing or if relieved of clinical and patient care duties for reasons of suspension or probation.
- b) Scholarly presentations at national or regional conferences

- c) Conference attendance in a community away from the University of Kansas Medical Center
- d) Studying for medical board examinations
- e) Taking medical board examinations

5.5.19 Funeral Leave

The University of Kansas will provide all residents with up to six (6) days of Funeral Leave for the death a close relative pending approval of the Program Director. The resident's relationship to the deceased and necessary travel time shall be among the factors considered in determining whether to grant funeral leave, and if so, the amount of leave to be granted. A relative is defined as a person related to the resident by blood, marriage or adoption.

5.5.20 Disability Insurance

The University of Kansas will provide all residents with long-term disability insurance coverage. The disability insurance premium will be paid by the University of Kansas Medical Center. Each resident at orientation will be provided with a copy of the disability insurance pamphlet. The pamphlet describes the basic benefits of the program. Additional long-term disability insurance coverage can be purchased and copies of the disability insurance pamphlet can be requested from the Graduate Medical Education Office.

The University of Kansas will offer a short-term disability insurance plan, at cost for all residents. Short-term disability covers temporary loss of income due to a disability. Each resident at orientation will be provided with a copy of the disability insurance pamphlet. The pamphlet describes the basic benefits of the [short-term disability](#) program.

5.5.21 Kansas Public Employees Deferred Compensation (457) Plan

Housestaff may tax defer funds from their salary to the deferred compensation plan. For further information, please contact the Human Resources department at the following link: <http://www.kumc.edu/human-resources/benefits/deferred-compensation.html>

NOTE: Additional benefits may be offered through the various residency and clinical fellowship programs and will be outlined in the Resident Agreement.

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5.6 Modification and Amendment

All modifications and amendments to a Resident Agreement will be in writing, attached as addenda to the agreement, and referred to in the body of the agreement.

5.7 Nonrenewal of Contract

In instances where a resident's agreement will not to be renewed, the resident will be provided notice of intent not to renew the agreement no later than four (4) months prior to the end of the current agreement. However, if the primary reason for the non-renewal occurs within the four (4) months prior to the end of the agreement, the School will ensure that the resident receives as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. In the event of non-renewal, the resident shall have the right to the grievance procedure as described in Section 13 of the Manual.

5.8 Rights and Responsibilities

5.8.1 The existence of a valid agreement between a resident and the University of Kansas Medical Center establishes a series of explicit and implicit expectations, rights, obligations and responsibilities beyond those codified in the agreement document. This section of the Graduate Medical Education Policies and Procedures summarizes the expectations, rights and responsibilities of duly appointed residents, the University of Kansas Medical Center and Graduate Medical Education programs. Although the residents are licensed to practice medicine in the state of Kansas, their participation in clinical activities during their graduate medical training is at the discretion of the School of Medicine, the administration of the University of Kansas Hospital, and the Officers of their programs. The participation of the residents in patient care must in no way interfere with the best interests and well-being of patients and is subject to these policies and procedures and to the terms and conditions set forth in the Resident Agreement. Residents who do not comply with these policies and procedures or who violate the Resident Agreement may be subject to corrective action. In those rare instances where a resident feels that an attending physician's practices or judgments are impaired or are otherwise not in the best interests of a patient, the resident must report her/his concerns to the Officers of the Program, Associate Dean for Graduate Medical Education, Assistant Dean for Graduate Medical Education and/or the Hospital Chief of Staff. However, the resident must refrain from more direct acts such as inappropriately assuming the responsibility for clinical decision-making or countermanding the orders of the attending physician.

The Joint Commission for the Accreditation of Hospital Organizations (JCAHO) requires either that the resident staff be privileged to perform the necessary clinical services and procedures, or that a description of the clinical duties and competencies for each training level in each training program be developed. The University of Kansas School of Medicine and University Hospital have elected the latter approach. Each Program Director is responsible for writing an appropriate "job description" for each year of training in their program(s). These documents are to be reviewed and revised at least once every two years and filed with the Office of Graduate Medical Education and with the Chief of Staff of the Hospital. These documents will be made available to any external reviewing agencies upon their request.

5.8.2 The resident will:

- a) obey and adhere to the policies and procedures for Graduate Medical Education as outlined in the Manual;
- b) obey and adhere to the corresponding policies and procedures of all of the facilities to which they rotate;

- c) obey and adhere to the applicable state, federal, and local laws, as well as to the standards required to maintain accreditation by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), the Accreditation Council for Graduate Medical Education (ACGME), the Residency Review Committee (RRC) for the specialty, and any other relevant accrediting, certifying, or licensing organizations;
- d) participate fully in the educational and scholarly activities of the program, including the performance of scholarly and research activities as assigned or as necessary for the completion of applicable educational requirements, attend all required educational conferences, assume responsibility for teaching and supervising other residents and students, and participate in assigned Medical Center and Medical Staff committee activities;
- e) fulfill the educational requirements of the program;
- f) use his or her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at the Medical Center and other facilities and rotation sites to which the resident is assigned;
- g) provide clinical services:
 - i) commensurate with his/her level of advancement and responsibilities, using the currently approved methods and practices in the medical profession and the resident's professional specialty;
 - ii) under appropriate supervision by the attending medical staff
 - iii) at sites specifically approved by the Program; and
 - iv) under circumstances and at locations covered by the Medical Center's professional liability insurance maintained for the resident;
- h) develop and follow a personal program of self-study and professional growth under guidance of the program's director and teaching faculty;
- i) acquire an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and Graduate Medical Education training as prescribed by the appropriate RRC;
- j) fully cooperate with the program and School in coordinating and completing RRC and ACGME accreditation submissions and activities, including:
 - i) the legible and timely completion of patient medical records, charts, reports, statistical, operative, and procedure logs at the Medical Center and any affiliates;
 - ii) maintaining a current and accurate individual procedure or case log as required by the program and RRC;
 - iii) submission of timely and complete faculty and program evaluations, and/or other documentation required by the RRC, ACGME, School, department, and/or program; and

- iv) timely and accurate completion of duty hours logs in the online Graduate Medical Education management system (MedHub).
- k) provide patient care with an awareness of costs and benefits, both medical and socioeconomic, consistent with the policies of the Medical Center, School, department and/or program;
- l) comply with institutional programs and departmental policies and procedures developed to ensure compliance with the terms and conditions governing provision of professional services and billing of third party payers, including, but not limited to Medicare and Medicaid;
- m) cooperate fully with all Medical Center, School, and department surveys, reviews, and quality assurance and credentialing activities by:
 - i) serving when appointed to appropriate representative committees and councils whose actions affect resident education and participation in patient care;
 - ii) participating in quality-assurance, performance improvement, and risk management programs; and
 - iii) complying with the institutional policies and procedures governing these activities to the degree possible in conformance with the applicable laws of the State of Kansas.
- n) acquire and maintain Basic Life Support (BLS) certification and other life support certification(s) as required by the program;
- o) cooperate fully with administration of the Medical Center, including but not limited to the Departments of Nursing Services, Professional Services, Financial Services, Social Services, and the physicians' professional practice group in the evaluation and arrangement of appropriate discharge and post-hospital care for their patients;
- p) obey and adhere to the Medical Center's risk management program and the "Resident's Code of Professional and Personal Conduct, Section 7 of the Manual.
- q) report immediately to the Medical Center's Office of General Counsel any inquiry by any private or government attorney or investigator. The resident agrees not to communicate with any inquiring attorney or investigator except merely to refer such attorneys and investigators to the Office of General Counsel. Similarly, the resident will report and refer any inquiry by any member of the press to the Medical Center's Office of University Relations/Public Affairs Officer;
- r) abide by the Medical Center's institutional policies prohibiting discrimination and sexual harassment;
- s) meet the Medical Center's and the State's standards for immunizations in the same manner as all Medical Center personnel do. The requirements concerning the resident's health status applied at the time of the resident's appointment shall apply thereafter and shall constitute a continuing condition of the resident's appointment;

- t) return, at the time of the expiration or in the event of termination of the agreement, all Medical Center, School and department property, including but not limited to books, equipment, papers, identification badges, keys, or uniforms; complete all necessary records; and settle all professional and financial obligations; and
- u) permit the Medical Center to obtain from and provide to all proper parties any and all information as required or authorized by law or by any accreditation body. Progress reports, letters, and evaluations will be provided only to individuals, organizations and credentialing bodies that are authorized by the resident to receive them for purposes of pre-employment or pre-appointment assessments. This provision will survive the completion, termination or expiration of the resident's appointment.

5.8.3 The University of Kansas Medical Center will:

- a) provide a stipend and benefits to the resident as stipulated in the applicable Resident Agreement;
- b) use its best efforts, within the limits of available resources, to provide an educational training program that meets the ACGME's accreditation standards;
- c) use its best efforts, within the limits of available resources, to provide the resident with adequate and appropriate support staff and facilities in accordance with federal, state, local, and ACGME requirements;
- d) orient the resident to the facilities, philosophies, rules, regulations, procedures and policies of the Medical Center, School, Department and Program and to the ACGME's and RRC's Institutional and Program Requirements;
- e) provide the resident with appropriate and adequate faculty and Medical Staff supervision and guidance for all educational and clinical activities commensurate with an individual resident's level of advancement and responsibility;
- f) allow the resident to participate fully in the educational and scholarly activities of the Program and Medical Center and in any appropriate institutional medical staff activities, councils and committees, particularly those that affect Graduate Medical Education and the role of the resident staff in patient care subject to these policies and procedures;
- g) through the officers of the program and the attending medical staff, clearly communicate to the resident any expectations, instructions and directions regarding patient management and the resident's participation therein;
- h) maintain an environment conducive to the health and well-being of the resident;
- i) within limits of available resources, provide:

- i) adequate and appropriate food service and sleeping quarters to the resident while on-call or otherwise engaged in clinical activities requiring the resident to remain in the Medical Center overnight;
 - ii) personal protective equipment including gloves, face/mouth/eye protection in the form of masks and eye shields, and gowns. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) assume that all direct contacts with a patient's blood or other body substances are infectious. Therefore, the use of protective equipment to prevent parenteral, mucous membrane and non-intact skin exposures to a healthcare provider is recommended;
 - iii) patient and information support services;
 - iv) security; and
 - v) uniform items, limited to scrub suits and white clinical jacket;
- j) through the Program Director and Program faculty, evaluate the educational and professional progress and achievement of the resident on a regular and periodic basis. The Program Director shall present to and discuss with the resident a written summary of the evaluations at least semi-annually;
- k) provide a fair and consistent method for review of the resident's concerns and/or grievances, without the fear of reprisal;
- l) provide residents with an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation including the following mechanisms:
- i) The GME office ensures that all programs provide their residents with regular, protected opportunities to communicate and exchange information on their educational and work environment, their programs, and other resident issues, with/without the involvement of faculty or attending. Such opportunities include, but are not limited to, confidential discussion with the chief residents, program director, program chair, core program director, and/or core program chair. Other intradepartmental avenues to confidentially discuss any resident concern or issue occur during the Annual Program Evaluations completed by each resident and/or through discussion with the resident representative during the required Annual Program Review (Annual Program Outcomes Assessment and Action Plan Report);
 - ii) The internal review process, during which residents in each program are afforded the opportunity to discuss their concerns about their programs with a resident from another program and have them presented confidentially to the GMEC;
 - iii) The Assistant Dean for GME Administration, or any other member of the GME staff, including the Executive Vice Chancellor, Senior Associate Dean and the Associate Dean, who are available for the residents to bring any issues raised in these protected resident meetings, or any other issues a resident may need to address;

- iv) Peer leadership and membership of the University of Kansas School of Medicine Resident's Council, who are available to confidentially receive any resident concern and present their concerns to the Graduate Medical Education Committee and GME Staff;
- v) MedHub "On-The-Fly" praise and concern comments can be sent through MedHub 'Messaging' directly and confidentially to program directors or the DIO. This can be accessed through any resident's MedHub home page.
- vi) ACGME Resident Survey, administered directly to all residents in ACGME-accredited Programs. This survey provides summary and anonymous feedback to Program and GME Leadership. For programs with less than four residents the GME Resident Survey, which is a confidential, anonymous survey organized by the GME office, is administered annually;
- vii) a grievance process, as outlined in section 13 of this Manual, which provides the resident with a formal mechanism for addressing serious concerns within their programs;
- viii) ACGME Department of Resident Services at residentservices@acgme.org or by phone (312) 755-7498 is available if the above described avenues have not satisfactorily addressed a specific resident issue. The ACGME Resident Services representative will work with the DIO to resolve issues surrounding concerns. Valid complaints are processed by Resident Services and will require a response from the program director and attestation to the response by the DIO, and review by the relevant review committee.
- m) upon satisfactory completion of the Program and satisfaction of the Program's requirements and the resident's responsibilities delineated herein, furnish to the resident a Certificate of Completion of the Program;
- n) annually review and approve the number of residents and funding sources for each program and discuss these quotas and sources of funding with the chairs and Program Directors in a timely fashion so as to facilitate the recruitment and retention of residents;
- o) provide the agreed upon levels of financial support, subject to the terms of the resident contract; and
- p) exercise all rights and responsibilities expressed and implied by the "Institutional Requirements" of the ACGME.

5.8.4 Each Department Chair and Program Director will:

- a) establish a departmental "Duty Hour and Call Policy" that conforms with the general guidelines developed in the "Institutional Duty Hour and Call" policy that is included in this "Policies and Procedures" document and monitor compliance with these policies;
- b) establish a departmental "Moonlighting and Locum Tenens Policy" that conforms with the general guidelines of the "Institutional Moonlighting and

Locum Tenens” policy that is included in this “Policies and Procedures” document and monitor compliance with these policies;

- c) establish a departmental “Evaluation Policy and Procedures” that ensures regular evaluation of all residents and program faculty that conforms to the ACGME Requirements and general institutional guidelines outlined in this document and monitor the compliance with these policies and procedures;
- d) ensure that the terms and conditions of appointment to the resident staff established by this document and codified in the Resident Agreement are met by each of the department’s residents and that the department and program comply with their obligations as set forth in the Resident Agreement, and in applicable “Program Requirements” of the ACGME;
- e) upon request, provide to the Dean’s Office any and all requested documents relating to the appointment and evaluation of residents, resident evaluations of the faculty and programs, and/or all documents and materials required by the School and Medical Center in exercising its administrative and supervisory functions as a sponsoring institution as defined by the ACGME;
- f) facilitate any necessary communication between the resident and any affiliate institution;
- g) define any additional benefits due to the residents in its program such as parking, reimbursement for travel and educational expenses, or salary supplements for services as a chief resident in a written addendum to the resident agreement;
- h) in concert with the program’s faculty, develop a written curriculum including educational goals and objective, the means for evaluation of the attainment of these goals and objectives, and an appropriate readings/educational materials list; and,
- i) provide each resident with written expectations regarding academic, research and clinical duties appropriate to her/his individual level of seniority as an attachment to the resident agreement.

5.9 Restrictive Covenants

Programs cannot make or enforce any covenants through the Resident Agreement, its attachments or appendices intended to restrict the choice of practice location, practice structure, or the post-residency professional activity of individuals who have completed their Graduate Medical Education programs. Any attempt to make or enforce such covenants will be grounds for sanction of the program.

DIO Review 8/2/2010
GMEC Approval 8/2/2010

6. SEVERANCE OF THE RESIDENT AGREEMENT

6.1 Severance by the Resident

6.1.1 The resident may sever his/her appointment and resident agreement at any time after notice is given to the Program Director and Department Chair in writing, unless such notice is waived by the School.

6.1.2 The resident will provide at least sixty (60) days written notice of severance to the Program and the Office of Graduate Medical Education.

6.2 Decision by the School not to Offer Subsequent Appointment

6.2.1 Considerations that may cause the School not to offer a subsequent agreement to resident include, but are not limited to: loss of funding for the position, reallocation of positions among the postgraduate programs, loss of accreditation by the program or institution, decreased financial resources, or closure of the program or Medical Center.

6.2.2 Such decisions, based solely on institutional factors, will be final and not subject to appeal or review under the provisions for due process and fair hearing. Further, such decision will not be grievable.

6.2.3 Notice

In instances where a resident's agreement is not going to be renewed, the resident will be provided notice of intent not to renew the agreement no later than four (4) months prior to the end of the current agreement. However, if the primary reason for the nonrenewal occurs within the four (4) months prior to the end of the agreement, the School will ensure that the resident receives as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. In the event of non-renewal, the resident shall have the right to the grievance procedure as described in Section 13 of the Manual unless the non-renewal is based solely on institutional factors (see section 6.2.2 above).

6.2.4 Closure or Size Reduction of a Residency Program

a) In the event that a Program, the Sponsoring Institution, or the School is closed, de-accredited, reduced in size, or discontinued for any reason, through actions by the state or external accrediting bodies, all affected residents, the GMEC, and the DIO will receive notification of a projected closing date as soon as possible after the decision to close is made and communicated to the School.

6.2.5 The School will provide:

- a) the opportunity for residents already in the program to complete their education, or institutional assistance and support in enrolling in an ACGME-accredited program in which they can continue their education;
- b) payment of stipend and benefits up until the conclusion of the term of the existing Agreement; and
- c) proper care, custody and disposition of residency education records, and appropriate notification to licensure and specialty boards.

- 6.2.6 In any case, the treatment of the resident in the event of a decision to not offer a subsequent appointment will be in compliance with the applicable Personnel Policies of the School, state and federal laws and regulations, and ACGME requirements.

DIO Review 4/19/2010
GMEC EC Approval 4/30/2010
GMEC Approval 5/3/2010

6.3 Annulment

- 6.3.1 A resident's appointment will be annulled and terminated automatically and immediately upon the rejection of the application for temporary or permanent Kansas medical licensure or the suspension or termination of the resident's temporary or permanent license(s) in any jurisdiction, or if the resident fails to provide valid documentation to process the resident through Human Resources (i.e. valid social security number, valid identification, valid driver's license, etc.)
- 6.3.2 The resident must report such rejection, suspension, or termination immediately to the Program Director and the Office of Graduate Medical Education.
- 6.3.3 If, after a previous rejection, suspension or termination of Kansas licensure, the resident succeeds in obtaining a valid Kansas license, or if the suspended or terminated license is reinstated, the resident may again seek appointment to the resident staff.
- 6.3.4 A resident's agreement and appointment will also be immediately annulled if:
- a) the resident is a foreign citizen whose visa is revoked
 - b) the resident fails to provide valid credentials, including but not limited to diplomas, certificates of prior training, endorsed valid ECFMG certificates or copies of medical licenses; or
 - c) the resident's application or any documents prepared or submitted to the University or any accrediting, certifying, or licensing agencies in the process of seeking an appointment or license contains inaccurate, incomplete, or fraudulent information.

7. RESIDENT CODE OF PROFESSIONAL AND PERSONAL CONDUCT

7.1 Professionalism Initiative

The University of Kansas School of Medicine has undertaken a "Professionalism Initiative," conceived to raise awareness of professionalism within the KU medical community as a whole, from the first day of medical school, throughout one's career in the health sciences. The Professionalism Initiative guidelines for professional attitudes and behaviors for all medical professionals, regardless of position or seniority in the medical community, are incorporated into the Resident Code of Professional and Personal Conduct.

7.1.1 Professional Department

- a) Residents and clinical fellows will demonstrate conduct consistent with the dignity and integrity of the medical profession in all contacts with patients, their families, the faculty, all School personnel, and all third parties conducting business with the resident or the School.
- b) The components of professionalism, outlined by the University of Kansas School of Medicine's Professionalism Initiative (found at <http://medicine.kumc.edu/professionalism-initiative.html>), are:
 - i) Altruism,
 - ii) Accountability,
 - iii) Excellence,
 - iv) Duty,
 - v) Honor and Integrity,
 - vi) Respect, and
 - vii) a Commitment to lifelong learning.
- c) The resident will, in a timely fashion, fulfill his/her professional responsibilities. Failure to fulfill clinical, academic, and administrative duties, including completion of patient charts and duty hours logging, can result in remediation or disciplinary action, including suspension of any or all privileges.
- d) The resident will strive for personal growth and improvement, and accept criticism with dignity, seek to be aware of his/her own inadequacies, be open to change, accept responsibility for his/her own errors or failures, and stray from displaying a poor attitude under stress.
- e) The resident will maintain appropriate relationships with other individuals, especially those encountered as a result of their clinical training.
- f) The resident will abide by the policies and procedures governing the University of Kansas Medical Center's [Social Media Policy](#).
- g) Each resident will protect and respect the ethical and legal rights of patients.
- h) The resident will abide by the policies and procedures governing Graduate Medical Education.
- i) The resident will, in a timely fashion, clearly communicate all information relevant to the safe, effective and compassionate care of their patients to their supervising staff.

- j) Other than primary care level services, residents will not provide medical care to, nor prescribe controlled or narcotic medications for members of their immediate families.
- k) Residents will not accept fees for medical services from patients, patients' families, or other parties except under the provisions for locum tenens and moonlighting incorporated in these policies and procedures.
- l) Residents will not charge or accept fees for expert testimony in medico-legal proceedings or for legal consultation.
- m) Residents will promptly discharge any and all financial obligations to the School and its affiliates throughout the duration of their appointment.
- n) Should a resident desire to leave the training program as provided by the terms of the resident agreement, the resident should provide at least 60 days written notice of his/her severance of the resident agreement. Failure to provide such notice may be considered unprofessional conduct and can adversely affect evaluations and recommendation. In some cases, such conduct may be reported to accrediting and credentialing bodies.
- o) The resident will immediately inform the Officers of the Program and the Dean's office of any condition or change in status that affects her/his abilities to perform assigned duties.
- p) The resident will be expected to fulfill any written agreement entered into with the Medical Center, School, Department or Program, provided such agreement is not contrary to these policies and procedures. Any modification of such agreement must be made in writing by the parties.
- q) Both residents and faculty are expected to fulfill their professional responsibility as a physician to appear for duty appropriately rested and fit to provide the services required by their patients.
- r) Both program and KUMC leadership will help ensure a culture of professionalism that supports patient safety and personal responsibility. Both residents and faculty must demonstrate an understanding and acceptance of their personal role in:
 - i) Assurance of the safety and welfare of patients entrusted to their care;
 - ii) Provision of patient- and family-centered care;
 - iii) Assurance of their fitness for duty;
 - iv) Management of their time before, during, and after clinical assignments;

- v) Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- vi) Attention to lifelong learning;
- vii) The monitoring of their patient care performance improvement indicators; and,
- viii) Honest and accurate reporting of duty hours, patient outcomes and clinical experience data.

Both residents and faculty must be responsive to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

7.1.2 Transitions of Care and Handoffs

Each residency program must have a program-specific policy addressing transitions of care that is consistent with KUMC GME and ACGME policies, and the Joint Commission goal.

Each training program must design clinical assignments to minimize the number of transitions in patient care and develop handoff procedures that are structured to reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.).

Elements of a good handoff include:

- Status of Patient;
- Identifying data summary;
- General Hospital Course;
- New events of the day;
- Overall current status;
- Upcoming events and plan;
- To do; and
- An opportunity to ask questions and review historical information.

The University of Kansas School of Medicine (KUMC) strongly supports using the Electronic Health Record Transition of Care/Handoff tool within 02.

Supervision of the handoff process may occur directly or indirectly, depending on trainee level and experience. Each program must ensure that residents and clinical fellows are competent in communicating with team members in the handoff process. Programs must deliver focused and relevant training to build these skills, use clear assessment strategies, and document this competency.

The institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. All clinical staff should have a mechanism to know which trainee and supervising physicians are responsible for patients and their contact information.

7.2 Dress

- 7.2.1 The resident's personal appearance while on duty, or in areas where contact with patients or their families is possible, shall be neat, clean, professional and in accordance with general University of Kansas Hospital policies. Any resident may be asked to return home to change clothing on his/her own time. Failure to follow standards may result in disciplinary action up to and including suspension from the resident's program of training.
- 7.2.2 The Medical Center identification badge (or corresponding ID badge of an affiliate institution) and nametag are to be worn visibly whenever the resident is involved in clinical or administrative activities.
- 7.2.3 The following grooming standards should be practiced consistently:
- a) Practice daily oral hygiene
 - b) Bathe daily and use effective deodorant
 - c) Heavily scented toiletries should be avoided
 - d) Fingernails should be clean, well groomed, and of a reasonable length. Due to infection control issues, employees who are providing direct patient care may not wear artificial fingernails or extenders and must keep fingernails trimmed to ¼ inch above each finger in keeping with APIC (Association of Professionals in Infection Control) standards
 - e) Make-up should be conservative and in good taste
 - f) Hair styles as well as mustaches and beards should be clean, neatly groomed, and moderate.
 - g) Use of jewelry should be minimal and conservative.
- 7.2.4 The following standards of dress should be followed:
- a) All garments must be fresh and clean.
 - b) Scrub suits are to be worn outside the operating/recovery areas only when patient care responsibilities preclude changing to attire that is more appropriate, or when the resident or fellow is on in-house call. When worn in patient care areas outside the operating rooms, scrub suits are to be covered by a white coat whenever possible.

- i) Additional uniform standards may be specified by individual programs.
- c) Socks or hose must be worn at all times.
- d) Shoe soles should be non-marking and without metal caps
- e) Athletic shoes, t-shirts are generally not acceptable except as designated by individual program uniform standards.
- f) Tight fitting or revealing garments, blue jeans, sweat clothing, shorts, halter-tops, leggings, mini-skirts, or items of clothing imprinted with advertising or objectionable language are prohibited

The preceding standards are not all-inclusive. Each program director has the option to implement specific additional guidelines within the framework of this policy. If there is a question as to the appropriateness of a particular item, it should not be worn without consulting the immediate supervisor.

DIO Review 11/24/10
 KUMC Legal Review 12/3/10
 GMEC Approval 12/6/10

7.3 Impaired Physician and Substance Abuse Policy

I. PURPOSE:

To prevent or minimize the occurrence of impairment, including substance abuse, among residents and protect patients from any risk associated with care given by an impaired resident. In order to confront problems of impairment compassionately and confidentially while attempting to insure the safety of patients and the resident, this policy outlines and describes to the Program Directors, Residents, Faculty, and Staff, the roles and responsibilities, procedures for identification, assessment, treatment, and potential reintegration of impaired residents.

II. DEFINITIONS:

1. Impaired Resident:

An impaired resident is a resident who is unable to practice medicine with reasonable skill and safety due to physical, behavioral or mental illness or excessive use or abuse of drugs or alcohol. An impaired resident is unable to participate effectively in educational activities.

Some warning signs or examples:

- Stress or fatigue that impairs performance or judgment
- Marked unexplained behavior changes
- Repetitive patient or staff complaints
- Odor, of cannabis or alcohol at work
- Missing controlled substances, inappropriate drug handling or diversion
- Unsatisfactory evaluations on patient care, professionalism, interpersonal skills and communications competencies

Note: Although the behavior of some disruptive physicians may be attributed to impairment, this policy is specifically designed to assess and confront problems of impairment. In addition, although some stressed or

fatigued physicians may become impaired, fatigue and/or stress issues are separately addressed under GME Policy – Section 26. 40

2. Assessment:

The process by which the determination of impairment, is established or excluded. The program director may refer residents to the KU Counseling Center who will help with the assessment.

3. Corrective Action:

Suspension or termination according to GME Policies & Procedures Section

4. Reintegration:

The process by which a resident resumes training during and/or after treatment for impairment.

5. Kansas Medical Society Medical Advocacy Program (KMS-MAP):

A program that offers evaluation, treatment and advocacy for Kansas Physicians.

III. CONFIDENTIALITY:

GME DIO and the resident's program staff and faculty will confidentially maintain all records, files and other information related to issues of impairment. In addition, confidentiality protection is afforded to all resident and peer review committee discussions, investigations, deliberations, and documentation pursuant to applicable Kansas statutes on peer review.

IV. DOCUMENTATION:

The program should maintain a file separate from the employment file that is clearly marked "Peer Review" for each resident.

A resident's Peer Review file should contain all materials related to assessment, diagnosis and/or treatment of impairment.

Program leadership should maintain copies of all documentation related to assessment, diagnosis or treatment of a resident for impairment. The Program should provide copies of departmental documentation to the DIO who will be responsible for maintaining confidentiality of copies received.

V. PEER REVIEW:

All activities related to impairment are conducted pursuant to KS 65-4915, et seq.

VI. REPORTING TO KANSAS STATE BOARD OF HEALING ARTS:

Any action taken by Program Leadership or DIO which meets the requirements for reporting under the Kansas State Medical Practice Act including, but not limited to, a determination that the physician poses a continuing threat to the public welfare through the practice of medicine, will be reported to the Kansas State Board of Healing Arts as required by law.

VII. RESPONSIBILITIES:

Any University of Kansas employee, medical staff member, or resident who has reasonable concerns or significant information that patient care is, or could be affected by a possible resident impairment, has the responsibility to report the concerns to the program leadership.

1. Resident:

The resident (**i.e. any resident in a KUMC training program regardless of training location**) will immediately inform the Officers of the Program and the Dean's office of any condition or change in status that affects her/his ability to perform assigned duties. (See GME Policy on Professional Department, Section 7.1.1, n) The resident should promptly remove himself/herself from duty and patient care.

Residents recognizing impairment in fellow residents must report their observations and concerns directly to the resident and either a faculty member, program leadership, or the Designated Institutional Official (DIO) in a timely and confidential manner

An impaired resident will meet with the Program Director and comply with the plan of action.

2. Faculty Members:

Any faculty member involved in resident training who recognizes impairment in a resident shall report their observations and concerns to the program leadership or DIO.

3. Program Leadership:

Program leadership (**Chair/Program Director or other departmental physician designee**) should remain alert to signs, information or documentation of impairment and provide first assessment/meeting with the resident. Program Leadership may call the Kansas Medical Society Medical Advocacy Program (KMS-MAP) to discuss the resident assessment and/or to make a direct referral. (KMS-MAP 913-381-7180)

Program leadership will notify DIO or other professionals if necessary prior to or during an assessment.

4. Designated Institutional Official (DIO):

The Designated Institutional Official or his/her designee shall assist and facilitate any and all processes, which may include notification to KMS MAP, KUMC legal, KU hospital leadership, and/or KU School of Medicine Dean's Office and will maintain confidential documentation for each resident impairment case.

5. KU Counseling Center:

All psychological and educational services are provided at no cost to students, residents, and fellows. The staff consists of 3 learning specialists and 3 Ph.D.-level psychologists. They provide daytime appointments weekdays and evening consultations on Mondays, Tuesdays, and Wednesdays in G116 Student Center. They provide crisis intervention services on a 24 hours / day, 365 days / year basis. Facilitates release of information from the resident to the Program Director.

V. PROCEDURES AND DETAILED STEPS:

Assessment:

If a resident is reported to be impaired, the program leadership shall immediately conduct an investigation, documenting all pertinent information.

Program leadership may utilize the services of other appropriate professionals to help conduct the investigation.

Recommendations and Actions:

After completing its assessment of a reported issue, the Program Leadership will determine if impairment is related to Physical/Behavioral/Mental illness issues or Substance Abuse.

For Substance Abuse:

Program Leadership in conjunction with the DIO, may recommend one or more of the following written plans of action:

- Take no action.
- Continue to monitor.
- Refer to the KMS MAP.
- Create a joint decision with KMS MAP and the resident, which requires the resident to enter into a rehabilitation or treatment program with or without pay as a condition of continued residency.
- Impose appropriate restrictions on the resident's training and practice.
- Pursue corrective action under GME Policy Section 12.
- Refer to the GME Corrective Action Checklist found in the Program Director Toolkit on SharePoint.
- Refer to the Kansas State Board of Healing Arts.
- Notify law enforcement authorities.
- Take any other action it deems appropriate. Should the resident be temporarily relieved of patient care

activities, all appropriate individuals including DIO shall be confidentially notified in order to insure that patient care is uninterrupted. The Program Director communicates the plan of action to the resident. If the resident refuses to accept the plan of action, the resident may be subjected to corrective action under GME policy Section 12.

For Physical/Behavior/Mental Illness issues: Program Leadership may recommend one or more of the following written plans of action:

- Take no action.
 - Continue to monitor.
 - Refer to KU Counseling Center to assist with the assessment.
- The KU Counseling Center may determine the need to make a referral to KMS, in these cases; the center service provider will coordinate with Program Director and the DIO.

- Impose appropriate restrictions on the resident's training and practice.
- Impose Remediation or Probation
- Pursue corrective action under GME Policy Section 12.
- Refer to the GME Corrective Action Checklist found in the Program Director Toolkit on SharePoint.
- Take any other action it deems appropriate. Should the resident be temporarily relieved of patient care activities, all appropriate individuals including DIO shall be confidentially notified in order to insure that patient care is uninterrupted. The Program Director communicates the plan of action to the resident. If the resident refuses to accept the plan of action, the resident may be subjected to corrective action under GME policy Section 12.

Treatment and Rehabilitation:

When a resident is referred to the KU Counseling Center or KMS MAP, the Program Director will facilitate communication between the resident and the KU Counseling Center or KMS MAP. The resident will work with the selected services to establish a treatment program. The Program Director may meet with the service provider, and the resident, to establish terms of treatment.

The resident will sign a release of information contract with service provider that allows the provider to speak with the treating provider, the program director and the DIO. The limitations if any, on the confidentiality between provider and resident will be established by agreement with the service provider, resident, Program Director and DIO.

The service provider will be responsible for rehabilitation and treatment.

Treatment time, which requires an absence from training, will be considered a medical leave and treated according to GME policy. KMS will facilitate a contract with the resident for communication with the Program Director.

The resident is fully responsible for any out-of-pocket expenses related to treatment that exceeds insurance coverage.

Potential Reintegration (resumption of training):

Program leadership and the service provider may meet at any time to determine if reintegration can/will occur. Reintegration of the resident is contingent upon the Treating Facility providing the residents' Treatment Plan and Medical Records, sufficient to determine the ability to reintegrate into training, to Program Leadership. The Program Leadership will inform the DIO of their determination.

If the determination is such that training may resume, program leadership should communicate with the chair or members of the MAP and/or treatment facility, and/or service provider and the resident, to establish a written agreement setting out the terms for reintegration.

Each individual program will determine, according to their RRC policies and board policies, whether the resident's training time must be extended.

If reintegration is granted, the Program Leadership may place the resident on probation for a specified amount of time with conditions listed in a written document signed by the resident and Program leadership, including, a requirement that the resident will:

- Continue treatment/therapy/monitoring approved by the service provider and/or program leadership.
- Submit to on-going monitoring and periodic evaluations by KMS MAP and/or program leadership.

- For the substance abuse, impaired resident, the reinstatement agreement may contain language stating that the resident acknowledges that his/her work areas or lockers are considered University Property and maybe subject to inspection. Authorize written updates to program leadership from the physician, therapist or program treating the resident for his or her impairment. [The lockers ARE University property. We don't need an acknowledgment of that fact in order to inspect, presuming justification]
- Failure by the resident to comply with treatment and/or the terms of any reintegration may result in corrective action according to GME Policies and Procedures Section 12. Any corrective action should be communicated to KMS MAP.

This policy supplements those of the State of Kansas and KUMC and policies found elsewhere in the Graduate Medical Education Policy and Procedure Manual.

DIO Review 7/23/2010, 1/24/11
 KUMC Legal Review 1/26/11
 GMEC EC Approval 7/23/2010, 2/25/11
 GMEC Approval 8/2/2010, 3/7/11

7.4 Alcohol, Drugs and Tobacco

- 7.4.1 The use of alcoholic beverages or other drugs that impair judgment while on duty is prohibited, as is reporting for duty under the influence of alcohol or other drugs that impair judgment.
- 7.4.2 With certain limited exceptions, recognized and approved in advance in accordance with Board of Regents and Medical Center policies, the consumption of alcoholic beverages in any area of the Medical Center is prohibited.
- 7.4.3 The illegal use of drugs or the abuse of pharmaceuticals is prohibited, including prohibited prescribing and dispensing of medications according to state and federal laws and the regulations of the Federal Drug Enforcement Agency.
- 7.4.4 Smoking is not permitted on the Medical Center campus, including, but not limited to outdoor seating areas and parking facilities.

7.5 State Ethics Policy (K.S.A. 46-237a)

- 7.5.1 Gifts to certain state officers, employees and members of boards and commissions; limitations and prohibitions; penalties.
 - a) The provisions of this section shall apply to:
 - i) The governor;
 - ii) the lieutenant governor;
 - iii) the governor's spouse;
 - iv) all officers and employees of the executive branch of state government; and
 - v) all members of boards, commissions and authorities of the executive branch of state government.

- b) No person subject to the provisions of this section shall solicit or accept any gift, economic opportunity, loan, gratuity, special discount or service provided because of such person's official position, except:
- i) A gift having an aggregate value of less than \$40 given at a ceremony or public function where the person is accepting the gift in such person's official capacity; or
 - ii) gifts from relatives or gifts from personal friends when it is obvious to the person that the gift is not being given because of the person's official position; or
 - iii) anything of value received by the person on behalf of the state that inures to the benefit of the state or that becomes the property of the state; or
 - iv) contributions solicited on behalf of a nonprofit organization which is exempt from taxation under paragraph (3) of subsection (c) of section 501 of the internal revenue code of 1986, as amended.
- c) No person subject to the provisions of this section shall solicit or accept free or special discount meals from a source outside of state government, except:
- i) Meals, the provision of which is motivated by a personal or family relationship or provided at events that are widely attended. An occasion is "widely attended" when it is obvious to the person accepting the meal that the reason for providing the meal is not a pretext for exclusive or nearly exclusive access to the person;
 - ii) meals provided at public events in which the person is attending in an official capacity;
 - iii) meals provided to a person subject to this act when it is obvious such meals are not being provided because of the person's official position; and
 - iv) food such as soft drinks, coffee or snack foods not offered as part of a meal;
 - v) any meal the value of which is \$25 or less;
 - vi) meals provided to a person when the person's presence at the event or meeting at which the meal is provided serves a legitimate state purpose or interest and the agency of which such person is an officer or employee authorizes such person's attendance at such event or meeting; and
 - vii) meals provided to the governor's spouse and members of the governor's immediate family at the event or meeting at which the meal is provided serve a legitimate state purpose or interest.

- d) No person subject to the provisions of this section shall solicit or accept free or special discount travel or related expenses from a source outside state government, except:
 - i) When it is obvious to the person accepting the same that the free or special discount travel and related expenses are not being provided because of the person's official position; or
 - ii) when the person's presence at a meeting, seminar or event serves a legitimate state purpose or interest and the person's agency authorizes or would authorize payment for such travel and expenses.

- e) No person subject to the provisions of this section shall solicit or accept free or special discount tickets or access to entertainment or sporting events or activities such as plays, concerts, games, golf, exclusive swimming, hunting or fishing or other recreational activities when the free or special discount tickets or access are provided because of the person's official position. The provisions of this subsection shall not apply to persons whose official position requires or obliges them to be present at such events or activities.
 - i) Violations of the provisions of this section by any classified employee in the civil service of the state of Kansas shall be considered personal conduct detrimental to the state service and shall be a basis for suspension, demotion or dismissal, subject to applicable state law.
 - ii) Violations of the provisions of this section by any unclassified employee shall subject such employee to discipline up to and including termination.
 - iii) In addition to the penalty prescribed under paragraphs (a) and (b), the commission may assess a civil fine, after proper notice and an opportunity to be heard, against any person for a violation of this section, in an amount not to exceed \$5,000 for the first violation, not to exceed \$10,000 for the second violation and not to exceed \$15,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the governmental ethics fee fund established by K.S.A. 25-4119e, and amendments thereto.

7.6 KUMC Vendor Relations Policy

It is the policy of the University of Kansas Medical Center (KUMC) that interactions with industry should be conducted so as to avoid or minimize conflicts of interest and the appearance of conflicts of interest. When conflicts of interest do arise they must be addressed appropriately. All vendor representatives (representatives) are expected to abide by the Vendor Relations Policy (Policy) and applicable laws and regulations while on KUMC premises or while interacting with KUMC personnel (i.e. faculty, staff and students). All gifts (including de minimus gifts), are prohibited and may not be accepted by individual KUMC personnel from representatives.

The goals of this policy are to establish guidelines for interactions with industry representatives for KUMC personnel and to safeguard education, research and patient care against market-driven conflicts of interest. The overriding goal of this policy is to ensure that the integrity of our educational, research and clinical programs are not compromised by financial or other personal relationships with industry. Interactions with industry occur in a variety of contexts including educational and research support of KUMC personnel and marketing of new healthcare, pharmaceutical and medical device products. KUMC personnel also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of KUMC. KUMC fully recognizes that a healthy interaction between academia and industry is part of the mission. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, sway clinical decisions contrary to the patient's best interests, alter data integrity or the integrity and independence of our education and research programs or the reputation of the institution. As part of this policy, KUMC recognizes that ethical interactions are the responsibility of both industry and KUMC personnel.

This policy applies to all KUMC personnel and all industry representatives with whom they may come in contact. This policy incorporates the following:

7.6.1 Gifts

- a) Personal gifts, regardless of value, from vendor representatives to all KUMC Personnel are prohibited, including, but not limited to loans, economic opportunities, meals, tickets or vouchers for entertainment events, pens, notepads or cash. It is strongly advised that no form of personal gift from a vendor be accepted under any circumstances.
- b) KUMC personnel must consciously and actively divorce clinical care decisions and research activities from any perceived or actual benefits expected from any company. The overriding principle at KUMC is that healthcare providers represent their patients' best interests and not those of vendors. It is not acceptable for patient care decisions to be influenced by the possibility of personal financial gain.
- c) KUMC personnel cannot accept gifts or compensation for prescribing or changing a patient's prescription. KUMC personnel cannot accept gifts or compensation for listening to a presentation by a representative.
- d) KUMC personnel cannot accept compensation, including the defraying of costs, for attending a CME event or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).
- e) Representatives cannot use KUMC personnel or resources to distribute information about vendor-sponsored events. This includes KUMC e-mail, mailings, e-page or other mass notification methods. Departmental and division offices, including residency and fellowship programs, will not circulate announcements of vendor-sponsored events or provide e-mail lists or address lists of KUMC personnel, physicians or house staff.

7.6.2 Promotional Items and Drug Samples

- a) KUMC personnel will not accept or distribute items (e.g. pens, note pads, and similar "reminder" items). Promotion of drug or medical device products may not be for uses not reflected in United States Food and Drug Administration (FDA) approved product labeling. Under no circumstances can promotional items be used in patient care areas.
- b) Proper discretion will be utilized to assure the distribution of drug samples is for the benefit of the patient, not for product promotion.

7.6.3 Support for Educational and Other Professional Activities

- a) Individuals should be aware of the Accrediting Council for Continuing Medical Education (ACCME) "Standards for Commercial Support."⁵ They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both KUMC-sponsored and other events. The standards are appended to this policy and may be found at <http://www.accme.org/>.
- b) Educational, unrestricted grants that are compliant with the ACCME Standards may be received from industry but must be administered through the KU Endowment Association (KUEA), departments or divisions and not by individual faculty. Divisions and departments must maintain records of compliance with the ACCME Standards.
- c) KUMC will accept grants for general support of education and research (no specific deliverable products) from pharmaceutical and device companies, provided that the unrestricted grants are made with the approval of the EVC, or designee, to a KUEA account not designated for use by specific individuals. Educational and research grants may not be made or conditioned or related in any way to any pre-existing or future business relationship with the company or any business or other decisions KUMC has or may make relating to the manufacturer or its products (including coverage or formulary status decisions). The content of the educational program, educational methods and materials should be consistent with applicable rules and requirements for accredited CME programs and controlled by the course provider and not by the company providing the educational grant. This arrangement will permit KUMC and the ultimate recipients of funds to remain free from influence by any one donor.
- d) To ensure accountability and to acknowledge generosity, the amount of funds contributed and the eventual use of the funds will be posted on the KUMC Web-site by the Office of Compliance.

7.6.4 Funds for Travel

- a) Manufacturers interested in having KUMC personnel attend meetings should provide unrestricted grants to a designated fund for educational conferences and meetings. The EVC will then disburse funds to faculty and training program directors. Neither faculty nor trainees will be directly dependent on industry generosity for educational opportunities.
- b) With respect to the airfare, lodging, and transportation costs to and from the airport, KUMC personnel subject to the provisions of this policy will not

solicit or accept free or special discount travel or related expenses from a source outside state government, except when the person's presence at a meeting, seminar or event serves a legitimate state purpose or interest and the person's agency authorizes or would authorize payment for such travel and expenses.

7.6.5 Speakers Bureaus and Ghostwriting

- a) The sharing of ideas and information, by experts in a particular field, is valued and supported by KUMC; accordingly, faculty opinion must be data-driven and not for hire. Faculty should be aware that Speaker's bureaus are typically an extension of manufacturers' marketing apparatus. Though faculty are not prohibited from participating as members of a speaker's bureaus for vendors such as pharmaceutical or device manufacturers, faculty should consider the guidelines enumerated below before entering into a contract or service agreement with a vendor.
- b) KUMC personnel who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:
 - i) Financial support by industry is fully disclosed by the meeting sponsor.
 - ii) The speaker should be solely responsible for designing and conducting the activity and the activity will be educational, nonpromotional and free from commercial bias.
 - iii) The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 - iv) The KUMC participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
 - v) The lecturer makes clear that content reflects individual views and not the views of KUMC partner institutions.
 - vi) The use of the KUMC name in non-KUMC events is limited to the identification of the individual by his or her title and affiliation.
- c) KUMC personnel are prohibited from publishing articles under their own names that are written in whole or material part by industry employees. Authors must be responsible for the content and must actively participate in the preparation of the article.

7.6.6 Consulting and Research Contracts

- a) The process of discovery and development of new drugs and devices benefits from academic participation. However, participation by KUMC personnel should result in impartial collection and interpretation of data. To ensure scientific integrity, interactions must be transparent and allow free exchange of ideas. Consulting fees or honoraria for speaking must always take place

with an explicit contract with specific deliverables, and the deliverables must be restricted to scientific issues, not marketing efforts. A contract with no identified deliverables is tantamount to a gift and is prohibited.

- b) To promote scientific progress, KUMC will accept grants for general support of research (no specific deliverable products) from pharmaceutical and device companies, provided that the unrestricted grants are made with the approval of the EVC, or designee, to KUEA accounts not designated for use by specific individuals. As long as the institution stands between the individual investigator and the company making the grant, the likelihood of undue influence is minimized. To better ensure independence, scientific integrity and full transparency, consulting agreements and unconditional grants will be posted on the KUMC Web-site by the Office of Compliance.

7.6.7 On Site, KUMC-Based Product Training

- a) Occasionally physicians, nurses or other health care professional staff are asked by vendors to provide on-site, KUMC-based training for representatives about new products, drugs or procedures. These usually represent legitimate industry interactions, but KUMC staff and representatives must comply with the following:
 - i) The representative, physician or professional staff member will notify the Office of Continuing Education (CE) when an educational program becomes available.
 - ii) CE will require the representative to have on file a brief outline of the project from the company that includes the intent, scope and time line of the educational program.
 - iii) Representatives are not allowed direct contact with patients or their medical records for reasons of confidentiality, nor are they allowed in any patient care area unless the vendor has completed the appropriate training, signed the necessary confidentiality forms and the patient has authorized access or unless the vendor has appropriately executed a Business Associate Agreement (BAA).

7.6.8 Disclosure of Relationships with Industry

- a) In scholarly publications, individuals must disclose their related financial interests in accordance with the recommendations of the International Committee of Medical Journal Editors. The standards are appended to this policy and may be found at www.icmje.org.
- b) Faculty with supervisory responsibilities for students or staff should ensure that their conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee or staff member.
- c) Individuals having a direct role making institutional decisions for the purchase of equipment, drug or supplies procurement must disclose to the purchasing unit and the Conflict of Interest Committee (COIC), prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory

boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The COIC will decide whether the individual must recuse him/herself from the purchasing decision.

- i) This provision excludes indirect ownership such as stock held through mutual funds.
- ii) The term "immediate family" includes the individual's spouse or domestic partner, parents or children.

7.6.9 Compliance by Representatives

- a) Representatives shall comply with all applicable rules, regulations, policies and procedures of KUMC as they exist now and as they may be amended from time to time, including, but not limited to, all policies and procedures relating to ingress and egress to and from the premises, parking, confidentiality of patient information, safety, smoking, waste disposal and infection control.
- b) When Security or KUMC personnel identify a representative not adhering to this policy, they should report this to the KUMC Office of Compliance, who then notifies the representative of the infraction. Restriction, up to and including the removal of the representative from KUMC premises, is possible based upon the type of infraction or the number of re-occurring infractions of the policy. KUMC retains the sole discretion in making their enforcement decisions.
- c) KUMC reserves the right to immediately have any vendor representative removed from KUMC premises for failure to follow this policy.
- d) Representatives who violate this policy shall not be permitted to market or detail at KUMC and may be barred from the campus.

7.6.10 Training Regarding Potential Conflict of Interest in Interactions with Industry

- a) All KUMC personnel will receive annual training regarding potential conflicts of interest in interactions with industry.

7.6.11 Future Directions

A committee will be established, with representation elected by the Faculty Council and members appointed by the EVC, to provide continued, real-time input into this policy. This committee will address issues and questions raised by individual faculty, staff and students regarding the policy, as well as future regulatory or legislative changes that may impact this policy.

7.7 Resident and Fellow Files

I. PURPOSE:

Maintenance of adequate documentation in a Resident's or Fellow's file during and after their training in a University of Kansas GME program is an important responsibility for the program leadership.

II. DEFINITIONS:

File refers to those documents that are: scanned and stored in MedHub, paper-based, retained in other secure electronic storage or a combination of the three.

Educational and Permanent files contain those documents required by the ACGME and the University of Kansas Graduate Medical Education Office.

Credentialing Files contain those documents required by University of Kansas Graduate Medical Education Office.

Peer Review Protected files may contain certain evaluations and corrective actions documentation.

III. PROCEDURE:

Both the ACGME and University of Kansas GME Office have minimum expectations for the content in current residents' and fellows' "educational, permanent and credentialing" files maintained by the program administration. Pertinent "peer-review protected" materials such as certain evaluations can be stored in a resident's or fellow's "peer-review" file. This can be separate from the "educational, permanent and credentialing" files. It is important that for all media, secure storage is used to prevent loss of the records, and that for electronic storage the program has file back-up and recovery protocols that are consistently followed.

III. DETAILED STEPS:

A) Each program must provide the minimum documentation within either the "educational and/or peer review protected" files:

- 1) Written evaluation of the resident/fellow from the faculty and others;
- 2) Periodic evaluation (i.e., semiannual and annual summative program director evaluations) by the program director, his/her designee and/or a resident evaluation committee;
- 3) Final signed summative evaluation, by the resident and program director (The ACGME requires certain components in this final summative evaluation, including evaluation of the last period of training, a competency-based final summative evaluation as well as documentation that the resident/fellow "has demonstrated sufficient competence to enter practice without direct supervision");
- 4) Records of resident's or fellows rotations and other training experiences, including surgical/procedural training as applicable;
- 5) Records of disciplinary actions;
- 6) Moonlighting permission documentation, if approved by the program and GME leadership;
- 7) Other materials as required by the ACGME institutional and program requirements;
- 8) Other materials as required by the GMEC and GME office.

The educational and peer review protected files should be kept for at least seven years after graduation.

B) For each resident and fellow who successfully completes the program, the program must provide the minimum documentation within the "Permanent and/or Peer Review Protected Permanent" file:

- 1) Final signed summative evaluation (The ACGME requires certain components in this final summative evaluation, including evaluation of the last period of training, a competency-based final summative evaluation as well as documentation that the resident/fellow "has demonstrated sufficient competence to enter practice without direct supervision");
- 2) Records of resident's or fellows rotations and other training experiences, including surgical/procedural training as applicable;

3) Records of disciplinary actions.

The permanent file should be kept indefinitely to accommodate request for primary source verification. For residents who do not successfully complete the program or who are not recommended for Board certification, it is recommended that the entire file be retained indefinitely in the event of subsequent legal action.

- C) Each program is responsible for monitoring each resident/fellow MedHub “credentialing file” after an applicant completes their Application Portal.

DIO Review 8/2/2010, 8/2014
KUMC Legal Review 8/2/2010
GMEC approval 8/2/2010, 8/2014

7.8 GME Resident and Financial Accountability Policy

In order to hold individual departments accountable for their financial affiliate relationships, the following policy has been enacted:

- 7.8.1 Any deficits in funding resident salaries/fringe that result from the failure to assign the agreed-upon number of residents to a particular affiliate rotation are the responsibility of the Department
- 7.8.2 Any billing and/or collections deficits that arise as a result of the Department improperly scheduling or maintaining duty hours are also the responsibility of the Department.
- 7.8.3 The GME Department and the Department of Finance and Administration will help support our mutual success through the following activities:
- a) Detailed duty hour reports will be run every month for all programs who rotate with an affiliate.
 - b) Email the report to the departments with shortfalls noting requesting updates. Departments will have 3 days to correct any errors.
 - c) Invoice all affiliates by the 15th of the month.
 - d) If an issue arises that prevents billing:
 - i) The DIO and department chair will attempt to understand and resolve the issue,
 - ii) Correction is expected within 48 hours,
 - iii) If the problem is not corrected within 48 hours, the department’s Foundation will be invoiced.

7.9 Ombudsman Guidelines for Residents

The Ombudsman is an academic faculty member in good standing without alignment or administrative connection to either program leadership or School of Medicine/GME Leadership. The Ombudsman will serve as a sounding board/resource to residents with questions or concerns about their program, faculty, or school of medicine. Residents may access one of the three Ombudsmen by email ombudsmanbecker@kumc.edu, ombudsmanfink@kumc.edu or ombudsmanhoward@kumc.edu.

DIO Review 3/03/2014, 7/30/2014
GMEC approval 3/14/2014, 8/4/2014
Legal Review 2/14/2014

8. EQUAL OPPORTUNITY AND HARASSMENT POLICY

One of the essential functions of a university is to help all individuals realize their potential. To this end, the University of Kansas Medical Center commits itself to:

The elimination of discrimination in all University activities on the basis of race, religion, color, sex, sexual orientation, disability, national origin, age (as specified by law), and ancestry. Equal opportunity for employment, education, and education related activities shall be extended to all persons.

The development and implementation of policies and programs designed to promote the full participation of these groups in the programs and activities of the University at all levels.

8.1 Policy on Harassment

8.1.1 Definition of Prohibited Harassment

Prohibited Harassment is a form of discrimination consisting of verbal or physical behavior which is:

- a) Unwelcome
 - i) If a person neither asks for nor returns questionable behavior, it is safe to assume it is unwelcome, even if the behavior is intended to be funny or harmless.
- b) Based on a protected class (i.e., race/ethnicity, color, religion, disability, sex, sexual orientation, age, national origin, or veteran status, genetic information)
- c) Severe or pervasive enough to create a hostile environment or negatively impact academic or job performance
 - i) Behavior must either be severe or pervasive to constitute prohibited behavior. Unless the conduct is quite severe (e.g., sexual assault) a single incident of offensive behavior is generally not considered prohibited harassment. However, it may constitute inappropriate, unprofessional behavior and result in disciplinary action.
 - ii) The more severe the behavior, the fewer times it need occur to become prohibited harassment. Also, the responsibility to communicate the offensiveness of the behavior is lessened; it is presumed to be offensive. At the same time, the frequency of less severe offensive behavior could result in prohibited harassment. A number of relatively minor incidents (e.g., repeatedly telling unwelcome dirty jokes) could add up to harassment if the frequency of the incidents create a hostile learning or working environment.

8.1.2 Definition of Prohibited Sexual Harassment

Prohibited sexual harassment is a form of sex discrimination and can occur between persons without regard to gender, age, sex or sexual orientation and may arise from either supervisory actions or co-worker interactions. It is defined as unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature when:

- a) Submission to such behavior is used to make academic or employment decisions
- b) Such conduct creates and intimidating, hostile or offensive learning or working environment.

8.1.3 What Should You Do if You Are Being Harassed?

Actions you can take include:

- a) Know your rights and responsibilities. You do not have to tolerate such treatment and need to report it. You also need to ensure that your own behavior is not seen as being harassing.
- b) Document the behavior/treatment – Focus on FACTS: who, what, when where and how.
- c) If appropriate, directly and respectfully tell the person(s) that the behavior is not welcome.
- d) Seek advice/assistance.
- e) Report the behavior to one of the following:
 - i) Associate Dean for Graduate Medical Education (913-588-0031);
 - ii) the Equal Opportunity Office (EOO) (913-588-2416)

9. EVALUATION

The evaluation of residents and faculty, including the specification of satisfactory performance, are within the purview of the program. Program officers must develop faculty and resident evaluations, which are stored in the online Graduate Medical Education management system (MedHub). However, all expectations, responsibilities and duties are to be clearly formulated in writing at the departmental level, and explained to the faculty and residents.

All faculty and resident evaluations will be made available to the Dean's office, upon request, for review by appropriate representatives of the Medical Center, School of Medicine, Professional Practice Plan or external reviewing bodies.

9.1 ACGME General Competencies

The residency program must require its residents to develop competencies in the following areas to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies.

9.1.1 Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- a) communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- b) gather essential and accurate information about their patients
- c) make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- d) develop and carry out patient management plans
- e) counsel and educate patients and their families
- f) use information technology to support patient care decisions and patient education
- g) perform competently all medical and invasive procedures considered essential for the area of practice
- h) provide health care services aimed at preventing health problems or maintaining health, and
- i) work with health care professionals, including those from other disciplines, to provide patient-focused care.

9.1.2 Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- a) demonstrate an investigatory and analytic thinking approach to clinical situations, and
- b) know and apply the basic and clinically supportive sciences which are appropriate to their discipline

9.1.3 Practice Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- a) analyze practice experience and perform practice-based improvement activities using a systematic methodology
- b) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- c) obtain and use information about their own population of patients and the larger population from which their patients are drawn

- d) apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- e) use information technology to manage information, access on-line medical information; and support their own education, and
- f) facilitate the learning of students and other health care professionals

9.1.4 Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- a) create and sustain a therapeutic and ethically sound relationship with patients
- b) use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills, and
- c) work effectively with others as a member or leader of a health care team or other professional group

9.1.5 Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- a) demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- b) demonstrate a commitment to ethical principles pertaining to provision or with-holding of clinical care, confidentiality of patient information, informed consent, and business practices, and
- c) demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

9.1.6 Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- a) understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- b) know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

- c) practice cost-effective health care and resource allocation that does not compromise quality of care
- d) advocate for quality patient care and assist patients in dealing with system complexities, and
- e) know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

9.2 Resident Evaluation

- 9.2.1 The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
- 9.2.2 Assessment should include the use of methods that produce an objective assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- 9.2.3 Assessment should include multiple evaluators, including evaluation by faculty, patients, peers, self, and other professional staff.
- 9.2.4 Assessments must document progressive resident performance improvement appropriate to educational level.
- 9.2.5 Documented semi-annual performance evaluations including feedback should be provided to each resident.
- 9.2.6 The program director must provide a final evaluation for each resident who completes the program. This evaluation must document the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. The final evaluation must be signed by the resident and program director and be part of the resident's permanent record maintained by the institution and must be accessible for review by the resident in accordance with institutional policy.

9.3 Faculty Evaluation

- 9.3.1 The performance of the faculty must be evaluated by the program at least annually as it relates to the educational program. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.
- 9.3.2 At least annually, each resident will prepare a confidential written evaluation of the departmental faculty, of each clinical rotation, and of the University of Kansas Medical Center as a whole for submission to the Departmental Chair and Program
- 9.3.3 Director

9.4 Program Evaluation

- 9.4.1 The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track resident performance, faculty development, graduate performance, including performance of graduates on the certification examination, and program quality. The GME Annual Program Outcomes Assessment and Action Plan Report should be used to document this annual review. A copy of the completed report should be turned into the GME office annually, by September 1st.
- 9.4.2 Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents' assessments of the program together with other program evaluation results to improve the program. Specific instruments and procedures used in the resident and faculty evaluations of a program are to be developed by the Program Chair, Program Director and residents, but will be designed to preserve resident confidentiality
- 9.4.3 Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the School, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
- 9.4.4 Regular, formal evaluation of the faculty and program by the residents is necessary to maintain the quality of Graduate Medical Education and is required by the policies and procedures of the ACGME and the University of Kansas School of Medicine and Medical Center

9.5 Resident Access to Evaluations

Residents have the right to review all information, including but not limited to evaluations of their performance, located in the administration office of their residency program. The resident may review their file with at least a three-workday notification to the Program Director or Coordinator of their residency program.

- 9.5.1 The resident may not remove the file from the immediate location of the program administration office. Removing the resident file or items contained in the resident file from the administration office area can be grounds for disciplinary action.
- 9.5.2 Upon request, the resident may receive a copy of all materials contained in their file.
- 9.5.3 Former residents are entitled to review and/or receive a copy of their resident file but may be charged a copy fee.

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GMEC EC Approval 7/23/2010
GMEC Approval 8/2/2010

10. RESIDENT STANDING, PROMOTION, AND PROGRAM COMPLETION

While the State of Kansas does not allow the term of a resident agreement to exceed one year, the University of Kansas, School of Medicine and each Department recognize that candidates accepting appointments to the resident staff have an expectation that they will be allowed to complete their training, provided they show satisfactory progress in their educational programs. While the School cannot guarantee that this expectation will be met in all cases, every effort will be made to preserve from year to year the position of a resident who is progressing toward completion of her/his training. Changes in the size of a program will be accomplished, whenever possible, through changes in the numbers of candidates accepted into the first year of a program rather than through elimination of more senior positions.

10.1 Resident Standing

A resident whose performance conforms to established evaluation criteria in a consistent and satisfactory manner will be considered to be “in good standing” with the program and institution. Resident misconduct, failure to comply with the policies and procedures governing Graduate Medical Education, or unsatisfactory performance based on one or more resident evaluations may adversely affect the resident’s standing in his/her program. In such cases, the resident may be placed on probation. In cases of sufficient gravity, the Program, School and/or Medical Center may immediately initiate corrective actions that may ultimately result in the termination of the resident’s appointment.

10.2 Promotion

10.2.1 After satisfactory completion of each year of Graduate Medical Education experience as attested to by the Program Director and Program Chair, a resident in good standing may be promoted to the next year of their program subject to the terms, limitations and conditions described in this document and the Resident Agreement.

10.2.2 Promotion to the next level of training is at the sole discretion of the program and School. The decision to promote is expressly contingent upon several factors, including but not limited to:

- a) satisfactory completion of all training components,
- b) for those in residency programs, sitting for Step III of the USMLE/Level 3 of the COMLEX prior to the PGY3 level,
- c) the availability of a position,
- d) satisfactory resident performance,
- e) full compliance with the terms of the Resident Agreement,
- f) the continuation of the School’s and Program’s accreditation by the ACGME,
- g) the School’s financial status, and
- h) the importance of the program to the School’s missions.

- 10.2.3 A resident whose status is probationary will be promoted only at the discretion of the Program Director and Chair. If the decision is made to promote the resident, the probation remains in effect until the terms and conditions of remedy for the probation are met or until any further disciplinary action is resolved.
- 10.2.4 Residents subject to corrective actions or pursuing appeal and hearing of proposed corrective actions will not be promoted unless and until the corrective actions are completed or the appeal and hearing process finds for the resident.

10.3 Program Completion

- 10.3.1 A resident who successfully completes a Program's specified requirements will not be issued a Certificate of Residency by the University of Kansas School of Medicine and the Program until he or she has successfully passed USMLE Step III/COMLEX Level 3. A copy of the USMLE or COMLEX transcript must be submitted with the certificate request form.

This certificate signifies that the physician has completed a residency or fellowship program only, and does not confer any degree or title to the recipient resident.

- 10.3.2 Prior to leaving their training program, or being eligible to receive a Certificate of Residency (for completing a residency/fellowship training program at the University of Kansas School of Medicine), each resident must obtain the authorized signature for each section of the Resident/Fellowship Clearing Form. Each signature should be from a manager or authorized designee of that department or unit, and will indicate that the resident has cleared all outstanding obligations for that area. The Resident/Fellowship Clearing Form will become part of the resident's permanent file in the training department.
- 10.3.3 Residents on probation, those subject to corrective actions, or those pursuing appeal and hearing of a proposed corrective action will not be issued a certificate until the probationary status is remedied, or an appeal of the corrective action is completed and the hearing process results in a finding for the resident and the resident has completed all training requirements for the program.
- 10.3.4 Residents who are absent from the program for more than the allotted amounts of vacation time may be required to make up the time absent with an equivalent amount of training time after the end of their terminal appointment. Similarly, residents who are relieved of their program duties due to administrative leaves or corrective actions may be required to make up the time absent.

11. REMEDIATION AND PROBATION

11.1 Definitions and Causes

Remediation is the process in which the faculty of a Program and a resident judged to be performing at a less than satisfactory level work together to identify, understand, and correct the cause(s) for the resident's deficiencies. Certain RRCs and specialty boards provide that, among the actions that a department may take in the remediation process for "marginal" residents, is possibility of requiring the resident to repeat one or more rotations, or in more extreme cases up to 12 months of training in the attempt to address deficiencies in performance. Such provision is entirely at the discretion of the Officers of the Program and must be allowed by the RRC of the specialty in question.

Placing a resident on probation is another of the actions that may be taken by a department in the “remediation” of a resident. Probation identifies a resident as requiring more intensive levels of supervision, counseling and/or direction than is required of other residents at the same training level in the same program. Placement of a resident on probation implies that the department will be responsible for documenting the necessary increase in staff supervision, counseling and evaluation that will allow the resident to remedy the deficiencies, if possible. Unlike other remedial actions which occur at the departmental level, placement on probation also serves to notify the School of Medicine that the resident is experiencing difficulty in the training program.

11.2 Probation Categories and Criteria

11.2.1 Criteria for placement on academic probation include but are not limited to:

- a) unsatisfactory performance based on in-service examinations, quizzes, and/or oral/written examinations and evaluations;
- b) failure to show expected rate of improvement in fund of knowledge; or
- c) unsatisfactory participation and/or performance in conferences or educational programs.

11.2.2 Criteria for placement on clinical probation include but are not limited to:

- a) unsatisfactory acquisition of clinical or technical skills or competence,
- b) unsatisfactory performance in the clinical setting,
- c) deviation from the professional standard of care, or
- d) provision of care without appropriate staff supervision.

11.2.3 Criteria for placement on administrative probation include but are not limited to:

- a) misconduct;
- b) violations of institutional and/or program policies and procedures or those of an affiliate; or
- c) unsatisfactory completion of charts or other deficiencies or delinquencies of the medical record.

11.2.4 When placing a resident on probation, the program can cite multiple criteria within a single category and/or deficits in more than a single category.

11.3 Documentation of Probationary Status

11.3.1 The probationary status of a resident shall be well documented and copies of the documentation shall be maintained and become a permanent part of the resident file.

- 11.3.2 Prior to placing a resident on probation, the program must notify the Associate Dean for Graduate Medical Education or designee, in writing, of the action and receive approval.
- 11.3.3 Materials leading to the resident probationary period, including copies of all pertinent letters, evaluations, and actions discussed with the resident, shall be provided to the Graduate Medical Education Office.

11.4 Duration

The duration of a probationary period will be three months. No resident will be allowed more than two periods of probation. Residents who show a continued lack of improvement, or otherwise unsatisfactory performance, at the end of their second probationary period will be proposed for corrective action.

11.5 Notice and Response

- 11.5.1 Probationary status begins upon the resident's receipt of written notice of probation.
- 11.5.2 The written notice shall clearly specify the reasons for probation and the steps that the program believes must be taken by the resident to correct the deficits and be returned to good standing.
- 11.5.3 The resident must countersign the notice indicating that he/she has reviewed the notice and been informed of his/her change in standing. The resident's signature indicates receipt of the notice only, and does not necessarily constitute agreement with the contents of the document.
- 11.5.4 The probationary resident will be allowed seven (7) days after receipt of the written notice to respond in writing to the notice of probation. The resident can either:
 - a) respond indicating that he/she understands the reasons for the change in standing and accepts the program's terms for remediation;
 - b) request a meeting with the Program Director and/or Department Chair. Such meeting will provide the resident an opportunity to further explore and understand the reason(s) for the change in standing. At the conclusion of such meeting, the resident and the Officers of the Program will attempt to arrive at a mutually agreed upon plan for remediation. Should an agreement be reached, the Program Director will prepare a written summary that is countersigned by all participants; or
 - c) submit a written request seeking redress of the probationary status through the grievance process. In such a case, the resident must be prepared to show that imposition of the probationary status is not in accordance with the policies and procedures for Graduate Medical Education or that the program is inconsistent or otherwise unfair in the processes of resident evaluation, probation and/or remediation.
- 11.5.5 Failure of the resident to respond to the notice of probation, in writing, is equivalent to acceptance of the terms and conditions of probation as outlined in the written notice.

11.5.6 The original notice and the resident's response along with any other relevant documents will become a part of the resident's file, and the Associate Dean for Graduate Medical Education will receive copies.

11.6 Evaluation during the Probationary Period

11.6.1 The Program Director or Chair must obtain evaluations from the faculty members who are supervising the probationary resident on a monthly basis throughout the probationary period.

11.6.2 The Program Director or Chair must prepare a brief written summary of these monthly evaluations and discuss the evaluations with the resident, at the same time providing counseling and feedback regarding the resident's performance along with suggestions for improvement.

11.6.3 Discussion with the resident will be verified by having the resident sign the written summary.

11.7 Resolution of Probationary Status

11.7.1 If, in the judgment of the Program Chair and Program Director, a probationary resident shows satisfactory improvement, resolves his/her deficiencies and otherwise complies with the terms and conditions of remediation cited in the notice, the resident will be reinstated to good standing.

11.7.2 If, in the judgment of the Program Chair and Program Director, the probationary resident fails to improve, if the cited deficiencies persist, if there is further deterioration, or if additional deficits are identified during the probationary period, an additional period of probation may be imposed or corrective action may be proposed.

12. CORRECTIVE ACTIONS: SUSPENSION AND TERMINATION

12.1 Suspensions and Terminations

The corrective actions that the School of Medicine and Medical Center may impose are suspension and termination.

12.2 Cause

12.2.1 A resident's participation in a Graduate Medical Education program is expressly conditioned upon satisfactory performance by the resident in all aspects, academic and non-academic, of his/her training program. If a resident's performance or conduct are unsatisfactory or inconsistent with the educational objectives and goals of the program, with the Medical Center's standards of patient care, with the objectives and missions of the School, or with the terms of the Resident Agreement, immediate corrective action may be taken. Corrective action may also be taken if the welfare of patients or their families is endangered by a resident's conduct, if the resident's conduct or performance reflects adversely on the Program or School, or if the resident's behavior disrupts or endangers the personnel or operations of the Program, Professional Practice or Medical Center.

12.2.2 The program, school, or medical center is under no obligation to pursue suspension prior to proposing termination. In those cases where, in the view of the institution or its representatives, such action is warranted, termination may be the initial corrective action proposed.

12.2.3 Specific indications for corrective action include, but are not limited to:

a) failure to satisfactorily resolve first or second probationary status.

A resident on probationary status may be proposed for corrective action if, based on his/her evaluations during the probationary period, or in the judgment of the Program Chair and Program Director, she/he:

i) shows further deterioration in his/her performance;

ii) is identified as having additional deficiencies;

iii) continues to show unsatisfactory performance after completion of two probationary periods, consecutive or non-consecutive;

b) impairment;

c) intoxication while on duty, or other abuse of alcohol or drugs;

d) dereliction of professional duties and responsibilities;

e) conviction of a felony or of a "Class A" misdemeanor, whether or not related to the practice of medicine or surgery. In this context, "conviction" is understood to include pleas of guilty, pleas of *nolo contendere*, and diversion agreements;

f) unethical or unprofessional behavior;

g) insubordination;

h) harassment of staff, patients, or personnel including, but not limited to, sexual harassment or racial or ethnic discrimination;

i) inability to perform the essential duties regularly required of all residents in a program;

j) revocation or suspension of a license to practice medicine in any jurisdiction;

k) other conduct or performance of the resident that places the safety or health of Medical Center patients, their families, members of the public or Medical Center personnel in jeopardy; or

l) placement on the excluded providers listing maintained by the Federal Government.

12.3 Administrative Leave

- 12.3.1 Administrative Leave is neither a corrective action nor a remedial status and does not, in and of itself, entitle the resident to due process and fair hearing. The purpose of administrative leave is to allow the resident to:
- a) meet with the Officers of the Program to fully understand the cause(s) for the proposed corrective action and, if possible, come to an agreement with the Officers and the School concerning the steps that must be taken to avert the imposition of the corrective action; and
 - b) pursue the rights to due process and fair hearing.
- 12.3.2 Placement on administrative leave relieves the resident of all program duties and academic activities until:
- a) the resident indicates he or she does not wish to avail himself or herself of the hearing process and accepts the proposed corrective action;
 - b) the proposed corrective action is averted based on agreement between the Program Director and the resident; or
 - c) the Executive Dean takes action, based on the recommendations of a hearing committee.
- 12.3.3 Placement on administrative leave suspends all patient care and clinical/animal research activities of the resident/fellow. Resident/fellow access to patient care information, including medical records, is suspended
- 12.3.4 The resident shall continue to receive all stipends and benefits during periods of administrative leave.
- 12.3.5 The minimum initial period of administrative leave shall be seven (7) days.

12.4 Authority

The authority to propose or initiate a corrective action is reserved for the resident's Program Chair and Program Director.

12.5 Enforceability

To be enforceable, all corrective actions must be processed pursuant to the policies and procedures for Graduate Medical Education contained herein.

12.6 Initiation and Notification of Proposed Corrective Action and Due Process

- 12.6.1 If the resident's Program Director or Department Chair finds a valid cause for corrective action, he/she shall provide written notice to the Office of Graduate Medical Education of his/her intent to initiate corrective action. The Program Director and/or Department Chair will then prepare a written notice of proposed corrective action stating the cause(s) for and the nature of the proposed corrective action. The notice shall also inform the resident of his or her right to a hearing pursuant to the due process provisions established herein.
- 12.6.2 After the Office of Graduate Medical Education has been notified, the Program Director and/or Program Chair shall meet privately with the resident to review the

notice of proposed corrective action and its cause(s) and to inform the resident of the fair hearing process.

- 12.6.3 At the end of this initial meeting, the Program Director and/or Program Chair, and the resident shall co-sign the notice of proposed corrective action and the resident will be placed on administrative leave. Signature by resident indicates receipt of the document and does not necessarily constitute agreement with the contents of the document. The resident and the Office of Graduate Medical Education will be provided a copy of the co-signed notice.
- 12.6.4 Within 24 hours of the conclusion of the initial meeting with the resident, the Program Director or Department Chair will notify the faculty of the program, the Chief of Staff of the University Hospital, the Medical Director of the Professional Practice Group, and the Office of the General Counsel of the proposed corrective action, its cause(s) and of the placement of the resident on administrative leave. The Office of Graduate Medical Education will notify the Dean's Office and provide the Dean's Office with a copy of the co-signed notice of proposed corrective action.
 - a) As a part of implementing administrative leave, the officers of the program must contact the KU Hospital Office of HIPAA Commitment and the University Office of HIPAA Compliance to ensure electronic patient record access is suspended
 - b) Additionally, the officers of the program must contact Rick Johnson (KUMC Police) and Rhonda Bailey (Badge Office) to ensure physical access to patient care areas including KU Hospital and KUPI clinic areas is suspended
- 12.6.5 During the initial, 7-day period of administrative leave, the Officers of the Program shall conduct further investigations into the circumstances and cause(s) of the proposed corrective action and will meet with the resident as often as necessary to determine whether other measures might be appropriate in averting the proposed corrective action.
- 12.6.6 If corrective action is determined to be appropriate, the Program Director and/or Department Chair will then prepare a written summary of proposed corrective action and submit it to the GME Office for approval.
- 12.6.7 No later than the seventh (7th) day of administrative leave, the Program Director and/or Department Chair will meet with the resident and discuss the summary of proposed corrective action. The resident will be provided with a copy of the written summary at this meeting.
- 12.6.8 The resident will have seven (7) days of administrative leave from the date of the summary meeting (12.6.7) to respond, in writing, to the summary of the proposed corrective action. The resident may:
 - a) accept the summary of the proposed corrective action and the terms of rescission, if any. In this case, the resident will provide a written statement of acceptance to the Officers of the Program and the Office of Graduate Medical Education, or,
 - b) indicate to the Program and the Office of Graduate Medical Education, in writing, the intent to pursue an appeal and hearing.

- 12.6.9 All documents, summaries, notices, responses on the part of the parties to the proposed corrective action, or copies thereof, become a part of the resident's permanent file.
- 12.6.10 Upon receipt of the resident's response to the proposed corrective action by the Officers of the Program, copies of all pertinent records and documents, including all evaluations, summaries, notices and responses on the part of any party to the proposed action will be provided to the Associate Dean for Graduate Medical Education and the Office of General Counsel.

12.7 Status of Salary and Benefits for Residents Subject to Corrective Action

- 12.7.1 The resident will continue to receive all compensation and benefits during any periods of administrative leave, or suspension, and during the period between notification of proposed termination and its final resolution.
- 12.7.2 If the corrective action is averted or rescinded, or if the hearing process produces a finding for the resident and the resident is reinstated, and the time spent on administrative leave or suspension exceeds the allowed amount of vacation time, an equivalent period of training may be required to be made up at the end of the resident's terminal appointment to satisfy the length of training requirements for the program.
- 12.7.3 The resident will receive academic credit toward completion of postgraduate training for those periods during which the resident served in good standing or while on probation. No credit is awarded for periods of administrative leave or suspension, or for time lost during appeal or hearing processes relating to a proposed corrective action.

12.8 Suspension

- 12.8.1 Suspension is the temporary revocation of any or all of a resident's clinical, academic, and/or administrative privileges, rights and/or responsibilities.
- 12.8.2 A period of suspension is intended to allow the resident an opportunity to definitively address significant, persistent, or recurrent deficits in his/her performance or behavior that, if uncorrected, would prevent his/her successful completion of the program. **Suspension is inappropriate if the resident's deficiencies and/or behavior are considered irredeemable or if the resident has been previously suspended.**
- 12.8.3 Length -- No less than seven (7) days and no more than thirty (30) days during the term of the resident agreement.
- 12.8.4 Terms and Conditions

The Program Director and/or Department Chair must meet with the resident by the seventh (7th) day of administrative leave following notice of proposed suspension to review the summary of proposed suspension with the resident. The following items must be discussed with the resident and included in the summary of proposed suspension:

- a) the specific deficits in his/her performance or behavior that are considered the cause(s) for the proposed suspension;

- b) the specific clinical, academic and administrative duties and activities from which the resident is proposed to be suspended;
- c) the specific length of the proposed suspension;
- d) the specific steps that must be taken to correct the cause(s) for the proposed suspension;
- e) the right of the program and institution to pursue termination of the resident's appointment should the cause(s) for the proposed suspension persist at the end of the suspension; and
- f) the provisions for due process and the right of the resident to pursue an appeal and hearing.

12.8.5 Resolution

Once a suspension is, in fact, imposed, the Program Director or Chair will meet with the resident no later than the last day of the specified period of suspension and advise him/her of the resolution of the suspension. There are three possible resolutions:

- a) If, in the judgment of the Chair and Program Director, conditions for rescission of suspension are adequately met, the resident shall be returned to duty no later than the day following the last day of the period of suspension; or
- b) If the resident is enrolled in a treatment or therapy program recognized and/or approved by the Program Director and Chair as a part of the terms and conditions of suspension, the resident will be placed on a leave of absence until the resident's treatment or therapy has progressed to the point that the resident can return to duty.
 - i) Such leave of absence will commence on the day following the last day of the period of suspension.
 - ii) The institutional and program policies with regards to leaves of absence will apply.
 - iii) Should treatment or therapy be incomplete or unsuccessful in the opinion of the individual responsible for the supervision and management of the resident's care, or should the Program Director and/or Chair become aware of a relapse or recurrence of the impairment, the resident may be proposed for termination; or
- c) If, in the judgment of the Chair and Program Director the conditions for rescission of suspension are not adequately met, or if other deficiencies or performance deficits are identified, the resident will be proposed for termination.

12.8.6 Limitations

- a) The maximum cumulative time that any one resident may spend on suspension is thirty (30) days during their Graduate Medical Education program.
- b) The maximum number of suspensions for a given resident is one (1).
- c) Residents who have previously been suspended in their Graduate Medical Education program and who require additional corrective action will be proposed for termination.

12.9 Termination

12.9.1 Termination is the severance of a resident's appointment to the resident staff and of all obligations of and benefits to the parties to the Resident Agreement, excepting those specifically identified below.

12.9.2 Residents who are proposed for termination will be placed on administrative leave and relieved of all academic and clinical duties and activities pending final resolution of their status.

12.9.3 The Program Director and/or Department Chair must meet with the resident by the seventh (7th) day of administrative leave following notice of proposed termination to review the summary of proposed termination with the resident. The following items must be discussed with the resident and included in the summary of proposed termination:

- a) the specific deficits in his/her performance or behavior that are considered the cause(s) for the proposed termination, including, if applicable, the dates of the previous suspension which prevents the resident from being suspended again;
- b) the effective date of the proposed termination, usually the morning of the eighth (8th) day after the meeting to discuss summary of proposed termination;
- c) the continuation of the resident's administrative leave pending final resolution of the resident's status; and
- d) the provisions for due process and of the right to appeal and hearing.

12.9.4 If termination is, in fact, imposed, the resident will:

- a) receive his/her stipend up to the effective date of the termination;
- b) receive any and all health insurance and other benefits due as determined by the Personnel Policies and Procedures of the School;
- c) vacate any and all call rooms, laboratories, and/or office spaces provided by the Medical Center or University Hospital, if any, on or before the effective date of the termination;
- d) return to the Medical Center and University Hospital all property owned by it on or before the close of business on the effective date of the termination of the resident's appointment, including, but not limited to pagers, electronic parking passes, hospital scrubs, meal cards, keys, and identification badges;

- e) be billed for any monies owed to the Medical Center including, but not limited to, resident activity fees, parking tickets and fees, fees for hospital and professional services, and/or library fees or fines.

12.10 Reporting Obligations and Voluntary Withdrawal from a Program

12.10.1 The School will comply with the obligations imposed by state and federal law and regulations to report instances in which a resident is subject to corrective action for reasons related to alleged mental or physical impairment, incompetence, malpractice or misconduct, or impairment of patient safety or welfare.

12.10.2 Consistent with School policy and applicable state and federal laws and regulations, the resident proposed for corrective action may voluntarily withdraw from a Program at any time after the initial notice of the proposed action, or at any time during appeal and hearing process up to the actual commencement of the hearing.

13. GRIEVANCES

A grievance procedure is available to residents for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all residents in the programs sponsored by the School of Medicine.

13.1 Grievable Matters

Grievable matters are those relating to the interpretation and application of, or compliance with the provisions of the Resident Agreement, the policies and procedures governing Graduate Medical Education, the general policies and procedures of the University, School and/or Hospital, including academic or other disciplinary actions taken against the resident that could result in dismissal, non-renewal of resident agreement, non-promotion of a resident to the next level of training or other actions that could significantly threaten a residents' intended career development, and adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing Graduate Medical Education on the part of any faculty member or officer of the program are subject to the grievance process.

13.2 Non-Grievable Matters

Actions on the part of the University, School, and/or Hospital based solely on administrative considerations are not subject to interpretation and are therefore non-grievable.

13.3 Grievance Procedure

13.3.1 Complaints of illegal discrimination including failure to provide reasonable accommodation of disabilities and sexual harassment are processed in accordance with School policies and procedures administered through the Equal Opportunity Office.

13.3.2 In all other cases:

- a) The resident will first discuss any grievance with the Program Director and/or Department Chair. In programs that provide formal faculty mentors, the resident's mentor should be involved in all such discussions. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution.
- b) If the grievance is not resolved to the satisfaction of the resident after discussion with the Chair and/or Program Director, the resident has the option to present the grievance, in writing, to the Office of Graduate Medical Education. In situations where the grievance relates to the Chair or Program Director, the resident should present the grievance in writing directly to the Office of Graduate Medical Education.
- c) The Associate Dean for Graduate Medical Education or an appropriate designee will meet with the resident, the Program Director, the Chair and one or more of the program's chief residents to determine the validity of the complaint and to determine the means of redress.
- d) Should the meeting with the Associate Dean fail to resolve the grievance to the satisfaction of the resident, the resident may request that he/she be heard by the SOM Executive Dean. Any action(s) taken in good faith by the Executive Dean addressing the grievance will be final.

14. APPEAL AND FAIR HEARING

The University of Kansas Medical Center assures the resident the right to appeal any corrective action proposed by the Program or Institution. All appeals must be processed pursuant to these policies and procedures. The fair hearing process is intended to provide an objective review of the disciplinary action and its cause(s).

14.1 Appealable Matters

Any proposed corrective action is appealable upon the resident's receipt of written notice of the proposed action.

14.2 Non-Appealable Matters

Questions of fairness in the treatment of the resident, placement on probation, non-renewal of contract, or a determination not to promote a resident and other such matters are not appealable, but may be subject to the grievance procedures described in section 13 of this Manual.

14.3 Requests for Hearing

14.3.1 The resident will have until the seventh (7th) day following receipt of a summary of proposed corrective action to file a written request for hearing with the Program and the Office of Graduate Medical Education.

14.3.2 The request must be delivered to the Dean's Office through the Office of Graduate Medical Education by hand or by reliable courier with a request for return receipt.

14.4 Waiver and/or Failure to Request a Hearing

- 14.4.1 A resident may elect to waive the right to hearing by delivering a written waiver to the Dean's office prior to the seventh (7th) day following receipt of a summary of proposed corrective action.
- 14.4.2 A resident who fails to request a hearing within the time and in the manner specified above waives any right to such hearing and to any appeal or review.
- 14.4.3 In those cases where the resident waives the right to hearing, either explicitly or through failure to request, the corrective action becomes effective immediately.

14.5 Hearing Committee

- 14.5.1 Upon receipt of a valid request for hearing, the Dean of the School of Medicine, through the Office of Graduate Medical Education will convene a hearing committee.

14.5.2 Membership

The committee shall consist of four members of the clinical faculty of the School of Medicine–Kansas City and one member of the resident staff. All clinical faculty members shall be from outside of the resident's program. The committee shall include:

- a) a clinical Department Chair selected by the Dean
- b) a member of the Clinical Faculty selected by the Dean,
- c) a Program Director selected by the Dean,
- d) a resident selected by the appealing resident, and
- e) a member of the Clinical Faculty selected by the resident.

The resident selected by the appealing resident may be from any of the programs sponsored by the University of Kansas School of Medicine-Kansas City.

- 14.5.3 No one who has been personally involved in the events that led to the proposed corrective action or otherwise have any interest that would affect the objectivity and fairness of the hearing may serve on the committee.
- 14.5.4 The Dean reserves the right to modify the membership to assure the integrity and impartiality of the hearing committee.
- 14.5.5 The Associate Dean for Graduate Medical Education, or a designee, will be in attendance at the hearing as an impartial observer.
- 14.5.6 The committee shall elect or appoint a chair of the hearing committee from among the faculty members of the committee.
- 14.5.7 Participation or attendance by legal counsel for either the department or the resident is not permitted.

14.6 Date, Location and Staffing of the Hearing

- 14.6.1 The hearing should occur within twenty-eight (28) working days of the receipt of the request for hearing at a time and location specified by the chair of the hearing committee.
- 14.6.2 Any hearing held greater than twenty-eight (28) working days after the request for hearing must be due to circumstances beyond the control of the hearing committee, the resident, the Officers of the Program, and/or the School of Medicine.
- 14.6.3 Under no circumstances will the hearing commence more than forty-two (42) working days after the request for hearing is received. Delay in the commencement of the hearing beyond this limit due to the actions, or failure to act, on the part of either party, i.e. the School or the resident, will result in a finding for the other party.
- 14.6.4 The Office of Graduate Medical Education will staff the hearing.

14.7 Notice of Hearing

- 14.7.1 Written notice of the date, time and location of the hearing will be delivered to the resident and the program director no less than seven (7) working days before the hearing.
- 14.7.2 The resident and the program director will exchange supporting documentation via the Office of Graduate Medical Education:
 - a) Any documents to be used by either side (the resident or the program) must be presented to the Office of Graduate Medical Education and the Program Director of the resident's Program no less than seven (7) working days before the hearing.
 - b) All supporting documents submitted to the Office of Graduate Medical Education by both sides, including those collected as part of the regular corrective action process, will be supplied to the resident, the program director, and the members of the hearing committee by the Office of Graduate Medical Education when they are completely collected, but no later than five (5) working days before the hearing.
 - c) Any documents brought to the hearing by either party that were not submitted in advance will be reviewed on a case-by-case basis by the chair of the hearing committee. The chair's decision to include or exclude such documents will be final and unappealable/ungreivable. Any documents accepted by this method at the hearing will be provided to all parties.

14.8 Presiding Officer

- 14.8.1 The chair of the hearing committee will be the presiding officer and will act to maintain decorum.
- 14.8.2 The presiding officer shall assure that all participants have a reasonable opportunity to present relevant oral and documentary evidence and will determine the order of the proceedings, making all rulings on matters of procedure and the admissibility of documents, evidence and testimony.

14.9 Personal Presence

- 14.9.1 Failure of the resident requesting a hearing to appear at the proceedings shall constitute a waiver of the right to be heard in the same manner as if no appeal or request for hearing had been made. The Chair of the hearing committee will determine if a resident has failed to appear.
- 14.9.2 Failure of a Program Director who endorsed the proposed corrective action to appear during the hearing shall result in a finding for the resident and reinstatement to the Program.

14.10 Presentation of Evidence and Testimony

- 14.10.1 The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of testimony or evidence.
- 14.10.2 The resident shall have the following rights:
- a) to call and examine witnesses,
 - b) to introduce evidence submitted according to section 14.7.2 of this Manual,
 - c) to cross-examine any witness on matters relevant to the issue of the hearing,
 - d) to challenge for cause any witness or rebut any evidence, and
 - e) to decline to testify in his/her own behalf.
- 14.10.3 The resident and Program Director or Chair will be given equal opportunity to be heard for such amounts of time as deemed fair and reasonable by the presiding officer.
- 14.10.4 The Program Director's evidence and testimony will be presented first and will be followed by the resident's evidence and testimony.
- 14.10.5 Proper objections may be made during the presentation of evidence and testimony.
- 14.10.6 At the conclusion of the resident's evidence and testimony, the Program Director will present a brief rebuttal and closing statement to be followed by the resident's rebuttal and closing statement.
- 14.10.7 Both parties shall be present for the entire hearing.
- 14.10.8 The resident will be allowed to submit a prepared written statement at the close of the hearing.

14.11 Burden of Proof

Evidence presented by the Program Director or chair must support the proposed corrective action. Thereafter, the burden shifts to the resident to come forward with evidence showing cause why the proposed corrective action should not be taken.

14.12 Record of Hearing

14.12.1 An electronic record of the hearing will be kept. The Office of Graduate Medical Education will choose the method of recording and arrange for any necessary equipment or personnel.

14.12.2 The resident will be provided with one copy of the record at no cost. Additional copies will be subject to duplication fees.

14.13 Deliberations and Report of the Hearing Committee

14.13.1 Within seven (7) days of final adjournment of the hearing, the committee, exclusive of the parties, will meet to deliberate and produce a final written report of its findings, its recommendations and the basis for its recommendations.

14.13.2 The deliberations of the hearing committee will be closed to all but the members.

14.13.3 In the course of deliberations, the committee will develop a recommendation, complete with a summary of the supporting facts and rationale, with regards to the proposed corrective action, and the written statement of the recommendation will constitute the committee's report.

14.13.4 The committee may recommend:

- a) finding for the resident, rejection of the proposed corrective action, and reinstatement of the resident to good standing;
- b) finding for the resident with placement on probation and issuance of a formal reprimand or warning, provided placement on probation will not lead to the resident's exceeding the limits imposed with regards to the maximum number of probationary periods;
- c) finding for the resident with placement on probation, subject to the limits imposed with regards to the maximum number of probationary periods, and recommendation for other remedial actions such as additional training, counseling or referral for evaluation and/or treatment;
- d) finding for the Program with specified modification(s) of the proposed corrective action; or
- e) finding for the Program with endorsement of the proposed corrective action.

14.13.5 Within seven days of the adjournment of the committee's final deliberations, the presiding officer will deliver the committee's written report to the resident, the Program Director, the Department Chair, the Office of Graduate Medical Education, and the Executive Dean of the School of Medicine.

14.14 Action by the Executive Dean

14.14.1 Within seven days of the receipt of the committee's report, the Executive Dean will review all documents relating to the proposed corrective action and take final action on behalf of the School of Medicine.

14.14.2 The Executive Dean may:

- a) Concur with the report of the committee, in which case the committee's recommended course of action will be initiated immediately.
- b) Reject the report of the committee and take whatever other appropriate actions she/he deems necessary.

14.14.3 Within three days of the Dean's review and action, the Executive Dean shall communicate the results to the Office of Graduate Medical Education, the Program Director, Department Chair and the resident. The Director or Chair is then responsible for the communication of the Dean's action to the Chief of Staff of the Hospital and the Medical Director of the Professional Practice Group.

14.14.4 The decision of the Executive Dean is final and no further appeal is available.

14.15 Additional Policies Relating to Appeal and Hearing

14.15.1 The resident shall remain on administrative leave throughout the entire appeal and hearing process, and shall not participate in the clinical, academic and/or administrative activities of the program during the appeal, hearing and Dean's review proceedings.

14.15.2 All documents generated by the activities of the hearing committee during the appeal and hearing process shall be maintained in the Office of Graduate Medical Education in a file separate from the resident's permanent departmental file. Should the Executive Dean's final review produce a decision adverse to the resident, this documentation will become a part of the resident's permanent record. Should the Executive Dean's review find for the resident, all documents related to the appeal and hearing will be maintained in the Office of Graduate Medical Education in a separate file until completion of the resident's training. Once the resident has completed the Program, the file will either be destroyed, or retained, at the request of the resident, separately from the resident's permanent record.

14.15.3 The resident is entitled only to the due process, appeal and hearing rights and procedures accorded to the resident staff as set forth in these policies and procedures. Under no circumstances will the resident be entitled to the due process, hearing and appellate rights granted to physician members of the Medical Staff or to members of the Faculty of the School of Medicine.

14.15.4 Should a resident's appointment expire while the resident is subject to a corrective action or involved in the fair hearing process, the resident will not be offered a new appointment unless and until the hearing and Dean's review results in a finding for the resident. The resident will however continue to receive his/her previous salary and benefits until the conclusion of the fair hearing process.

15. RESIDENT DUTY HOURS AND CALL SCHEDULES

15.1 Limitations on Resident Duty Hours

15.1.1 The School policy is that resident duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Each ACGME RRC may impose stricter duty hour restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements.

15.1.2 Exceptions to Duty Hour Policy

The GME Leadership and the GMEC will carefully evaluate the duty hour exception request through the GMEC Major Program Change Application. The GMEC's criteria for application approval depends upon the specific Major Program Change being requested, but generally relate to the application's merit with regards to how the proposed change;

1. Enhances the education of the Program residents (i.e., improvement in education/service ratio, introduction of unique educational experience),
2. Does not detract from the education of surrounding ACGME-accredited core and affiliated residency programs,
3. Substantially improves compliance of a program with ACGME Program or Institutional requirements,
4. Improves resident safety and well-being (i.e., improvement in work environment) and
5. Maintains or improves the quality of patient care.

The GMEC will review the application according to the written procedures and criteria for endorsing requests for an exception to the duty hour limits delineated in the ACGME Manual on Policies and Procedures. If allowed by the program's ACGME Residency Review Committee, exceptions for up to 10% or a maximum of 88 hours may be considered. The duty hour exception application will be reviewed by the GMEC prior to submission to the ACGME. Approved applications will also be monitored during the Program's Internal Review, Site Visit Preparation process and at other intervals dependent on program and GME duty hour monitoring. Review will also be considered if other interval accreditation issues arise. The overall Review Criteria are described on the Application Tracking Form, but duty hour exception applications also include, but are not limited to;

1. Allowances specified in the ACGME Program Requirements,
2. Magnitude and PGY-level of duty hour exception requested,
3. Educational rationale for exception in terms of service/education ratio and rotations,
4. Anticipated effects on patient safety,
5. Program's current moonlighting policy and level of moonlighting,
6. ACGME accreditation history with special regard to duty hour rule compliance,
7. Appropriateness and anticipated effectiveness of enhanced duty hour monitoring process, and
8. Program outcomes (i.e., first-attempt Board certification pass rate, disciplinary issues, scholarly activity level).

15.1.3 Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

- a) Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
- b) Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- c) Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One

day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

- d) Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time and MUST have an 8-hour time period provided between all daily duty periods for PGY-1 and intermediate-level residents. Intermediate-level residents must have 14 hours free of duty after 24 hours of in-house duty.
- e) Senior-level residents will be defined by each ACGME RRC, but generally includes residents in their final years of education. It is desirable that senior-level residents have 8 hours free of duty between scheduled duty periods. Each ACGME RRC will define specific circumstances when senior-level residents may stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty. Circumstances of return-to-hospital activities with fewer than 8 hours away from the hospital by the senior-level residents must be monitored by the Program Director.

15.1.4 The resident is expected to be rested and alert during duty hours, and the resident and resident's attending medical staff are collectively responsible for determining whether the resident is able to safely and effectively perform his/her duties.

15.1.5 If a scheduled duty assignment is inconsistent with the Resident Agreement or the Institutional Duty Hours and Call Policies, the involved resident shall bring that inconsistency first to the attention of the Program Director for reconciliation or correction. If the Program Director does not reconcile or correct the inconsistency, it shall be the obligation of the resident to notify the Department Chair or Associate Dean for Graduate Medical Education, who shall take the necessary steps to reconcile or correct the raised inconsistency.

15.2 On-Call and Resident Time Record Reporting

15.2.1 The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

15.2.2 In-house call must occur no more frequently than every third night, averaged over a 4-week period for PGY-2 residents and above.

15.2.3 For PGY-2 residents and above, continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00pm and 8:00am is encouraged. Residents may remain on duty for up to 4 additional hours to participate in effective transition of care.

15.2.4 Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide

care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:

- a) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

15.2.5 Residents must not be scheduled for more than 6 consecutive nights of night float.

15.2.6 At-home call (or pager call) is defined as a call taken from outside the assigned institution.

- a) The frequency of at-home call is not subject to the every-third night or “24+4” limitations. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. Resident call backs to the hospital while on home-call do not initiate a new off-duty period (i.e., are not subject to the 8 hour between duty periods restrictions).
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

15.2.7 The call schedule and schedule of duty assignments will be published and made available for review by the residents on a monthly basis.

15.2.8 Changes to the call and duty schedules will be made and the revisions published by the Program Director or a designee.

15.2.9 The Program Director will submit to the Office of Graduate Medical Education, in partnership with the Budget, Reimbursement, Cost Accounting, and Revenue Cycle Office, duty hour reports for each resident in the program.

15.2.10 The corrected call schedules and resident time records will be used to verify compliance with the duty and call policies, for invoicing affiliate institutions for resident services, and for documentation of the residents’ activity reports that must be submitted to the Centers for Medicare and Medicaid Services.

- 15.2.11 The Graduate Medical Education Committee Executive Committee oversees duty hour reporting in programs showing trends of variance from requirements. The GME Leadership meets with Program Leadership to develop an action plan, which is then brought back to the Executive Committee and GMEC for reviewing and monitoring.

DIO Review 4/19/10, 11/24/10
KUMC Legal Review 4/19/10, 12/3/2010
GMEC EC Approval 4/30/10
GMEC Approval 5/3/10, 12/6/2010

16. MOONLIGHTING, LOCUM TENENS, AND EXTRA-INSTITUTIONAL PRACTICE

16.1 Definitions

For purposes of the Graduate Medical Education Policies and Procedures and the Resident Agreement, the following definitions apply:

- 16.1.1 Moonlighting: the form of extracurricular provision of medical services by a member of the School's resident staff in which a physician, physician group, emergency facility, clinic, health department, hospital or other healthcare provider enters an agreement directly with the resident for provision of professional services. These services are often regularly scheduled and recurring. The level of professional supervision of the resident's activities is variable, depending on the resident's level of training and professional maturity, but the professional supervision of the resident is the responsibility of the facility, not the School. The resident receives compensation for the services from the facility, not from the University. While the program and School are not parties to such agreement, the program must have a written policy regarding resident/fellow moonlighting and the participation of the resident must be approved by the Program Director, the Departmental Chair and the Associate Dean for Graduate Medical Education, and must be in compliance with the policies set forth below. Locum Tenens and Rural Kansas Health Education and Service coverage are considered to be part of this definition of moonlighting.
- 16.1.2 Locum Tenens: the form of extra-institutional provision of medical services by a member of the School's resident staff in which a physician in private practice, through the officers of a program, enter into an agreement for resident provision of professional services. Locum tenens typically requires that the resident be away from the School, in the private physician's community, for the duration of the assignment. The demand for locum tenens services by a given physician is usually infrequent and irregular. Such agreements are considered a service to the physicians of the state of Kansas and are most often made to allow the physician to be absent from her/his usual practice of medicine for a period of up to two consecutive weeks. The usual reasons for requesting locum tenens include physician illness, vacation, or travel to continuing medical education activities. When considering a request for such coverage, officers of the program should remember that resident coverage for a practicing physician is justified only if coverage by other physicians in the community is unavailable or inappropriate. Typically, the resident receives direct compensation for such services, but because the program is a party to the agreement, the terms of compensation are the prerogative of the program. The participation must be approved by the program and in compliance with the policies set forth below.

- 16.1.3 Off-campus Curricular Offerings: include those health care activities and services provided by resident staff outside of the School which are included in the official curriculum of a program and which are supervised by members of the University of Kansas faculty. The emphasis of these activities is primarily educational, and the resident receives no additional direct compensation in any form, other than state-approved mileage and subsistence in some cases, where travel outside the greater Kansas City metropolitan area is required. A written description of the purpose and curricular content of the activity as well as a plan for evaluation of the resident and the activity must be on file, which specifies written goals for the activity.

16.2 Policies

Each program must have a written policy to govern extracurricular practice activities by its residents. These program policies will conform to any ACGME and RRC guidelines and to the general principles described below. Residents are not required to participate in moonlighting, locum tenens or other forms of extra-institutional practice. Violation of this policy is a breach of Professional Responsibility.

16.2.1 Moonlighting

- a) Eligibility. Residents are not required to moonlight. Residents may elect to moonlight and must seek approval. Each program will determine the point at which its residents may begin to moonlight. A program may prohibit such activities by all of its residents as a matter of policy. Individual residents may be prohibited from moonlighting at the discretion of their Program Director, Chair, or the Associate Dean for Graduate Medical Education. In any case, the resident must be in good standing with the School and their program and must have been promoted to at least the PGY-2 level before being allowed to moonlight. The resident is responsible for reporting Internal Moonlighting, moonlighting at the University of Kansas Hospital, in all duty hour reports. Clinical activities, regardless of leave time taken to pursue moonlighting, is subject to the 80-hour weekly maximum duty hour requirements. The resident is required to report Moonlighting at other facilities in duty hour reports as time spent in internal and external moonlighting must be counted towards the 80-hour maximum weekly duty hour limit. Moonlighting requests must be renewed each academic year.
- b) Licensure and Registration. The resident must have a full-unrestricted license to practice medicine in the jurisdiction where the moonlighting activities are to occur. The resident must also have a valid individual DEA registration and any local or state registrations required within that jurisdiction.
- c) Professional Liability Insurance:
 - i) Because the School and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting, the state self-insurance program does not cover moonlighting activities. The resident must obtain his/her own individual professional liability policy. A moonlighting resident may have a level of coverage that is different from his residency coverage.. Such insurance may be purchased by the resident or may

be arranged by another individual or agency (e.g. the entity engaging the resident's services). Regardless of the means of obtaining insurance, a certificate of insurance documenting the existence of an in-force policy must be provided to the resident and a copy filed with the program.

- ii) **VA Moonlighting:** Residents moonlighting at Veteran's Administration facilities do not need to purchase additional insurance to cover their VA moonlighting acts if they have signed "fee basis agreements" that result in their appointment to the VA Medical Staff. As such, these residents are covered by the Federal Tort Claims Act and do not require individual professional liability coverage. Residents moonlighting at a Veterans Administration facility should not assume that a "fee basis agreement" is in force and should be sure to finalize the matter with the medical staff office at the appropriate facility.

- d) **Supervision.** When the School and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting, as a general principle, any facility at which emergency patients are seen should provide onsite supervision and back-up. Facilities providing non-emergent care should provide supervision and back-up on an on-call basis within a reasonable time, generally no more than 15 minutes. If immediate supervision is not available, the moonlighting experience must be restricted to senior residents.

- e) **Approval.** Moonlighting permission must be specifically requested from and approved in advance by the Program Director and/or Department Chair in writing. Requests must be submitted and approved before the commencement of the services. After the departmental approval is obtained, the request is forwarded to the Graduate Medical Education office for final approval. The Resident and Program Director must complete a Moonlighting request form found on [Moonlighting Authorization Request for 2014-2015](#) or within the Program Director and Coordinator Toolkits.

- f) **Hours.** Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the resident to the program, the School limits the number of hours that can be spent moonlighting to no more than ninety-six (96) hours in any two (2) consecutive months. Occasional instances may arise that require the resident to be involved in moonlighting in a community away from the School, in which case the resident must use vacation and can participate in no more than two weeks of moonlighting in a 12 month period.

- g) **Monitoring.** Moonlighting must never interfere with a resident's primary responsibilities to his/her program. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Moonlighting residents are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs. The Program Director, Department Chair, or Associate Dean for Graduate Medical Education will summarily suspend the privilege to

moonlight should a resident's performance in a program deteriorate. The resident's performance will be monitored by the Program Director.

- h) Moonlighting at Affiliate Institutions. Moonlighting arrangements at institutions where residents also receive training that is required by their programs are not covered by any Affiliation Agreement that exists between the institution and the School. Residents moonlighting at Affiliate Institutions must adhere to the above policies regarding licensure and registration, liability coverage, and all other requirements for eligibility.

16.2.2 Rural Kansas Health Education and Services Locum Tenens

The ACGME defines External Moonlighting as “voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. The GMEC position is that the locum tenens experience qualifies as external moonlighting and as such, locum tenens clinical activities, regardless of leave time taken, is subject to the 80-hr weekly maximum duty hour requirements.

FAQ for Kansas Rural Locum Tenens: <http://ruralhealth.kumc.edu/rural-health/kansas-locum-tenens/klf-faqs.html>

Eligibility. Each program will determine the point at which its residents may begin to provide locum tenens coverage. A program may prohibit such activities by all of its residents as a matter of policy. Individual residents may be prohibited from providing locum coverage at the discretion of their Program Director, Chair or Associate Dean for Graduate Medical Education. In any case, the resident must be in good standing with the School and their program. In light of the nature of the service provided, the resident must be capable of practicing in situations where there is minimal supervision and/or emergency back-up. Consequently, opportunities to participate must be limited to senior residents. The resident is required to report Moonlighting at other facilities in duty hour reports as time spent in external moonlighting and must be counted towards the 80-hour maximum weekly duty hour limit.

- a) Licensure and Registration. The resident must have a full-unrestricted license to practice medicine in Kansas. The resident must also have a valid individual DEA registration, if necessary.
- b) The Resident must have a separate professional liability policy covering each locum tenen assignment.
- c) Supervision. The resident is operating as an Independent Practitioner while providing Rural Locum Tenens work and is not supervised by faculty.
- d) Approval. Rural Kansas Locum tenens activities must be approved, in advance, by the Program Director, Department Chair, Assistant/Associate Dean for GME, Executive Dean, and Executive Vice Chancellor. The approval process must be completed before the commencement of the assignment, and a copy sent to the Graduate Medical Education Office.

- e) Time Commitment. At the discretion of the Program Director, trainees must use vacation time when participating in locums and can participate in no more than two (2) weeks of locum tenens in a 12-month period. A program may limit the amount of time that trainees can participate in Rural Kansas locum tenens to less than two weeks, at its discretion.
- f) Priority. Participation in Rural Kansas locum tenens activities must never interfere with a resident's primary responsibilities to his/her program. Residents are expected to be present, and appropriately rested and prepared, to carry out their obligations to their educational programs. The Program Director, Department Chair or Associate Dean for Graduate Medical Education will summarily suspend the privilege of participating in locum tenens activities should a resident's performance in a program deteriorate.

16.2.3 Off-campus Curricular Offerings

- a) The Executive Dean and Executive Vice Chancellor of the Medical Center must specifically approve any off-campus curricular offering.
- b) The offering must be included in the written curriculum of the Program and subject to a written affiliation agreement between the School of Medicine and the hospital or institution providing the off-campus experience.
- c) Provided the two preceding conditions are met, any professional services provided during participation in such an offering will be covered by the state professional liability self-insurance program.

DIO Review 4/19/10, 11/24/10, 1/24/11, 8/1/12
 KUMC Legal Review 4/19/10, 1/26/11, 8/1/12
 GMEC EC Approval 4/30/10, 1/28/11, 8/31/12
 GMEC Approval 5/3/10, 2/7/11, 8/6/12

17. PREVENTION OF ILLEGAL DRUG AND ALCOHOL USE

The University of Kansas prohibits the unlawful possession, use, manufacture, or distribution of alcohol or drugs by residents on its property or as part of any of its activities. Consumption of alcoholic liquor or cereal malt beverage on the premises of the University of Kansas Medical Center is prohibited except in certain special circumstances authorized by state law and Board of Regents policy. The University is committed to a program to prevent the illegal use of drug and alcohol by residents. Any resident found to be abusing alcohol or using, possessing, manufacturing, or distributing controlled substances or alcohol in violation of the law on University property or at University events shall be subject to corrective action in accordance with policies governing Graduate Medical Education at the University of Kansas. Residents who violate this policy will be subject to corrective action that may include suspension from their training program and/or termination of their resident agreement.

As a condition of employment, all residents agree to notify the University of any criminal drug statute or DEA regulation charge and/or conviction no later than five days after such charge and/or conviction. The University will, in turn, notify, as appropriate, the applicable federal agency of the conviction within ten days of its receipt of notification of the conviction. The University will initiate

corrective actions, up to and including termination of the Resident Agreement, within thirty days of receiving notice of such charge and/or conviction. A resident may also be required to satisfactorily participate, at his/her expense, in a drug abuse assistance or rehabilitation program if allowed to return to the resident staff. For purposes of this policy, "conviction" means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of the federal or state criminal drug statutes.

Residents are reminded that illegal possession or use of drugs or alcohol may also subject individuals to criminal prosecution. The University will refer residents involved in proscribed conduct to appropriate authorities for prosecution. Kansas law provides that any person who violates the criminal statutes on controlled substances by possessing, offering for sale, distributing, or manufacturing opiates and narcotics, such as cocaine and heroin, shall be guilty of a severity level 3 drug felony. For a conviction of such a felony, the court may sentence a person to a term of imprisonment in accordance with the Kansas Sentencing Guidelines Act and a fine of up to \$300,000. Unlawful possession of a depressant, stimulant or hallucinogenic drug is punishable as a Class A non-person misdemeanor, with a penalty of imprisonment and a fine of \$2,500. Depressants include barbiturates, Valium, and barbital. Hallucinogens include LSD, marijuana, and psilocybin. State law classifies amphetamines and methamphetamine as stimulants. Kansas statute also provides for criminal penalties for conviction of certain alcohol-related offenses. These penalties include imprisonment of up to six months and fines of up to \$1000.

The Federal Controlled Substances Act provides penalties of up to 15 years imprisonment and fines of up to \$25,000 for unlawful distribution or possession with intent to distribute narcotics. For unlawful possession of a controlled substance, a person is subject to up to one year of imprisonment and fine otherwise authorized by law. Any person who unlawfully distributes a controlled substance to a person under twenty-one years of age may be punished by up to twice the term of imprisonment and fine otherwise set by law.

The University of Kansas Medical Center recognizes that residents can face personal problems related to alcohol abuse or drug use. The School is committed to ensuring the wellness and effective performance of its residents. Therefore as a matter of policy, the School will provide information for residents on both on-campus and off-campus professional assistance programs related to the control of alcohol abuse and drug use.

The term "controlled substance" as used in this policy means those substances included in Schedules I through V as defined by Section 812 of Title 21 of the United States Code and as further defined by the Code of Federal Regulations, 21 C.F.R. 1300.11 through 1300.15. The term does not include the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

The term "alcohol" as used in this policy means any product of distillation of a fermented liquid which is intended for human consumption and which is more than 3.2% alcohol by weight as defined in Chapter 41 of the Kansas statutes.

18. RESIDENT ASSISTANCE AND ACCESS TO COUNSELING

The University of Kansas Medical Center is interested in the health and well being of its residents. At some time, members of the resident staff may be faced with a variety of personal problems that may affect their wellness and job performance. While some individuals attempt to deal with such problems on their own, there are times when professional assistance can be helpful.

It is in the best interests of the University, and its residents to provide assistance to those with personal problems involving alcohol, drugs, family, marriage, finances, emotions, or other conditions which may interfere with work attendance, productivity, and the ability to get along with co-workers.

The University believes that an effective Assistance Program encourages wellness and promotes efficiency of its residents.

The University has a policy to maintain a drug-free workplace because drug abuse in the workplace may cause serious harm to any resident's health, work performance and social interactions. To avoid these adverse situations, the University encourages its residents to seek counseling and assistance from on-campus and community resources.

The School's Employee and Student Assistance Program is designed to provide information, assessment and referral services to help faculty, staff, residents and students identify problems and develop lifestyles that are physically and emotionally healthy. The University wants to encourage identification of problems at the earliest possible stage to motivate the residents or their families to seek assistance.

There are a number of resources available to residents experiencing personal problems:

18.1 The Department of Psychiatry

- 18.1.1 Offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems, including chemical dependency. The department is professionally staffed by psychiatrists, psychologists, and social workers and appointments may be made through the Psychiatry Clinic or individually through the private practices of these faculty members. Information about these services can be obtained by calling the Department of Psychiatry at 588-6400.

18.2 Kansas State Medical Advocacy Program

- 18.2.1 A Kansas medical license may be revoked, suspended or limited if a health care provider becomes unable to practice with reasonable skill and safety due to physical or mental disabilities, including deterioration through the aging process, loss of motor skills or abuse of drugs or alcohol. Kansas law does provide a Medical Advocacy Program which providers can contact in lieu of contacting the Kansas State Board of Healing Arts. The goal of the Medical Advocacy Program of the Kansas Medical Society is to confidentially rehabilitate and support the provider whenever possible. Under the Impaired Practice provisions of the program, confidential assistance is offered to residents who suffer from chemical dependency or other forms of impairment. The phone number of the Medical Advocacy Program is 1-800-332-0156 or 1-913-235-2383. Informational brochures about these programs can be obtained from the Graduate Medical Education Office, the Student Center or the Dean's Office of School of Medicine. You may also contact the Risk Manager in the Office of General Counsel for further information.

18.3 University Counseling Center and the Psychological Clinic

- 18.3.1 Also available to KUMC residents is the counseling and educational support center located in the Student Center G116. The counseling center's contact number is (913)588-6580. Residents may find help with the following:
- Training Exam coaching
 - USMLE Step 3 Preparation
 - Specialty Board Exam Assistance
 - Educational & Performance Excellence Coaching

- Manage Stress/Time
 - Residency Demands
 - Personal Life Demands
- Relationships / Marital / Family Concerns
- Personal Counseling
- Psychiatric Counseling
- Consultation and Referrals
- Crisis Intervention
- Lending Library- in training & board exams

Counseling may be provided without cost or on a sliding-fee basis depending on the facility used. These facilities are staffed by professional-level or practicum counselors. All services are provided in the strictest of confidence.

18.4 State of Kansas HealthQuest

18.4.1 An additional source of assistance for residents needing confidential counseling, medical, and psychological support services is the State of Kansas HealthQuest, 24-hour, toll-free assistance line (1-800-284-7575); if referred through the HealthQuest, the first counseling session is paid by the State. All contacts are kept in strict confidence.

Residents may also contact or be referred to off-campus resources as appropriate. Counseling costs are often covered by health insurance with proper referral from the resident's primary health care provider.

Ideally, the decision to seek counseling will be made by the affected resident, however, there may be situations where referral is recommended or required by the Medical Center, the School of Medicine, the Hospital Medical Staff, or the Officers of a resident's program. Such situations generally arise when performance or behavior problems are observed in the course of supervision of the resident's training. In these cases, the individual making the recommendation or imposing the requirement should not attempt to diagnose the problem(s). Rather, the resident should be encouraged to seek professional assistance.

DIO Review 4/19/2010
 KUMC Legal Review 4/19/2010
 GMEC EC Approval 4/30/2010
 GMEC Approval 5/3/2010

19. RISK MANAGEMENT AND DISASTER POLICY

19.1 Incident Reporting and Risk Management

19.1.1 Incident/Event Reporting

- a) An incident or event is any occurrence that is not a part of the usual and routine operation of the Medical Center or the usual and routine care of patients. The terms may also be used to describe a situation or condition that might result in a departure from the usual and routine functions of the Medical Center.

- b) When an incident or event occurs, the complete facts must be recorded by filing a completed incident report form with the Risk Manager in the Office of General Counsel as soon as possible.
 - i) Incident reports are prepared for the protection of the Medical Center, its staff and employees in the event of threatened or actual litigation. Such internal documents are protected from the legal discovery process so long as they are filed in accordance with the Medical Center's risk management policies.
 - ii) Incident reports are also be used for peer review and risk management to identify and analyze unsafe conditions or trends at the Medical Center so action can be taken to correct or otherwise mitigate the situation.
 - iii) Incident report forms are kept at all Nursing Stations, the KU Hospital's Administration Office, Office of the General Counsel and within the various departments.
 - iv) If necessary, an incident report can be obtained from and filed directly with the Risk Manager in order to preserve confidentiality.

19.1.2 Reportable Incidents under Kansas Law

- a) Under Kansas statute KSA 65-4923, all health care providers are required to report incidents that:
 - i) are, or may be, below the applicable standard of care and has a reasonable probability of causing injury to a patient; or
 - ii) are, or may be, grounds for disciplinary action by the appropriate licensing agency.
- b) Confirmed reportable incidents must be reported to the appropriate State licensing agency. For Medical Center incidents that may require the filing of a report to state authorities, the facts are first to be reported to the hospital Chief of Staff, Chief Executive Officer for Hospital Administration, and/or the Risk Manager. These individuals then are responsible for investigation to determine whether filing the report with the state is appropriate.
- c) As a general rule, any contact by a lawyer regarding a patient or anyone affiliated with the Medical Center must be reported to the Risk Manager. If contact is made by phone, the caller is to be directed to contact the Risk Manager or the Office of General Counsel.

19.2 Disaster Policy

I. PURPOSE:

The ACGME defines a "disaster" as an event or set of events causing significant alteration to the residency experience at one or more residency programs. These are generally considered to impact an entire community or region for an extended period of time. A "local extreme emergent situation" differs from a "disaster" in that these situations are localized to the sponsoring institution, a participating institution or another clinical setting. Either situation may cause disruption to resident assignments, educational infrastructure and/or clinical operations which may affect the Institution's or

any of its Programs' abilities to conduct resident education in substantial compliance with ACGME standards. This Policy guides the Graduate Medical Education Committee's (GMEC) and GME Leadership's action plan response during such a situation. This Disaster Policy is intended to augment existing plans that are applicable to the institutions affected, focusing specifically on residents and fellows in graduate medical education programs sponsored by the University of Kansas School of Medicine.

II. PROCEDURE:

This Policy applies in the event of a widespread emergency such as a disaster or local extreme emergent situation affecting operations of some or all of the University of Kansas Medical Center (KUMC), its Participating Institutions, the University of Kansas Hospital (KUH), and/or the School of Medicine. Once an applicable event or situation has been declared by the GME leadership with the consultation of the Graduate Medical Education Committee (GMEC), the GMEC and GME Leadership's action plan response is guided by the following principles:

- a) Residents are, first and foremost, physicians and are expected to perform according to society's expectations of physicians as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. The GMEC recognizes the importance of all physicians at all levels of training in the provision of emergency patient care during a declared situation and action plans shall include the overriding commitment of all physicians to patient care.
- b) Residents are also students. Residents should have appropriate supervision given the clinical situation at hand and their specific level of training and competence. Resident performance in either a disaster or local extreme emergent situation should not exceed expectations for their scope of competence as judged by their Program Director and other supervisors. Residents should also not be expected to perform beyond their limits of self-confidence in their own abilities of outside the scope of their individual license. Action plans shall ensure a continued safe, organized and effective educational and work environment for training of its residents and fellows.
- c) Decisions regarding initial and continuing deployment of clinical residents and fellows in the provision of medical care during an emergency will be made taking into consideration the importance of providing emergency medical care, the continuing educational needs of the residents and fellows, the ability to continue providing financial and administrative support to all programs, residents, and fellows, their role as an institutional employee and the health and safety of the residents and fellows and their families. This may also be influenced by the reasonable expectations for the duration of the event and self-limitations according to the resident's maturity to act under significant stress or duress.

III. DETAILED STEPS:

- a) Upon the occurrence of the disaster or local extreme emergent situation and immediately following for up to 72 hours:
 - i. Program Leadership should immediately notify the Designated Institutional Official (DIO) and GME Leadership about any potential disaster or local extreme emergent situation that may impact resident education and work environment.
 - ii. The DIO and GME Leadership will coordinate and consult with the GMEC Executive Committee and Leadership of potentially affected Programs to determine if the event(s) may cause serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect either the Institution's or Program's ability to conduct resident education in substantial compliance with ACGME standards.
 - iii. If such a significant event as described in "b" above is declared, the DIO will report these events to the Executive Director for the Institutional Review Committee (IRC). The DIO will receive electronic confirmation from the ACGME allowing the affected Program Directors to notify their respective Residency Review Committee Executive Directors. The ACGME IRC will also contact the affected Programs' RRCs. This reporting is meant to document the event in order to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews.

- Also, this reporting will allow the ACGME to provide any potential assistance to the Programs and Institution during the declared event related to maintaining the best educational environment for the residents.
- iv. When warranted, the ACGME will make a declaration of a disaster and post such notice on the ACGME website with information relating to the ACGME response to the disaster.
 - v. The DIO will also report these events to the School of Medicine and Hospital Leadership and coordinate any action plans in concordance with their respective Disaster Plans.
 - vi. The DIO will continue to communicate with the ACGME as necessary and requested, and finally inform the IRC upon resolution of the event.
 - vii. Residents will be deployed to provide needed clinical care under the guiding principles described in II above and as directed according to the applicable KUMC and KUH emergency plans. Those involved in making decisions in this period are:
 - a) KUMC Incident Commander (Vice Chancellor for Administration)
 - b) KUH Chief of Staff
 - c) Senior Associate Dean for Clinical Affairs
 - d) DIO/Associate Dean for Graduate Medical Education
 - e) Clinical Department Chairs
 - f) Program Directors
 - viii. To the extent possible within the constraints of the emergency, decision makers shall frequently inform and consult with the GMEC, the program coordinators, and the various program chief residents.
- b) From 72 hours post event to the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
 - i. An assessment and decision will be made regarding the continued need for provision of clinical care by residents, the continued availability of an adequate educational experience, and the likelihood that training can continue on site.
 - ii. This assessment will be made by:
 - a) KUMC Incident Commander (Vice Chancellor for Administration),
 - b) KUH Chief of Staff,
 - c) Senior Associate Dean for Clinical Affairs,
 - d) DIO/Associate Dean for Graduate Medical Education,
 - e) GMEC Executive Committee,
 - f) KUMC General Counsel,
 - g) Clinical Department Chairs,
 - h) Program Directors.
 - c) By the end of the 10th day following the occurrence of the emergency situation, if the emergency is ongoing:
 - i. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training on site.
 - ii. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at KUMC.
 - iii. The DIO will contact the ACGME IRC Executive Director to provide a status report. The DIO will also determine due dates from the ACGME for each Program to submit Program reconfigurations to the ACGME, and to inform each Program resident of resident transfer decisions. According to ACGME policy, the due dates for submission shall be no later than 30 days after the event/disaster, unless otherwise specified by the ACGME.
 - iv. Similarly, all Program Directors will contact their appropriate ACGME RRC Executive Directors to provide status reports.
 - v. Those involved in decision making in this period are:
 - a) Senior Associate Dean for Clinical Affairs,
 - b) DIO/Associate Dean for Graduate Medical Education,
 - c) GMEC Executive Committee,

- d) Clinical Department Chairs,
 - e) Program Directors.
- vi. If it is decided that a Program or the Institution cannot provide an adequate educational experience for each of its residents because of the event, and as dictated by the above determine ACGME due dates, the Program Director DIO will, with assistance from the DIO and GME Leadership:
- a) Arrange temporary transfers to other programs/institutions until such time that the KUMC program can provide an adequate educational experience for each of its residents, or
 - b) Assist the residents in permanent transfers to other ACGME-accredited programs/institutions in which they can continue their education.
 - c) If more than one option is available for a particular resident, the preference of the resident will be considered. This process will be facilitated as expeditiously as possible so as to maximize the likelihood that each resident will complete the training year in a timely fashion.
 - d) At the outset of a potential temporary resident transfer, the Program Director will inform each transferred resident of the minimum duration and the estimated actual duration of their transfer. The Program will also continue to keep the transferred resident informed of such durations, and this includes if the temporary transfer will continue to and/or through the end of the residency year.
 - e) All necessary steps for temporary or permanent transfer of a resident to another Program as dictated by ACGME policies will be followed.
 - f) Residents who wish to take advantage of the Leave of Absence Policy or to be released from their Resident Contract will be discussed and decided at the Program Leadership level.
 - g) The Programs will present to the GMEC Executive Committee program changes to address the disaster/event effects, including requests for changes in a Participating Institution, change in educational program format, and/or change in Program resident complement. The GMEC will work as expeditiously as possible to approve or not approve such requests to minimize the educational impact on Program residents. The ACGME policies also allow for a similar fast track process of reviewing such requests from affected Programs.
- d) When the emergency situation is ended:
- i. The DIO and Program Directors will inform the IRC and the Program's RRC Executive Directors, respectively, that the disaster or local extreme emergent situation has been resolved.
 - ii. Plans will be made with the Institutions/Programs accepting temporary transfer residents for them to return to KUMC and resume training in their respective programs.
 - iii. Program Directors will coordinate appropriate credit for training with the ACGME, it's applicable Residency Review Committees and Certification Boards.
 - iv. Decisions as to other matters related to the impact of the emergency on residency training will be made in coordination with the GMEC and ACGME.

DIO Review 11/8/09

KUMC Legal Review 11/30/09

GMEC EC Approval 11/20/09

GMEC Approval 12/7/09

20. RESIDENTS WITH DISABILITIES

The University of Kansas Medical Center is committed to the principles of reasonable accommodation, in conformance with provisions of the Americans with Disabilities Act (ADA) of 1990, The Americans with Disabilities Amendments Act of 2008 (ADAAA) the Federal Rehabilitation Act of 1974 and the Kansas State Law Against Discrimination. Reasonable

accommodation applies to all aspects of employment, patient care, and access to educational and medical programs, services and activities.

20.1 Policy

It is the policy of the University of Kansas Medical Center to provide reasonable accommodation to people with known impairments that meet the statutory definition of a covered disability except where such accommodation would impose an undue hardship or present the threat of harm. Persons with disabilities who are covered under this policy include applicants seeking admission to residency programs and residents who, with or without reasonable accommodation, meet the technical standards for Graduate Medical Education.

20.2 Technical Standards for Graduate Medical Education

- 20.2.1 Applicants for Graduate Medical Education must have sufficient gross and fine motor skills to be able to independently perform physical examinations of patients and to record their notes and orders. The applicant must be able to physically perform the diagnostic and therapeutic procedures required of physicians in their specialty, and also those that may be required of any physician in an emergency setting. Examples of such procedures include but are not limited to phlebotomy, placement of a nasogastric tube, endotracheal intubation, thoracostomy tube placement, cardiopulmonary resuscitation, manipulation of surgical instruments, and wound suturing and dressing, to list only a few. These activities require both gross and fine sensory-motor coordination, equilibrium, and hand-eye coordination.
- 20.2.2 Applicants must have sufficient use of the senses of sight, hearing, and touch so as to be able to conduct independent examinations of their patients and to observe or detect the various sign and symptoms of the disease processes that will be encountered in the routine course of their training. The applicant must also have sufficient sensory capabilities to conduct evaluations and examinations in any emergency setting that are reasonably anticipated to be a part of their training program. Examples of the components of such evaluations and examinations include visual observation of the patient, auditory auscultation and/or percussion of the chest and abdomen, and tactile palpation of the chest, abdomen and extremities.
- 20.2.3 Applicants must have the ability to efficiently and effectively communicate, both verbally and in writing, with patients, faculty and staff physicians, residents, nurses, and other members of the allied health, academic, business and administrative units of the Medical Center, both in the routine course of patient care and operation, as well as in the event of emergency or crisis. Examples of such communication include written documentation of the history and physical examination, written and/or computerized entry of patient orders and directions for patient care, verbal presentations in rounds, presentation of didactic conferences, oral presentations at academic conferences, and submission of papers for publication.
- 20.2.4 The applicant must have sufficient cognitive skills to be able to organize, analyze and synthesize complex concepts and information in order to identify and diagnose pathologic processes, formulate appropriate plans for patient management and participate in a Graduate Medical Education program. Participation in the educational program assumes cognitive ability sufficient to acquire and maintain the basic information and fund of knowledge required of all residents in a given program as well as the ability to demonstrate mastery of such information and knowledge through the written and/or oral examination processes including, but not

limited to, in-service examinations and the certifying examinations of the various medical specialty colleges and boards.

- 20.2.5 Applicants must have sufficient behavioral and social skills so as to effectively interact with patients and their families in the examination, diagnosis, treatment, and counseling processes. The resident must also effectively and constructively work with their fellow residents, staff physicians, and nurses as well as personnel in the allied health, academic, administrative and business units of the medical center. The applicant must be capable of performing assigned clinical duties for up to 80 hours/week, on the average. Under certain circumstances, the applicant may be required to exceed this average, but the duty requirements will be in compliance with the policies for Graduate Medical Education. The applicant must also be able to function effectively as a member of the health-care team, academic program, and medical center as a whole under conditions that may change rapidly and without warning in times of transition, crisis or emergency.

20.3 Responsibility for Implementation

- 20.3.1 The EO/Disability Specialist is the primary contact for information and advice about disability accommodation and access. However, all university departments share certain responsibilities.
- 20.3.2 Notification: Any office, department or program which distributes announcements or advertisements for services and activities is responsible for inserting notification of its accommodation policy, and the procedures for requesting an accommodation.
- 20.3.3 Identification of Essential Elements: The officers of a program are responsible for developing and maintaining current job descriptions for residency positions under their supervision, and for identifying essential and marginal functions in consultation with the Human Resources Department or the EO/Disability Specialist.
- 20.3.4 Identification of Technical Standards: The Associate Dean for Graduate Medical Education and the officers of the residency programs, in consultation with the EO/Disability Specialist, are responsible for developing and maintaining current technical standards for the Graduate Medical Education programs sponsored by the University.

20.4 Procedure for Requesting Reasonable Accommodation

It is the obligation of the individual seeking an accommodation to direct their request to the appropriate university contact. (i.e. the Program Director)

The EO/Disability Specialist is responsible for ensuring that requests are considered on a case-by-case basis in accordance with state and federal regulations, and that appropriate University officials are involved in evaluating the request, identifying funds and implementing the accommodation.

The right to reject an accommodation because of undue hardship is reserved for the Executive Vice Chancellor or his/her designee.

The accommodation request form for Individuals with Disabilities is available on the Equal Opportunity Office website found at <http://www.kumc.edu/eoo/forms.html>. The procedure for requesting an accommodation is available on the Equal Opportunity Office website at <http://www.kumc.edu/eoo/forms.html>.

20.5 Documentation of Disability

Individuals who request accommodation are obligated to provide documentation of their disability upon request of the EO/Disability Specialist. The University reserves the right to obtain additional medical or psychological assessment at its own cost. All documentation regarding disability shall be retained in files separate from the academic or personnel files of the individual.

20.6 Complaint Procedure

Individuals who believe they have been denied reasonable accommodation or have been discriminated against on the basis of their disability are advised to contact the Equal Opportunity Office. Disputes related to reasonable accommodation are handled internally through the Discrimination Complaint Procedure in the Equal Opportunity Office. The Discrimination Complaint Procedure is available on the Equal Opportunity Office website, found at <http://www.kumc.edu/eoo/policies.html>.

DIO Review 4/5/10

KUMC Legal Review 3/30/10

GMEC Approval: 4/5/10

21. INTERNATIONAL TRAVEL

21.1 Conditions

The conditions for international travel for training purposes are as follows:

- 21.1.1 Submit a travel request to the Travel Audit Office irrespective of the travel-funding source. The travel request must be submitted at least four weeks prior to the travel date. Workers Compensation benefits cannot be extended for any overseas rotations without an approved travel request.
- 21.1.2 The resident must contact the Director of the Office of International Programs, at least **six (6) months in advance** of any planned overseas travel as part of a KUMC residency program (913-588-1480).
- 21.1.3 Travel to any country on the US State Department Travel Warning List is discouraged under the auspices of any KU (including KUMC) Program, and will be handled on a case by case basis.

Telephone Nurse Manager, Department of Occupational and Environmental Medicine to review those inoculations required in the foreign countries which the traveler will be visiting.

22. GME APPROVAL POLICY

I. PURPOSE:

To meet the Institutional Accreditation signature requirements in the presence and absence of the Designated Institutional Official (DIO) for program information forms and any documents and/or correspondence submitted to the ACGME by Program Directors.

II. PROCEDURE:

All written correspondence to the ACGME by Program Directors or any of the following, require formal GMEC approval and DIO (or designee) signature:

- 1) All applications for ACGME accreditation of new programs;
- 2) Changes in resident complement;

- 3) Major changes in program structure or length of training;
- 4) Additions and deletions of participating sites;
- 5) Appointments of new program directors;
- 6) Progress reports requested by any Review Committee;
- 7) Responses to all proposed adverse actions;
- 8) Requests for exceptions of resident duty hours;
- 9) Voluntary withdrawal of program accreditation;
- 10) Requests for an appeal of an adverse action; and,
- 11) Appeal presentations to a Board of Appeal or the ACGME.

III. DETAILED STEPS:

1) When the DIO is present, all written correspondence to the ACGME from Program Directors must first be reviewed and approved by simple majority by the University of Kansas School of Medicine Graduate Medical Education Committee (GMEC). Prior to formal GMEC approval, and at the discretion of the DIO or their designee (see below), some correspondence may require GMEC Executive Committee (GMEC EC) review and approval by simple majority. Additionally, further information or GMEC application materials may be requested from the Program Director according to Institutional GME Office requirements prior to GMEC EC and/or GMEC consideration. Either consideration can also be by electronic review and vote. The DIO signature on the correspondence signifies GMEC approval of the correspondence.

2) When the DIO is absent and will not be available to sign any approved correspondence prior to the ACGME due date, his or her designee, as stipulated below, will review and sign all correspondence to the ACGME that is submitted by Program Directors. The same GMEC approval process as stated above is required. This responsibility also includes presiding over the GMEC EC and GMEC as necessary in the absence of the DIO. Upon the return of the DIO, the designee will review the signed correspondences with the DIO.

3) In the absence of the DIO, the following lineage order stipulates the sequence signature authority as DIO designee for all ACGME correspondence in the event of successive unavailability: Assistant Dean of GME-Primary Care, Assistant Dean of GME-Procedural, Assistant Dean of GME-Hospital-based, Assistant Dean of GME Administration, Assistant Dean of Curriculum and Competency Education, and Senior Associate Dean of Clinical Affairs.

Procedure Overview:

The DIO will have a letter/memo of delegation on file in the GME Institutional Office notifying Designees of their responsibilities and specifying the procedure and steps in this policy.

October 11, 2009

To: Assistant Dean of Graduate Medical Education
 Assistant Dean of Administration for Graduate Medical Education
 Senior Associate Dean for Clinical Affairs

From: Associate Dean for Graduate Medical Education
 Designated Institutional Official

Assistant Dean of Graduate Medical Education
 Assistant Dean of Administration for Graduate Medical Education
 Senior Associate Dean for Clinical Affairs:

You are hereby designated, in my absence, to be my delegate for the purposes of signature for program information forms, and any other documents or correspondence to the ACGME according to the GME Policy *Approval process for correspondence submitted to the ACGME by Program Directors*. Please review this process and policy to understand your responsibilities.

Sincerely,

Associate Dean for GME
DIO

Revised 10/11/09
GMEC EC Approval 10/30/09
GMEC approval 11/2/09

23. SUPERVISION POLICY

I. PURPOSE:

The single most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the resident that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill. The University of Kansas School of Medicine gives residents significant but appropriately, well-supervised latitude in the management of all patients and provides a comprehensive experience in their specialty area in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency. This Policy defines the Graduate Medical Education Committee's (GMEC) expected level of supervision during all aspects of the training of residents at the University of Kansas School of Medicine.

II. PROCEDURE:

The education of residents relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. During a resident's training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician or RRC-approved licensed independent practitioner who is ultimately responsible for their care. A patient's responsible supervising attending physician or licensed practitioner should be identified to residents, faculty members and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

The appropriate level of supervision depends on the individual resident's level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each resident is determined by the responsible Program Faculty, Program Director, Division Chair (if applicable), and Department Chair (Program Leadership). The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of resident supervision, including oversight of levels of resident supervision inconsistent with this GME Policy.

III. DETAILED STEPS:

Appropriate levels of resident supervision during educational and patient care activities include the following guidelines:

- 23.1.1 The quality of a resident's GME experience involves a proper balance between educational quality and the quality of patient care. In all Programs and instances, the level of resident supervision must ensure the highest quality, safety and effectiveness of patient care.
- 23.1.2 The level of resident supervision must be consistent with the educational needs of the resident. This also includes supervision of activities that may influence learner safety (i.e., duty hour limitations, stress).
- 23.1.3 The level of supervision must be appropriate for the individual resident's progressive responsibility as determined by the resident's level of education, competence, and experience. All programs must demonstrate that the appropriate level of supervision is in place for all residents.
- 23.1.4 The ACGME has also defined certain other applicable Common and specialty/sub-specialty-specific Program Requirements that relate to appropriate levels of resident supervision. Levels of resident supervision must be in compliance with these Requirements.
- 23.1.5 There are multiple layers of supervision of resident educational and patient care activities, including supervision by an advanced-level residents. Advanced-level resident supervision is recognition of progress toward independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
- 23.1.6 The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- 23.1.7 Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
- 23.1.8 An integral part of the supervision of resident educational and patient care activities includes the availability and access to communication with Program Faculty at all times (24 hours per day, 365 days annually)
- 23.1.9 The formative evaluation of resident activities as dictated by the ACGME Program Requirements is an important component of appropriate resident supervision
- 23.1.10 The review of resident documentation of patient care is an important aspect of resident supervision.
- 23.1.11 Any concerns about inadequate or inappropriate levels of supervision should be addressed by the Program Leadership, with involvement of the GME Office and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about resident supervision to the attention of the GME Leadership at anytime.
- 23.1.12 Classification Levels of Supervision:

Direct Supervision: the supervision physician is physically present with the resident and patient

Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

Indirect Supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision

Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

23.1.13 PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 residents can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements.

DIO Review 11/6/09, 11/24/10
KUMC Legal Review 11/30/09, 12/3/10
GMEC EC Approval 11/20/09, 4/30/10
GMEC Approval 12/7/09, 12/6/10

24. GMEC OVERSIGHT OF MAJOR PROGRAM CHANGE

All major program changes require approval by the GMEC prior to program director submission to the ACGME as dictated by the ACGME Institutional Requirements. Institutional and programmatic changes that require GMEC approval include, but are not limited to:

- changes to institutional GME policies and procedures;
- annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- applications for ACGME accreditation of new programs;
- requests for changes in resident/fellow complement;
- major changes in ACGME-accredited programs' structure or duration of education;
- additions and deletions of ACGME-accredited programs' participating sites;
- appointment of new program directors;
- progress reports requested by a Review Committee;
- responses to Clinical Learning Environment Review (CLER) reports;
- requests for exceptions to duty hour requirements
- voluntary withdrawal of ACGME program accreditation;
- requests for appeal of an adverse action by a Review Committee; and,
- appeal presentations to an ACGME Appeals Panel.

The Program Director should complete the GMEC Application for Major Program Change located in the Program Director Toolkit. The GMEC will consider the application after the entire completed application is submitted to the GME Office. The GMEC's criteria for application approval depends upon the specific Major Program Change being requested, but generally relate to the application's merit with regards to how the proposed change:

1. Enhances the education of the Program residents (i.e., improvement in education/service ratio, introduction of unique educational experience),

2. Does not detract from the education of surrounding ACGME-accredited core and affiliated residency programs,
3. Substantially improves compliance of a program with ACGME Program or Institutional requirements,
4. Improves resident safety and well-being (i.e., improvement in work environment),
5. Maintains or improves the quality of patient care.

DIO Review 3/29/10, 8/2014
KUMC Legal Review 3/27/10
GMEC Approval 4/5/10, 8/2014

25. POLICY GOVERNING NON-ACGME-ACCREDITED RESIDENCY/FELLOWSHIP PROGRAMS

1. All applicants shall meet the eligibility criteria set forth in the GME Policy and Procedure Manual, section 4.1, and make application to any non-ACGME-Accredited residency/fellowship programs according to the requirements of section 4.2 of the GME Manual
2. Residents/fellows will be accepted and appointed according to the requirements set forth in sections 4.3 and 4.4 of the GME Manual.
 - a. Specifically, throughout their training, residents/fellows accepted into non-ACGME-Accredited programs will be required to submit, via the program coordinator, all of the documentation required of any other resident/fellow according to the schedule set out by the GME Office.
 - b. Residents/Fellows in the non-ACGME-accredited Program will also be guided by all the applicable Policies and Procedures dictated in the GME Manual.
 - c. Non-ACGME-Accredited Programs wishing to start a resident/fellow off-cycle, or who have a resident/fellow who will become off-cycle during the course of their training, must first receive approval from the GME Office. It is preferred that all off-cycle residents start by September 1 of the academic year. Funding of the off-cycle portion is per the GME Financial Office.
3. Residents/fellows accepted to non-ACGME-Accredited programs will otherwise be subject to the policies and procedures included within the GME Manual, except:
 - a. Evaluation procedures, generally found in section 9 of the GME Manual, will instead be defined by the individual non-ACGME-Accredited residency/fellowship program, but must include at least semiannual and a final summative evaluation as described below. Non-ACGME-Accredited programs do not necessarily adhere to the evaluation requirements set by the ACGME, or the six core competencies defined by the ACGME.
 - b. Formative resident/fellow evaluations by the Program Faculty must occur and be discussed with the resident/fellow at least semi-annually by the Program Director. Additionally, a summative evaluation of the resident's/fellow's performance should be documented at the end of the fellowship, reviewed with and signed by the resident/fellow and kept in their file.
 - c. Non-ACGME-Accredited programs are not required to adhere to the ACGME duty hour restrictions or logging requirements, unless their duty hours are required for Affiliate Hospital funding as dictated in the GME Resident and Financial Accountability Policy (Section 7.8). In all cases and situations, resident/fellow health (i.e., fatigue and stress) and patient care and safety considerations continue to be paramount and take precedence over clinical service and training demands.

4. Residents/fellows in non-ACGME-Accredited programs will be paid and receive benefits indistinguishable from residents/fellows in ACGME-sponsored programs. However, funding allocation for non-ACGME-Accredited residency/fellowship positions will generally originate from non-School of Medicine sources such as grants, foundation funds, or other Affiliate Hospital agreements. This support will also include “GME overhead” as defined by the GME Financial Office.
5. Residents/fellows in non-ACGME-Accredited programs will be covered by the State of Kansas Self-Insurance Fund professional liability insurance as specified in Kansas Statutes Annotated (KSA 403401, et seq.)
6. Non-ACGME-Accredited programs will not be subject to internal review as required by the ACGME. However, the Core ACGME-Accredited residency/fellowship programs under which the non-ACGME-Accredited programs operate, will be required to demonstrate in internal and other reviews that the non-ACGME-Accredited program is not diminishing the quality of the educational/training experience of those residents/fellows in the ACGME-Accredited Core Programs. The Core Program Directors will be queried generally annually by the GMEC to determine any negative impact, and substantiated negative educational impact by the non-ACGME-Accredited Program could result in its termination. Also, any major changes in the Program Curriculum or Structure will require further GMEC review and approval.
7. Upon GMEC approval, the Program Director should inform the Core Residency Program Directors to ensure that they have informed their appropriate RRCs of the Fellowship initiation.
8. Those Fellows having attending staff privileges will require the appropriate credentialing by the University of Kansas Hospital and School of Medicine.
9. Non-ACGME-Accredited programs will be required to submit a non-ACGME-accredited Fellowship application. This application is available on the GME website in the Program Director’s Toolbox and will be presented to the GMEC by the requesting Program Director. GMEC approval must be obtained prior to initiation of the Program.
10. Residents/fellows completing non-ACGME-Accredited programs will be issued a certificate of completion if they meet the requirements of the program and the GME Manual; however the Office of the Registrar has the authority to issue certificates for non-ACMGE programs which are distinguishable from those for ACGME-sponsored programs.
11. Resident remediation, disciplinary actions, grievances, and appeals will follow those procedures set out in the GME Manual, specifically sections 11-14.
12. Non-ACGME-Accredited Fellowships that have Board Certification examinations related to the proposed fellowship should require that all graduates take the certification examination upon completion of the Fellowship.
13. Non-ACGME-Accredited Fellows should receive copies of the Overall Program Educational Goals and Goals and Objectives for each rotation/educational experience for each PGY-level at the beginning of their Fellowship.
14. Fellows will be required to perform some Scholarly Activity/Research project with a Core Residency/Fellowship Program and/or Core Program resident/fellow. This would preferably result in a published manuscript in a peer-reviewed journal.

26. RESIDENT FATIGUE AND STRESS

Purpose

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident population, just as it would in other professional settings. Not unexpectedly, residents may on occasion, experience some

effects of inadequate sleep and/or stress. As an institution, the University of Kansas Medical School has adopted the following policy to address resident fatigue and/or stress:

Recognition of Resident Excess Fatigue and/or Stress

Signs and symptoms of resident fatigue and/or stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional lability
- Mood swings
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Awareness is impaired (fall back on rote memory)
- Lack of insight into impairment

Response

The demonstration of resident excess fatigue and/or stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive resident fatigue and/or stress in either setting.

Patient Care Settings

Attending Faculty:

1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence for excess fatigue and/or stress requires the attending faculty or supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.
2. The attending faculty or supervising resident should privately discuss his/her opinion with the resident, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending faculty must attempt, in all circumstances without exception, to notify the chief/supervising resident on-call, program director and/or department chair, respectively, depending on the ability to contact these individuals, of the decision to release the resident from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the attending faculty must advise the resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident should first go to the on-call room for a sleep interval lasting no less than 30 minutes. The resident may also be advised to consider calling someone to provide transportation home.
5. If stress is the issue, the attending faculty upon privately counseling the resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending faculty, the resident stress has the potential to negatively affect patient safety, the attending faculty must immediately release the resident from further patient care responsibilities at that time. In the event of a decision to release the resident from further patient care activity; notification of program and administrative personnel shall include the chief/supervising resident on-call, program director and department chair, respectively, depending on the ability to contact these individuals.
6. A resident who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending faculty.
7. A resident who has been released from patient care cannot resume patient care duties without permission of the program director or chair when applicable.

Residents:

1. Residents who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending faculty, the chief resident, and/or the program director without fear of reprisal.
2. Residents recognizing resident fatigue and/or stress in fellow residents should report their observations and concerns immediately to the attending faculty, the chief resident, and/or the program director.

Program Director:

1. Following removal of a resident from duty, in association with the chief resident, determine the need for an immediate adjustment in duty assignments for remaining residents in the program.
2. Subsequently, the program director will review the resident's call schedules, work hours, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the resident.
3. The program director will notify the departmental chair and/or program director of the rotation in question to discuss methods to reduce resident fatigue.
4. In matters of resident stress, the program director will meet with the resident personally as soon as can be arranged. If counseling by the program director is judged to be insufficient, the program director will refer the resident to the following possible services depending on the severity of the issue through contact with the GME Office (913-588-7293).
 - Student Counseling and Educational Support (913-588-6580) offers psychological and education services at no cost to students, residents, and fellows.
 - Lawrence campus: University of Kansas Counseling and Psychological Services (785-864-CAPS (2277) or Psychological Clinic Counseling (785) 864-4121
 - Department of Psychiatry (913-588-6400) offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems.
 - State HealthQuest, 24-hour, toll-free assistance line (1-800-284-7575) If referred through the HealthQuest, the first four counseling sessions are paid by the State. All contacts are kept in strict confidence.
5. If the problem is recurrent or not resolved in a timely and satisfactory manner according to program leadership and the GME office, the program director will have the authority to release the resident from patient care and educational duties pending evaluation according to the leave and probation terms as stated in the KUMC Graduate Medical Education and Policy Procedure Manual Section 11.
6. The program director will release the resident to resume patient care duties only after the resident has demonstrated no further impairment with fatigue or stress issues.
7. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

Non-Patient Care Settings

If residents are observed to show signs of fatigue and/or stress in non-patient care settings, the program director should follow the program director procedure outline above for the patient care setting.

GMEC approval 9/14/09

27. GMEC PERIODIC/SPECIAL REVIEWS

To maintain oversight of its programs, the GMEC may conduct a Periodic Review (PR) of each program approximately once every 4 years to be completed and presented at a GMEC meeting.

In addition, effective oversight of *underperforming* programs will be maintained through a Special Review (SR) process, to be completed and presented at a GMEC meeting within 6 months of initiation.

The criteria established for identifying underperformance are reviewed annually by the GMEC and include, but are not limited to:

1. Downward trending ACGME Resident/Faculty Survey results
2. Downward trending board pass rate
3. Evidence of inadequate progress towards resolving ACGME citations or previous PR/SR concerns as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update
4. Evidence of inadequate scholarly activity as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update
5. Evidence of inadequate attention to the Clinical Learning Environment Review (CLER) focus areas (Patient Safety, Quality, Care Transitions, Supervision, Duty Hours/Fatigue Mitigation, Professionalism) as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update
6. Resident complaint reported to the ACGME
7. Pattern of resident complaints reported to the GME Office
8. Pattern of resident disciplinary issues
9. Unusual levels of program (residents, faculty, and/or leadership) attrition
10. Major changes to the ACGME Program Requirements

The GMEC may initiate a Special Review when one or more of the established criteria are met. Each Program Director is expected to abide by the PR/SR process as stipulated below as part of their responsibility as Program Director and to maintain a satisfactory ACGME accreditation status. The GMEC minutes will document the progress made on each active PR/SR.

There are several steps in the PR/SR process as delineated below:

1. The Program Director should review the most recent ACGME RRC Common and Specialty Program requirements. These can be found on the ACGME website (www.acgme.org)
2. The Program Director should review the most recent ACGME specialty newsletter for any recent changes or information that the ACGME has published.
3. The Program Director should make sure that all the required Program information in the ACGME Accreditation Data System (ADS) is up to date and complete.
4. A GMEC Periodic/Special Review Committee (PRC/SRC) will be formed and will include at least one faculty member and one resident from within KUMC, but not from within the program being reviewed. The PRC/SRC will also consist of the DIO and other members of the GME leadership and administration. At times a program coordinator may also be included in the PRC/SRC.

The following documents are due in the GME Office within 4 months of PR/SR initiation:

1. The Program Director should update the program data within the ACGME Accreditation Data System (webADS) and submit an electronic copy of the **webADS "Program Summary"** to the GME Office.

The **Required Supplemental Document List** stipulates all documents that must be submitted in addition to the webADS "Program Summary". These documents should be organized in the order listed in the Required Supplemental Document List

The PR/SR will result in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes per the following protocol:

1. The GME Office will email CONFIDENTIAL questionnaires to both Program Residents and Faculty. The summarized responses will be investigated further through separate interviews with Program residents and faculty by a representative from the PRC/SRC, respectively. **At least one peer-elected resident from each PGY-level of the Program should participate in the group interview**, but for larger Programs, there should be at least a couple for each PGY-level. The Faculty interviews (group or

individual) will be separate from the Program Director Interview. These interviews should be completed **within 4 months of of PR/SR initiation**. The Resident and Faculty Interview Forms are used by the interviewer to assist with documenting the interview findings.

2. From these data, a **PR/SR Report** draft will be generated by the PRC/SRC. The PR/SR Report consists of a **PR/SR Summary Report** followed by the PR/SR Report proper. The Report will require responses by the Program Director to the Program's previous ACGME Site Visit/Self-Study **CITATIONS**, if any, as well as written responses to the PR/SR Report **CONCERNS**. A list of **PR/SR ISSUES** are also included, but do not require formal response to the GMEC.
3. A meeting between the Program Director and the PRC/SRC Leadership will be arranged by the GME Office approximately **6 weeks prior to presentation of the report to the GMEC** to discuss the PR/SR Report draft and make corrections and adjustments as necessary. At this point, the Program Director can also begin to prepare and draft the Program's responses and action plan to each of the PR/SR Report citations, concerns and issues.
4. The PR/SR Report will then be discussed in summary by the Program Leadership, the responsible Assistant Dean of GME and the GMEC membership at a GMEC meeting..
5. A final draft of the PR/SR Report will be sent to Program leadership electronically from the GME Office following the GMEC meeting. The Program Leadership will review the entire PR/SR report and find a summary of the GMEC's findings in the first section of the final PR/SR Report. The Program Director should respond with an explanation and Action Plan in the proper section to each CITATION and CONCERN under EACH "Program Director's response" section. A list of **ISSUES** also merits Program leadership review, but does not require a written response in the report. The responses should be submitted in the PR/SR Report electronically to the GME Office within **1 month following the GMEC meeting**.
6. The Program's responses will then be discussed at a subsequent GMEC meeting for final review and approval. The Program leadership may also attend this important meeting. Further follow up, such as Progress Reports, may be necessary depending on the PR/SR Report findings.

A final signed copy of the PR/SR Report will be electronically sent to the Program. The Program will retain a hard-copy of the entire final PR/SR Report, including the **PR/SR Summary Report**. The Program Director will share this Summary Report only if requested by the ACGME to demonstrate when and how the PR/SR was performed.

7. The DIO and GMEC will monitor the response of the program leadership to the Action Plans developed from each program's PR/SR.

28. DEFINITIONS

Accreditation: The process specified by the Accreditation Council for Graduate Medical Education (ACGME) for determining whether an education program is in substantial compliance with the ACGME's educational standards as defined by the ACGME's institutional and program requirements.

Affiliate Institution: An institution that provides specific Graduate Medical Education experiences subject to the terms and conditions of an affiliation agreement with the School of Medicine.

Affiliated Hospital: A hospital providing medical services to the members of the public in the course of an approved medical or other professional health care clinical training program, and which has an affiliation with the School of Medicine to provide that training.

Applicants: Persons invited to come for an interview for a Graduate Medical Education program.

Candidate: An applicant invited to interview for a position in a Graduate Medical Education program.

Certification: The formal process, generally involving an oral and/or written examination, for determining whether an individual physician has met the training standards established by a member specialty board recognized by the ABMS.

Chair: A physician, appointed by the Dean of the School of Medicine, administratively responsible for the clinical, academic and research functions of a clinical department.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g., Graduate Medical Education). A consortium may serve as a "sponsoring institution" for Graduate Medical Education programs if it is formally established as an ongoing institutional entity with a documented commitment to Graduate Medical Education.

Corrective Action: The steps taken by the School of Medicine and/or Department to definitively address severe, persistent, or recurrent deficits in a Resident's performance. Under these policies and procedures, the corrective actions available to the Department and/or School are suspension or termination of the Resident.

Credentialing: The process of verifying an individual physician's education, licensure, professional practice history and medico-legal record for purposes of appointment to a medical staff or like body.

Dean's Office: General term referring to the Executive Dean of the School of Medicine, the Associate Dean for Graduate Medical Education, other Assistant or Associate Deans of the School of Medicine.

Duty Hours: Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

External Moonlighting: Any moonlighting activities that occur outside the campus of the KU Medical Center/KU Hospital, including moonlighting at affiliate institutions such as the Kansas City VA Medical Center.

Fellow: A physician in a program of Graduate Medical Education accredited by the ACGME that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed as "resident" as well. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., "research fellow."

Foreign Medical School: Any medical school located outside the United States and Canada.

Impaired: As applied to residents, indicates that a resident's performance has deteriorated due to neurological or psychiatric disorders, loss of motor skills or sensory faculties, or abuse of alcohol or drugs. The determination that a resident is impaired is to be based on objective assessment of his/her performance by the faculty, officers of the program and/or officials of the School and on any available corroborating information provided by independent evaluations, tests, assessments, legal pleadings or public records.

Institution: An organization having the primary purpose of providing educational and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation).

1. **Major Participating Institution:** An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

2. **Participating Institution:** An institution that provides specific learning experiences within a multi-institutional program of Graduate Medical Education. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.
3. **Sponsoring Institution:** The institution that assumes the ultimate responsibility for a program of Graduate Medical Education, in this case, the University of Kansas School of Medicine.

Institutional Requirements: Requirements promulgated by the ACGME which the University of Kansas School of Medicine and Medical Center must meet as the sponsoring institution for the School of Medicine's Graduate Medical Education programs on the Kansas City campus.

Institutional Review: The process undertaken by the ACGME to judge whether a sponsoring institution offering Graduate Medical Education programs is in substantial compliance with the Institutional Requirements.

Intern: Historically, "intern" was used to designate individuals in the first year of Graduate Medical Education; less commonly it designated individuals in the first year of any residency program. Since 1975 the Graduate Medical Education Directory and the ACGME have not used the term, instead referring to individuals in their first year of Graduate Medical Education as residents.

Internal Moonlighting: As defined by the ACGME, any hours a resident works for extra compensation at the sponsoring institution or any of the sponsor's primary clinical sites. Internal moonlighting hours must be logged in the online Graduate Medical Education management system (MedHub). All moonlighting at the KU Hospital is internal, and only that moonlighting which occurs at the KU Hospital is considered internal.

Internal Review: The formal process undertaken by a sponsoring institution of its individual ACGME-accredited programs in conformity with Section I.B.3.c. of the Institutional Requirements to evaluate the sponsored programs.

Licensure: A governmental process, distinct from certification, accreditation and credentialing, through which an individual physician is given permission to practice medicine within a particular licensing jurisdiction, usually a state.

Officers of the Program or Program Officers: General term for the Program Director, Program Chair, and/or other individual faculty members responsible for the administration and supervision of a Graduate Medical Education program.

Privileging: The Medical Staff process whereby a physician is granted the right to perform specific clinical services or procedures.

Probation: Identification of a resident as requiring more intensive levels of supervision, counseling and/or direction than their peers as a result of one or more deficiencies in their clinical, academic and/or administrative performance. Probationary status has no effect on a resident's compensation or clinical privileges, but does imply increased staff supervision, counseling and evaluation of the resident to remedy the deficiencies.

Professional Practice Group: The physicians involved in clinical service activities and incorporated as Kansas University Physicians, Inc. (KUPI)

Program: The unit of specialty education, comprising a series of graduated learning experiences in Graduate Medical Education, designed to conform to the program requirements of a particular specialty.

Program Coordinator: The administrative assistant to a Program Director.

Program Director: An individual responsible for the administration of a particular Graduate Medical

Education program. The qualifications for Program Directors are established through the individual Residency Review Committees (RRC).

Program Requirements: The requirements established by an individual RRC and promulgated by the ACGME that must be met by a Graduate Medical Education program in order to be accredited.

Prohibited Harassment: Prohibited Harassment is a form of discrimination consisting of verbal or physical behavior which is unwelcome, based on a protected class (i.e., race/ethnicity, color, religion, disability, sex, sexual orientation, age, national origin, or veteran status, genetic information), and severe or pervasive enough to create a hostile environment or negatively impact academic or job performance.

Remediation: Refers to any and all steps taken by the department and/or institution to address deficits in a resident's performance up to and including the formal action of placing the resident on probation. Remediation represents an initial course of action to address deficiencies in a resident's actions, conduct, or performance, which if persistent could lead to imposition of a corrective action, but which are not yet serious enough to form an independent basis for the corrective actions of suspension or termination.

Resident: A physician in a program of Graduate Medical Education accredited by the ACGME. Other uses of the term "resident" require modifiers. NOTE: The Graduate Medical Education Office and the ACGME routinely refers to clinical fellows as "Residents".

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Substantial Compliance: The determination of substantial compliance results from a judgment based on all available information as to the degree that the entity being evaluated meets accreditation standards.

Suspension: The revocation of a resident's clinical, educational, research and/or administrative privileges and responsibilities. Suspension does not affect a resident's compensation but does necessarily entail removal from clinical service/patient care.

Termination: The severance of a resident's agreement during its term resulting in dismissal from the program and surrender of all attendant benefits.

Training Level: The "rank" or "seniority" of a resident in terms of the number of years spent in postgraduate education and/or in a particular training program. The training level of clinical fellows is determined by the number of years a fellow has completed in their fellowship program, plus the number of years of prior training required by the ACGME for that particular clinical fellowship program. The former is traditionally referred to as a resident's "postgraduate year" or "PGY" followed by a number indicating that the resident is in the first, second, third, etc. year of training since completion of the undergraduate medical degree. The second training level designation, the program year level, is the title of the resident's specialty or subspecialty program followed by a number that indicates that the resident is in the first, second, third, etc., year in that particular program. It is the PGY level that must be reported by the institution to the Health Care Financing Administration for purposes of Medicare. The PGY level is also the principle determinant of a resident's stipend. In contrast, the program year designation indicates the progression of the resident in their specific postgraduate education program.

29. GUIDELINES

29.1 GMEC Fatigue (Transportation/Swing Room) Guidelines

- If you are fatigued and unable to perform your patient care duties, please contact your supervisor (i.e., chief resident, faculty supervisor, program director, Chair and/or GME Office/DIO). Please inform your supervisor of your situation so that they can arrange for alternate coverage to ensure continuity of patient care.
- Program call rooms should be utilized for fatigued residents/fellows for rest and/or power napping.
- If your program does not have a call room or if your assigned call rooms are unavailable or in use, you may use the swing call room – (**HH room 2901 (code 4040*)**)
- If adequate rest facilities are not available, then you may use the voucher fatigue transportation service
- **The program leadership and administration will receive 2 vouchers for every 10 residents.** (Attached) The PC should keep this in a place well known to the residents for easy access afterhours.
- For each event 2 vouchers will be needed (one for home and then one for back to work the following morning)
- The Vouchers will need to be filled in by the resident/fellow and the transportation service driver (designated as KUMC Resident Program Transportation voucher). Please print your name, Department and home address on the voucher.
- When you are ready to leave, please call 10/10 Taxi Service (913-647-0010) and tell them you are using the KUMC Resident Program Transportation voucher and your destination. They will pick you up at the Main Entrance of the hospital.
- The transportation service will collect each voucher white copy and submit to the GME Office. It is important that you return the **YELLOW** copy of the voucher to your program director.
- The transportation service is allowed to pick you up from the KUH Hospital Main Entrance and drop you off at your home address, without any interval stops. This also applies for the return trip from your home to back to the hospital main entrance the next morning. You need to use the second voucher for the return trip.
- The resident is responsible for discussing the event and fatigue issue with their Program Leadership the following day. This must be documented by the program leadership in the “Fatigue/Transportation Incident Report” This **is available in MedHub – Fatigue/Transportation Incident Report (example below)**. Again, please return the yellow voucher copies to your program director at this time as well. The purpose of this file is to track both individual and program-wide episodes of fatigue and additional duty in order to mitigate future recurrences.
- The GME Office will manage the cab vouchers and bill back the departments as they are being used as well as replenish the voucher supply.

Sample KUMC Resident Program Transportation voucher:

Readable from Business Systems (816) 842-1995



10/10 TAXI
KANSAS CITY TAXI, LLC
1300 LYDIA • KANSAS CITY, MO 64108
DISPATCH (816) 847-0010 • ADMINISTRATION (816) 471-6050

VOUCHER NUMBER
03366

37288 — UNIV KS SCHOOL OF MEDICINE — RESIDENT PROGRAM				DATE
F R O M		T O		TIME PICKED UP
				TIME DELIVERED
R E M A R K S	Pick-up/Drop-off ONLY			METER FARE
	Tips to Drivers NOT Authorized			OTHER (Explain)
	Waiting Time NOT Authorized			TIP
	Authorized Passenger Signature Required			XXXXXXX
Authorized Representative Signature Required			PROGRAM NAME: _____	TOTAL FARE
DRIVER NAME	I.D. NUMBER	CAR NUMBER	PASSENGER NAME	
TRIP # <u>Tip #</u>				

ORIGINAL

CUSTOMER REPRESENTATIVE AUTHORIZING TRIP

Fatigue/Transportation Incident Report
(Question 1 of 4 - Mandatory)

Date of the Transportation incident:

Rotation Name/Location (Question 2 of 4 - Mandatory)

Fatigue Situation Circumstances: (Question 3 of 4 - Mandatory)

Actions to mitigate fatigue are as follows: (Question 4 of 4 - Mandatory)

29.2 Role of the Resident/Fellow on a Hospital or University Committee

- Know the name of the committee
- Know the name of the Committee Leader
- Determine why the committee was formed. Is it an Ad Hoc (meets to complete a specific project) or Standing Committee (is a requirement of an institution to provide oversight)?
 - For Ad-Hoc Committees, it will be important to understand the time frame under which the committee's work occurs as well as the frequency and timing of meetings.
 - For Standing Committees it will be important to understand how the work of the committee as well as the frequency and timing of meetings.

- Ensure that you understand the goal/s of the committee – does the committee operate with a set of by-laws, guidelines or is it a new project? (standing committees will be subject to the by-laws of the medical staff)
- Your role as a committee member is to apply your current experience and knowledge as a member of the house staff to the issues addressed by the committee. Your committee chair will understand that you have less control over your own time than other committee members and occasionally be unable to attend. However if you know ahead of time that you will be unable to attend, it is only courteous to notify the Committee leader that you will be unable to attend. You will be a full voting member of most committees.
- Let your resident council representative and your program director know you are serving on this committee.

Report the work of the committee to your resident council member, or sometimes to the council, itself. You should also keep your program director informed of your activities and responsibilities on the committee.

29.3 Lactation Support Guidelines

KUMC recognizes the health and emotional advantages of breastfeeding for mothers and infants, and acknowledges that providing accommodations for breastfeeding women is not only good for mother and child, but good for the organization as well. As a result, KUMC will offer support and flexibility to nursing mothers who are faculty, staff, residents, trainees and students to enable them to express their milk during working hours, while still allowing them to maintain proper focus on the performance of their duties.

As a result, the University of Kansas Medical Center is proud to announce its new Lactation Support Policy, and the establishment of multiple Express Stations throughout the campus which will afford nursing mothers the opportunity to pump breast milk following their return to work.

The policy is straightforward. Nursing mothers are asked to advise their supervisors of the time needed away from work to express breast milk, to discuss any potential impacts to work duties during these anticipated absences, and to help ensure work is appropriately covered during such absences. Slightly different rules apply based on whether the employee is exempt or non-exempt, consistent with the requirements of applicable wage and hour laws, as noted in the policy.

For all employees' convenience, authorized users must pre-plan the use of KUMC's Express Stations through the Novell GroupWise system. Nursing mothers who anticipate using Express Stations are asked to speak with someone in the Benefits section of the Human Capital Management department, whether in-person at 1044 Delp, by telephone at 913-588-5087, or by sending an email request to ExpressStations@kumc.edu. A designated member of the Benefits team will then grant users permission through the system to reserve Express Stations and will walk users through the process of how to reserve a room, as needed.

29.4 Role of the Caregiver

We appreciate your trust in us to help provide you the best medical care.

During your visit, it is important for you to know who is taking care of you. Your caregivers will introduce themselves and may provide business cards to you. The following definitions will help you understand the role that each caregiver will play in your care.

“Faculty”, “Attending” and “Medical Staff”

"Faculty", "Attending" and "Medical Staff" all mean the same and refer to the expert leader of your care. These doctors carry the primary responsibility for your care and have been recruited from all over the world to provide you the best possible treatment. Faculty have completed college, medical school (4 years) and then training in a

residency program (3+ years). Some Faculty have had even further advanced training in one or more fellowships after their residency. All Faculty have a license to practice medicine from the Kansas State Board of Healing Arts (<http://www.ksbha.org>). Most Faculty physicians are also Board Certified by the American Board of Medical Specialties (<http://www.abms.org>). Some Faculty are still in the process of becoming Board certified as this process can take years. These doctors provide care for patients and provide supervision and teaching for Resident physicians (see below) as University of Kansas School of Medicine professors.

“Residents” and “Fellows”

"Residents" have completed college and medical school. These doctors have come from all over the world to train for 3 to 6 years at the University of Kansas. To be accepted into a residency program is a competitive process with some programs getting over a hundred applications for each position. Residents in their first year have been referred to as “interns”, while Residents in their final year of training are referred to as “Chief Residents”. "Fellows" have completed a residency program and have come to the University of Kansas for 1 to 3 years of more advanced subspecialty training. Both Residents and Fellows are licensed to practice medicine by the Kansas State Board of Healing Arts (<http://www.ksbha.org>). Residency and Fellowship program training also includes research into state-of-the-art medical advances. This important interaction between Resident/Fellow supervision, clinical training and medical research is what makes the University of Kansas Hospital a premier “Teaching Hospital” and “Academic Medical Center”. All Resident care is supervised by a more senior Resident or Fellow and the responsible Faculty physician.

“Medical Students”

"Medical Students" have completed college and competed with several hundred applicants to become a medical student in the School of Medicine to earn their M.D. degree and become a doctor. Medical Students most commonly spend time in the Hospital and Clinics during their 2 final years of Medical School. All Medical Student participation in patient care is closely supervised by licensed doctors (i.e., Faculty, Fellows and Residents). In their final year of training, Medical Students decide which medical field they wish to pursue as a career and compete for positions in residency programs both at the University of Kansas and all over the nation.

29.5 Information for Applicants and Required for Selected Applicant Questionnaire

If you match or are selected for a position outside the match with the University of Kansas you will be asked to answer the following questions which are also a part of the KSBHA license application.

Please answer each of the following questions by putting a check in the appropriate box. All “yes” answers MUST be thoroughly explained in detail on a separate signed page. If a question is not applicable, then check the “no” box.

	Yes	No	
A			Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training?
B			Have you ever had any application for any professional license refused or denied by any licensing authority?
C			Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?
D			Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
E			Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
F			Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
G			Have you ever voluntarily surrendered any professional license?
H			Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held?
I			Have you ever been notified or requested to appear before a licensing or disciplinary agency?
J			To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?
K			Has any professional association imposed any disciplinary action against you?
L			Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?

M		Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?
N		Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?
O		Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?
P		Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?
Q		Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?
R		Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?
S		Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?
T		Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
U		Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
V		Have you ever been court martialled or discharged dishonorably from the armed services?
W		Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?
X		Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs?
Y		Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs?
Z		Did you pass Step 2 of Boards?
AA		Did you successfully complete Medical School?

Signature

Date

Print

29.6 Health Insurance Discount

University Employee:

As a new State Employee Health Plan (SEHP) member you have access to a comprehensive wellness program, called HealthQuest, included with your benefits.

You also have the opportunity to earn a premium incentive discount on your health insurance equal to \$40 per month.

How the HealthQuest Rewards Program Works:

1. Complete a Biometric Screening

There are 3 ways to obtain your biometric numbers which are needed to complete a Health Assessment Questionnaire - go to an onsite screening event, use results from your personal physician or order an at-home screening kit.

2. Complete the Health Assessment Questionnaire (Required and worth 10 Credits)

- Register on the wellness portal at www.KansasHealthQuest.com and click "Health Assessment Questionnaire" on the left menu.
- This state-of-the-art survey will help you understand, maintain or improve your health.
- Takes 10-15 minutes to complete.

3. Earn 20 additional credits by participating in HealthQuest in a variety of other programs and activities

You will need your employee ID number when registering on the wellness portal. The ID numbers are 11 characters long and available on your pay advice. For additional information, please access the HealthQuest website or call the HR Employee Service Center, 913-588-5087 or 588-5142.

29.7 PGY Level Appointment Guidelines

- Residents that Change Core Programs will start the new program at the core program PGY 1 level or if applicable in an advanced program at the PGY 2 level.
- Programs that include a research year away from the program will not include this year in the PGY level progression.
- All residents within a PGY level will be paid the same stipend.
- For fellowships that appoint residents from multiple specialties, the appointment can be made at the next PGY level capped at PGY 8.
- Entering residents into Child and Adolescent Program will appoint at the PGY level they would have promoted to within the Core Program.

29.8 PROGRAM NAME FMLA Leave Checklist

- a. Have you been at KUMed for greater than one year? Yes No
You do not qualify for FMLA
- b. Determine number of days of FMLA leave you need/want.
(maximum 12 weeks [60 days] per contract year)
 Days of FMLA
- c. Determine number of remaining *Board Eligibility* days within the current contract year.
(Board Requirement # of days – [vacation leave + sick leave + professional leave + funeral leave + prior FMLA leave] = days of Board eligibility remaining)
 Remaining *Board Eligibility*
1. *Any days taken beyond the allotted Board Requirement days per contract year will likely lead to extension of your training.*
- d. Determine number of remaining vacation and sick days in the current contract year.
(25 days – [vacation days used + sick days used] = remaining “paid days of leave”)
 Remaining days of *paid leave*
1. *After the “remaining days” have been used, additional days are unpaid and will require out of pocket payment for healthcare coverage.*
- e. Meet with Joyce Boesch in Human Resources to discuss your FMLA plans.
1. [Joyce Boesch](#)
HR Business Partner
jboesch@kumc.edu
913-588-5147
- f. Meet with the Program Director to discuss plans for call coverage, rotation coverage, and coverage of academic responsibilities.
- g. When you return to work, contact Joyce Boesch and the Program Director to be removed from FMLA status.