

UNIVERSITY OF KENTUCKY

# Graduate Medical Education Policy and Procedures Manual

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## Table of Contents

INTRODUCTION.....	4
<b>I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES.....</b>	<b>4</b>
I.A. Sponsoring Institution.....	4
I.B. Commitment to Graduate Medical Education (GME).....	4
I.B.1. Statement of Commitment.....	4
I.B.2. Institutional Oversight and Administration.....	5
Policy on Designee in the Absence of the DIO.....	5
Policy on Annual Report to the Organized Medical Staff.....	5
I.B.3. Institutional Resources.....	5
Program Director Protected Time/Support.....	6
Extreme Emergent Situation or Disaster.....	6
I.C. Institutional Agreements-Master and Program Letter of Agreement.....	6
I.D. Accreditation for Patient Care for Hospitals.....	7
<b>II. INSTITUTIONAL RESPONSIBILITIES FOR HOUSE STAFF.....</b>	<b>7</b>
II.A. House Staff Recruitment, Eligibility, and Selection.....	7
Policy on House Staff Recruitment, Eligibility, and Selection.....	7
Policy on Disability Discrimination and Accommodations.....	8
II.B. House Staff Appointments and Reappointments.....	8
Policy on House Staff Appointments and Reappointments.....	8
Policy on House Staff Transfers.....	10
II.C. Program Closure and Reduction.....	10
Policy on Residency Program Closure and Reduction.....	10
II.D. House Staff Benefits.....	10
Professional Liability Insurance.....	10
House Staff Health Benefits.....	11
Long Term Disability Program.....	11
Short Term Disability.....	11
Workers Compensation.....	12
II.E. Leaves of Absence.....	12
Family Medical Leave (FML).....	12
Temporary Disability (Sick) Leave.....	13
Maternity and Paternity Leave.....	13
Vacation, Holiday and Bonus Leave.....	13
Funeral Leave.....	14
Educational Leave/Official Duty.....	14
II.F. How To Raise and Resolve Issues.....	14
GME Office.....	15
House Staff Council.....	15
House Staff Academic Ombudspersons.....	15
Counseling Services.....	16
Resident Crisis Referral Program.....	16
Impaired Physicians Program.....	16
Human Resources.....	16

Risk Management.....	16
Patient Safety.....	16
II.G. Policy on Discrimination and Harassment.....	17
<b>III. HOUSE STAFF RESPONSIBILITIES, DISCIPLINARY ACTION, AND GRIEVANCE PROCEDURES.....</b>	<b>17</b>
III.A. House Staff Responsibilities.....	17
III.B. Remediation and Discipline Policy.....	18
III.B.1. Preliminary Academic Action.....	18
Notice of Concern.....	18
III.B.2. Formal Disciplinary Actions.....	19
Non-promotion of a House Officer.....	19
Probation.....	20
Suspension.....	20
Non-Renewal of Appointment.....	21
Dismissal/Termination.....	21
III.C. House Officer Impairment.....	22
Policy on Impairment.....	22
Voluntary Self Referral for Mental Health or Drug/Alcohol Counseling in the Absence of Performance Issues.....	22
Counseling Services.....	22
Resident Crisis Referral Program.....	22
REFER.....	22
Impaired Physicians Program.....	22
Required Evaluation for Mental Health or Drug/Alcohol by Others in the Context of Performance Related Concerns.....	23
Return to Duty.....	23
III.D. Grievance Procedures and Due Process.....	24
<b>IV. EDUCATIONAL PROGRAM.....</b>	<b>24</b>
IV.A. Program Personnel and Resources.....	24
IV.B. Curriculum.....	25
PATIENT CARE.....	25
MEDICAL KNOWLEDGE.....	26
PRACTICE-BASED LEARNING AND IMPROVEMENT.....	26
INTERPERSONAL AND COMMUNICATION SKILLS.....	26
PROFESSIONALISM.....	26
SYSTEMS-BASED PRACTICE.....	26
Policy on Other Learners.....	27
Policy on Off-Site Rotations.....	27
Policy on International Rotations.....	27
IV.C. House Staff Scholarly Activities.....	28
IV.D. Experimentation and Innovation.....	28
<b>V. EVALUATION BY PROGRAMS.....</b>	<b>28</b>
V.A. House Staff Evaluation.....	29
V.A.1. Formative Assessment.....	29

V.A.2. Semiannual Assessment.....	29
V.A.3. Policy on End-of-Program Summative Evaluation.....	30
V.B. Policy on Faculty Evaluation.....	30
V.C. Policy on Program Evaluation and Improvement.....	31
<b>VI. HOUSE STAFF LEARNING AND WORK ENVIRONMENT.....</b>	<b>32</b>
VI.A. Policy on Supervision of Residents.....	33
VI.B. Policy on Duty Hours.....	34
VI.C. Policy on Moonlighting.....	36
VI.D. Program Oversight for House Staff Duty Hours.....	36
Policy on Program Oversight for House Staff Duty Hours.....	36
Reporting Duty Hours Violations.....	37
<b>VII. INSTITUTIONAL OVERSIGHT.....</b>	<b>37</b>
VII.A. Graduate Medical Education Committee.....	37
Compliance Subcommittee.....	39
Core Curriculum Subcommittee.....	40
VII.B. Internal Reviews.....	40
Policy on Focus Reviews.....	40
VII.C. Policy on Duty Hours Exceptions.....	41
VII.D. Policy on Institutional Oversight of Duty Hours.....	41
VII.E. Policy on Annual Program Evaluation Oversight.....	42
VII.F. GME Funding.....	42
Policy on Medicare “50% Rule”.....	43
House Staff Complement Increase/Funding Requests.....	43
New House Staff Training Program Request.....	44
Non-accredited Training Programs.....	44

## **Policies and Procedures for Graduate Medical Education**

### **INTRODUCTION**

This manual contains general standards, policies and procedures that govern all programs in graduate medical education (GME) at the University of Kentucky (UK). The term, "GME," as used in this document encompasses residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education (ACGME), programs in dentistry, oral and maxillofacial surgery, optometry, medical physics, pastoral care, pharmacy and health administration. In addition to the standards outlined in this policies and procedures document, individual programs have additional program specific standards, policies and procedures created and maintained by the individual programs. GME is also governed by relevant sections of the University Administrative Regulations (AR), the Behavioral Standards In Patient Care Commitments to Performance; and the University of Kentucky/UK HealthCare Behavioral Expectations for Service Excellence: Commitments to Performance, all of which are available via the GME Office.

### **I INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES**

#### **I.A. Sponsoring Institution**

The University of Kentucky College of Medicine is the sponsoring institution for the graduate medical education programs. It is one of the six healthcare colleges within the University of Kentucky HealthCare Enterprise, which also includes the colleges of Dentistry, Pharmacy, Nursing, Health Sciences, and Public Health. In Addition, the UK Healthcare Enterprise includes the UK Albert B. Chandler Hospital, the UK Good Samaritan Hospital, Kentucky Clinics, Kentucky Children's Hospital, the Center for Excellence in Rural Health (in Hazard, KY), and several multidisciplinary centers of excellence. The College of Medicine, as the sponsor of graduate medical education is supported by the Dean of the College of Medicine, the Executive Vice President for Health Affairs (EVPHA) for the UK HealthCare Enterprise, the Provost and the President of the University of Kentucky. The Dean of the College of Medicine reports both to the EVPHA for clinical activities and to the Provost for academic activities. The Assistant Dean for Graduate Medical Education, who also serves as the Designated Institutional Official (DIO) (and the two terms are used interchangeably throughout this document), reports to the Dean of the College of Medicine through the Senior Associate Dean for Medical Education.

The Assistant Dean is an ex officio member of the organized medical staff committee. Program directors bear responsibility not only to the department chairperson, but also to the GMEC, the DIO and the ACGME Review Committee (RC).

The UK College of Medicine serves as the one Sponsoring Institution with authority and control over all GME programs accredited at the University of Kentucky. This responsibility extends to resident assignments at all participating sites. The University of Kentucky ensures that the institution and its GME programs are in substantial compliance with the ACGME Institutional, Common and specialty-specific Program Requirements, and the ACGME Policies and Procedures as well as all other accrediting body standards through continuous oversight mechanisms.

#### **I.B. Commitment to Graduate Medical Education (GME)**

##### **I.B.1. Statement of Commitment**

The University of Kentucky provides graduate medical education that facilitates house staff (residents' and fellows') professional, ethical, and personal development. The University of Kentucky and its programs supports safe and appropriate patient care through curricula, evaluation, and house staff

supervision. A written statement of commitment to provide the necessary educational, financial, and human resources to support GME is reviewed, dated, and signed by representatives of the governing bodies, administration and GME leadership including the UK Healthcare Enterprise, the Dean of the College of Medicine and the Designated Institutional Official (DIO) of GME within at least one year prior to the institutional site visit or upon substantial changes in leadership. (see Appendix)

#### I.B.2. Institutional Oversight and Administration

An organized administrative system, led by the DIO in collaboration with a Graduate Medical Education Committee (GMEC), oversees all accredited programs of the University of Kentucky. The DIO and GMEC have the authority and responsibility for the oversight and administration of the University of Kentucky's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, Institutional Requirements and other accreditation standards.

#### **Policy on Designee in the Absence of the DIO**

In the absence of the DIO, the Director of Graduate Medical Education assumes responsibility for the review and co-signature of all program information forms and any documents or correspondence submitted to the ACGME by program directors as required in maintaining continuous oversight of program changes.

#### **Policy on Annual Report to the Organized Medical Staff**

The DIO, who also serves as the Chair of the GMEC, presents an annual report, hereinafter the annual GME Report Card, to the organized medical staffs, represented by the Medical Staff Operating Subcommittee of both UK Chandler Hospital and UK Good Samaritan Hospital and the UK Healthcare Committee. The annual GME Report Card is also provided to the organized medical staffs and governing bodies of major participating sites by written document or formal presentation. The annual GME Report Card reviews the activities of the GMEC during the past year with attention to, at a minimum, house staff supervision, house staff responsibilities, house staff evaluation, compliance with duty-hour standards, house staff participation in patient safety and quality of care education and the accreditation status of programs and any citations regarding patient care issues.

#### I.B.3. Institutional Resources

The University of Kentucky provides sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirements. The University of Kentucky provides sufficient financial support and protected time to the DIO to effectively carry out his/her educational and administrative responsibilities to the sponsoring institution. The University of Kentucky and the programs ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs.

The University of Kentucky is committed to providing faculty and house staff ready access to adequate communication resources and technological support. House staff have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format in individual program libraries and/or the Medical Center Library at [http://www.uky.edu/Libraries/lib.php?lib\\_id=12](http://www.uky.edu/Libraries/lib.php?lib_id=12) Electronic medical literature databases with search capabilities are available on the library web site or the UK Healthcare Care Web site at <http://www.hosp.uky.edu/careweb/carehome.asp?PageName=General&Section>.

The University of Kentucky in conjunction with the other members of the UK Healthcare Enterprise is committed to providing services in a health care delivery system that minimizes house staff work that is extraneous to their GME programs' educational goals and objectives including patient support services, laboratory, pathology, radiology and medical records. Provisions for a healthy and safe work environment with 24-hour food services, call rooms, and appropriate security are made.

### **Program Director Protected Time/Support**

The University of Kentucky ensures that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs as delineated in the policy on Program Director Protected Time and Support. (see Appendix)

### **Extreme Emergent Situation or Disaster**

For the purposes of this policy, a disaster is an event or set of events causing significant alteration to the house staff experience at one or more sponsoring institutions and/or training programs (such as Hurricane Katrina) while an extreme emergent situation is a local event (such as a hospital-declared disaster for an epidemic) that affects house staff education or the work environment in a single institution.

In the event of a disaster or extreme emergent situation leading to a disruption in patient care, the University of Kentucky will provide assistance for continuation of house staff assignments as possible and continue to provide administrative support for its GME programs as delineated in the Extreme Event Policy for Emergent Situation or Disaster. (see Appendix)

### **I.C. Institutional Agreements-Master and Program Letter of Agreement**

The University of Kentucky retains responsibility for the quality of GME, including house staff education that occurs at other participating sites. Master affiliation agreements between the University of Kentucky and all major participating sites as defined by the ACGME are renewed at least every five years.

The University of Kentucky assures that each of its programs has established program letters of agreement (PLA) with its participating sites. Each PLA:

- Identifies the faculty who assume both the educational and supervisory responsibilities for house staff;
- Specifies the faculty responsibilities for teaching, supervision, and formal evaluation of residents;
- Specifies the duration and content of the educational experience;
- States the policies and procedures governing house staff education during the assignment; and
- Outlines the goals and objectives for the rotation.

Participating sites must provide all house staff with appropriate support to ensure that they are able to fulfill the responsibilities of their educational program.

The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all house staff, of one month full time equivalent (FTE) or more through the ACGME Accreditation Data System (ADS) after approval by the DIO.

### **I.D. Accreditation for Patient Care for Hospitals**

The UK Chandler Hospital, UK Good Samaritan Hospital, and/or major participating sites that are hospitals are appropriately accredited either by the Joint Commission, by another entity with reasonably equivalent standards as determined by the ACGME Institutional Review Committee (IRC), by another entity granted "deeming authority" for participation in Medicare under federal regulations, certified as complying with the conditions of participation in Medicare set forth in federal regulations, or recognized by another entity with reasonably equivalent standards as determined by the IRC. If a participating hospital is not so accredited or recognized, the University of Kentucky must provide an explanation satisfactory to the IRC of why neither has been granted or sought. If a participating hospital loses its accreditation or recognition, the University of Kentucky is required to notify and provide a plan of response to the IRC within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME to invoke its "egregious or catastrophic" policy.

## **II. INSTITUTIONAL RESPONSIBILITIES FOR HOUSE STAFF**

### **II.A. House Staff Recruitment, Eligibility, and Selection**

#### **Policy on House Staff Recruitment, Eligibility, and Selection**

Recruitment and selection of house staff is the responsibility of the programs. Each program must have a policy with standards, appropriate to the specialty, to guide house staff selection. The recruitment and selection processes, including the solicitation for applicants, screening of applications, invitation for interview, interview, applicant evaluation and ranking must be conducted in an ethical manner.

The program must inform all applicants who are invited for an interview, in writing or by electronic means, of the terms, conditions, and benefits of their potential appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the house staff and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents. The program director must have all interviewed applicants sign the GME Interviewee Certification Form available on the GME web site indicating this information has been received.

Applicants are eligible for appointment if they are graduates of schools approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) or, in the case of international schools, approved for listing by the World Health Organization or equivalent accrediting bodies and possess a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate or have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training. Graduates of medical schools outside the US who have completed a Fifth Pathway program provided by an LCME-accredited medical school are also eligible for appointment. Dental residents must hold a DDS or DMD degree from a school approved by the Commission on Dental Accreditation (CODA) or if graduates of foreign dental schools, must satisfy state licensure requirements for a limited permit to practice dentistry.

Selection from eligible applicants must be based on training program-related criteria such as applicant preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status. All medical trainees must meet the minimum selection criteria as described by the ACGME, American Board of Specialties (ABMS) or AOA for the specialty.

House staff who require visas are sponsored on J-1 visas through the ECFMG. House staff are sponsored on H-1B visas only in rare cases. These require justification from the applicant and program director, and approval from the Provost's office. Visa issues or questions should be referred to the GME office.

All programs offering positions at the PGY1 level must participate in the National Resident Matching Program, or program-specific equivalent (if available), and abide by its ethical and procedural rules. Positions unfilled in the match may be offered to qualified applicants by program directors, but such offers must be made with a clear communication to the applicant, both verbally and in writing, that appointment is contingent on the applicant meeting program and institutional requirements and passing a credential review by the program, the GME Director and the DIO.

The program director may not appoint more house staff than approved by the applicable RC unless otherwise stated in the specialty-specific requirements and approved by the GMEC through a complement increase request. The sponsoring institution and programs educational resources must be adequate to support the number of house staff appointed to the program. Appointment is effected through execution of a contract between the applicant and the sponsoring institution which is processed by the GME office and signed by the Assistant Dean for Graduate Medical Education.

To assure compliance with these requirements, house staff recruitment and selection is reviewed as part of the internal review of each program.

### **Policy on Disability and Accommodations**

In accordance with the University of Kentucky Equal Opportunity Employment policy, programs do not discriminate in its admissions or selection of house staff. The University of Kentucky is committed to providing quality educational and occupational opportunities for everyone, including qualified individuals with disabilities. The University is dedicated to providing reasonable accommodation to qualified students, house staff, employees, and all those with disabilities participating in its programs and services.

Applicants to University of Kentucky programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current house staff who may require reasonable accommodations may consult with the GME office or the Office of Institutional Equity and Equal Opportunity or visit the website at [http://www.uky.edu/EVPFA/EEO/reasonable\\_accommodation.html](http://www.uky.edu/EVPFA/EEO/reasonable_accommodation.html) Requests for accommodations are evaluated on a case-by-case basis.

House staff may also contact the Disability Resources Center, for concerns related to academic accommodations including educational testing services at <http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/>

## **II.B. House Staff Appointments and Reappointments**

### **Policy on House Staff Appointments and Reappointments**

All house staff new to the University of Kentucky are given a conditional offer of appointment. The offer is contingent upon the successful completion of a background check and drug screen, as well as upon primary source verification of credentials to confirm that the individual possesses the basic requisite education, training, skills, personal characteristics, and professionalism to make the

experience as house staff a successful one for the individual and for the program. Failure by house staff to meet all conditions of appointment will result in revocation of the offer of appointment. This action is not appealable through the University. Should the applicant feel that a Match violation has occurred; he/she may contact the National Residency Match Program (NRMP) or other applicable Match program.

The program director may not appoint more house staff than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements and approved by the DIO. The program's educational resources must be adequate to support the number of house staff appointed to the program.

All written agreements of appointment/contracts are for one year and each house staff member must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year and assurance that all requirements are met for progression. House staff are provided with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational program. Terms and conditions of appointment to a program are outlined in the contract. The sponsoring institution will honor the full term of the contract except when a house staff member's performance justifies termination.

Recommendations for the appointment and reappointment of house staff are initiated by programs. The appointment and reappointment of house staff is the responsibility of the DIO, based on the recommendation of the program director and is contingent upon review of credentials of the applicant and assurance of requirements met by the GME Director when applicable and acceptable progress in the program. No house staff member will be asked to sign a non-competition guarantee.

A decision regarding reappointment must be reached by the program director no later than 4 months prior to the end of the current appointment unless the house staff member is on suspension or probation. For most house staff who are on a July 1 – June 30 contract year, this decision must be made prior to March 1.

Appointment and/or reappointment does not constitute an assurance of successful completion of a training program or post-graduate year. Successful completion is based on performance as measured by individual program standards. Reappointment is the usual expectation if the house staff member is making normal progress toward attainment of the learning objectives of the program and board eligibility (if applicable).

House staff are expected to notify their department sufficiently in advance (preferably by March 1<sup>st</sup>) if they do not intend to return the following year.

In instances where a house staff member's contract will not be renewed, or when a house staff member will not be promoted to the next level of training, the program director, after review with and concurrence by the DIO or GME director, must provide the house staff member with a written notice of intent no later than four months prior to the end of the house staff member's current contract. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the contract or the house staff member is on suspension or probation, the program director must ensure that it provide the house staff member with as much written notice of the intent not to renew or not to promote as circumstances reasonably allow, prior to the end of the contract. Nonrenewal and

non-promotion are both grievable actions. See Disciplinary Procedures as outlined in this manual and AR 5.5; Grievance Procedure for House Officers for additional information.

### **Policy on House Staff Transfers**

The GME Office must be notified prior to initiating the acceptance of a transferring house staff member. The transferring house staff member must sign an "Authorization of Release of Information" form before information is exchanged between institutions/programs.

Before accepting a house staff member who has prior graduate medical education training, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring house staff member including an assessment of competence in the following areas:

1. Patient Care including procedural data.
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

The GMEC also recommends that program directors of programs with training prerequisites whose entry level is at the PGY-2 level or higher also make personal contact with the program director or other individuals able to evaluate the resident's performance.

UK program directors are required to provide timely verification of education and summative performance evaluations for house staff in likewise fashion to other requesting programs for any house staff who may leave the program prior to completion of their education.

## **II.C. Program Closure and Reduction**

### **Policy on Program or Institutional Closure and Reduction**

Economic or other conditions may force the closures of a sponsoring institution, a program or a reduction in the size of a program. The University of Kentucky, through the DIO should give as much notice as possible to the Graduate Medical Education Committee and all affected residents in the event of any anticipated changes.

In the event that the University of Kentucky or program is closed, the program must allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME or CODA accredited program in which they can continue their education. In the event that alterations are made to program size, only the number of future positions to be offered will be changed. Residents who have been appointed in a program are not at risk for losing their positions; all residents will be allowed to complete their programs.

## **II.D. House Staff Benefits**

### **Professional Liability Insurance**

Professional liability insurance for house staff in the form of occurrence coverage is provided by the University of Kentucky's self-insured professional liability insurance plan for activities that are an approved component of the training program. Risks incurred within UK Healthcare Enterprise, 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.

Coverage for internal moonlighting is made on a case-by case basis as part of the approval process. There is no coverage under the University of Kentucky's program for external moonlighting.

Occurrence coverage means that regardless of when the claim is filed, as long as the house officer 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 house officer 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 training program then the self-insured plan remains in force. Therefore, it is not necessary for house staff 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.

The reference number for house staff coverage under the University of Kentucky Malpractice Insurance plan 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 malpractice coverage) should be directed to the GME office.

Additional questions about the scope of professional liability coverage should be directed to the Department of Risk Management.

### **House Staff Health Benefits**

House staff, their spouses, approved domestic partners, and dependent minor children are eligible for health, dental, vision, life and accidental death and dismemberment insurance at the University of Kentucky. House staff are eligible to receive University of Kentucky health credit for these benefits under the regular full-time employee category. Insurance coverage for these benefits begins on the date of appointment. House staff may also participate in health care and dependent care flexible spending accounts.

### **Long Term Disability Program**

The University of Kentucky provides Long Term Disability (LTD) to all house staff at no additional cost. House staff are eligible for LTD plans effective the first day of the month following twelve (12) consecutive months of regular full-time appointment. In order to be eligible and receive payment from this disability benefit, house staff must be unable to engage in any occupation for which reasonably fitted by education, training, or experience due to sickness or bodily injury. This plan provides monthly benefits for as long as totally disabled or until retirement in accordance with University rules. For additional information concerning benefits under the Long Term Disability Program and/or for options available during the first 12 months of appointment, contact the GME office or consult Human Resources Policy and Procedure Number 95.0

[http://www.uky.edu/HR/benefits/disability\\_overview.html](http://www.uky.edu/HR/benefits/disability_overview.html)

### **Short Term Disability**

Participation in voluntary short-term disability plans is available. Contact the GME office or call the Benefits Office at 859-257-9519 to obtain information about these options.

## **Workers Compensation**

The University of Kentucky provides Workers Compensation to all house staff who incur job-related injury or illness. House officers must file a report of injury with UK Workers' Care at 1-800-440-6285. This must be done no matter where the job-related injury or illness occurred (for example, even when rotating at a participating site, the report of injury is filed with UK Workers' Care). For additional information concerning benefits under the Workers' Compensation Act, contact the GME office or consult Human Resources Policy and Procedure Number 96.0

[http://www.uky.edu/HR/benefits/disability\\_overview.html](http://www.uky.edu/HR/benefits/disability_overview.html)

See [GME Resident/Fellow Handbook](#) for additional benefits.

## **II.E. Leaves of Absence**

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. Specific board requirements regarding leave may be found in the GME Resident/Fellow Handbook at

<http://www.mc.uky.edu/gme/>.

### **Family Medical Leave (FML)**

House staff are eligible for Family Medical Leave under university policy, which states that any employee who has been a University employee (regular, temporary, faculty or student) for 12 months (not necessarily consecutive months, but within the last 7 years) and has worked at least 1,250 hours during the previous 12 month period may take up to 12 weeks of unpaid leave for a serious health condition involving the employee or a qualified family member during any 12 month period for any or all of the following reasons:

- a. Because of the birth of a child of the employee and in order to care for that child;
- b. Because of the placement of a child with the employee for adoption or foster care;
- c. In order to care for a spouse, child, or parent of the employee who has a serious health condition;
- d. Because of a serious health condition that makes the employee unable to perform the functions of his/her job; or
- e. In order to care for a service member with a serious illness or injury if the employee's spouse, son, daughter, parent, or next of kin is on covered active duty in the Armed Services.
- f. Because of a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on (or has been notified of an impending call to) "covered active duty" in the Armed Forces.

Just like employees, the house staff member's leave accruals shall be used concurrently with FMLA. The leave accruals shall be used as applicable under [Human Resources Policy & Procedures \(HRP&P\) 82.0: Temporary Disability Leave \(TDL\)](#) and [HRP&P 80.0: Vacation Leave](#).

- a. Accrued balances of TDL and vacation leave, as applicable, shall be used prior to the employee being placed on FMLA without pay.
- b. Worker's Compensation shall be designated as FMLA, as applicable, and shall run concurrently with FMLA.

FML request forms are available in the GME office, and should be submitted prior to taking the leave whenever possible.

For additional information concerning benefits under the FML, contact the GME office or consult Human Resources Policy and Procedure Number 88.0 <http://www.uky.edu/HR/policies/hrpp088.html>

### **Temporary Disability (Sick) Leave**

House staff earn one day per month temporary disability (TDL) sick leave. The TDL leave must be earned before it can be used. Unused TDL leave carries over into the next contract year for house staff. Unused TDL leave allowances will not be paid upon completion of the residency/fellowship, termination or resignation. TDL may run concurrently with FML, if applicable.

For additional information concerning benefits under the Temporary Disability (Sick) Leave Program, contact the GME office or consult Human Resources Policy and Procedure Number 82.0 [http://www.uky.edu/HR/benefits/disability\\_overview.html](http://www.uky.edu/HR/benefits/disability_overview.html)

### **Maternity and Paternity Leave**

Male and female house officers may use temporary disability leave and vacation for childbearing purposes up to a maximum of thirty (30) working days (six calendar weeks) of accrued TDL. Such leave in excess of accrued vacation and/or TDL leave will be considered leave without pay. TDL and vacation may run concurrently with Family and Medical Leave, if applicable.

### **Vacation, Holiday, and Bonus Leave**

Vacation and holiday leave are outlined in the house staff contract. House staff at the PGY1 level get 2 weeks of vacation for that year. House staff at the PGY2 and above levels get 3 weeks of vacation per year. House staff also get 8 holidays (9 during a presidential election year), and 4 bonus days each year. These leave days are provided in accordance with University policy or in compliance with specialty board leave 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 do not mean only Monday-Friday. If, for example, a house officer requests a day off (a Saturday), and the program requires the house officer to be on duty on Saturdays, then it would count as a vacation day.

Insofar as possible, house staff are to 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 should 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 is to 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 should 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**

House staff are allowed five days of leave for funeral matters for immediate family, i.e., father, mother, spouse, brother, sister, child or other relatives for whom the house officer is directly responsible. 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, the house officer may be granted up to an additional two days for travel. For other relatives or close associates or friends, up to one-half working day is allowed. For additional information concerning benefits under Funeral Leave, contact the GME office or consult Human Resources Policy and Procedure Number 84.0

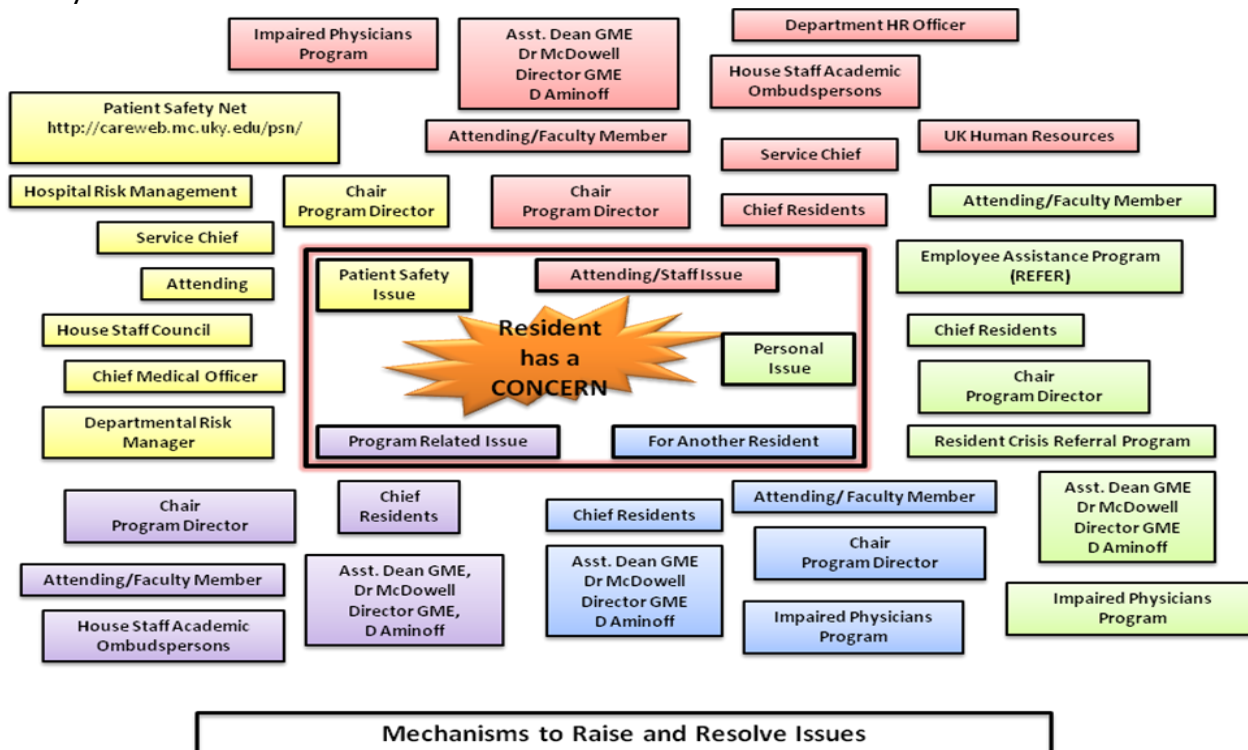
<http://www.uky.edu/HR/policies/hrpp084.html>

**Educational Leave / Official Duty**

Programs may allow house staff to take educational leave/official duty for attendance at meetings or conferences or courses that further the education of the house officer.

**II.F. How To Raise and Resolve Issues**

The University of Kentucky is committed to having a positive learning and working environment for its house staff. All individuals have the right to enjoy an environment free from all forms of conduct that can be considered abusive, harassing, threatening or intimidating. Every individual must be allowed to raise concerns or express opinions in a non-threatening atmosphere of mutual respect. The University of Kentucky is committed to providing options for house staff to raise and resolve patient safety, program related, attending/staff related, personal or other issues without intimidation or fear of retaliation. The University of Kentucky, under the Assistant Dean for GME will adjudicate those house staff complaints and grievances related to the work environment or issues related to the program or faculty.



Each program is required to provide its house staff with guidelines on how to raise and resolve issues. Most concerns should be dealt with at an individual program level in consultation with the chief resident or fellow, program director, faculty or chairperson. In the event that those efforts do not bring resolution to the concerns or if a house officer is not comfortable bringing forth issues within their own program then the following alternative support systems can be used as depicted above.

### **GME Office**

The GME Office, including the Assistant Dean, has an open door policy. Any member of the house staff with a concern may request assistance at any time.

### **House Staff Council**

Peer selected members of the house staff are chosen annually to serve as representative to the House Staff Council. 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.

Any member of the house staff may contact a House Staff Council representative to have concerns brought to the council for review as outlined in the House Staff Council Policy. (see Appendix)

### **House Staff Academic Ombudspersons**

From among the faculty of the UK College of Medicine, the Assistant Dean for GME shall appoint, with the advice and consent of the House staff Council, several House Staff Academic Ombudspersons 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, irresolvable conflicts between the house officer and the program director, or a belief that the house officer is being unfairly treated. It is 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 House Staff Academic Ombudsperson, the program director and other persons whom the House Staff 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 House Staff 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 describing the problems identified, attempted resolution to date and recommendations of potential avenues of resolution. The Assistant Dean will then initiate a focused review of the program relative to the issues raised by the report of the House Staff Academic Ombudsperson. House staff consultation with the Ombudsperson should 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 any individual.

Available House Staff Academic Ombudspersons include:

- Dr. Charles (Chipper) H. Griffith at [cgrif00@email.uky.edu](mailto:cgrif00@email.uky.edu)
- Dr. Todd R. Cheever at [tbchee0@email.uky.edu](mailto:tbchee0@email.uky.edu)
- Dr. Rosemarie L. Conigliaro at [riconi2@email.uky.edu](mailto:riconi2@email.uky.edu)
- Dr. Chris Nelson at [cnelson@uky.edu](mailto:cnelson@uky.edu)
- Dr. Andy Pulito at [arpuli@email.uky.edu](mailto:arpuli@email.uky.edu)

### **Counseling Services**

Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for **non-emergent** psychiatric services is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 859-323-6021. 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 859-268-6400. 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.

Through the Employee Assistance Program, **REFER** is a professional therapy clinic (UK Family Center) available to help with personal, couple, or family concerns. REFER is staffed by Marriage and Family Therapist-In-Training, educated with the skills necessary to help work through a variety of personal issues. Contact the UK Family Center at 257-1467 or 257-7755 for additional information.

### **Impaired Physicians Program**

The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (or equivalent for other specialties) will provide assistance to physicians with mental health or drug/alcohol related illness. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. IPP never reports participating physicians to the Kentucky Board of Medical Licensure unless 1) the physician is an imminent danger to the public, 2) the physician refuses to cooperate with IPP, or 3) the physician does not follow the treatment plan and/or does not respond to treatment. IPP 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.

### **Human Resources**

Human Resources at the University of Kentucky can be contacted at (859) 257-9555 or visit the website at <http://www.uky.edu/HR/>

### **Risk Management**

Risk Management for UK Chandler Hospital or the Kentucky Children's Hospital can be contacted at (859) 257-6212.

Risk Management for UK Good Samaritan Hospital can be contacted at (859) XXX-XXXX

### **Patient Safety**

To report a patient safety incident on-line go to <http://careweb.mc.uky.edu/psn/>

Some concerns raised potentially have injurious and far-reaching effects on the careers and lives of accused individuals. Therefore allegations must be made in good faith and not out of malice. Knowingly making a false or frivolous allegation will not be tolerated and will subject the person making such a report to disciplinary action.

Every effort will be made to prevent retaliation directed at a person who has filed a complaint or participated in an investigation of an allegation. Any person found to have engaged in or attempted any form of retaliation is subjected to disciplinary action per University of Kentucky policy.

### **II.G. Policy on Discrimination and Harassment**

The University of Kentucky values the contribution of all students including house staff, faculty, staff and visitors in our community. Discrimination and harassment create a harmful atmosphere that denies house staff the right to an education. The University of Kentucky will absolutely not tolerate discrimination or harassment of any student, house officer, faculty, staff or visitor. Information regarding the University of Kentucky policy and procedures for handling allegations of discrimination and harassment can be found at <http://www.uky.edu/EVPFA/EEO/pdf/DiscriminationBrochure2010.pdf> Or Administrative Regulation AR 6:1 at [www.uky.edu/Regs/files/ar/ar6-1.pdf](http://www.uky.edu/Regs/files/ar/ar6-1.pdf)

House staff may contact the GME office or the Office of Institutional Equity and Equal Opportunity at (859) 257-8927 with any questions or concerns. Additional information may be found at that website [http://www.uky.edu/EVPFA/EEO/discrimination\\_faq.html](http://www.uky.edu/EVPFA/EEO/discrimination_faq.html)

## **III. HOUSE STAFF RESPONSIBILITIES, DISCIPLINARY ACTION, AND GRIEVANCE PROCEDURES**

### **III.A. House Staff Responsibilities**

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 Chandler Medical Center Behavioral Standards in Patient Care, the Behavioral Code and other Medical Center documents, all of which are available via the GME Office. House staff must be 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 resident be excused from orientation because of illness, or for any other reason, it is the GME Office's responsibility to assure that the house officer is informed of these general academic requirements.

House Staff must:

- Devote time and interests fully to the welfare of the patients assigned;
- Provide compassionate, efficient and cost-effective care commensurate with level of training and responsibility;
- Assume responsibility in the teaching or professional direction of students and other interns/residents/fellows;
- Be responsive to the supervision and direction of professional staff involved in my education and patient care activities; and
- Take advantage of all opportunities offered to improve my knowledge and skills in the profession.

House staff are also bound to and must abide by the Behavioral Standards, and agree to abide by the policies, regulations and procedures of any hospital or institution to which they are assigned for any part of training and other responsibilities as assigned by the program. Any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate

revocation of appointment or denial of appointment. House staff contract may be terminated for any serious or repeated breach of ethics or discipline.

All house staff are required to have a Kentucky license at the earliest date for which he/she is eligible. House staff are responsible for the completion of all examination and licensure requirements. Fellows must apply for a full license which requires successful completion of USMLE Step 3. No fellows can be appointed without successful completion of USMLE Step 3 prior to the appointment date. Appointment and/or stipend and benefits as a PGY-2 or above (PGY-1 for pharmacists and dentists) will be contingent upon having a valid state of Kentucky license. Any incoming medical resident at a PGY1 level with prior GME training must also be licensed. It is the house officer's responsibility to ensure all licensure requirements are met prior to the appointment date. Failure to do so may result in loss of appointment.

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

### **III.B. Remediation and Discipline Policy**

The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. In each program, there must be clearly stated bases for evaluation and advancement. Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for house staff including formative "on-the-spot" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided.

Most concerns should be managed initially with feedback including informal verbal counseling by the program director and faculty. Failure of the house officer to appropriately remediate after such intervention or concerns that should not be addressed with informal verbal counseling alone must be managed with additional intervention. In those situations, one of the actions listed below (Notice of Concern, Non-Promotion, Probation, Suspension, Dismissal or Non-renewal) is taken, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the program director should take into account the house officer's overall performance, including previous evaluations, results of any informal counseling, etc.

Consultation with the Director of Graduate Medical Education and/or Assistant Dean for Graduate Medical Education is required prior to initiation of all actions.

### **III. B.1 Preliminary Academic Action**

Program Directors are encouraged to use the following preliminary measure to resolve minor instances of poor performance or misconduct but which do not impact the health or safety of patients or others. Actions that may adversely impact on health or safety of patients or others are addressed by Probation, Suspension and/or Immediate Dismissal.

### **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. The time frame should not be greater than three months. Review by the Notice of Concern by the GME director and/or Assistant Dean is required. The Program Director or designee will then review the Notice of Concern with the house officer which both must sign. 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.

### **III. B.2 Formal 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. 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. The length and conditions of the Probationary Period must be determined by the Program Director, after consultation with the GME director and/or Assistant Dean for GME. Probationary periods must be time-limited. 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. When a house officer is suspended, the Assistant Dean and/or the Director of GME should be notified prior to suspension or as soon as possible thereafter. The program shall maintain documentation that the

house officer has received written notification and a copy of the notification must be sent to the GME Office. 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 notice of non-renewal of contract must be approved by the GME director and/or Assistant Dean for GME. 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. The program must consult with the Assistant Dean and/or the Director of GME in dismissal decisions. 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).

### **III.C. House Officer Impairment Policy on Impairment**

Impairment is defined as “the inability to practice medicine with reasonable skill and safety due to physical or mental illness, loss of motor skills or abuse of drugs including alcohol” (American Medical Association). It is professional misconduct to practice medicine while impaired. The University of Kentucky is committed to the provision of support and appropriate referral for house staff whose performance is impaired due to psychological stress, psychiatric illness or abuse of drugs and/or alcohol. Accordingly, programs must assure that all house staff are aware of these services and informed of the mechanisms through which they may confidentially access them, either to address problems they are experiencing personally, or to intervene when problems are suspected or observed in a peer. The University of Kentucky will take all reasonable steps to protect the confidentiality of the house officer who seeks voluntary treatment or is referred for treatment subject to applicable legal constraints and the provisions of this policy.

### **Voluntary Self Referral for Mental Health or Drug/Alcohol Counseling in the Absence of Performance Issues**

Services available for voluntary self referral related to mental health or drug/alcohol treatment in the absence of performance issues include:

#### **Counseling Services**

Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for non-emergent psychiatric services is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 859-323-6021. 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 house staff 24 hours per day, seven days a week through the admissions office at The Ridge Behavioral System. The telephone number to call is 859-268-6400. The house officer is to ask for the Assessment Office and identify him/herself as a UK resident/fellow needing immediate evaluation. If admission is required, the caller will be asked to go directly to The Ridge, bypassing evaluation in the UK ER.

#### **REFER**

Through the Employee Assistance Program, **REFER** is a professional therapy clinic (UK Family Center) available to help with personal, couple, or family concerns. REFER is staffed by Marriage and Family Therapist-In-Training, educated with the skills necessary to help work through a variety of personal issues. Contact the UK Family Center at 257-1467 or 257-7755 for additional information.

#### **Impaired Physicians Program**

The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (or equivalent for other specialties) will provide assistance to physicians with mental health or drug/alcohol related illness. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. IPP 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.

For house staff who seek treatment or who require further voluntary evaluation and possibly treatment, the program director should notify the GME director and/or Assistant Dean who will assist the house officer in contacting the IPP. A house officer who has enrolled in an IPP approved treatment program may be permitted to return to the training program with agreement of the IPP and in accordance with the "Return to Duty Section" of this policy.

### **Required Evaluation for Mental Health or Drug/Alcohol Concerns by Others in the Context of Performance Related Concerns**

When a house officer is experiencing performance-related problems or engaging in suspicious behavior, and impairment is suspected, the institution shall have the right to require the house officer to undergo further evaluation.

Suspicious behavior is defined as any instance in which another house officer, faculty member, other hospital employee, patient or patient's family, or other person suspects that a house officer is impaired during the exercise of his/her professional duties. These incidents may include, but are not limited to, perceived problems with judgment, behavior, speech, emotional outbursts, depression, alcohol odor or other evidence of impairment.

Reports of suspicious behavior should go to the house officer's attending physician or program director. Upon receiving such a report, the attending physician or program director should immediately meet with the house officer to ascertain if there is cause for concern. The attending physician must make the program director aware of the situation. It is recommended that the GME director and/or Assistant Dean for GME also be advised.

The program director shall make a reasonable effort to determine whether the suspicion is reasonable. If the program director determines that the report has no foundation and that there are no performance concerns with respect to the house officer, no further action will be taken. Documentation of this assessment should be recorded by the program director. If the program director determines that there is cause for concern, the GME director and/or Assistant Dean for GME must be contacted and a course of action shall be determined, which may include but is not limited to further inquiry, suspension, or house officer testing using UK HealthCare Policy # A09-005 Fitness for Duty Evaluations.

### **Return to Duty**

If treatment or rehabilitation is recommended by IPP, and the house officer enrolls in an IPP-approved treatment program, the house officer will be required to waive his/her right to confidentiality to the extent that:

- the program director and GME director and/or Assistant Dean for GME will be notified as to whether the proposed treatment plan limits the house officer's ability to work, and if so, will be provided with a description of the limitations,
- the program director and GME director and/or Assistant Dean for GME will be notified periodically whether the house officer is participating in the treatment plan and whether treatment has been successful; and

- any other information needed to assess the house officer's continued fitness for the training program.

Whether a house officer will be allowed to return to duty or complete his/her training will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program; the limitations, if any, on the house officer's ability to practice and expected duration of the limitations; whether reasonable accommodations can be made by the training program; the circumstances that give rise to the initial report of potential impairment (i.e. whether any serious incidents or violations of law occurred); and whether patient and staff safety can be maintained.

#### Refusal to Cooperate

If a house officer who requires further treatment as determined by the IPP refuses to enroll or remain enrolled with IPP, the program director will be obligated to report the house officer to the Kentucky Board of Medical Licensure. In addition, the house officer may be suspended or terminated from the training program. The house officer shall have the right to appeal the suspension and/or termination pursuant to the appeal procedures set forth in AR 5:5, "Grievance Procedure for House Officers."

### **III.D. Grievance Procedures and Due Process**

It is the intention of the University of Kentucky to deal fairly with house officers. In the normal course of working together on a day-to-day basis, problems in connection with the working relationship can be expected to arise. In most cases, the problem can and should be resolved at the first level of supervision. However, when a mutually satisfactory solution cannot be worked out at the first level, the house officer should be given an opportunity to appeal the decision without fear of prejudice. The Grievance Procedure for House Officers outlines the method of dealing with house officer grievance in a prompt and equitable manner without placing an unreasonable burden on the University's resources and personnel. (see Appendix)

## **IV. EDUCATIONAL PROGRAM**

### **IV.A. Program Personnel and Resources**

#### **Program Director**

There must be a single program director with authority and accountability for the operation of the program. A program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. Requests for change in program director must be submitted to the Compliance Subcommittee for review. Such requests must include appropriate documentation of qualifications that are in compliance with the requirements as outlined by the applicable RC. The Compliance Subcommittee, after review of the documentation and program requirements submits a recommendation to the GMEC. The GMEC must approve a change in program director. After approval, the DIO will submit the change to the ACGME via Web ADS.

Each program director bears responsibility for the organization and implementation of the program not only to the department chairperson, but also to the GMEC, the DIO, and the associated ACGME review committee. The program director must administer and maintain an educational environment conducive to educating the house staff in each of the ACGME competency areas. Specific tasks may be delegated, but the program director is responsible for the program as a whole and for the timely and accurate completion of all required tasks. A complete list of program director duties are outlined in the document Responsibilities of the Residency and Fellowship Program Director (see Appendix).

## **Faculty**

The program must ensure that, at each participating site, there is a sufficient number of faculty with documented qualifications to instruct and supervise all house staff at that location.

The faculty must:

- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;
- Demonstrate a strong interest in the education of house staff;
- Administer and maintain an educational environment conducive to educating house staff in each of the ACGME competency areas;
- Establish and maintain an environment of inquiry and scholarship with an active research component;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and,
- Encourage and support house staff in scholarly activities.

The physician faculty must have current board certification in the specialty/subspecialty or possess qualifications acceptable to the Review Committee. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

The non-physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

## **IV.B. Curriculum**

The program director, in conjunction with the faculty must outline a curriculum that contains the following educational components:

- Overall educational goals for the program, which the program must distribute to house staff and faculty annually;
- Competency-based goals and objectives covering all applicable competencies for each assignment at each educational level, which the program must distribute to house staff and faculty annually, in either written or electronic form. These should be reviewed by the house officer at the start of each rotation;
- Regularly scheduled didactic sessions; and,
- Clear delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of house staff over the continuum of the program.

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

### ***PATIENT CARE***

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

## ***MEDICAL KNOWLEDGE***

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

## ***PRACTICE-BASED LEARNING AND IMPROVEMENT***

House staff must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. House staff are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Incorporate formative evaluation feedback into daily practice;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- Use information technology to optimize learning; and,
- Participate in the education of patients, families, students, house staff and other health professionals.

## ***INTERPERSONAL AND COMMUNICATION SKILLS***

House staff must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

House staff are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health related agencies;
- Work effectively as a member or leader of a health care team or other professional group;
- Act in a consultative role to other physicians and health professionals; and,
- Maintain comprehensive, timely, and legible medical records, if applicable.

## ***PROFESSIONALISM***

House staff must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. House staff are expected to demonstrate:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society and the profession; and,
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

## ***SYSTEMS-BASED PRACTICE***

House staff must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. House staff are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- Participate in identifying system errors and implementing potential systems solutions.

Additional required competencies for each may be further specified by the individual program Review Committee.

### **Policy on Other Learners**

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, medical students and nurse practitioners) in the program must not interfere with the appointed house officers' education. The program director must report the presence of other learners to the DIO and GMEC upon request and as part of each program internal review.

### **Policy on Off-Site Rotations**

All off-site rotations must be approved by the Assistant Dean and require that a fully executed agreement be in place before the beginning of the rotation. It is the responsibility of the program to initiate a Program Letter of Agreement (PLA) between the University and the site no later than four months before the rotation is to begin. Forms necessary for this purpose are available from the GME Office. In doing this, the PLA:

- Identifies the faculty who assume both the educational and supervisory responsibilities for house staff. If the rotation is to a US facility other than an ACGME accredited training site, the supervisor must be a member of the UK Community-Based Faculty, or have similar credentials at another ACGME accredited training program;
- Specifies the faculty responsibilities for teaching, supervision, and formal evaluation of house staff, as specified later in this document;
- Specifies the duration and content of the educational experience;
- States the policies and procedures governing house staff education during the assignment; and
- Outlines the goals and objectives for the rotation.

In addition the program must identify the payment source for the house officer's salary while he/she is on rotation. With few exceptions, the institution (University Hospital, College of Medicine) does not pay for off-site rotations. Exceptions may be made if there is an RC requirement that cannot be met internally, or if there is a compelling educational need that is essential to the house officer's training that cannot be met internally. Community rotations by SB 28 residents also are an exception.

Accordingly, in almost all instances, the program must secure agreement of the site to which the house officer is to rotate to pay for salary and fringe benefits, or cover these costs using departmental funds.

Faculty at sites to which house officers rotate must provide training that is consistent with both the general and program specific academic standards that govern GME at UK.

### **Policy on International Rotations**

House staff are eligible to request participation in a one week international rotation experience during their training program. Requests for additional time beyond this one week must be made by the

Program Director to the Assistant Dean with appropriate educational justification. House staff may participate in international rotations under the following conditions:

- 1) The activity is part of the training program in that it meets an ACGME requirement and is counted toward assuring the graduate's board eligibility.
- 2) The activity represents a significant educational opportunity that cannot be achieved at UK.
- 3) Participation in the activity does not negatively affect the training of other house staff in the program.
- 4) Participation in the activity does not negatively affect delivery of care at UK.

Program directors wishing to sponsor a house officer to participate in an international rotation must request permission to do so in writing no less than **four** months before the proposed activity. If the program RC or board requires approval than permission must be sought well in advance of the intended experience. The request must describe the proposed rotation, name the responsible supervisor and state the competency based learning objectives. It must address explicitly each of the four conditions listed above. The request should be submitted to the Assistant Dean for GME who will have it reviewed for educational effectiveness by the College of Medicine International Committee. See the Policy on International Rotations for complete details. (Appendix)

#### **IV.C. House staff Scholarly Activities**

The program director, in conjunction with the faculty must outline a curriculum and allocate adequate educational resources to advance house staff knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. All house staff should participate in scholarly activity. The University of Kentucky is committed to providing educational resources to facilitate house staff involvement in scholarly activities.

#### **IV.D. Experimentation and Innovation**

Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee.

Both the sponsoring institution and the program must hold a status of Accreditation or Continued Accreditation. The proposal must include a request for a waiver/variation/suspension of a common, institutional or specialty-specific standard. The request for a waiver/variation/suspension of specialty-specific standard(s) must involve specialty-specific standard(s) overseen by only one RC.

In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. This proposal is first submitted to the Compliance Subcommittee for review with a subsequent recommendation to the GMEC for final decision. Approval from the GMEC and signature by the DIO is required prior to submission to the Executive Director of the appropriate ACGME Review Committee. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for monitoring the quality of education offered to residents for the duration of such a project.

### **V. EVALUATION BY PROGRAMS**

The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. House staff must know and understand the performance criteria on which they will be assessed. The

program director must provide the house staff with copies of the assessment tools to be used as part of the evaluation process. The program director and faculty must define the performance standards (i.e., pass/fail mark of a learning experience or 'how much is enough' to advance one training level to the next). The goal is that both faculty and house staff share a common understanding of what is expected and how it will be evaluated and that the house staff perceives assessments as a fair and close approximation of actual ability. In each program, there must be clearly stated bases for evaluation and advancement.

Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for house staff including formative "on-the-spot" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided.

## **V. A. House Staff Evaluation**

### **V.A.1. Formative Assessment**

House officer performance must be assessed during each rotation or similar educational assignment in a timely manner. Formative assessments should include both informal 'on-the-spot' feedback and feedback based on the planned collection of information using an assessment form. Examples of assessment methods include: direct observation, global assessment, simulations/models, record/chart review, standardized patient examination, multisource assessment, project assessment, patient survey, in-house written examination, in-training examination, oral exam, objective structured clinical examination, formal oral exam, practice/billing audit, review of case or procedure log, review of patient outcomes, review of drug prescribing, house officer experience narrative and any other applicable assessment method.

Written or electronic formative assessment should be used to provide a mechanism through which programs can document progressive resident performance improvement. Programs should use house officer self-assessment as an important component of formative assessment, both to compare with data from other evaluators and also to help the learner develop important lifelong learning skills.

Programs must use the GMEC approved Medical Student Evaluation of the Resident assessment tool for medical student-house staff interactions during rotations. Additional assessment tools may also be used at the individual program discretion.

Programs should not use data derived from formative assessments to make high stakes decisions (promotion, graduation). The primary purpose of any formative assessment is to capture the process of developing abilities. This allows house staff to recognize learning gaps in knowledge, skills, and behaviors, to guide planning for further learning and to identify the need for remediation.

As part of the formative assessment process the program must:

- Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as applicable to the educational assignment;
- Use multiple evaluators (e.g., faculty, peers, patients, self, medical students and other professional staff); and,

### **V.A.2 Semiannual Evaluation**

The program director or designee must provide each house officer with a written or electronically

documented semiannual evaluation of performance with feedback. The semiannual evaluation must be used to document the current level of house officer performance compared to the performance criteria established for a given post graduate year (PGY). The results of the semiannual evaluation should be used by the programs in decision making for promotion to the next PGY or graduation. Remediation and discipline policies may be applicable.

Assessments to be reviewed and documented, as part of each semiannual evaluation must include:

- Competency based formative assessments by faculty, peers, patients, self, medical students or other professional staff
- Procedural data, as applicable
- Review of rotation schedule
- Didactic attendance
- Scholarly activity including research
- Individual compliance with duty hours requirements
- Performance on in-training examination, as applicable

All documented formative assessments, semiannual evaluations, and any other assessments of resident performance must be confidentially maintained in an individual house officer file by the program and accessible for review by the house officer upon request.

### **V.A.3. Policy on End-of-Program Summative Evaluation**

The program director must provide a final summative evaluation for each house officer upon completion of the program. Completion of the program is applicable to any house officer transferring to another program, graduating at the end of training, or completing a preliminary year of training before entering a specialty program. This evaluation must be reviewed with the house officer, signed by both the Program Director and the house officer, and kept as a permanent record with a copy maintained in the program file and the original document forwarded to the GME office.

This summative evaluation must:

- Document the resident's performance during the final period of education including an assessment of competence in the following areas:
  1. Patient Care including procedural data, as applicable
  2. Medical Knowledge
  3. Practice-Based Learning and Improvement
  4. Interpersonal and Communication Skills
  5. Professionalism
  6. Systems-Based Practice;
- Document any formal disciplinary actions that occurred during training;
- Provide a verification statement by documenting in a written format that the resident has "demonstrated sufficient competence to enter practice without direct supervision". House staff are not be allowed to graduate, even if the specified time for residency education has expired, if the program director does not feel comfortable signing such a statement; and,
- Any additional documentation as further specified by the Review Committee or applicable certifying Board.

### **V.B. Policy on Faculty Evaluation**

Regular evaluation of faculty is critical to maintaining and improving the quality and effectiveness of a program. At least annually, the program must evaluate faculty performance as it relates to the

educational program and provide feedback. Faculty should be evaluated on their clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This process must include review of those evaluations completed by house staff. Other quality indicators should also be reviewed.

House staff are to complete electronic confidential evaluations of the faculty after each rotation, educational assignment or no less often than annually. House staff should evaluate only those areas on which they have direct knowledge and information on which to judge quality. All house staff evaluations of the faculty are distributed and monitored for compliance through the GME office using the GMEC approved global assessment form. Programs are not required to complete additional faculty evaluations by the house staff. A program that chooses to do additional faculty evaluations by the house staff must ensure a process that maintains house staff confidentiality.

The Office of Assessment and Quality Management in the College of Medicine will complete analysis of results. Results are provided to program leadership on an annual basis in a summative format only after meeting a minimal required number of assessments to ensure confidentiality for the house staff. Faculty receive aggregated numerical ratings for each assessment question along with a comparison of the faculty members ratings relative to peers in the same department and peers in the College of Medicine. Narrative comments from which all identifying information has been removed are provided.

### **V.C. Policy on Program Evaluation and Improvement**

The program must document formal, systematic evaluation of the educational curriculum at least annually. All programs of training duration greater than one year must precede the annual program evaluation with a confidential written or electronic evaluation of the program by both the house staff and the faculty.

The annual program evaluation must take place as a dedicated meeting that includes representative faculty, residents and appropriate program staff. Minutes of the meeting must be kept. For smaller programs it should include all faculty and house staff.

As part of this annual evaluation, the program must at minimal, monitor and track resident performance, faculty development, graduate performance, and program quality indicators. All data reviewed should be deidentified.

Examples of house staff performance indicators include the results of formative assessments, national comparison data such as in-training exams and scholarly activity including presentations/publications.

Faculty development activities include not only CME-type activities directed toward acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating the competencies into practice and teaching.

Graduate performance indicators must include the results of performance on board certification examinations. Annual surveys of graduates assessing current professional activities and perceptions on how well prepared graduates are as a result of the program should be completed.

Additional program quality indicators must be reviewed such as assessments of rotations or specific assignments, house staff selection process, graduates' practice choices, the didactic curriculum, assessment system used for house staff, results of house staff evaluation of faculty, results of the most recent annual ACGME resident/fellow survey, duty hours monitoring, and patient outcomes linked to house staff performance.

The program must use the results of the confidential written or electronic house staff and faculty assessments of the program together with other program evaluation results to improve the program. If deficiencies are found, the program must prepare a written plan of action to document initiatives to improve program performance. The action plan must be reviewed and approved by the teaching faculty and documented in appropriate meeting minutes such as a faculty meeting. A copy of the annual program evaluation must be forwarded to the GME office for DIO review. The program director must indicate to the DIO any deficiencies that require additional resources for resolution.

Programs are encouraged to use the annual program evaluation template provided by the GME office.

## **VI. HOUSE STAFF DUTY HOURS IN THE LEARNING AND WORKING ENVIRONMENT**

Professionalism, Personal Responsibility, and Patient Safety:

The University of Kentucky and its programs are committed to and responsible for providing house staff with a blend of supervised patient care responsibilities, clinical teaching, and didactic educational events, which must be carefully planned and balanced with concerns for patient safety and house staff well being. House staff should not be routinely involved in the provision of patient support services such as peripheral intravenous access placement, phlebotomy, and laboratory and transporter services. Laboratory, pathology, and radiology services must be in place to support timely and quality patient care. A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents' education, quality assurance activities, and provide a resource for scholarly activity.

These types of support services should not be confused with the service provided by the house staff as part of the patient-physician relationship. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on house staff to fulfill service obligations in the absence of learning. Every patient encounter is an opportunity for the house staff to learn. House staff participating in the care of patients on a busy patient care team is not service as long as appropriate teaching and feedback accompany it from the upper level resident/fellow and/or faculty. Didactic and clinical education must have priority in the allotment of house staff time and energies. Duty hour assignments must recognize that faculty and house staff collectively have responsibility for the safety and welfare of patients.

The program director along with the University of Kentucky is committed to ensuring a culture of professionalism that supports patient safety and personal responsibility. House staff and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;

- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All house staff and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest including recognizing that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

The program director must ensure that house staff are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs

#### **Transitions of Care:**

Programs must design clinical assignments to minimize the number of transitions in patient care. Programs in conjunction with the University of Kentucky must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The University of Kentucky in conjunction with its participating clinical training sites will ensure the availability of schedules that inform all members of the health care team of attending physicians and house staff currently responsible for each patient's care through available mechanisms.

#### **Alertness Management/Fatigue Mitigation:**

Faculty and house staff must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning. House staff receive fatigue and sleep deprivation training including mitigation strategies during GME orientation.

Each program must have a process to ensure continuity of patient care in the event that a house officer may be unable to perform his/her patient care duties. The University of Kentucky provides adequate sleep facilities for house staff who may be too fatigued to safely return home.

#### **VI.A. Policy on Supervision of House Staff**

All patient care must be supervised by an identifiable, appropriately-credentialed and privileged attending physician who has ultimate responsibility for patient care. The program director should ensure this information is available to house staff, other faculty, and hospital administration as appropriate. House staff and faculty should inform patients of their respective roles in each patient's care. At all times, the program director must ensure and document an appropriate level of supervision in place for all house staff who care for patients.

House staff must be provided with rapid, reliable systems for communicating with supervising physician while at the same time experiencing graduated responsibility, assuming greater and greater levels of responsibility for aspects of the patient's care as their competencies increase and are documented. Supervision may be provided by faculty or a more advanced resident or fellow and exercised through a variety of methods including direct and indirect supervision. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each house officer must be assigned by the program director and faculty members based on program specific criteria. Each house officer must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 house staff should be supervised either directly or indirectly with direct supervision immediately available. Programs must set guidelines for circumstances and events in which house staff must communicate with appropriate supervising physician or faculty members. Faculty supervision

assignments should be of sufficient duration to assess the knowledge and skills of each house officer and delegate to him/her the appropriate level of patient care authority and responsibility.

**Clinical Responsibilities:**

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. Optimal clinical workload may be further specified by each Review Committee.

**Teamwork:**

Programs must provide opportunities for house staff to care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty as defined by each Review Committee.

**VI.B. Policy on 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 officer must not exceed 16 hours in duration. Duty periods of PGY-2 house officer 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 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.

### **VI.C. Policy on Moonlighting**

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. 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. Moonlighting activities will be addressed during all program internal reviews.

Program must request to initiate an internal moonlighting opportunity using the Moonlighting Request Policy. (see Appendix)

### **VI.D. Program Oversight for House Staff Duty Hours Policy on Program Oversight for House Staff Duty Hours**

Each program must have 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 must be 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.

### **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.

## **VII. INSTITUTIONAL OVERSIGHT**

### **VII.A. Graduate Medical Education Committee**

The Sponsoring Institution monitors that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies through the reporting duties of the DIO and the activities of the GMEC. The Graduate Medical Education Committee (GMEC), consistent with ACGME requirements, is the entity charged with the oversight of all residency and fellowship programs at the University of Kentucky. The GMEC has numerous responsibilities leading to the assurance that individual programs operate in a manner consistent with ACGME institutional requirements and assurance that individual programs operate in a manner consistent with ACGME program requirements. In doing this, it recommends policies to govern GME for adoption by the Medical Staff Executive Committee and, through mechanisms of continuous monitoring, assures that these policies, once adopted, are enforced.

The GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for the residents in all programs. This includes an annual review with recommendations to the Sponsoring Institution regarding house staff stipends and benefits. It also includes policies and procedures regarding funding for house staff positions as delineated in the following policies: Policy on Complement Increase/Funding Request and the New Resident/Fellow Training Program Request Policy. (see Appendix)

Each Program Director is an ex officio member of the GMEC thus ensuring effective communication mechanisms with the committee. As part of each Internal Review, the GMEC is able to ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all training sites.

The GMEC develops and implements written policies and procedures regarding house staff duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements as outlined in the Duty Hours/Oversight Policy.

As part of the Internal Review, the GMEC monitors programs' supervision of house staff and ensures that supervision is consistent with the provision of safe and effective patient care, meets the educational needs of house staff, provides progressive responsibility appropriate to the house staff's level of education, competence, and experience, and compliant with all other applicable Common and specialty/subspecialty-specific program requirements.

Communication regarding the safety and quality of patient care between leadership of the organized medical staff and the GMEC is accomplished by reciprocal committee representation with the DIO, who chairs the GMEC, as an ex officio member of the Medical Staff Executive Committee (MSEC) and the president of the MSEC or designee as an ex officio member of the GMEC. In addition, the DIO presents the GME report card to the MSEC annually outlining program and institutional quality indicators including house staff participation in patient safety and quality of care education, the accreditation status of programs and any citations regarding patient care issues.

As part of the Internal Review, the GMEC assures that each program provides a curriculum and an evaluation system that enables house staff to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific program requirements.

The GMEC develops and implements written policies and procedures regarding house staff selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements as outlined elsewhere in this manual.

The GMEC provides oversight of program accreditation by review of all ACGME program accreditation letters of notification and monitors action plans for correction of citations and areas of noncompliance.

The GMEC provides management of institutional accreditation by review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.

Prior to submissions to the ACGME, GMEC must review and approve any of the following issues put forth by program directors:

- All applications for ACGME accreditation of new programs and subspecialties;
- Changes in house staff complement;
- Major changes in program structure or length of training;
- Additions and deletions of participating institutions used in a program;
- Appointments of new program directors;
- Progress reports requested by any Review Committee;
- Responses for an appeal of an adverse action;
- Requests for exceptions in house staff duty hours;
- Requests for "inactive status" or to reactivate a program;
- Voluntary withdrawals of ACGME-accredited programs;
- Appeal presentations to a Board of Appeal or the ACGME;

The GMEC provides oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific program requirements, including the approval prior to submission to the ACGME and/or respective Review Committee, adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in *ACGME Policies and Procedures*, and monitoring quality of education provided to residents for the duration of such a project.

The GMEC provides oversight of all processes related to reductions and/or closures of individual programs, major participating sites and the Sponsoring Institution.

The GMEC adheres to the UK Healthcare Clinical [Code of Conduct Addendum](#) that addresses interactions between vendor representatives/corporations and house staff/GME programs.

Graduate Medical Education Committee Policy provides additional detail on the membership, voting responsibilities, and procedures related to the GMEC. (see Appendix)

There are two standing subcommittees of the GMEC that facilitate its responsibilities:

### **Compliance Subcommittee**

Membership of the Compliance Subcommittee consists of faculty members who serve on the GMEC, other faculty members, house staff and representatives of the University Hospital and VAMC. Interest in membership is solicited and appointments made from among volunteers by the DIO who serves on the Subcommittee ex-officio. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the Director of the GME Office.

The Subcommittee continuously monitors, on behalf of the GMEC, GME program compliance with Institutional, Common, and specialty/subspecialty-specific Program Requirements of the ACGME. In accomplishing this mission, the Subcommittee pursues all of the following strategies and others it deems appropriate:

- Reviews program complement change requests
- Reviews new program requests
- Reviews internal reviews of programs and monitor action plans for correction
- Reviews reports of RC site visits and monitor action plans for correction
- Reviews results of ACGME Resident/Fellow Surveys
- Reviews Institutional site visit and monitor action plans for correction
- Reviews institutional data collected by the GME Office
- Reviews GMEC policies
- Reviews appointments of new program directors

As part of its program oversight function, the Subcommittee reviews all program communications to the various RCs before they are conveyed. Specifically, this requires that all correspondence to and from the ACGME and its RCs go through the GME office to be shared with the Subcommittee. All ACGME site visit letters go to the Compliance Subcommittee, and program responses to such letters are to be routed to the GME Office, preferably via e-mail. They are then forwarded to the Subcommittee members for review before conveyance to the ACGME. Program directors must therefore assure sufficient time to allow Subcommittee review and action. The final correspondence sent to the ACGME by the program director must be copied to the GME office for the file. It is understood that these initial responses may have a very short turnaround time. Such reviews will thus be expedited and facilitated with electronic communication to the extent possible.

A more complete response that outlines steps to be taken to correct any deficiencies/issues noted by the ACGME must be sent to the Subcommittee and should be prepared within three months of receipt of the initial letter (unless otherwise requested by the Subcommittee). The Subcommittee reviews the response, and will either endorse it and send it forward to the GMEC, or return it to the program director to address questions/concerns raised by the Subcommittee. The program director may ask that the Subcommittee send it forward for GMEC consideration without Subcommittee endorsement if he/she doesn't agree with the comments of the Subcommittee. The Subcommittee may ask for progress reports on action plans and report them to the GMEC. Work products of the Subcommittee

include recommendations to the GMEC for improvement in GME program compliance and/or in compliance monitoring methods.

The GMEC vests authority in the Compliance Subcommittee for time sensitive responses.

### **Core Curriculum Subcommittee**

Membership of the Core Curriculum Subcommittee consists of faculty members who serve on the GMEC, other faculty members and house staff. Interest in membership is solicited and appointments made from among volunteers by the DIO who serves on the Subcommittee ex-officio. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the Director of the GME Office.

The Subcommittee develops curricular elements relevant to the content areas listed by the ACGME as common to all programs and defines for the institution the minimum standards of participation for house staff in all programs. In doing this, it solicits input and participation widely, involving faculty from many disciplines and seeks to offer a variety of methods or venues through which programs may meet the core curriculum requirements. Educational strategies employed include, but are not limited to:

- Regularly scheduled didactic presentations and work shops presented in conjunction with the Center for Excellence in Medical Education.
- Web-based curricular elements.
- Self-teaching manuals and workbooks

### **VII.B. Internal Reviews**

The University of Kentucky ensures that each program provides effective educational experiences for house staff that lead to measurable achievement of educational outcomes in the ACGME competencies. All programs undergo internal reviews by ad hoc committees of the GMEC. Ad hoc committee membership includes a program director or other faculty member from outside the program being reviewed, a house officer from outside the program being reviewed, the VA Associate Chief of Staff for Education (or designee) for VA affiliated training programs and the DIO. If applicable, a hospital administrative representative, or a Kentucky Clinic administrative representative, may also participate. Such ad hoc committees are staffed by the Director of the GME Office. The Internal Review must be documented in the Compliance Subcommittee minutes, as part of its responsibilities to the GMEC, by approximately the midpoint of the accreditation cycle. The internal review committee reviews programmatic documents and conducts interviews with the program director, key faculty members, at least one peer-selected house officer from each level of training in the program, and other individuals deemed appropriate by the committee. A verbal report from the committee to the Program Director is provided at the time of the internal review for each program with a subsequent written report submitted to the Program Director with copies to the appropriate clinical chairperson and division chief (if applicable). See the Graduate Medical Education Committee Internal Review Policy for additional details. (see Appendix)

### **Policy on Focused Reviews**

On occasion, programs may undergo focused review in addition to and independent of their regular internal review. Such reviews are conducted by an ad hoc committee constructed in a manner similar to those which perform regular reviews. Focused reviews may be occasioned by a change in program director, a problem identified by the House Staff Academic Ombudsperson, a change in clinical activity, an unexplained departure of house staff, or for any other reason identified by the Assistant Dean and

concurrent with by the GMEC. On occasion, the GMEC and/or a program may elect to seek an external review by persons outside the institution.

### **VII.C. Policy on Duty Hours Exceptions**

An ACGME Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. Prior to submitting the request to the Review Committee, the program director must obtain approval from the GMEC and DIO.

The program must present clear evidence that the exception is necessary for educational reasons. Each program must submit to the Compliance Subcommittee for review the following documentation:

- An educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested;
- A description on how the program will monitor, evaluate, and ensure patient safety with extended house staff work hours;
- Specific information regarding the program's moonlighting policies for the periods in question;
- Specific information regarding house staff call schedules during the times specified for the exception ;
- Program policy on providing back up in the event of fatigue and,
- Evidence of faculty development activities regarding the effects of house staff fatigue and sleep deprivation

Only programs accredited in good standing (i.e., without a warning, or a proposed or confirmed adverse action) will be considered for a duty hours exception. A program with a confirmed duty hour citation will not be considered for an exception until after the next site visit. A program with greater than 15% non-compliance on three or more questions in the duty hours portion and/or substantial non-compliance on the service versus education questions of the most recent ACGME Annual Resident/Fellow Survey will not be considered.

The Compliance Subcommittee recommendation is made to the GMEC for a decision on the request. If approved, a documented written statement of institutional endorsement of the proposal signed by the DIO, documentation of the current accreditation status of the program and of the sponsoring institution and a copy of this policy for endorsing requests for an exception to the duty hour limits must be submitted with the program proposal.

The GMEC provides oversight to any program with duty hours exception in place to include monitoring the ACGME Annual Resident/Fellow Survey results, reviewing duty hour related compliance as part of the internal review process, and prior to each site visit and review, the DIO and GMEC will re-evaluate both patient safety and the educational rationale for the exception, and append the findings to the program's request to the Review Committee for a continued exception.

### **VII.D. Policy on Institutional Oversight of Duty Hours**

Institutional oversight of duty hours is accomplished by multiple mechanisms.

Each program must have written policies and procedures regarding house staff supervision and duty hours to ensure compliance with this institutional policy as well as the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the house staff and faculty annually. Monitoring of duty hours by the program is required with frequency sufficient to

ensure appropriate compliance. All house staff are required to continuously log duty hours using New Innovations (NI).

As part of each program internal review, duty hours compliance is assessed by review of program information form documentation, review of the program duty hours policy, review of logged hours on NI, review of the ACGME Resident/Fellow Survey and discussion with house staff and faculty during the internal review process. Compliance with duty hours requirements is recorded in the internal review report. Oversight for any areas of concern is processed to the GMEC for discussion.

Annually the GME Office must conduct an internal audit of all house staff duty hours logged for compliance. From this data a Duty Hours Report is created. The report template is as follows:

- Program Name
- Percent House staff completing logs
- Average hours per week worked
- Number of violations for more than 80 hours per week on average was worked
- Maximum number of continuous hours on duty per house officer
- Number of violations where 30 hour(s) continuous duty was exceeded
- Average number of hours off between duty shifts
- Average number of days off

This report summarizes the totals in each of the categories listed above for each program. It is used to evaluate the program's overall compliance and monitor overall institutional compliance.

Programs out of compliance must evaluate their data. If compliance cannot be obtained easily by alteration of trainee schedules, the program director and department chair are asked to meet with the Assistant Dean for Graduate Medical Education and/or the Chief Administrative Officer (CAO) of the hospital to develop a plan to facilitate compliance.

#### **VII.E. Policy on Annual Program Evaluation Oversight**

The program must document formal, systematic evaluation of the educational curriculum at least annually. All programs of training duration greater than one year must precede the annual program evaluation with a confidential written or electronic evaluation of the program by both the house staff and the faculty. As part of this annual evaluation, the program must at minimal, monitor and track house staff performance, faculty development, graduate performance, and program quality indicators.

If deficiencies are found, the program must prepare a written plan of action to document initiatives to improve program performance. The action plan must be reviewed and approved by the teaching faculty and documented in appropriate meeting minutes such as a faculty meeting.

A copy of the annual program evaluation must be forwarded to the GME office for DIO review. The program director must indicate to the DIO any deficiencies that require additional resources for resolution. The annual program evaluation is also reviewed as part of each program internal review.

#### **VII.F. GME Funding**

There are three primary funding sources for house staff positions, or lines: the University of Kentucky, the VAMC and state allocated support for primary care through Senate Bill 28 (SB 28). Additional lines are supported by the departments and divisions, the College of Medicine, various community hospitals or healthcare entities and grants. Resident lines may not be funded by individual departments. At the

annual authorization meeting, numbers of lines and funding sources are reviewed with each program director.

With the exception of SB 28 and some grant-supported positions, individual house staff are not supported by particular sources. Rather, the sources support FTE with all house staff stipends being paid by the College of Medicine. It is expected and required that vacation and other leave be charged to funding sources equally. That is, the FTE associated with each supporting institution includes the appropriate number of days of vacation and other leave, such that support of one FTE will eventuate in approximately 11 months of house staff coverage at the supporting site.

It is the responsibility of the program director to assure that the agreed upon number of FTE are on site at the institutions providing support and that vacation and other leave is distributed equitably among them. Should a program fail to schedule house staff in a manner consistent with the funding source allocation, the department sponsoring the program will be billed for salary and benefits not recovered from the shorted funding source. The House Staff Database is the data source for these calculations.

SB 28 funding carries, by law, a specific requirement for a minimum of one month of community rotation for each year an individual house officer is supported by these funds. Further, there must be a specific individual house officer associated with each SB 28 line. Accordingly, programs receiving this support must identify before May 1 of each year, which house staff will be supported by SB 28 and must then assure that each house officer so associated spends at least one month in a community practice during the academic year. A community rotation by a house officer not supported by SB 28 cannot be used to offset the failure of a SB 28 resident to meet the requirement.

### **Policy on Medicare "50% Rule"**

Centers for Medicare and Medicaid Services (CMS) reimburse hospitals for the training of residents and fellows. The reimbursement amount is hospital specific but is based on indirect (teaching) and direct (salary and benefit) costs as well as a formula based on the Medicare population in the hospital. The full rate is given for each full time equivalent (FTE) house officer training in their initial residency period (IRP). The rate is cut in half for any years of training beyond that IRP such as with a second residency or fellowship. This Medicare 50% rule may also apply when a house officer changes from one specialty to another where the later program requires more years of training than the first.

Programs are encouraged to recruit the best and brightest candidates for their training programs. Every year programs get applications from house staff that will for some portion of their training violate the Medicare 50% rule based on their initial residency period (IRP). Programs are encouraged to interview such candidates. Any program that decides to select such a candidate by NRMP or direct offer must get prior approval from the Assistant Dean. Approvals must be limited and infrequent due to the cost prohibitive nature of this choice.

### **House Staff Complement Increase/Funding Requests**

Request for complement increases and/or funding changes for residents must be anticipated a full year before they are to be effected to allow time for submission to the RC of the ACGME (or equivalent for non-physician specialties/programs) regarding approved positions and changes in the NRMP quota (as applicable). Because the matching program for fellows occurs at various times during the year, requests for complement increases and/or funding changes for fellows must be anticipated a full two years before they are to be effected.

The program directors must prepare a written justification for the complement increase and/or funding change. This request must be submitted to the Compliance Subcommittee of the GMEC for review by June 1<sup>st</sup> of the academic year prior to the anticipated increase for residents and two years prior for fellows. The documentation **must** include:

- Educational rationale for complement change including adequate faculty, facilities, research, patients, and (where applicable) procedures to support the increase.
- Description of major program changes since last ACGME (or equivalent) review including changes in participating institutions/facilities, faculty, program director, clinical rotations, didactic conferences, and resident complement.
- Key faculty to resident or fellow ratio
- Response to previous site visit citations or concerns
- Impact on clinical productivity at a departmental and Enterprise level
- Potential impact on other training programs

All requests for increase in house staff complement and subsequent funding must be approved by both the University of Kentucky Enterprise and the RC of the ACGME (or equivalent for non-physician specialties/programs) before implementation. The Resident/Fellow Complement Increase/Funding Request Policy provides additional information. (see Appendix)

### **New House Staff Training Program Request**

Request for new residency training programs must be anticipated more than a full year before they are to be started to allow time for an Enterprise funding decision, submission to the RC of the ACGME (or equivalent for non-physician specialties/programs) all necessary documentation needed for program approval and registration for the NRMP as applicable. Because the matching program for fellows occurs at various times during the year, requests for new fellowship programs must be anticipated often a full two years or more before they are to be effected.

All training programs in GME must seek accreditation from the ACGME (or equivalent accreditation body for non-physician specialties/programs) if such accreditation is available. A training program that has chosen not to seek an available accreditation will not be allowed to participate in University of Kentucky GME. All requests for new residency or fellowship training programs must be approved by both the University of Kentucky Enterprise and the RC of the ACGME (or equivalent accreditation body for non-physician specialties/programs) before implementation.

Contact with the Assistant Dean of GME/ACGME DIO and the Director of GME for guidance is required 12-18 months prior to the anticipated start date for residency requests and 18-24 months prior for fellowships.

The program directors must prepare a written justification for the new training program. The New Resident/Fellow Training Program Request Policy provides additional information. (see Appendix)

### **Non-accredited Training Programs**

Since 1998, the GMEC has had in place a process whereby non-ACGME (or equivalent) training programs can be reviewed and approved for a certificate. That process is for the individual who is responsible for the non-accredited program to submit to the GMEC a proposal outlining the training program that includes its duration, clinical duties, competency-based learning objectives, supervisory lines of authority, qualifications of trainee, and evaluation methodology. It must also address how

house staff in an accredited training program will be impacted by trainees in the proposed program. If approved by the GMEC, the individual appointed into the training program will be issued a certificate upon completion of the training.

**Policy Modification**

All policies may be modified or amended at any time. Updated versions of this manual will be posted periodically on the University of Kentucky GME website and program directors notified when an update has been posted. Updated policies become effective upon posting.

Approved by the GMEC: 12-15-2010

Revision approved by GMEC: 08-24-2011

## **APPENDIX**

[Statement of Commitment](#)

[Policy on Program Director Protected Time and Support](#)

[Extreme Event Policy for Emergent Situation or Disaster](#)

[House Staff Council Policy](#)

[The Grievance Procedure for House Officers](#)

[Responsibilities of the Residency and Fellowship Program Director](#)

[Moonlighting Request Policy](#) [Document 1](#) [Document 2](#) [Document 3](#) [Document 4](#) [Document 5](#)

[Resident/Fellow Complement Increase/Funding Request Policy](#)

[New Resident/Fellow Training Program Request Policy](#)

[Graduate Medical Education Committee Policy](#)

[Graduate Medical Education Committee Internal Review Policy](#)

[Policy on Education Resources for Critical Care Programs](#)

[Policy on Education Resources for Pain Medicine Program](#)