

GRADUATE MEDICAL EDUCATION (GME)
RESIDENT/FELLOW HANDBOOK

University of Kentucky

2011-2012

UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE

PROFESSIONAL EXPECTATIONS

The University of Kentucky College of Medicine (UKCOM) regards professionalism and humanism in the training of residents to be an essential goal. Throughout their training, residents are exposed to professional behavior issues, moral and ethical decision-making, and community service opportunities. The following definition of professionalism is UKCOM's guideline by which professional behavior expectations are set. These expectations apply to all residents.

Professionalism includes altruism, accountability, excellence, duty, service, honor and integrity, and respect for others. Definitions of these concepts have been developed by the American Board of Internal Medicine's Project Professionalism and are listed below.

- ***Altruism*** – Residents must serve the best interest of patients above their own interests.
- ***Accountability*** – Residents are accountable to their patients for fulfilling the implied contract governing the patient/resident relationship. They are also accountable to society for addressing the health needs of the public and to their profession to uphold ethical precepts.
- ***Excellence*** – Residents must make a conscientious effort to exceed ordinary expectations and maintain life-long learning.
- ***Duty*** – Residents must accept a commitment to serve their patients. Accepting inconveniences to meet the needs of one's patients, enduring unavoidable personal risk, advocating for care regardless of ability to pay, and volunteering one's skills and expertise for the welfare of the community are all part of the accepted duty.
- ***Honor and integrity*** – Honor and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward.
- ***Respect for others*** – Demonstrating respect for patients, their families, other residents and health care professionals is the essence of humanism. Humanism is essential in the practice of medicine.

Approved by HS/GME Committee – 8/16/99

INTRODUCTION

The University of Kentucky (UK) includes the following six colleges (amongst others): Medicine, Dentistry, Pharmacy, Nursing, Allied Health and Public Health; the Albert B. Chandler Hospital; UK Good Samaritan Hospital; Kentucky Clinics; Children's Hospital; the Center for Excellence in Rural Health (in Hazard, KY); and several multidisciplinary centers of excellence in particular areas such as cancer and aging. The dean of each college reports to the Provost for academic activities and to the Executive Vice President for Health Affairs (EVPHA) for clinical activities. Clinical department chairpersons in the College of Medicine report directly to the Dean of the College of Medicine as do several associate and assistant deans, including the Assistant Dean for Graduate Medical Education. The Assistant Dean for Graduate Medical Education chairs the Graduate Medical Education Committee (GMEC), which is comprised of program directors, residents/fellows, and others, and is responsible for administrative policies and procedures dealing with postgraduate training.

Residents (to include interns, residents and fellows) are contracted under the respective College. Please know that "residents/fellows" equals "house staff" equals "house officers" equals "postgraduate trainees" equals "trainees" (the terms are used interchangeably).

The Graduate Medical Education (GME) office is responsible for the coordination with the departments of all administrative factors involving house staff. These factors include but are not limited to credentials, personnel, payroll, licensure and insurance; from appointment to completion of training. The GME office operates under the auspices of the Assistant Dean for Graduate Medical Education and is guided by the deliberations of the GMEC. This office is located in room HQ-101, on the first floor of UK Chandler Hospital Pavilion H. Any administrative problems may be referred to this office.

Below you will find contact information for staff in the office, along with a summary list of duties. Though we each have our areas of specialization, anyone in the office will be happy to assist you with your question(s) and/or concern(s).

Name: Debbie Aminoff
Title: Director, Graduate Medical Education
Phone: 859-257-1363
E-mail: dbamin1@email.uky.edu
Duties: Manages GME budget.
Manages GME office staff.
Oversees administrative aspects of GME enterprise.
Assists with visas.
Prepares certificates of insurance (malpractice).

Name: Karla Anderson
Title: Administrative Support Associate
Phone: 859-323-5872
E-mail: kycarp2@email.uky.edu
Duties: Processes appointments and reappointments (credentials, contracts, etc.).
Processes loan deferments.
Assists with visas.
Responds to verification requests.

Name: Jodi Smith
Title: Administrative Support Associate
Phone: 859-323-5003
E-mail: jsmit6@email.uky.edu
Duties: Primary contact for New Innovations.
Monitors ACLS recertification status.
Processes notices for employee health.
Manages GME website.

Name: Norene Ward
Title: Administrative Support Associate
Phone: 859-323-5871
E-mail: ntward00@email.uky.edu
Duties: Processes licensure and DEA forms.
Assists with USMLE applications.
Orders and distributes lab coats.
Processes parking and ID badge requests.
Prepares completion certificates.

Name: VACANT (duties being covered by others in office)
Title: Administrative Support Associate
Phone: 859-323-5873
E-mail:
Duties: Prepares payroll.
Assigns pagers.
Manages the GME database.
Prepares Medicare report information.
Processes educational site agreements and program letters of agreement.
Processes assignment of provider numbers.

UK HOUSE STAFF STIPEND SCALE

Postgraduate Level	Annual	Monthly
First Year	\$47,103.00	\$3,925.22
Second Year	\$48,524.00	\$4,043.71
Third Year	\$50,159.00	\$4,179.88
Fourth Year	\$52,048.00	\$4,337.30
Fifth Year	\$54,473.00	\$4,539.42
Sixth Year	\$56,861.00	\$4,738.42
Seventh Year	\$59,207.00	\$4,933.92
Eighth Year	\$61,946.00	\$5,129.42
Student Fellows	\$20,000.00	\$1,666.67
Optometry	\$30,000.00	\$2,500.00
Pastoral Care	\$22,844.00	\$1,903.66
Pharmacy - First Year	\$39,001.00	\$3,250.06
Pharmacy - Second Year	\$42,184.00	\$3,515.35
Pharmacy - Chief	\$45,659.00	\$3,804.94

Note: The stipends listed apply only to those individuals who are seeking their first residency training. Those individuals seeking second residency specialty training will be supported at the level for which the specialty board gives credit, i.e., if the board and accrediting council give credit for one year of previous training the individual will be paid at the second postgraduate level.

House staff are contracted on a year-to-year basis. Though it is the expectation that you will be contracted each year for the duration of your training program; it is your responsibility to assure you meet the requirements of the training program and the institution(s) (UK and those to which you rotate) for that to occur. Please also reference the section on Policies and Procedures Related to Postgraduate Trainees.

FUNDING SOURCES AND PAY SYSTEMS

The sources of funding for house staff are primarily University Hospital, the Veterans Affairs (VA) Medical Center, Senate Bill 28 (Primary Care), community hospitals/health care entities and grants.

All house officers are paid monthly on the last working day of the month from the GME office. A system for direct deposit of payroll checks is mandatory and available for any commercial bank, savings and loan institution, and/or credit union that is a member of the National Automated Clearing House Association (NACHA). Forms for authorization for direct deposit are available in the GME office.

Because of the proximity and partnership between UK and VA, most house officers have dual appointments in both hospitals. Pediatrics, orthopaedic surgery sports medicine, family medicine sports

medicine, surgical critical care, neonatology, pediatric dentists and pastoral care residents are exceptions.

Forty-three (43) residents are supported from Senate Bill 28 or Primary Care funds and these individuals must spend one month per year of training on rotation in a rural site.

BENEFITS

BENEFITS ARE SUBJECT TO CHANGE FROM TIME TO TIME.

BEEPERS/PAGERS

Each house officer is issued an alpha-numeric text pager upon arrival. This pager is the responsibility of the house officer during his/her tenure with the University of Kentucky. If lost or destroyed, the individual house officer will be required to pay the cost of replacement of the pager (\$40.00).

COUNSELING

Non-emergent Psychiatric Help: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for psychiatric services is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 323-6021. Press 1 for the Outpatient Clinic.

Resident Crisis Referral Program: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for emergency psychiatric services is available to residents 24 hours per day, seven days a week through the admissions office at the Ridge Behavioral System. The telephone number to call is 268-6400. The resident is to ask for the Assessment Office and identify him/herself as a UK resident needing immediate evaluation. If admission is required, the caller will be asked to go directly to the Ridge, bypassing evaluation in the UK ER.

The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (or equivalent for other specialties): The IPP assists in the recovery of physicians who have substance abuse problems. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. It also serves as an advocate for the recovering physician with the Kentucky Board of Medical Licensure and other appropriate agencies. Help for oneself or a peer can be obtained confidentially by calling 502-425-7761.

Residents may also avail themselves of the University's Employee Assistance Program, REFER. The initial problem assessment/consultation session is free to all employees. Fees and expenses incurred as a result of referrals are the responsibility of the employee. You can contact REFER at 257-1467.

DISABILITY INSURANCE

The University of Kentucky's disability policy for employees (house officers are included under this plan) becomes effective the first day of the month following completion of 12 full calendar months of service. Essentially, this is a self-insurance policy that covers 100% of the base salary (less offsets) for

the first six months and 60% of the base salary (less offsets) thereafter until it ceases per policy. For more information, please go to www.uky.edu/HR/policies, or call the Benefits office at 257-9519.

EMPLOYEE DISCOUNT PROGRAM (EDP)

You are eligible for any discount offered throughout the Commonwealth of Kentucky. The University does not warrant any goods or services provided by any business participating in the Employee Discount Program. You can access a list of participating merchants at the following web-site: www.uky.edu/HR/edp To use the program you must identify yourself by showing a valid UK picture I.D. or valid faculty/staff I.D. card and a valid driver's license or other picture I.D.

EMPLOYEE EDUCATION PROGRAM (EEP)

You may take up to 18 credit hours per year without charge: 6 hours for the spring semester, 6 hours for the fall semester and 6 hours for the summer sessions combined. Classes must be taken for credit and may be taken at the University campus (including the Independent Study Program), LCC, KCTCS institutions (including community colleges and technical colleges) or any other Kentucky public institution. The fee waiver does not include audited, non-credit, continuing education or community education courses. Dependents of employees are not eligible. For more information, visit the website at: www.uky.edu/HR/benefits

HEALTH BENEFITS

We pay the amount listed under "UK Credit for Regular Full-time Employees" on the Benefits web site (www.uky.edu/HR/benefits).

HOUSE STAFF LOUNGE

A lounge, located in room HQ-2 (on the ground floor underneath the call rooms) is available for your use. Access to the lounge is accomplished via a keypunch pad. The numbers for that access change periodically for security reasons. A staff member in the GME office will provide you the numbers for access.

IDENTIFICATION CARDS

FACULTY/STAFF ID CARD: Faculty/staff ID cards are issued by Human Resources and distributed by staff in the GME office. These cards allow you to get discounts at campus bookstores and other local businesses, and identify you as a staff member of the university.

MEDICAL CENTER ID CARD: Photo identification badges are issued to each employee of the medical center upon arrival. These badges must be worn at all times and are used to charge meals in the cafeteria and to gain access to many areas of the medical center which are now secure. There is a replacement fee if the badge must be replaced. Please come to the GME office if you need a replacement.

INJURY ON THE JOB

Whether you experience an injury (needlestick, etc.) on the job while at UK or while rotating to another facility, you need to report it immediately to UK Worker's Care at 1-800-440-6285. Please also ensure you turn in your pink Employee Health visit sheet to the GME office.

LEAVE

Leave requests are to be approved through appropriate department channels prior to the leave being taken. When leave is taken for any reason, specialty board requirements supersede university policy. This may require the extension of training beyond the usual number of months. Attached to this handbook please find the specific board requirements regarding leave.

FAMILY MEDICAL LEAVE (FML): University of Kentucky employees (applies to house staff as well) are entitled to take up to 12 weeks of paid/unpaid, job-protected leave for certain family and medical reasons. To be eligible, one must have worked at UK for at least one year, and over the previous 12 months, have worked at least 1250 hours.

FML shall be granted for any of the following reasons: to care for an employee's child after birth; the placement of a child for adoption or foster care; to care for an employee's spouse, son or daughter, or parent who has a serious medical condition; for a serious health condition that makes the employee unable to perform the employee's job; in order to care for a service member with a serious illness or injury if the employee is the spouse, son, daughter, parent, or next of kin of the service member; or because of a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty in the National Guard or Reserves (or has been notified of an impending call or order to active duty) in support of a contingency operation.

FML request forms are available in the GME office, and should be submitted prior to taking the leave whenever possible. If approved, all paid leave must be taken before entering a leave-without-pay status. Temporary disability (sick) leave must be exhausted before vacation leave. Any time remaining in the approved FML period will then be taken as unpaid leave.

TEMPORARY DISABILITY (SICK) LEAVE: In conjunction with Human Resources Policy and Procedure Number 82.0, house officers will earn one day per month sick leave. The sick leave must be earned before it can be used. Unused sick leave carries over into the next contract year for house staff. Unused sick leave allowances will not be paid upon completion of the residency, termination or resignation.

Those house officers eligible for coverage under Workers Compensation must file a first report of injury with UK Workers' Care, 1-800-440-6285.

MATERNITY and PATERNITY LEAVE: In accordance with Human Resources Policy and Procedure 82.0 – temporary disability leave for childbearing purposes normally shall not exceed thirty (30) working days (six calendar weeks). Such leave in excess of accrued vacation and/or sick leave will be considered leave without pay.

VACATION LEAVE: Per the contract: House staff at the PGY1 level get 2 weeks of vacation. House staff at the PGY2 and above levels get 3 weeks of vacation. House staff also get 8 holidays (9 during a

presidential election year), and 4 bonus days. These leave days are provided in accordance with University policy or in compliance with board requirements.

House staff are encouraged to request and take the vacation time in week-long blocks (Sunday through Saturday). If, however, it becomes necessary to request and take the vacation time in days, then a week is defined as 5 work days. Please be aware that work days does not mean only Monday-Friday. If, for example, you ask for just a day off (a Saturday), and your program requires you to be on duty on Saturdays, then it would count as a vacation day.

Insofar as possible, house staff will be given the 8 defined holidays off. However, patient care demands and educational requirements may necessitate that a house officer work on a holiday. Should that occur, the house officer will be given an in-lieu day and allowed to take the “holiday” on another day.

Bonus days normally occur between Christmas and New Years. Again, patient care demands and educational requirements may require that a house officer work any or all of those days. Should that occur, the house officer will be given an in-lieu day (or days) and allowed to take the “bonus day (or days)” on another day (or days).

Vacations, holidays and bonus days are to be scheduled with the appropriate individual(s) in the program; and are to be approved by that individual(s). In most cases, vacation time will be taken while training with the “home” program. If the house officer is rotating to another program, then the time must be requested of, and approved by, both program directors (rotating program and home program).

Vacations, holidays and bonus days are to be taken within the contract year, and will not be carried forward if not used.

FUNERAL LEAVE: Per Human Resources Policy 84.0, you are allowed five days for immediate family, i.e., father, mother, spouse, brother, sister, child or other relatives for whom you are directly responsible. In cases requiring extensive travel time, you may be granted up to a total of seven days. In cases of death of a grandparent, grandchild, aunt, uncle, niece, nephew, or in-law, funeral leave with pay is two days. In cases requiring extensive travel time, you may be granted up to a total of four days. For other relatives or close associates or friends, up to one-half working day is allowed.

LICENSURE

MEDICAL: All PGY2s and above must be licensed by the Kentucky Board of Medical Licensure before beginning their training. Any PGY1 who has had prior ACGME-accredited training must also be licensed before beginning training. Licenses are renewed annually. All renewals must be processed through the GME office in order that the fees may be paid.

We sponsor residents for Institutional Practice (IP) licenses, or Residency Training (R) licenses. An IP license is for house staff who have not yet passed USMLE Step 3, or for those who have passed USMLE Step 3 but the program director has indicated to the licensure board that he/she is not allowed to moonlight. An R license is granted to those who have passed USMLE Step 3.

Should you wish to obtain a full license (after two years of training), that is something you would do on your own.

We pay the Kentucky Board of Medical Licensure (KBML) for renewals of IP and R licenses for residents. Should you be a new resident coming to us who paid yourself for the IP or R license, we will reimburse you the \$75 fee. Please provide to the GME office either a copy of your cancelled check or a receipt.

Fellows are sponsored for a full medical license or for a Fellowship Training (FT) licenses. We pay the Kentucky Board of Medical Licensure (KBML) for renewals of licenses for fellows. Should you be a new fellow coming to us who paid yourself for the FT or full license, we will reimburse you cost of the license (we do not reimburse for associated fees). Please provide to the GME office either a copy of your cancelled check or a receipt.

DEA: You must hold a Kentucky medical or dental license in order to obtain DEA certification. The fee is the responsibility of the individual house officer and the certificate is good for a three-year period.

DENTAL: All PGY1s and above must be licensed by the Kentucky Board of Dentistry before beginning their training. The cost of the license (we do not reimburse for associated fees) will be reimbursed by the GME office upon presentation of appropriate receipt and copy of the license. Licenses are renewed annually.

PHARMACY: All PGY1s and above must be licensed by the Kentucky Board of Pharmacy by December 1.

LIFE INSURANCE

The University provides basic life insurance in the amount of one times your salary. House staff are eligible to purchase additional insurance up to five times your salary. Please see the Benefits web site at www.uky.edu/HR/Benefits

MALPRACTICE INSURANCE

House staff have occurrence coverage under the University of Kentucky self-insured professional liability insurance plan. House staff are covered only for risks arising out of malpractice exposures while acting in our behalf; therefore, moonlighting is NOT covered. Risks incurred within our institution and at outside clinics and hospitals as part of an approved rotation are covered under this plan. Risks incurred, however, while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

Occurrence coverage means that regardless of when the claim is filed, as long as the resident or fellow cooperates in the institution's defense of the claim the self-insured plan will pay for all costs associated with defense of the claim, as well as the cost of any settlement or judgment. Even if a resident or fellow is no longer with the University of Kentucky when the claim is filed, as long as he or she was acting within the scope of his or her duties and responsibilities of the University of Kentucky Medical Center as outlined above the self-insured plan remains in force. Therefore, it is not necessary for residents/fellows to purchase tail coverage for their duties on behalf of this institution. However, if risks were incurred elsewhere (e.g., during medical school or while moonlighting) where a policy only provided claims-made coverage, then a tail would be necessary to protect those individuals.

Should you require a reference number for your coverage under the University of Kentucky Malpractice Insurance plan, it is KRS 164.939. Insuring limits are in excess of \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Requests for certificates of insurance (documenting your malpractice coverage) should be directed to the GME office. Inquiries related to your claims history with us should be directed to the Department of Risk Management, UK Chandler Hospital, Room HG605, 800 Rose Street, Lexington, KY 40536.

MEAL CHARGES

You have a charge limit of \$250.00. You will receive a statement monthly that will reflect your charges. Please keep your account current. You may pay any or all of your balance at the register. After 60 days, past-due interest will accrue. After 90 days, charge privileges will be suspended. Should you lose your ID badge, report it to the GME office and to Security at once. Treat it as a credit card. There will be a fee for reissuing a badge.

MEALS WHEN ON CALL

For those who take in-house call and are scheduled to be in-house for 24 hours, a dollar amount is put into your Food Services account monthly. Yearly, program directors provide information on the number of in-house calls taken, on average each month, for each year of training in their program. That number then is multiplied times the dollar amount of \$11.00, to get the amount that is put into the account each month.

Because this is an average that is the same each month, there are some months when a house officer may take a lot of call and other months when there isn't much call at all, but the dollar amount received will be the same. Any unused amount at the end of the month will be rolled over to the next month, until June 30, when everyone's call meal accounts will be reset to 0, prior to the start of a new academic year on July 1.

Call meal money may be used at any time during the month, and does not have to be used only the nights the house officer is on call. For example, if you are a trainee who gets \$11.00 in your account monthly, and you choose to use that on the first of the month, you may, but then you do not have any call meal money upon which to draw later in that month. Alternatively, you may have money in your pocket on the first, and choose not to use that call meal money until the 17th of the month when you need a meal but have no money in your pocket and don't want to charge it. You should advise the cashier when you get to the register whether you want to use your call meal money (assuming you have any) or charge it to your account or pay cash.

Please be aware that:

1. It is still important that you notify your program coordinator if you switch call with a peer, so that the correct information is listed in BEEP which is accessed for patient care purposes.
2. The call meal money may not be used to pay off account bills.
3. Not all house staff will get call meal money, as it is based upon in-house call resulting in being in in-house for 24 hours.
4. The cashiers and food services staff have nothing to do with the amounts allocated.

At UK Good Samaritan, call residents can contact the Nursing Supervisor at ext. 7177 or on cell phone number 285-0540 to obtain a meal at night. A refrigerator and microwave are available for house officer use in the Education conference room, located in the same hallway as the call rooms.

OMBUDSPERSONS

Academic ombudspersons are available, whose role it is to mediate issues of concern raised by the house staff with representatives of the institution. Examples of such issues might include, but are not limited to, unresolvable conflicts between the house officer and the program director, or a belief that the house officer is being unfairly treated. It will be the task of the ombudsperson to investigate to the best of his/her ability the house officer's issues, reach a judgment on the merits of the complaint and to counsel the house officer as to avenues to explore in resolution. This is to be accomplished, whenever possible, through communication between and among the academic ombudsperson, the program director and other persons whom the academic ombudsperson deems to be usefully engaged. In cases where resolution cannot thus be achieved, or in cases where a program is believed by the academic ombudsperson to be substantially in violation of the Institutional Requirements, Program Requirements or other policies of the institution or program, he/she shall prepare a report for the Assistant Dean for Graduate Medical Education, describing the problems identified, attempted resolution to date and recommendations of potential avenues of resolution. The Assistant Dean may then initiate an internal review of the program, focused on the issues raised by the report of the academic ombudsperson. Consultation with the ombudsperson will be confidential, except in circumstances in which to keep confidence would, in the opinion of the ombudsperson, put at risk the health and safety of patients or others.

Ombudspersons are:

Dr. Charles (Chipper) H. Griffith at cgrif00@email.uky.edu
Dr. Todd R. Cheever at tbchee0@email.uky.edu
Dr. Rosemarie L. Conigliaro at rlconi2@email.uky.edu
Dr. Chris Nelson at cnelson@uky.edu
Dr. Andy Pulito at arpuli@email.uky.edu

ON-CALL QUARTERS

On the first floor of the Chandler Hospital Pavilion H, there are 35 call rooms. These rooms are assigned to specialties, and are for use when you are required to stay in the hospital overnight. Each room contains a bed, desk, chair, closet, and phone, and shares a bathroom with one other call room. Access to the call room quarters is accomplished by swiping your ID badge. Some departments (e.g., Obstetrics/Gynecology, Pediatrics) have their own call rooms. Information about those can be obtained from the relevant department.

At Good Samaritan, the key for the call room may be obtained from the nursing supervisor and must be returned to the nursing supervisor at the end of the shift. The call rooms have a bed, desk, computer and phone and there is a shared bathroom.

PARKING PERMITS

Parking permits will be issued to each trainee upon completion of the parking application form. These permits are hang tags that must be displayed from the rear view mirror. Care should be taken to lock your vehicle. These permits are assigned to the individual, not the vehicle. The cost for the hang tag is covered by the GME office but the individual house officer is responsible for any fines or fees or replacements. Park only in areas designated “E” and do not park on yellow lines, service areas or the emergency room area. Illegally parked vehicles will be towed. Should you receive a parking citation and feel that an appeal is in order, you may appeal on-line at www.uky.edu/Parking

PARKING WHEN ON CALL

If you are on call and called in on an emergency, you may park in the UK Chandler Hospital parking garage. Your vehicle must be removed from the garage after there is no urgent need for you to be there and no later than 8:30 a.m. the next workday. Upon exiting the structure, you will need to show your UK ID, and explain to the attendant you were called in on an emergency. Please do not abuse this privilege. Should you come in for any other purpose weeknights after 4:30 p.m. or on weekends; please expect to pay the attendant at the booth. In all cases, your vehicle must be removed by 8:30 a.m. the next workday; otherwise it will be ticketed or towed.

PROFESSIONAL LEAVE OF ABSENCE

Leave time and funding for professional leave of absence (commonly referred to as “official duty”) is up to each program, in accordance with their policies and those of the relevant Board.

RESIDENT OF THE MONTH PROGRAM

We have a resident of the month program to honor residents/fellows who have displayed exemplary service to patients and/or families, outstanding educational efforts and/or humanitarian service. Anyone can nominate a house staff member for resident of the month. To do so, send an e-mail message to dbamin1@email.uky.edu or you can complete a nomination form (available in the GME office or by the main elevators in UK Chandler Hospital or at the VA). The selected resident of the month will have his/her picture posted at UK and VA, will receive a \$150 gift certificate to the UK Medical Bookstore, \$80 included with the monthly paycheck for a dinner at one of Lexington’s fine restaurants provided by the Medical Professions Placement Service, a gift certificate for the VA Canteen and a parking space for a month in the UK Chandler Hospital parking garage.

UNIFORMS

Lab coats are provided at no cost to the individual trainee. This is standard uniform for house staff. Three lab coats are issued per year. These uniforms are yours and it is your responsibility to launder and maintain them.

Three sets of scrubs will be available to residents. To obtain scrub sets, please go to the Material Management Linen Room, H-12 (ground floor), during the following hours with your ID badge:

Monday, Tuesday, Thursday, Friday: 7:00 a.m.-3:15 p.m.

Wednesday: 8:00 a.m.-3:45 p.m.

Saturday: 8:00 a.m.-12:00 noon

Should your scrubs get soiled, you may turn a set in for cleaning in return for a set. You will be required to return three sets of scrubs when completing your training.

SOCIAL SECURITY

The University matches 7.65% of base salary for social security benefits (unless visa requirements apply).

WORKERS COMPENSATION

House officers are covered by Workers Compensation. Any injury suffered by the house officer arising out of or in the course of job-related duties must be reported at once to the immediate supervisor. You or your supervisor should contact UK Workers' Care immediately at 1-800-440-6285.

POLICIES AND PROCEDURES RELATED TO POSTGRADUATE TRAINEES

ACADEMIC STANDARDS

General: House staff are expected to conduct themselves in a professional manner regarding achievement of educational objectives, provision of patient care and relations with their colleagues. The appointment contract makes explicit these expectations and makes reference to other relevant documents that govern resident behavior. They are the University Administrative Regulations (AR), the Behavioral Standards, the Student Rights and Responsibilities, and other medical center documents, all of which are available via the UK web site or the GME office. Residents are informed of these general academic standards at orientation and provided ready access to the relevant documents through the GME office and/or the program. Should a trainee be excused from orientation because of illness, or for any other reason, it is the GME office's responsibility to assure that the trainee is informed of these general academic requirements.

Specific: In addition to the general standards, individual programs may have specific academic standards to which residents will be held accountable. House staff must be informed of these specific academic standards at program orientation and provided ready access to the relevant documents through the program office. In instances in which the trainee does not attend orientation, it is the program's responsibility to assure that the trainee is informed of these specific academic requirements.

ACADEMIC ACTION - PRELIMINARY

Notice of Concern

A Notice of Concern may be issued by the Program Director when (1) a house officer's unsatisfactory performance or conduct is too serious to be dealt with by informal verbal counseling or (2) a house officer's unsatisfactory performance or conduct continues and does not improve in response to verbal counseling. A Notice of Concern must be in writing, provide an explanation of the unsatisfactory

performance or conduct in competency-based language with the expectation of improvement outlined and include a time frame in which the house officer meet these expectations. A copy is placed in the house officer's program file. During or at the end of the Notice of Concern Period the house officer will meet with the program director or designee to determine whether the unsatisfactory performance or conduct has been corrected or whether further corrective action will be taken. If the house officer fails to achieve and/or sustain improvement or a repetition of the conduct occurs, then the program director may take additional action including Non-Promotion, Probation, Immediate Dismissal or Non-renewal actions after consulting with the GME director and/or Assistant Dean.

This action need not precede other academic actions described later in this document. For the purposes of this policy and for responses to any inquiries, a Notice of Concern does not constitute a disciplinary action.

ADVERSE ACTIONS (Disciplinary Actions)

Formal disciplinary action may be taken for any appropriate reason, including but not limited to any of the following examples:

- Failure to satisfy the academic or clinical requirements or standards of the training program expected for the level of training;
- Any inadequacy or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct;
- Violations of professional responsibility, policies and procedures, state or federal law or any other applicable rules and regulations.

Formal disciplinary action may include, but is not limited to:

Non-promotion of a House Officer

If a house officer has not met the program standards sufficiently in his or her current training level, the program may make a decision not to promote a house officer to the next level of training in lieu of dismissal from the program. An official period of probation may or may not be indicated.

The house officer should be notified of this decision as soon as circumstances reasonably allow, and in most cases 4 months prior to the end of the contract year. Exceptions to this timeframe would include performance issues that primarily arise within the final 4 months of the contract year. If a house officer has received a notice of concern or is on probation, and the end of the house officer's remediation period is within 4 months of the end of the contract year, the fact that the house officer is remediating will serve as notice that the house officer may not be promoted.

The notice of non-promotion should outline the remediation steps to be accomplished prior to the house officer's advancement to the next level and provide an estimation of the amount of remediation time anticipated. As determined by the applicable specialty/subspecialty board, the total training time in the program may be lengthened by the duration of remediation. The house officer will be paid at his or her present level until he/she is advanced to the next level. If the house officer does not successfully complete the remediation plan, the process listed below for dismissal will apply.

House staff may appeal being non-promotion using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Probation

If a house officer's academic or clinical performance, attitude, behavior, or interpersonal or communication skills puts him/her in jeopardy of not successfully completing the requirements of the training program or other deficiencies exist which are not corrected by informal verbal counseling or a preliminary academic action, or are of a serious nature such that informal verbal counseling or a preliminary academic action are not appropriate, the house officer is placed on Probation. Probation should be used instead of a Notice of Concern when the underlying deficiency requires a substantial change in house officer oversight. Probation may include, but is not limited to, special requirements or alterations in scheduling a house officer's responsibilities, a reduction or limitation in clinical responsibilities or enhanced supervision of the house officer activities. This temporary modification of the house officer's participation in or responsibilities within the training program are designed to facilitate the house officer's accomplishment of the program requirements.

The house officer will be informed in writing by the Program Director that he/she is being placed on Probation, with a copy to the official GME file. Written notification should include an explanation of the deficiencies, performance or conduct in competency-based language giving rise to Probation, remediation requirements (what the house officer must accomplish in order to come off of probation), the anticipated length of probation, method of ongoing evaluation, a faculty advisor/supervisor for the probationary period, and the time period of the Probation. All rotations during the probationary period should be within the sponsoring institution. Failure to meet the terms of probation may result in dismissal from the training program or nonrenewal of contract. If a house officer is on probation, and the end of the house officer's probation period is within 4 months of the end of the contract year, the fact that the house officer is on probation will serve as notice that the house officer contract may not be renewed or he/she may be dismissed from the program if the probation is not remediated successfully.

House staff may appeal being placed on probation using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Suspension

In urgent circumstances, a house officer may be administratively suspended from all or part of assigned responsibilities by his/her department chairperson, program director, or the Chief Medical Officer (or designee) of the University Hospital or of the affiliated institution or facility for cause, including but not limited to failure to meet general or specific academic standards, failure to provide patient care in a manner consistent with expectations, potential impairment of the house officer, potential misconduct by the house officer, or failure to work in a collegial manner with other providers. A house officer may also be suspended pending an investigation of an allegation of any of the above concerns.

A house officer must be notified verbally and in writing as to the reason for suspension, with a copy to the official GME file. Unless otherwise directed by the program director, a house officer suspended from clinical services may not participate in other program activities. Suspension is generally with pay. Suspensions must be time-limited but can be renewed if appropriate. A suspension may be coupled with or followed by other academic actions or conclude in the house officer being reinstated.

House staff may appeal being placed on suspension using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Non-Renewal of Appointment

While house officers are generally granted a renewal of contract annually until they have achieved board eligibility, program directors may determine that continuation in the program is not warranted because of deficiencies in academic progress or for other reasons. A prior period of probation or suspension is not required. A decision regarding reappointment must be reached by the program director no later than March 1 (unless the house officer is on suspension or probation) of the year of the current appointment (for house officers on a July 1-June 30 contract year; no later than 4 months prior to end of the current appointment if on an off-cycle contract).

The notification will be made in writing to the house officer with a copy to the official GME file. If the primary reason for the non-renewal occurs within the four months prior to the end of the contract, the program must provide the house officer with as much written notice of the intent not to renew as the circumstances will reasonably allow. The house officer may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. For those who continue, at his/her appointed level of training through the end of the contract period full credit for the year may be given to the house officer at the discretion of the Program Director and guidelines of the individual board. If deficiencies in professional competence that may endanger patients arise during continued training under a non renewal status, the house officer may be terminated or suspended immediately after consultation with the Assistant Dean for GME.

A decision of non-renewal of appointment may be appealed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Dismissal/Termination

A house officer may be dismissed from a program because of failure to remediate deficiencies during a probationary period; suspension or revocation of the house officer's license or permit; conduct constituting criminal activity; gross and serious violation of expected standards of patient care; failure to abide by the Behavioral Standards or the applicable regulations of the University of Kentucky, and or other hospitals and facilities to which the house officer may rotate or other responsibilities as specified by the program; or gross and serious failure to work in a collegial manner with other providers. This decision should involve multiple individuals at the program/departmental level. Dismissal may, depending upon the situation, be immediate or follow a period of suspension and/or probation. Insofar as is possible, a house officer should be notified in person and in writing about the dismissal decision. This notification must include the reason for the dismissal decision, the date of the dismissal, and method for appeal. Credit for training may be given in the event of any satisfactory performance prior to dismissal, per the guidelines of the individual board.

House staff may appeal being dismissed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

ADVANCED CARDIAC LIFE SUPPORT (ACLS)

All house officers (with the exception of Optometry, Pastoral Care, Administrative, Student Fellows, Medical Physics, and Community-based Pharmacy) must be ACLS certified prior to arrival. Pediatrics residents may substitute Pediatrics Advanced Life Support (PALS), and Neonatology fellows should have completed the Neonatal Resuscitation Program (NRP or NALS). The certification must be American Heart Association (AHA) accredited. You are required to maintain certification throughout

the duration of your training. The GME office staff will reimburse you for recertifications (we do not reimburse for the first certification you come in with – whether an initial certification or a recertification). You will need to provide a copy of your card (front and back), along with a cancelled check or receipt in order to receive reimbursement. This documentation must be received within 60 calendar days of certification. A copy of your recertification(s) will be kept in your official file in the GME office.

APPOINTMENTS

Postgraduate training appointments are generally from July 1 through June 30. Orientation in June is not considered a part of the training year; however, attendance is required for new PGY1s.

Only with written approval from the program director may you leave before the end of your contract year (unless an adverse action is involved).

BACKGROUND CHECKS AND PRE-APPOINTMENT DRUG SCREENS

Prior to appointment, all house officers will be subject to background checks and pre-appointment drug screens, and must meet criteria for appointment for these checks/screens.

CLEARANCE PROCEDURE

Each house officer completing training or leaving must clear both the University and the VA Medical Center (if applicable) before leaving. This clearance includes Medical Records, Medical Library, Hospital Cafeteria, and other offices. All debts incurred with the University during training must be paid before receiving the last pay check and credit for training.

CREDENTIALS

Credentials for all house officers are verified through primary source verification by the GME office.

DOMESTIC VIOLENCE TRAINING CERTIFICATION

Domestic violence training is provided during the June orientation. A certificate of completion will be provided. Training is required for licensure for trainees in primary care specialties. Contact the GME office for information on training, if needed.

DRESS CODE

Each house officer must dress in a way that conveys a professional image to patients, visitors, and other staff members. Although different modes of dress are appropriate to different positions or training specialties, each house officer must maintain high standards of personal appearance and hygiene regardless of where he/she works. The Hospital makes no distinction between appropriate appearance for day, evening, night or weekends.

Each house officer will wear the official medical center identification badge, prominently displayed on the front upper torso, whenever he/she is on duty.

The appearance of house officers plays an important role in gaining the confidence of the patient. Males should wear dress pants and shirt. Females should wear dresses or dress pants/skirts and blouses/sweaters. In addition, house officers may wear the white coat issued to all house officers. Wearing scrubs is acceptable as long as it is a full set (top and bottom).

Footwear will be clean, safe and appropriate for the work assignment.

Hair should be controlled and securely fastened when working with patients. Beards and mustaches must be neatly groomed.

Scents should be applied in moderation.

DRUG-FREE WORK PLACE

The University of Kentucky is a drug-free work place. For purposes of the law and this policy, drug is defined as “controlled substance,” which means any controlled substance in schedules I through V of section 2020 of the Controlled Substance Act, which, in turn, means virtually every controlled substance from the worst street drugs to mild prescription drugs. The two substances not covered by the Federal Drug-Free Workplace Act are alcohol and tobacco products. However, another federal law, Drug Free Schools and Communities Act amendments of 1989, requires annual distribution, in writing, to each employee the University’s standard of conduct which clearly prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by employees while on University property or as a part of the University’s activities.

The University of Kentucky is committed to providing a drug-free workplace for its employees. Accordingly, it is a violation of University policy for an employee to unlawfully manufacture, distribute, dispense, or use a controlled substance and to unlawfully possess, use, or distribute alcohol while in the workplace or on University business. It is University policy that a violation of the above shall result in appropriate action which may include referral to an employee assistance program/rehabilitation program and/or disciplinary action up to an including suspension or dismissal.

DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the training 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.

Note: Individual ACGME Review Committees may have more specific requirements.

Maximum Hours of Work per Week

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.

Mandatory Time Free of Duty

House staff must be provided with 1 day in 7, on average, free from all educational and clinical responsibilities, inclusive of in-house and at-home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. For purposes of counting, all house staff must have four days off within the first 28 days of any rotation regardless of the day of the month on which the rotation starts. For rotations that extend beyond 28 days additional days off must be provided using the following format: one day off for every additional seven days worked, two days off for every additional 14 days worked and three days off for every additional 21 days worked. Additional days off are not required for partial weeks worked. The counting process starts over every time a house officer changes rotations.

Maximum Duty Period Length

Duty periods of PGY-1 house officers must not exceed 16 hours in duration. Duty periods of PGY-2 house officers and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage house staff 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 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and house officer education that effective transitions in care occur. House staff may be allowed to remain on-site in solely to accomplish transitions in care; however, this period of time must be no longer than an additional four hours. House staff must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty including but not limited to continuity clinic and new patient evaluations. In unusual circumstances, house staff, 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 these circumstances, the house officer must appropriately hand over the care of all other patients to the team responsible for their continuing care and document on duty hours submission the reasons for remaining to care for the patient in question. That documentation in every circumstance must be reviewed by the program director. The program director must track both individual house officer and program-wide episodes of extensions of duty. The occurrence of such extensions of duty should be infrequent.

Minimum Time Off between Scheduled Duty Periods

Adequate time for rest and personal activities must be provided. PGY-1 house staff should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level house staff, as defined by the applicable Review Committee (RC), should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. House staff in the final years of education, as defined by the applicable RC must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that house staff in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances, as defined by the applicable RC, when these house officers must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. The circumstances of

return-to hospital activities with fewer than eight hours away from the hospital by house staff in their final years of education must be document on duty hours submission and monitored by the program director.

Maximum Frequency of In-House Night Float

House staff must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the applicable RC.

Maximum In-House On-Call Frequency

The objective of on-call activities is to provide house staff 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 house staff are required to be immediately available in the assigned institution. In-house call for PGY2 and above must occur no more frequently than every third night, averaged over a four-week period.

At-Home Call

At-home call is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent or taxing as to preclude rest and reasonable personal time for each trainee.

PGY1 residents may not take at-home call. House staff taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, when averaged over four weeks.

House staff are permitted to return to the hospital while on at-home call to care for new or established patients. When house staff are called into the hospital from home, the hours they spend in-house providing patient care must be counted toward the 80-hour limit. Each episode of this type of care will not initiate a new “off-duty period”.

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.

Duty Hours Logging

All house officer are to log their duty hours into New Innovations on a regular basis, as defined by your program (some programs require that they be logged daily, some weekly, etc.).

Oversight

Each program has written policies and procedures regarding house staff supervision and duty hours to ensure compliance with the ACGME institutional, common and specialty/subspecialty program requirements. These policies are distributed to the house staff and faculty annually. Monitoring of duty hours by the program is required with frequency sufficient to ensure appropriate compliance. Faculty and house staff must be educated to recognize the signs of fatigue and to apply proactive and operational counter measures. The program director and faculty must monitor house staff for the

effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and well being.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create house staff fatigue sufficient to jeopardize patient care.

For monitoring purposes, the following clarifications have been made by the University of Kentucky GME Committee:

1. A week will run Sunday through Saturday, and the four weeks comprising the bulk of a rotation will be what is utilized for calculating averages.
2. Only the work hours will be counted when called in from home call. Example: A resident comes in from home call at 1:30 a.m. Finishes what needs to be done at 4:30 a.m. Is to be back here at 6:30 a.m. to start the day. Decides to sleep in the lounge rather than go home. Only the three hours from 1:30-4:30 a.m. would be counted.
3. The resident's/fellow's home program is responsible for monitoring its residents'/fellows' duty hours and for making the director of the program to which the resident/fellow is rotating aware of any concerns that need to be addressed. That does not preclude the program director for the program to which the resident/fellow is rotating from also monitoring, but it is the home program director's ultimate responsibility to do so.

Schedule responsibilities

Residents/fellows are to be provided their schedules two weeks in advance of the month beginning. It is each resident's/fellow's responsibility to review the schedules (current rotation and new rotation) and assure that he/she is not listed on in-house call two nights in a row. If this is to occur, or if any other potential duty hours violations are noted, the resident/fellow is to bring this issue forward via the chief resident and/or program director.

Reporting Duty Hours Violations

House staff are encouraged to first speak with their chief resident/fellow and/or program director and/or chairperson. Should the house officer feel that he/she has exhausted that route or doesn't feel comfortable in approaching one of those individual, then he/she should contact the Director of GME or the Assistant Dean for GME directly.

If you have questions or concerns and are not sure to whom they should be addressed, please contact the director of GME at 257-1363.

E-MAIL

All house officers will be issued an Exchange/Outlook e-mail address for the duration of their postgraduate training, and is the e-mail account that should be utilized for all UK business. Personal e-mail accounts will not be used by UK faculty and staff to communicate with you. Your UK e-mail should be checked on a regular basis, as it is a primary method of written communication.

EQUAL OPPORTUNITY EMPLOYMENT POLICY

All employment decisions shall be made uniformly on the basis of merit. This commitment by the University provides for equal opportunity in recruitment, appointment, promotion, payment, training, and other personnel practices without regard to race, ethnic origin, sex, color, creed, religion, age, political belief or national origin. Also, the university does not discriminate against any employee or applicant for employment because of veteran status, or physical or mental disability in regard to any position for which the staff employee or applicant otherwise meets minimum qualifications.

EVALUATION

Residents/fellows: Residents/fellows are entitled to timely, accurate, helpful evaluation by attendings. It is the program's responsibility to evaluate resident/fellow performance and to communicate this evaluation to residents/fellows. Residents/fellows must be informed of the evaluation system. Evaluation of residents/fellows must, at a minimum, include the following:

1. All residents/fellows must receive regular feedback on their academic performance. Ongoing feedback should be conducted as appropriate within the educational setting. This ongoing feedback will typically be verbal but may include written materials including letters of commendation, letters of concern, early notification cards, and similar materials as deemed appropriate by the program.

2. Written feedback must be provided as part of each discrete rotation, but no less often than every 90 days. Programs must define and document rotations so that it is clear how often residents/fellows will receive an evaluation. Written evaluations should be completed within 30 days of the rotation end. The original evaluation must be available for the resident's/fellow's review and signature. A copy of this evaluation should be retained in the program office and form part of the evaluative materials used for scheduled oral reviews between the resident/fellow and the program director or designate. The original evaluation must be forwarded to the GME office where it will be maintained in the resident's/fellow's official file.

3. Each resident/fellow must have face-to-face, one-on-one feedback from the program director, or designate, on a regular basis, but no less often than every six months. The program director should maintain some record of the feedback given including any discussion of special commendation or concerns and should ask the resident/fellow to sign and date an account of such feedback.

Attendings: Attendings are entitled to timely, accurate, helpful evaluation by residents/fellows. Accordingly, residents/fellows must complete evaluations of attendings. Forms necessary for these evaluations will be generated, distributed and collected via New Innovations by the staff in the GME office who will collate them and communicate their content to the appropriate chairperson or department head and program director in a manner that assures resident/fellow confidentiality. It is the responsibility of the chairperson or department head to convey the results of these evaluations to the attending.

GRIEVANCE PROCEDURE

The Grievance Procedure for House Officers is outlined in UK AR 5:5 and is available in the GME Office or via the UK web page or GME web site. Should a grievance be filed, the Assistant Dean and/or the Director of GME will be available, both to the program and to the trainee, for administrative assistance as

needed.

HARASSMENT POLICY

Sexual Harassment is a violation of University policies, and is considered one form of sex discrimination. Unwelcome sexual advances, requests for sexual favors, or other verbal or physical actions of a sexual nature constitute sexual harassment when:

- ❑ Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment;
- ❑ Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting an individual; or
- ❑ Such conduct substantially interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

It is also a violation for an individual in a supervisory capacity to take personnel action against an employee for reporting instances of sexual harassment. Repeated instances of sexual harassment are cause for disciplinary action up to and including termination of employment.

To report sexual harassment, call 257-3100.

HEALTH PHYSICAL

All incoming house officers will be required to have a physical exam completed before beginning training at UK. Data base lab work is completed upon arrival as well as a respirator fit test. State law requires proof of MMR immunization and tuberculin skin test upon arrival. Tuberculin skin tests must be completed upon arrival and repeated by University Health Service annually.

HIV TRAINING CERTIFICATION

HIV training is provided during the June orientation. A certificate of completion will be provided. Recertification is required by the Kentucky Board of Medical Licensure. Contact the GME office for information on recertification training.

MEDICAL RECORDS POLICY

House staff are expected to complete their records on a regular basis. These policies apply to UK (Chandler and Good Samaritan) and the VA. You are to ensure completion of your records before going on vacation, scheduled leave, before rotating to another facility outside of Fayette County, and before completion of training. Please make sure you go to Medical Records within 7 days of going on leave or on an off-site rotation that is outside Fayette County.

In order to assure that we stay in compliance with Joint Commission and other regulating body requirements, there is a notification and suspension process in place:

Letters are delivered on Wednesdays. You will receive a "reminder letter." This will include all the incomplete records for which you are responsible, listed in order of allocation date, with the oldest listed first. The allocation date is the date the deficiency was assigned to you. Letters are delivered via

e-mail for Chandler, and via hard copy to your mailbox for Good Samaritan and for the VA. You need to go to Medical Records and address any deficiencies.

On Wednesday of the following week, any of the ones that were 23 days and older on your reminder letter that are now 30 days and older will be listed and you will be suspended for them. If you receive a suspension letter, your program director and chairperson are notified, in addition to the director of Medical Staff Affairs, and the VA Associate Chief of Staff for Education, and a copy of the letter is placed in your official Graduate Medical Education (GME) file.

If you get the records on that list completed by midnight on suspension Wednesday, no penalty (other than the notification to those individuals and “the count” - please see below will occur. If the delinquencies remain after midnight, however, the following penalties apply:

The first time you are suspended during the July - June academic year, you will lose a paid leave day[s] (vacation and/or holiday[s] and/or bonus day[s]) until you have completed all records on the suspension list. If you have no paid leave days (sick leave may not be used), you will lose pay.

The second time you are suspended during the July - June academic year, you will lose a paid leave day[s] (vacation and/or holiday[s] and/or bonus day[s]) until you have completed all records on the suspension list. If you have no paid leave days (sick leave may not be used), you will lose pay.

The third time you are suspended during the July - June academic year, you will lose pay until you have completed all records on the suspension list.

Please be aware that though the loss of paid leave (other than sick leave) or loss of pay does not go into effect unless the records are still incomplete after midnight, if you are notified that you are suspended that starts the count on the number of times you are suspended in that July-June academic year (and the count will be for the July-June academic year, even if you are on a different contract year).

So, for example, if you are suspended on July 3, even if you get the records get completed by midnight on July 4, that counts as one time suspended.

To contest the suspension, the house officer must show cause to the director of Medical Staff Affairs for UK Chandler or Good Samaritan; to the chief of staff for the VA. Failure to complete available records within seven days before going on vacation, scheduled leave, or rotation outside of Fayette County; and/or failure to complete records while on rotation at another facility within Fayette County are not grounds for appeal.

MOONLIGHTING/OUTSIDE PROFESSIONAL ACTIVITIES

Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the house officer’s educational experience and safe patient care.

PGY1 house staff are not allowed to participate in moonlighting activities. No house officer is required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed. Because house staff education is a full-time endeavor that only full-time trainees can engage in, the

program director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the house officer to achieve the goals and objectives of the educational program.

Each house officer must obtain a prospective, written statement of permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked must become part of the house officer's file and reviewed appropriately by the program director.

Hours devoted to internal and external moonlighting must be added to training program duty hours and reported on all duty hour surveys and in New Innovations. At no time should a house officer exceed duty hour regulations through a combination of training program plus moonlighting activities.

The program director is responsible for monitoring the effect of moonlighting activities upon performance and withdrawing permission to moonlight if necessary.

Please be aware that the University is not legally responsible for any non-training program practice activities that you may assume during your residency/fellowship, and it is your responsibility to assure adequate liability coverage. Any activities that interfere in any way with your residency/fellowship training or reflect unfavorably on the University may be grounds for summary dismissal.

Residents/fellows on visas may not engage in outside professional activities or in "overload" activities within the medical center, nor can those with IP licenses.

MISCELLANEOUS INFORMATION

ADMINISTRATIVE REGULATIONS

University Administrative Regulations (ARs) are available on the web. The web address is: <http://www.uky.edu/Regulations/>

CERTIFICATES

Certificates are granted upon completion of training. A separate internship certificate is only granted to residents in Preliminary Surgery and Preliminary Medicine positions.

HOUSE STAFF COUNCIL

The House Staff Council is comprised of peer-selected residents/fellows and members of Administration. The goals of the House Staff Council are to work with those involved in GME:

- on issues relating to the promotion of high quality patient care and educational experiences throughout the various training venues
- to actively participate in quality improvement at training sites
- to effectively address issues that affect house staff quality of training life and the training environment including, but not limited to, call quarters, access to information, meal availability, and resources to reduce non-educational activities.

The House Staff Council will not deal with individual house staff concerns or disputes regarding individual clinical and educational performance, conduct and/or eligibility to continue in a graduate medical education program.

FREQUENTLY CALLED PHONE NUMBERS

GME office staff publish a “phone card” with frequently called numbers. This card is updated on a regular basis and is available in the GME office.

GENERAL COMPETENCIES

The Accreditation Council for Graduate Medical Education (ACGME) has identified six general competencies they expect you to attain through education during your residency. (There are similar expectations for residents in non-medical specialties such as Pharmacy, Dentistry, etc.) The identified competencies are:

1. PATIENT CARE (PC)

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:

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

2. MEDICAL KNOWLEDGE (MK)

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:

- demonstrate an investigatory and analytic thinking approach to clinical situations

- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

3. PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI)

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:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

4. INTERPERSONAL AND COMMUNICATION SKILLS (ICS)

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:

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

5. PROFESSIONALISM (P)

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:

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

6. SYSTEMS-BASED PRACTICE (SBP)

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:

- 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
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- 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

GME WEB SITE

The GME web site can be found at www.mc.uky.edu/GME

HAND HYGIENE

Please assure you wash your hands upon entering and leaving a patient room or bed space. Please also see the UK Infection Prevention and Control website at <http://www.hosp.uky.edu/ipc>

HOSPITAL POLICIES

UK HealthCare policies are available on the web. They cannot be accessed from home (because of the firewall). The web address is: <http://www.hosp.uky.edu/policies>

HOUSE STAFF MEDICAL ALLIANCE (HMA)

This is an active organization of spouses and/or significant others of house officers which holds regular monthly meetings, provides support services, assists with recruitment activities and holds regular social functions. Membership is open to all interested spouses/significant others.

HUMAN RESOURCES POLICIES AND PROCEDURES

Human Resources Policies and Procedures are available on the web. The web address is: <http://www.uky.edu/HR/policies>

JOHNSON STUDENT RECREATION CENTER

You may join the Johnson Student Recreation Center and use its facilities, either by paying the one-time yearly fee or by paying by semester. Memberships may be purchased in the Campus Recreation office, 177 Johnson Center, Monday through Friday, from 7 a.m. until 6 p.m. Special note to student fellows in Pathology, and those of you in the Oral & Maxillofacial Surgery program, who are paying tuition for medical school currently: please call 257-2898 to have them check and make sure your tuition has covered the fee and you will then not need to pay again. For more information about the Johnson Center, go to www.uky.edu/studentaffairs/campusrec/JohnsonCenter.html

LOAN DEFERMENTS

If you have loan deferment forms that need to be completed, please complete your portion and bring them to the GME office. After certifying your information, GME office staff will mail them for you and keep a copy in your file. Training certification is done for a contract year at a time (12 months).

MAIL ROOM

The mail room is located on the ground level of the Medical Sciences wing and includes a small U.S. post office. House staff will receive their mail in the individual departments.

OFFICIAL GRADUATE MEDICAL EDUCATION FILE

The official file of your postgraduate training at UK is maintained in the GME office. As a general rule, we will not release information about you from that file to persons other than those in your program without a written authorization from you to do so. Only in a few instances will the information may be released without your written consent (e.g., social security number provided to computer staff to provide you computer access, when legal counsel instructs us to release, etc.)

POLICY AND PROCEDURE MANUAL (PPM)

A Policy and Procedures Manual (PPM) has been developed to guide program directors in administration of GME programs. You are welcome to view the PPM which is available via the GME web site.

PROGRAM COORDINATORS/ADMINISTRATORS

Each training program has a designated program coordinator/administrator. This individual is the one who inputs your schedule into the house staff database, and is one of your primary contacts in your department for assistance. If you do not know who the program coordinator/administrator is for your program, please contact the GME office.

SPINDLETOP ALUMNI CLUB

Membership is available to UK staff and faculty. Dining and recreation including swimming and tennis are available. Spindletop is located on Ironworks Pike. To join, call Spindletop for an application at 255-2777.

TOBACCO FREE CAMPUS

The University of Kentucky campus became completely tobacco-free on all campus grounds and parking areas on November 19, 2009, coinciding with the American Cancer Society's Great American Smokeout. The tobacco-free policy prohibits the use of all tobacco products on all grounds and parking areas (traditional cigarettes, e-cigarettes, chew, pipes, cigars, hookah or waterpipe smoking, snus, snuff, etc.), and applies to all areas of the contiguous UK campus in Lexington, indoors and out.

UK HOPE (Health Occupation Professionals for Equality)

UK HOPE is a lesbian, gay, bisexual, and transgender (LGBT) advocacy group for health professional students, faculty, and staff of the University of Kentucky medical campus. We are open to all members of the UK healthcare community, whether gay, straight, lesbian, bisexual, or transgender; the only requirement is a desire to promote LGBT equality. More information about UK Hope can be found at <http://www.uky.edu/StudentOrgs/LGBT/>

VISAS

The University sponsors J-1 visas for residents/fellows in training. Staff in the GME office will assist you in completing the paperwork for your J-1 visa. In extenuating circumstances, with the approval of the provost's office, we sponsor H-1B visas. Visa questions should be directed to GME office staff.

WELLNESS PROGRAM

House staff and their spouses can enroll in the Wellness Program. Completion of a health and fitness consultation is required prior to participation. Call 257-WELL for an appointment.

Specialty Board Leave Requirements

Program	Board Approved Absences/Leave Time
Anesthesiology	<p>The total of any and all absences may not exceed 60 working days (12 weeks) during the Clinical Anesthesia 1 - 3 years of training. Attendance at scientific meetings, not to exceed 5 working days per year, shall be considered a part of the training program. Duration of absence during the Clinical Base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.</p> <p>A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence in excess of 6 months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.</p>
Anes. Pain Management	<p>The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (4 weeks) per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.</p> <p>Training in an anesthesiology subspecialty must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of two months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to resumption of the program that are necessary to satisfy the training requirement for admission to the ABA subspecialty examination system.</p>
Dentistry - General Dentistry - Pediatric	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Emergency Medicine	Leaves of absence, vacation time, sick time, etc., that exceed 6 weeks in an academic year require extension of the residency program. Such leave time cannot be accrued from year to year. Therefore, the Board defines an acceptable year of training as a minimum of 46 weeks. If a residency program already has a policy in effect for leave time less than 6 weeks, the program may operate according to its own policy. The program director is ultimately responsible for verifying successful completion of a resident's training to fulfill the Board's minimum credential requirements.
Family Medicine Family Medicine, Eastern KY Family Medicine, Morehead Family Medicine, Sports Medicine	<p>Residents are expected to perform their duties as resident physicians for a minimum period of 11 months each calendar year. Therefore, absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of 1 month per academic year.</p> <p>Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.</p> <p>The Board also has specific requirements relative to the time intervals between vacations and long-term absence; please refer to the Board requirements for those details.</p>
Medicine, Internal Medicine, Internal, Preliminary Medicine, Internal, Primary Care Medicine, Cardiology Medicine, Cardiology-Interventional Medicine, Endocrinology Medicine, Gastroenterology Medicine, Hematology/Oncology Medicine, Hospice&Palliative Med Medicine, Infectious Disease Medicine, Nephrology Medicine, Pulmonary/Crit Care Med Medicine, Rheumatology	Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.
Internal Medicine-Pediatrics	There must be 24 months of training in each specialty, of which 2 months may be taken as leave (vacation, sick or parental) and 22 months must be in clinical rotations.
Neurology Child Neurology	Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Neurosurgery	At the discretion of the program director, as long as the resident meets the training requirements. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.

Specialty Board Leave Requirements

Program	Board Approved Absences/Leave Time
Obstetrics & Gynecology	<p>Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.</p> <p>In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.</p> <p>The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training.</p>
Occupational Medicine	<p>A training or experience year must consist of a minimum of 48 weeks of active service. In the event of maternity leave, an additional 2 week absence from a training year is permissible.</p> <p>Longer authorized interruptions in training periods with documentation of conformance with approved policies on parental leave are accepted as determined on an individual case basis provided the combined time to be credited includes at least 48 weeks of on-duty training within an overall period of 2 years.</p>
Ophthalmology	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Optometry	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Oral & Maxillofacial Surgery	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Orthopaedic Surgery Orthopaedic Surgery, Sports Med	Each program may provide individual sick leave and vacation times for the resident in accordance with overall institutional policy. However, 1 year of credit must include at least 46 weeks of full-time orthopaedic education. Vacation or leave time may not be accumulated to reduce the 5-year requirement.
Pastoral Care	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Pathology Pathology, Cytopathology Pathology, Surgical Pathology, Neuropathology	Each institution sponsoring a pathology training program should develop individual sick, vacation, parental, and other leave policies for the resident. However, 1 year of approved training credit toward ABP certification requirements must be 52 weeks in duration, and the resident must document an average of 48 weeks per year of full-time pathology training over the course of the training program. For 1-year fellowship programs, the resident must document 48 weeks of full-time training. Any additional leave must be made up. Unused vacation and other leave time may not be accumulated to reduce the overall duration of training.
Pediatrics	The duration of training is 36 months. 33 months of clinical training are required. 1 month of absence is allowed each year for leave (vacation, sick, parental leave). Absences greater than 3 months during the 3 years should be made up by additional periods of training. If the program director believes that the candidate is well qualified and has met all training requirements, the program director may submit a petition to the ABP requesting an exception to the policy. Residents in combined training may not take more than 1 month of leave per year.
Pediatrics - Neonatal-Perinatal (Neonatology)	The duration of fellowship training is 36 months. 33 months of training are required. If total absences (during the entire 36 month training period) exceed 3 months, it is required that the missed time be made up. This applies to any extended absence, whether the absence be for illness, vacation, parental leaves, etc. The ABP must approve any variation in meeting this requirement.
Pediatrics/Psychiatry/Child Psych	<p>Vacations, leave, and meeting time will be shared proportionally by all three training programs (40% pediatrics, 30% general psychiatry, 30% child and adolescent psychiatry). Maternity/paternity leave policy should be prorated for each specialty and consistent with each Board's individual leave policy. Any absence of more than 2 months of the 2 years of the pediatric training should be made up by the same amount and type of training missed.</p> <p>Any absence in excess of the institutionally approved vacation, meeting, or leave time during the 18 months of general psychiatry training and the 18 months of child and adolescent psychiatry training should be made up by the same amount and type of training missed.</p>
Pharmacy	The institutional policy applies. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.

Specialty Board Leave Requirements

Program	Board Approved Absences/Leave Time
Physical Medicine & Rehab	A resident should not be absent from the residency training for more than 6 weeks (30 working days) annually. Regardless of institutional policies regarding absences, any leave time beyond 6 weeks would need to be made up by arrangement with the program director. "Leave time" is defined as sick leave, vacation, maternity or paternity leave, or leave for locum tenens. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.
Preventive Medicine	A training or experience year must consist of a minimum of 48 weeks of active service. In the event of maternity leave, an additional 2 week absence from a training year is permissible. Longer authorized interruptions in training periods with documentation of conformance with approved policies on parental leave are accepted as determined on an individual case basis provided the combined time to be credited includes at least 48 weeks of on-duty training within an overall period of 2 years.
Psychiatry Psychiatry, Child & Adolescent	Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Radiation Oncology Radiology	Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local rules. Within the required period(s) of graduate medical education, the total of such leave and vacation time may not exceed: 6 CALENDAR WEEKS (30 working days) for residents in a program for one year, 12 CALENDAR WEEKS (60 working days) for residents in a program for 2 years, 18 CALENDAR WEEKS (90 working days) for residents in a program for 3 years, 24 CALENDAR WEEKS (120 working days) for residents in a program for 4 years. If a longer leave of absence is granted, the required period of graduate medical education must be extended accordingly.
Surgery, General Surgery, Preliminary	Applicants for general surgery certification must acquire no fewer than 48 weeks of full-time experience in each residency year. This is required regardless of the amount of operative experience obtained. All vacation and leave time taken during residency must be accounted for on the application for certification, including time taken for interviews, visa issues, and early departures for fellowships. <u>Leave During a Standard Five-Year Residency:</u> For documented medical problems or maternity leave, the ABS will accept 46 weeks of training in one of the first three years of residency and 46 weeks of training in one of the last two years, for a total of 142 weeks in the first three years and 94 weeks in the last two years. Unused vacation or leave time cannot be applied to reduce the amount of full-time experience required per year without written permission from the ABS. Such requests may only be made by the program director.
Surgery, Critical Care	Applications must: Have satisfactorily completed a program in surgical critical care (with no fewer than 48 weeks of full-time experience) accredited by the ACGME. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.
Surgery, Otolaryngology	Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed 6 weeks in any one year. If a circumstance occurs in which a resident absence exceeds the 6 weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.
Surgery, Plastics	The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable training year is 48 weeks. Should absence exceed four weeks per annum for any reason, the circumstances and possible make-up time of this irregular training arrangement must be approved by the program director and the additional months required in the program must be approved by the RRC-PS and documentation of this approval must be provided to the Board by the program director. No credit, but no penalty, is given for military, maternity/paternity or other leaves during training. Candidates in the examination process called to active military duty do not need to submit a reapplication if five years expire during the active duty period. Faculty supervision of resident experiences for international surgical rotations is considered part of the 48 weeks of full-time clinical training. International rotations without faculty supervision must be included in allotted vacation time.
Surgery, Thoracic	Candidates for certification must complete a minimum of 24 months of residency training in thoracic and cardiovascular surgery in a program accredited by the RRC-TS. This must include 12 months of continuous senior responsibility. Leave of absence and vacation may be granted to residents at the discretion of the program director in accordance with institutional policy. The institutional policy is that any leave taken without pay must be made up and the current year of training will be extended accordingly.

Specialty Board Leave Requirements

Program	Board Approved Absences/Leave Time
Surgery, Urology	Each program may provide sick leave and vacation leave for the resident in accordance with the institutional policy. However, a resident must work 46 weeks each year of residency; that is, one year of credit must include at least 46 weeks of full-time urologic education. Vacation or leave time may not be accumulated to reduce the total training requirement. If a circumstance occurs in which a resident does not work the required 46 weeks, the Program Director must submit a plan to 46 weeks, the Program Director must submit a plan to the ABU for approval on how the training will be made up, which may require an extension of the residency.
Surgery, Vascular	Applicants must: Have acquired no fewer than 48 weeks of full-time surgical experience in each residency year. For documented medical problems or maternity leave, 46 weeks of surgical training will be accepted in one of the last two years of all approved training pathways.