Graduate Medical Education
Resident/Fellow Handbook

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

1800 W. Charleston Blvd., Las Vegas, NV 89102

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1. RESIDENT GRIEVANCES

Residents are encouraged to first raise and resolve issues via the chain of command as follows:

If the resident has an issue with their Program Director, the resident may contact the Designated Institutional Official.

A. Grievances regarding academic or other disciplinary actions are processed according to the Due Process Policy.
B. Grievances related to the work environment or issues concerning the program or faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a chief resident, Program Director, Designated Institutional Official, the Graduate Medical Education Committee or UMC Academic Affairs Administration.
C. Should the resident prefer to provide a grievance in an anonymous manner, they can do so by utilizing the UMC Confidential Hotline at 1-888-691-0772.

All grievances will be reviewed and kept confidential as well as investigated with follow-up to the resident regarding the solution.

DEFINITIONS

Grievance: A dispute or complaint made by a resident in any ACGME-accredited programs to express dissatisfaction with an act, condition, or decision made by the institution, program leadership, faculty, staff, or peers; such that the act, condition, or decision affecting his or her program of study is arbitrary, illegal, unjust or creates unnecessary hardship. This includes, but is not limited to dismissal, non-renewal of resident contract, or other actions that could significantly threaten a resident's intended career development.

Residents: The term "Resident" refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

2. RESIDENT HARASSMENT

Please refer to the UMC Progressive Discipline/Corrective Counseling Policy and UMC Equal Opportunity Non-Discrimination and Anti-Harassment Action Plan.

DEFINITIONS

Residents: The term “Resident” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

3. RESIDENT ACCOMMODATION FOR DISABILITIES

This policy, not necessarily Graduate Medical Education-specific, prohibiting discrimination in employment and in the learning and working environment, is consistent with all applicable laws and regulations.

Please refer to the UMC Progressive Discipline/Corrective Counseling Policy and UMC Equal Opportunity Non-Discrimination and Anti-Harassment Action Plan.

DEFINITIONS

Residents: The term “Resident” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

4. RESIDENT DISCRIMINATION

This policy, not necessarily Graduate Medical Education-specific, prohibiting discrimination in employment and in the learning and working environment, is consistent with all applicable laws and regulations.

Please refer to the UMC Progressive Discipline/Corrective Counseling Policy and UMC Equal Opportunity Non-Discrimination and Anti-Harassment Action Plan.

DEFINITIONS

Residents: The term “Resident” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

5. RESIDENT VENDOR INTERACTIONS

This policy addresses resident/fellow relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that graduate medical education activities of UMC's graduate medical education programs are not compromised through vendor influence, either as a group, or through interactions with individual residents/fellows. The goal of this policy is to promote ethical behavior and professional accountability in UMC residents/fellows.

PROCEDURE

Vendor Training of Residents/Fellows

- Vendors may appropriately orient, train and advise residents/fellows on the proper use or calibration of a product that has already been acquired by the Sponsoring Institution or other clinical training site.
- In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products.
- Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent in writing.
- Vendors must be identified as such so that they are not mistaken for clinicians.

Program Monitoring of Residents/Fellows - Vendor Representative Interactions

- Program leadership should be aware of and discuss with residents/fellows any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident/fellow in a position of obligation to or influence by the vendor should be explicitly discouraged.
- Program Directors must communicate this policy to their residents/fellows as part of the program orientation and reinforce it through inclusion in program handbooks and other information sites for resident/fellow reference.

Guidelines

- Residents/fellows may not accept gifts of any kind from a vendor.
- Residents/fellows may not accept free samples from a vendor.
- The acceptance by a resident/fellow of pharmaceutical samples for delivery to patients is not allowed. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents/fellows.
- Promotional and marketing materials may not be directly distributed to residents/fellows by vendor.
- Vendors may not provide food and beverages.
- Graduate Medical Education (GME) personnel are not permitted to directly accept gifts or incentives which can include books, instruments, equipment or teaching aids from vendors.
- The Hospital does not permit funds from the industry to be provided in any manner and specifically does not allow lunches or meals to be provided by vendors.
- Company employees may not contribute in-kind services for a vendor's event.

Vendor Approval

- Please send any requests for vendor-funding events to the DIO.
- The Compliance Officer must approve acceptance of vendor funds for any facility or division event.
- The division or company department must determine the need for education, choose the speakers and attendees and determine the schedule and location.
- If it is necessary to provide the vendor education at a dinner or noon conference, the Graduate Medical Education program would need to provide for costs of the meals.

DEFINITIONS

Vendor: Any individual, P.A., or entity that provides goods or services to UMC, including all professional services (medical, legal, financial, etc.); construction and renovation; and insurance and consulting activities. These entities may include but are not limited to pharmaceutical companies, device manufacturing companies, and other health-related companies.

Resident: Refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

6. RESIDENT NON-COMPETITION

The Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

DEFINITIONS

Non-Compete: A restriction that keeps a physician from practicing in a certain area. Often included as a component of an employment contract.

Residents: The term “Resident” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

7. GME SIGNIFICANT DISRUPTIONS IN PATIENT CARE AND EDUCATION

The Designated Institutional Official DIO and Program Director(s) will establish a central point of operations from which to manage the disaster response. Information must be maintained in a duplicative manner (cell phones, home phones, email, and pagers, applicable) to ensure appropriate communication.

1. Program Director(s) must be able to account for all members of their programs to the DIO and UMC Academic Department.
    a. All residents at orientation and annually will complete a form that will list contact numbers and potential places for evacuation.
    b. All faculty and staff must maintain up-to-date personal contact information at all times.
    c. When possible, residents will notify their program directors or the department of Academics as to where they will be evacuating (if necessary) if times allows.
2. Assessment of gaps in training must be made immediately by the DIO and other Graduate Medical Education leadership.
    a. Should training be interrupted for more than one month, arrangements for resident deployment into other programs will be made.
    b. Support from the ACGME will be sought to help in planning for resident deployment into other programs.
    c. Arrangements with state medical boards will also be addressed.
    d. Maintenance of communication will be addressed to help residents maintain connection with their program and peers.
    e. The DIO will ensure that financial and administrative support of all programs and residents will continue for the duration of the emergency, providing for continuation of salary, benefits, professional liability coverage and resident assignment. The majority of the residents are paid by electronic direct deposit" it is not anticipated that any interruption will occur. Benefits for affected residents remain in place for the duration of the disruption.
    f. The DIO will notify the ACGME within 30 days of all structural changes that have been instituted as a result of the disasters. The report will also include anticipated durations for any changes as well as anticipated effects on residents and their training.
3. Patient Care
    a. Each facility will have a protocol outing resident responsibilities should a disaster occur. Program faculty, staff and residents are expected to attend to personal and family safety and then render humanitarian assistance where needed.
    b. Additional resident teams may be needed to stay at the Sponsoring Institution to ensure patient care is maintained. Work hours and fatigue will be monitored in such situations.
    c. Residents will follow facility protocols to ensure that adequate provisions are made for patients before evacuating. Emergency teams will be required to stay and care for patients.
4. In the event of an extreme emergency situation, the following should be followed
    a. At the Local (Institutional) Level:
        i. The Program Director(s) first point of contact for answers to questions regarding a local extreme emergent situation must be their DIO.
        ii. The DIO should contact the Executive Director, via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common and specialty-specific program requirements. The DIO will provide information to the Executive Director, Institutional Review Committee regarding extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
        iii. Given the complexity of some events, the Executive Director, Institutional Review Committee may request that the DIO submit a written description of the disruptions at

the facility and details regarding activities the Sponsoring Institution has undertaken in response. Additional updates to this information may be request based on the duration of the event.

iv. The DIO will receive electronic confirmation of this communication with the Executive Director, Institutional Review Committee which will include copies to all Executive Directors of Residency Review Committees.

v. Upon receipt of the confirmation by the DIO, Program Director(s) may contact their respective Executive Director of Resident Review Committees, if necessary, to discuss any specialty specific concerns regarding interruptions to resident education or effect on educational environment.

vi. Program Director(s) are expected to follow their Sponsoring Institution disaster policies regarding communication processes to update the DIO on the results of conversation with Executive Directors of Residency Review Committees regarding any specialty-specific issues.

vii. DIO is expected to notify the Executive Director, Institutional Review Committee when the institutional extreme emergent situation has been resolved.

5. Within the UMC Academic Department :
    a. The Executive Director, Institutional Review Committee will alert Executive Directors of Residency Review Committees when a program reports an extreme emergency situation. These communications will be included as interim correspondence in institutional and program files.
    b. Program Director(s) from affected programs may communicate directly regarding specialty-specific concerns once local extreme emergent situation have been confirmed through the Executive Director, Institutional Review Committee
    c. After commination between a Program Director and Executive Directors of Residency Review Committees, the Executive Directors of Residency Review Committees will notify Executive Director, Institutional Review Committee if there is a perception of substantive institutional accreditation issues occurring within the program during the event.
    d. The Executive Director, Institutional Review Committee will notify all Executive Director of Residency Review Committees when institutional extreme emergency situation have been resolved.

DEFINITIONS

Disaster: event or set of events causing significant alteration to the residency learning experiences.

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8. RESIDENT AND FELLOW RECRUITMENT, ELIGIBILITY SELECTION, AND APPOINTMENT

Recruitment

The Sponsoring Institution in partnership with each of its ACGME accredited programs, will engage in practices that focus on continuous, mission-driven, systematic recruitment and retention of well-qualified candidates, with the intention of recruiting a diverse and inclusive workforce of resident physicians and clinical fellows. Appropriate resources and systems to support each program's recruitment efforts shall be budgeted and allocated by University Medical Center (UMC) and managed through the UMC Academic Affairs Department and Human Resources, working with each program, with support and guidance from the Designated Institutional Official (DIO). Analysis of prior year recruitment results and trends should be reviewed and evaluated by the Designated Institutional Official, Graduate Medical Education Committee (GMEC), and program leadership with the objective of continuously improving the recruitment process to meet institutional and program goals.

Eligibility for Appointment

An applicant must meet one of the following qualifications to be eligible to be selected for an ACGME-accredited program:

a) Graduate of a medical school in the United States accredited by the Liaison Committee on Medical Education (LCME) or,
b) Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA) or
c) Graduate from a medical school outside of the United States, and meeting one of the following additional qualifications:
    a. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
    b. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program.
d) Applicants must have passed the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK, or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 1 and Level 2 CE prior to Appointment.
e) Applicants must meet all state, federal, and local legal requirements for employment and medical licensure in state(s), in which they will be practicing, prior to Appointment.

Selection Process

a) All ACGME accredited programs shall participate in the National Resident Matching Program (NRMP) as the primary method of selecting applicants for Appointment. The Designated Institutional Official and Graduate Medical Education Committee shall monitor each program's compliance with NRMP Match Participation Agreement.
b) Should an applicant need to be selected outside of the NRMP, they must be reviewed and approved by the Designated Institutional Official for compliance with eligibility requirements prior to Appointment.
c) Programs shall use the Electronic Residency Application Service ERAS (still under NRMP however) or the Thalamus to receive applications from applicants.
d) Applicants selected for interview shall be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment. This information shall include, at a minimum, a written copy of the Appointment Agreement (terms of employment) and the Graduate Medical Education Handbook which includes information related to stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows, institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and, health insurance accessible to residents/fellows and their eligible dependents.

Appointment

Residents/Fellows who are selected for Appointment shall be provided Terms of Employment that comply with ACGME Institutional requirements.

Residents/Fellows must comply with all UMC Human Resources and Employee Health Services employment requirements.

DEFINITIONS

Applicants: An MD or DO that has completed an ERAS application

Educational Commission of Foreign Medical Graduates (ECFMG) Number: The identification number assigned by the ECFMG to each international medical graduate physician who receives a certification from ECFMG.

Electronic Resident Application Service (ERAS): The centralized online application service used to deliver application, along with supporting documents, to graduate medical education programs.

Liaison Committee on Medical Education (LCME): A governing body, which accredits medical education programs leading to the MD degree in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

National Resident Matching Program (NRMP): A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies.

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9. RESIDENT PROMOTION APPOINTMENT RENEWAL AND DISMISSAL

Promotion

Each program director must determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. Residents must demonstrate satisfactory performance in meeting these criteria applicable to their program in order to be promoted to the next PGY level of the program. Satisfactory performance must be documented through the evaluation processes of the program, and include at least semi-annual performance reviews provided to each resident from the Program Director. The program's Clinical Competency Committee plays an important role in resident performance evaluation, and is advisory to the Program Director. The Program Director has final responsibility for resident evaluation and promotion decisions.

If a resident does not demonstrate satisfactory performance in meeting the competencies, then the resident may not be promoted to the next PGY level of the program. In this circumstance, the Program Director will provide the resident/fellow with a written notice of intent that the resident/fellow will not be promoted to the next level of trainingand will take one of the following actions:

1. Remediation. The Program Director will assign a remediation plan to the resident with the intent of correcting deficiencies in performance. The remediation plan must be communicated to the resident in writing and explained verbally to the resident by the Program Director or by a member of the faculty designated by the Program Director. The period of time for completion of a remediation plan is three (3) months from the date of notification to the resident. Failure to demonstrate satisfactory performance through remediation may result in additional adverse actions, including probation. Residents assigned a remediation plan may remain at their current salary level until they are promoted to the next PGY level.
2. Probation. The Program Director will assign a probation plan to the resident with the intent of correcting deficiencies in performance. The probation plan must be communicated to the resident in writing and explained verbally to the resident by the Program Director or by a member of the faculty designated by the Program Director. The maximum period of time for completion of a probation plan is three (3) months from the date of notification to the resident. Failure to demonstrate satisfactory performance through probation may result in dismissal from the program. Residents assigned a probation plan may remain at their current salary level until they are promoted to the next PGY level.
3. Dismissal. If the Program Director determines that the performance deficiencies of the resident are not amenable to remediation or probation, then the Program Director will provide written notification to the resident/fellow of the decision to dismiss him/her from the program.

Suspension/Dismissal

- Residents may be suspended or dismissed from the program for a serious or egregious act.
- The Designated Institutional Official (DIO) or their designee, in consultation with the Chief of Human Resources, must review and approve all dismissals, and a written notice will be provided.
- Serious or egregious acts may include, but are not limited to, the following:
    - Professional incompetence
    - Violation of UMC's Code of Conduct
    - Serious neglect of duty or violation of UMC policies & procedures or program rules, regulations, policies or procedures
    - Conviction of a felony or other serious crime.
    - Unapproved absence from the program
    - Action or inaction involving moral turpitude or that is contrary to the interests of patient care or the Sponsoring Institution
    - Failure to progress satisfactorily in the program's educational and clinical program
    - Inability to perform duties required per the UMC Terms of Employment.
    - Failure to maintain applicable medical licensure status
    - Falsification of medical records

Programs must provide a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

Right to Appeal
Residents/Fellows who are notified in writing by their Program Director of a decision to dismiss or not promote, suspend or not renew, have the right to appeal this decision in accordance with the Due Process Policy regardless of when the action is taken during the appointment period

DEFINITIONS

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Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

10. RESIDENT VACATION AND LEAVES OF ABSENCE

Vacation/ Administrative Leave Days (ALD)
All Administrative Leave Days (ALD)/vacation must be approved in writing by the Program Director, in advance of being taken. All Programs and residents/fellows are required to use the Resident Management Suite to track all leave time taken by residents/fellows and time will recorded in the UMC payroll system.

- All residents/fellows will receive 15 days of ALDs which will be based on a five day work week during the academic year
- ALD which is unused will not be carried forward to the new training year. No lump sum payment will be made for unused leave upon termination/ or completion of training.
- If a scheduled vacation includes a national holiday, no additional time will be given for that holiday. Holidays will be balanced by program directors in a fair and equitable manner.

Parental, Caregiver, and Medical Paid Leave

- Each resident/fellow will be provided with a minimum of six (6) weeks of paid, approved medical, parental and caregiver(s) leave of absence for qualifying reasons that are consistent with applicable laws, at least once, and at any time during the resident's/fellow's program, starting on the date the resident/fellow is required to report.
- A resident/fellow, on approved leave of absence, shall be provided the equivalent of one hundred percent (100%) of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
- Residents/fellows will be provided with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
- The Sponsoring Institution will ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
- ALDs must be utilized, if available, before the leave of absence is paid by UMC.
- When all paid leave including ALDs have been exhausted, and remaining leave is taken without pay, resident/fellow is responsible for employer/employee premium contributions affecting health and disability insurance benefits.
-

Process for submitting and approving requests for leaves of absence

- A resident/fellow wishing to apply for the leave described here shall inform the Program Director. The resident/fellow shall then follow all UMC processes for FMLA submission to the Program Director, along with utilizing the Department of Human Resources and the third party administrator.

EIB (Sick Leave)

- All residents/fellows receive six (6) days of paid EIB (sick leave) annually for one's own use.
- Sick leave must be communicated through the Program Director in accordance with UMC's policy and procedure.
- A doctor's note may be required for all leave taken at the discretion of the program director.
- Unused sick leave may be carried forward to the next training year. A lump sum payment will be provided for unused leave upon termination or completion of training.
- Sick leave for periods of less than a full academic year will be calculated on a pro rata basis
- ALDs, if available, must be used for the first 2 consecutive days prior to EIB being paid.
- Use of sick leave may require make-up time for purposes of board eligibility which is determined by the specific policy of each board specialty and should be discussed with the program director

Educational Leave/CME Stipend

- Residents/fellows may be allowed up to five (5) paid release days for education leave each academic year. Requests for Education Leave must be done in accordance with UMC's policies and procedures.
- This leave is to be used for educational purposes such as attending conferences, presenting at scientific meetings or other educational activities approved by the program director.
- Each program must abide by the hospital policy ADD when an educational activity is requested.
- This time will not be allowed to roll over from one academic year to the next.

Bereavement Leave

- Residents/fellows may use bereavement leave in accordance with and subject to UMC 's guidelines on Bereavement.

Holidays

- Residents are not entitled to receive days off for holidays. If ALD is taken over a holiday, the time will be deducted from the resident's ALDs.
- Holidays will be balanced by program directors in a fair and equitable manner.

Leave Records

- Each residency/fellowship coordinator shall keep accurate and complete records of used leave for each resident/fellowship physician.
- Such records shall be kept as prescribed by UMC Human Resource Department, and reports shall be made available to the UMC Human Resources office at the end of each program year. UMC utilizes a third party administrator for communication and approval for certain types of leaves.
- Leave records are subject to examination by those persons in employee's chain of command, by Human Resource officials, and by internal and external auditors.

UMC will provide residents/fellows who have been granted a six-week leave of absence with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

This policy is to be available to residents/fellows at all times and posted on the UMC intranet..

The Sponsoring Institution must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

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Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

11. GME CLOSURES AND REDUCTIONS

The Sponsoring Institution will inform the, GMEC, the DIO and the faculty and residents as soon as possible when it intends to reduce the size of or close a program or Sponsoring Institution. The Sponsoring Institution will allow residents already in the program to complete their education or assist the residents/fellows in enrolling in another ACGME-accredited program(s) in which they can continue their education.
The Sponsoring Institution will provide payment of stipend and benefits up until the conclusion of the term of the existing resident agreement of appointment.

PROCEDURE
1. The Sponsoring Institution must inform, in writing, the Graduate Medical Education Committee, DIO and affected residents/fellows as soon as possible of any anticipated changes in the residency/fellowship program, including closing of a residency or fellowship program, reduction of size of program, voluntary withdrawal of accreditation of the Sponsoring Institution or either of these decisions related to any residency/fellowship program.
2. In the event that any residency/fellowship program closes, the Sponsoring Institution will allow resident already in the residency/fellowship program to complete their education or with best effort, assist the residents/fellows enrolling in another ACGME-accredited program in which they can continue their education and training.
3. In the event that the Sponsoring Institution or a major participating site that is a hospital loses accreditation or its license to provide patient care, curtails activity, restricts activity, or closes, the Resident Compliment Reduction and Closure Policy shall be implemented. The Sponsoring Institution shall provide the ACGME Institutional Review Committee a notification and response plan within 30 days of when the Sponsoring Institution was made aware of the change

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Closure: A resident program that is no longer accepting, training or graduating residents.

Reduction: A decrease in the number of residents who are accepted into a program or a decrease in the total number of residents in the program.

12. RESIDENT CLINICAL AND EDUCATIONAL WORK HOURS

The Program along with the Sponsoring Institution are responsible for ensuring that residents/fellows in their training program are not exceeding their clinical work and educational limitations. Clinical work and education will be monitored by the Program Director or designee on an ongoing basis to ensure compliance. Coordinators will check the duty hours weekly to ensure they are being completed in a timely manner. Coordinators will also check to ensure that the duty hours match the rotations to which the residents/fellows were scheduled.

Additionally, the Sponsoring Institution, via the Institutional Coordinator, will conduct audits to ensure compliance that will be presented at each GMEC meeting for oversight purposes. Should a violation be noted, the Program Director will be tasked with conducting an investigation and providing an action plan to GMEC to ensure the violation does not occur in the future.

All residents/fellows are required to input their clinical work and education hours into the program software database on at least a weekly basis. As a part of fulfilling the Professionalism competency, residents/fellows have a responsibility to report accurate time for their rotations. The Program Director, Program Faculty, and Chief Resident(s)/Fellow(s) are charged with monitoring the demands of all call activities making the necessary adjustments in scheduling to deal with excessive service demands and/or fatigue. Residents/Fellows are encouraged to proactively notify the Program Director without fear of reprisal when their schedule indicates a violation of the Clinical Education and Work Hours policy. Residents/Fellows may also refer to the policy on Resident Grievances.

PROCEDURE

Maximum Hours of Clinical and Educational Work per Week

- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

- The program must design an effective program structure that provides residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents/Fellows should have eight hours off between scheduled clinical work and education periods.
- Residents/Fellows must have at least 14 hours free of clinical and educational work after 24 hours of in-house call activities.
- Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Educational Period Length

- Clinical and Educational work period for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.
- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education.
    - Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain beyond their scheduled period of duty or return to the clinical site in the following circumstances:

- To continue providing care to a single severely ill or unstable patient
- To give humanistic attention to the needs of a patient or family

- To attend a unique educational event

These additional hours of care or education will be counted toward the 80-hour weekly limit.
A Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 clinical and educational hours to individual programs based on a sound educational rationale.

In preparing a request for an exception, the Program Director must follow the Clinical and Educational Work Hour policy.

Moonlighting - See Moonlighting Policy

In-House Night Float

- The maximum number of consecutive weeks of night float, and maximum number of months of night float per year are specialty specific.
- Night float must occur within the context of the 80-hour and one-day-off –in-seven requirements.

Maximum In-House On-Call Frequency

- Residents/Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call

- Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum weekly limit.
- The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
- Residents/Fellows are permitted to return to hospital while on at-home call to provide direct care for new or established patients. These hours or inpatient care must be included in the 80-hour maximum weekly limit.

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13. MOONLIGHTING

- Residents/fellows must not be required to engage in moonlighting.
- The Sponsoring Institution or individual programs may prohibit their residents/fellows from moonlighting
- The resident/fellows must have explicit written permission and prior approval of their Program Director before accepting any moonlighting opportunity. That approval must be in writing and must be made a part of the resident's/fellow's evaluation file.
- PGY1 residents are not allowed to moonlight.
- The program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight.
- All residents who engage in moonlighting activities:
    - Must be fully licensed to practice medicine in the state in which they are practicing
    - Must have state and federal Drug Enforcement Administration certificate to prescribe; and
    - Must carry individual professional liability insurance coverage as UMC does not provide professional liability for external moonlighting.
    - Must be in good standing in their training program
- Hours devoted to moonlighting must be counted toward the work hours regulations
- Moonlighting is a privilege. Residents/fellows who choose to moonlight will be monitored by their Program Director, and the moonlighting privilege may be revoked by the Program Director if the Program Director feels that the moonlighting is adversely affecting the resident's/fellow's patient care or education or is putting the resident/fellow at risk for work hours violation or excessive sleepiness/fatigue
- Restrictions may apply for visa types or contractual arrangements.
- Residents/fellows are responsible for understanding and advising the Graduate Medical Education office and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
- Violation of this policy may result in immediate suspension or termination.

DEFINITIONS

Moonlighting: An activity, outside the requirements of the residency/fellowship program, in which an individual performs such duties as a fully practicing healthcare worker.

Residents: The term "Resident" refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

14. RESIDENT WELLNESS

Understanding that psychological, emotional, and physical well-being are critical in the development of competent, caring, and resilient physicians, the Graduate Medical Education Committee (GMEC) promotes a clinical learning and working environment that recognizes the importance of proactive attention to trainees' life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stressors, that self-care and responsibility to support other members of the health care team are important components of professionalism, and that these skills must be modeled, learned, and nurtured in the context of other aspects of residency and fellowship training. Accordingly, GME fosters a clinical learning and working environment that supports the physical, emotional, and psychological health and safety of UMC's physician workforce.

RESIDENT RESPONSIBILITY

- Residents are responsible for reporting to UMC fit for duty and able to perform their clinical duties in a safe, appropriate, and effective manner free from the adverse effects of physical, mental, emotional, and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
- Residents are responsible for assessing and recognizing impairment, including illness and fatigue, in themselves and in their peers.
- If a resident is experiencing problems, they are encouraged to voluntarily seek assistance before clinical, educational, and professional performance; interpersonal relationships or behavior are adversely affected. Residents who voluntarily seek assistance for physical, mental, emotional, and or personal problems, including drug and alcohol dependency, before their performance is adversely affected will not jeopardize their status as a resident by seeking assistance.
- Residents must maintain their health through routine medical and dental care and, if needed, mental health care.
- At no time will residents be denied visits for acute care for illness (physical or mental) or dental emergencies during work hours.

RESIDENCY TRAINING PROGRAM RESPONSIBILITY

- It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct.
- If a program director or faculty member observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to verify the impairment and take appropriate actions.
- Program directors are encouraged to implement a mental health screening tool at all semi-annual assessments that screen for burnout and/or depression. Suggested methods are the Adult Access, Priorities, Growth, Assistance, and Responsibility (APGAR); the Maslach Burnout Inventory/validated questions from the inventory; or other nationally validated instruments – lists available to program directors.
- It is the responsibility of the program to provide reasonable accommodations (i.e. duty assignments, on-call schedules) to enable the resident to participate in mandated counseling.
- It is the responsibility of the program to provide opportunities for excessively fatigued resident to take therapeutic naps and to provide facilities for residents to sleep if too tired to return to their homes following clinical duties.
- The program, along with the sponsoring institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.
- The program, along with the sponsoring institution, must provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a

week.

SPONSORING INSTITUTION RESPONSIBILITY

- Enhance the experiences of physicians in training by implementing measures such as ensuring appropriate time for physician-patient interactions, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- Create clinical schedules with attention to work intensity and work compression that may adversely impact the well-being of trainees. In particular,
    - Training programs must create clinical and educational work schedules that comply with ACGME clinical and educational work hour guidelines.
    - Program leadership must conduct periodic reviews of compliance with clinical and educational work hour guidelines.
    - GME will work with programs to modify schedules or clinical experiences that jeopardize compliance with clinical and educational work hour guidelines.
    - Individual trainees for whom compliance with clinical and educational work hour guidelines is challenging should be identified by the training program, barriers to compliance should be assessed, and counseling and/or schedule modification provided, as appropriate.
- Continuously evaluate workplace safety data and address issues that affect the safety of UMC's workforce.
- Implement measures to ensure continuity of clinical coverage, including transitions of care, in the event that a trainee is unable to attend work due to fatigue, illness, family emergencies, or parental leave. Such measures must include provisions to minimize the potential for retaliation or harassment arising from the trainee's inability to work.
- Educate faculty and residents/fellows in the identification of the symptoms of burnout, depression, and substance abuse and impairment, including means to assist those who experience these conditions. In addition, trainees should also be educated to recognize those symptoms in themselves and how to seek appropriate care. Additionally, residents, fellows, and faculty are encouraged to alert the program director, department chair, DIO, or other designee when they are concerned that another physician may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

RESOURCES AVAILABLE TO ALL RESIDENTS

Physician impairment and substance abuse, counseling and psychological services

- Resident physicians are provided a confidential means of seeking and obtaining treatment for addictive disease and mental or physical impairment.
- Subsequently, the program director must be informed and will decide further action, if any. The program director will make all efforts to confirm the accuracy and the validity of the observations brought to the program director's attention. Added consultation should be obtained with the Designated Institutional Official and Chief Human Resource Officer.
- If further consultation is needed, the program director, in agreement with the resident, will pursue a course of action of referral of the resident to counseling/psychiatry services.
- Non-compliance by the resident may justify relief from patient care responsibilities or may be an indication for utilizing the disciplinary process as described. (Resident Promotion, Renewal, and Dismissal Policy & Resident Due Process Policy)
- The continuing service of the resident in patient care will depend upon expert advice regarding resident capability, degree of disability and compliance with any planned treatment as determined by counseling/psychiatric evaluation and the program director. The program director has the responsibility to ensure that these guidelines are maintained.
- Any continuing treatment will be monitored by the appropriate selected counseling/psychiatric entity or person, and the program director will be required to be aware of the outcome in determining the fitness of the resident to return to patient care responsibility.
- During all phases of the counseling and consultation process, complete privacy and confidentiality for the resident must be maintained.

- Office of Graduate Medical Education has an “open door” policy and is always available to address resident concerns.
    - DIO: Shana Tello shana.tello@umcsn.com
    - Academic Affairs: 702-207-8224 or academics@umcsn.com

- Resident Mental Health Resources
    - Home Town Health Resources for Mental Health Professionals
        - HMO/PPO
    - Employee Assistance Program (EAP)
        - Trainees have access to self-screening tools and other mental health resources through UMC’s Employee Assistance Access: 800-252-4555 or www.healthcareap.com
- Crisis Services
    - In any emergency involving physical harm or a threat to a life, please call 911 or contact the Las Vegas Metropolitan Police Department Dispatch
        - 702-828-3111
    - Nevada Physician Wellness Coalition
        - 775-404-3307
    - Crisis Support Services
        - Call or text 988
    - National Suicide Prevention Hotline
        - 800-273-8255
    - National Suicide Prevention Hotline
        - 800-273-8255
    - Hope Line Network
        - 800-784-2433
- All physicians have access to self-screening tools available on the ACGME.org website https://dl.acgme.org/pages/well-being-tools-resources

DEFINITIONS

Residents: The term “Resident” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

Fellows: The term “Fellow” refers to an individual who is engaged in a post-graduate training program sponsored by UMC.

15. RESIDENT IMPAIRMENT

All residents/fellows are expected to be present, fit to provide the services required for their patients, and prepared to carry out their obligations. Program directors and faculty must monitor residents for signs of impairment, especially those related to depression, burnout, suicidality, substance use, and behavioral disorders. When a concern for resident/fellow impairment arises, faculty must report their concern to the Program Director. Residents/Fellows are also responsible to report concerns about their own impairment, or possible impairment of their fellow residents. This reporting requirement applies to anyone who observes that a resident/fellow may be impaired. Actual evidence of impairment is not required. If there is a concern that a resident/fellow may be impaired, they must be removed from patient contact until approved to return to work by the Program Director, or designee, who will then refer to UMC Human Resource policy on Substance Abuse regarding further process and steps.

Programs and UMC must educate their residents, fellows and faculty on impairment.

1. Residents and faculty must be able to recognize signs and symptoms of impairment.
2. Residents who perceive that they or another resident are exhibiting behaviors which may potentially interfere with their ability to practice have the professional responsibility to immediately notify a senior resident, supervisor attending, and/or Program Director without fear of reprisal.
3. If a resident is suspected of or demonstrating impairment of their ability to provide safe care, the supervising attending, or Program Director must immediately release the resident from any further patient care responsibility, including from work duties/schedule, at the time of recognition and referral for appropriate evaluation.

The top twelve indicators (but not the only indicators) of probable illness and/or impairment are:

1. Change in Personality or behavior;
2. Increasingly irritable and moody at work or social events;
3. Difficulties or arguments (with nurses and other hospital personnel, progressing to colleagues and patients.);
4. Absences from work or canceling office hours especially on Monday or the day after a major holiday weekend;
5. Absences often attributed to other illnesses as well as to financial or social crises;
6. Rounds at unusual hours, late in the evening or very early in the morning;
7. (Major) deficiencies in clinical record keeping;
8. Difficulties reaching the provider by pager or phone without a reasonable excuse;
9. Arrests for a drinking and driving offense or for unacceptable behavior;
10. Intoxicated at social functions including job related functions;
11. As the illness progresses to more severe stages, there is an obvious impairment at the worksite, including the odor of alcohol on the provider's breath, signs of intoxication and passing out after using intravenous medication on a bathroom break;
12. Finally, withdrawal from social activities and isolation from colleagues and social support systems.

Please also see UMC Human Resources Checklist for Suspected Impairment.

In achieving these goals, several principles are involved:

1. The safety of both the impaired resident/fellow and their patients are of prime importance.
2. The privacy and dignity of the impaired resident/fellow should be maintained as much as possible in the context of safe patient care and departmental administration.
3. Program Leadership, together with UMC Human Resources, will work together to carry out all steps outlined in the current UMC Human Resources Substance Abuse Policy.

A Resident/Fellow found in violation of this policy either directly possessing or using alcohol or drugs as described above or through a confirmed, positive drug/alcohol test will be referred to the Program Director, Human Resources and subject to appropriate policy guidelines. Violation of this policy may result in state or federal licensing board reporting.

DEFINITIONS

Resident/Fellow Impairment: The inability to practice medicine with reasonable skill or safety as a result of dependence or use of mind- or mood-altering substances; distorted thought processes resulting from mental illness or physical condition; or disruptive social tendencies. Examples of conditions that may cause impairment include mood disorders such as major depression; anxiety, sleep, or stress disorders; “burnout”; brain injury; or medical disorders such as endocrinopathies, central nervous system infections, etc.

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Fellows: The term “Fellow” refers to a physician who has completed a residency program and is enrolled in an advanced training program.

16. RESIDENT DUE PROCESS

Residents/Fellows may seek review of probation, suspension, non-promotion, dismissal, non-renewal of terms of appointment by requesting due process as described in this policy.

Written Due Process Requests:

- When a resident is informed of probation, suspension, non-promotion, dismissal or non-renewal of terms of appointment, an appeal must be submitted in writing, certified US Mail, with an email copy being sent to the Designated Institution Official (DIO) within five (5) business days of the resident's receipt of the action. Failure to do so will forfeit the ability to submit Due Process.

Due Process Hearing:

- The hearing held by the Due Process Panel shall be conducted within the following guidelines:
    - Within approximately 10 business days, The DIO will assemble members for the Due Process panel which shall include at least two members of the Graduate Medical Education Committee (GMEC) that are outside of the program from which the resident is training to form a panel ensuring that there is no conflict of interest. One of the Due Process Panel shall serve as the presiding officer who will chair the Due Process Panel and communicate the results to the DIO;
    - The DIO will set a hearing date, approximately 10 days advance notice to the resident/fellow of the date of hearing;
    - The DIO will arrange for a transcript of the hearing by certified court reporter (to be charged to resident's/fellow's department);
    - The resident/fellow will be provided approximately 10 business days prior to the hearing, the following notice:

      A written statement which shall include a description of the underlying facts to be considered; the date, time, and location of the hearing; and the option for the resident/fellow to have legal representation at the hearing, the cost of which, is borne by the resident/fellow themselves.

        - Ten (10) days prior to the hearing, parties will exchange documents that will be reviewed by the Due Process Panel.
        - At least seven (7) days prior to the hearing, the DIO will provide the resident with copies of all documentation and the names of all witnesses that will be presented to the Due Process Panel at the hearing;
        - At least seven (7) days prior to the hearing, resident is to provide the DIO with copies of all documentation and names of all witnesses that will be presented at the hearing; -
        - At least five (5) days prior to the hearing, the DIO will provide the Due Process Panel with copies of all documentation and the names of all witnesses that will be presented to the panel at the hearing for both the department and the resident/fellow.
        - Under no circumstances shall a resident/fellow harass, retaliate against, or demand a witness to discuss the subject matter of the hearing outside of the hearing process. The witness list of either party may, at the discretion of the DIO, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party. The Due Process Panel shall have the authority to limit the number of witnesses based upon relevancy or duplicity.

Hearings Will Not Be Triggered by the Following Actions (not an all inclusive list)

a) Issuance of a letter of guidance, warning, or reprimand;
b) Denial of a request for leave of absence, or for an extension of a leave;
c) Any recommendation voluntarily accepted by the resident/fellow;
d) Any requirement to complete an educational assessment;
e) Retrospective chart review;

f) Any requirement to complete a health and/or psychiatric/psychological assessment;

Failure to Appear

- Failure, without good cause, of the individual requesting the hearing to personally appear and proceed at such a hearing shall be deemed to constitute a waiver of all hearing and appeal rights and a voluntary acceptance of the recommendations of actions pending, which shall then be forwarded to the DIO for final action. Good cause for failure to appear will be determined by the Due Process Panel.

Record of Hearing

- The hearing panel shall maintain a written record of the hearing by a reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the program, and copies of the transcript shall be provided to the individual requesting the hearing at that individual's expense. Panel may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated to administer such oaths and entitled to notarize documents in the State of Nevada.

Rights of the Resident/Fellow and the Hospital

- At the hearing both sides shall have the following rights, subject to reasonable limits determined by the presiding officer:
  a) To call and examine witnesses to the extent available;
  b) To introduce exhibits;
  c) To cross-examine any witness on any matter relevant to the issues and to rebut any evidence;
  d) To have representation by counsel, at their own cost, who may be present at the hearing, advise their client, and participate in resolving procedural matters. Attorneys may not argue the case for their client. Both sides shall notify the other of the name of their counsel approximately ten (10) business days prior to the date of the hearing;
  e) To submit a written statement at the close of the hearing.
- The Due Process Panel may question the witnesses, call additional witnesses, or request additional documentary evidence. It is the responsibility of the resident/fellow to ensure their witness(s) appear.

Admissibility of Evidence

- The hearing shall not be conducted according to legal rules of evidence. Hearsay evidence shall not be excluded merely because it may constitute legal hearsay. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

Burden of Proof

- It is the burden of the Program to demonstrate that the action recommended is valid and appropriate. It is the burden of the resident/fellow under review to demonstrate that the action taken by the program was not valid and appropriate.

Post-Hearing Memoranda

- Each party shall have the right to submit a post-hearing memorandum within 3 business days of the hearing, and the Due Process Panel may request such a memorandum to be filed, following the close of the hearing.

Postponements and Extensions

- Postponements and extensions of time beyond any time limit set forth in this policy may be requested by anyone but shall be permitted only by DIO on a showing of good cause.

Persons to be Present

- The hearing shall be restricted to those individuals involved in the proceedings. Administrative personnel may be present as requested by the DIO. All members of the Due Process Panel shall be present for all stages of the hearing and deliberations.

Deliberations and Recommendation of the Due Process Panel

- Within five (5) business days after final adjournment, the Due Process Panel shall conduct its deliberations outside the presence of any other person and shall render a recommendation,

accompanied by a report, signed by all the panel members. This shall contain a concise statement of the reasons for the recommendation as it relates to disciplinary actions 1-5 under purpose and not in relation to action such as compensation or other restitutions.

Disposition of Due Process Panel Report

- The Due Process Panel shall deliver its report and recommendation to the DIO who shall forward it, along with all supporting documentation, to the Program Director and shall also send a copy of the report and recommendation, certified mail, return receipt requested, to the individual who requested the hearing.
- The resident will observe all HR policies and guidelines with regards to remuneration.

Appeal to the DIO

Should the Program Director or resident/fellow wish to appeal the decision of the Due Process Panel, an appeal request must be submitted in writing via email with a confirmation phone call to the DIO within 5 business days of receiving the Due Process Panel's decision.

The DIO shall review the documentation from the court reporter as well as any evidence reviewed and issue a final decision. The written decision shall be given to the Program Director, and a copy of the decision shall be sent via certified mail, return receipt requested, to the resident/fellow.

The DIO's decision shall be deemed the final decision.

DEFINITIONS

Residents: The term "Resident" refers to an individual who is engaged in a post-graduate training program.

Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

17. RESIDENT SUPERVISION – GME POLICY

According to the ACGME, each patient must have an identifiable and credentialed attending physician who is responsible and accountable for the patient's care. All residents/fellows providing care to patients will be supervised by a faculty physician. As residents/fellows demonstrate competence in their ability to care for patients, it is important to foster their progression to higher levels of autonomy by providing them with clinical roles with greater independence and the opportunity to supervise less experienced/junior residents/fellows and medical students.

Residents/Fellows may always call their faculty physicians, chief resident/fellow or Program Director on any areas where there is a need for clarity.

Faculty physicians will treat residents/fellows with respect and patience.

Supervision Levels

The following supervision levels are defined by the ACGME common program requirements.

To promote appropriate resident/fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision
    - The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction.
    - PGY-1 residents must initially be supervised directly.(The Review Committee may describe the conditions under which PGY-1 residents progress is to be supervised indirectly).
    - The supervising physician and/or patient is not physically present with the resident/fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify]
- Indirect supervision:
    - The supervising physician is not providing physician or concurrent visual or audio supervision, but is immediately available to the resident/fellow for guidance and to provide appropriate direct supervision.
- Oversight:
    - The supervising physician is available to provide review of procedures/encounter with feedback provided after care is delivered.

Progressive Authority and Responsibility, Conditional Independence and Supervisory Role

- Can be delegated to each resident/fellow and must be assigned by the Program Director and faculty members.
- The Program Director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of each resident/fellow.
- Senior residents/fellows should serve in a supervisory role to junior residents/fellows in recognition of

their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.

- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care, authority, and responsibility.
- The program must demonstrate that the appropriate level of supervision in place for all residents/fellows is based on each resident's/fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
- Residents/Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to residents/fellows, faculty members, other members of the health care team, and patients.

The program must set guidelines in writing for circumstances and events in which residents/fellows must communicate with the supervising faculty member(s).

The program must define in writing when physical presence of a supervising physician is required.

Each resident/fellow must know the limits of their scope of authority, and the circumstances under which the

Resident/fellow is permitted to act with conditional independence.

Reporting Inadequate Supervision:

The Sponsoring Institution must have a mechanism by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

DEFINITIONS

Supervising Physician: Is a physician, either faculty member, or senior resident designated by the Program Director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

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Fellows: The term "Fellow" refers to a physician who has completed a residency program and is enrolled in an advanced training program.

Conditional Independence: Graded, progressive responsibility for patient care with defined oversight.

18. GME SPECIAL REVIEW PROTOCOL

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

Criteria for Identifying Underperformance

Underperformance by a program can be identified through a wide variety of mechanisms. These may include, but are not limited to:

I. Program accreditation statuses of:
   a. Initial Accreditation with Warning
   b. Continued Accreditation with Warning
   c. Adverse accreditation statuses as described by ACGME policies such as Probationary Accreditation, Accreditation Withheld, Voluntary Withdrawal of Accreditation, Administrative Withdrawal of Accreditation, Accreditation Withdrawn, Expedited Withdrawal of Accreditation and Reduction in Resident Complement by the ACGME

II. Deviations from expected results in standard performance indicators:
   a. Program attrition
      1. Greater than one resident per year trainee attrition (withdrawal, transfer or dismissal over a two-year period)
   b. Loss of major education necessities
      1. Changes in major participating sites (for reasons not to enhance educational experiences)
      2. Consistent incomplete resident complement
      3.
   c. Recruitment underperformance
      1. Unfilled positions over three years
   d. Board passage rates
      1. Board pass rate falls below specific specialty requirements
   e. Accreditation Council for Graduate Medical Education (ACGME) resident and/or faculty survey downward trends
   f. Transferred program (from another institution)
   g. Communication about or complaints against a program indicating potential egregious or substantive noncompliance with ACGME common, specialty/subspecialty specific program and/or institutional requirements or noncompliance with institutional policy
   h. Request by residents, faculty, department chair, or program director for a special review
   i. At the request of the GMEC and or DIO.

PROCEDURE

I. Designation: When a residency/fellowship program is deemed to have met the established criteria, the GMEC shall vote to trigger a special review. Special review investigations shall occur within 30-60 days of the trigger of the special review.

II. Special review panel: Each special review will be conducted by a panel comprised of individuals from the sponsoring institution but not from the program being reviewed or, if applicable, not from its affiliated subspecialty/parent program(s). Membership will include:
   a. Two representatives from GMEC
   b. A member of the GME staff – DIO, or institutional coordinator
   c. At least one resident – if there is more than one residency program
   d. A faculty member from UMC – if there is more than one residency program

III. Preparation for the special review: materials and data to be used in the review process will include but not be limited to:
    a. ACGME common, specialty/subspecialty-specific program, and institutional requirements in effect at the time of review
    b. Accreditation letters of notification and citation(s)
    c. Reports from previous special reviews (if applicable)
    d. Previous annual program evaluations (APE)
    e. Results from internal or external resident surveys if available
    f. Any other materials the special review panel considers necessary

IV. Review

The special review panel will conduct interviews with the following members of the program under review:

    a. Program director/associate program director(s)
    b. Coordinator
    c. Core/key clinical faculty
    d. Residents – the separation of PGY level will be at the discretion of the special review panel
    e. Any other individual deemed appropriate by the review panel

Report

I. A clear and concise report of the special review will be completed within four weeks of the conclusion of interviews. The report will then be presented for review, discussion and vote at the following GMEC meeting.

II. The report will include the following:
    a. Name of the program being reviewed with the date the review was completed and a date when report was presented to and voted on by the GMEC
    b. Names and titles of special review panel
    c. Summary of how the review process was conducted and a list of documents reviewed
    d. Listing of the findings and recommendations of the panel
    e. The recommendations should include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, and the process for GMEC monitoring of the outcomes

III. Monitoring Outcomes
    a. The report will be presented by the chair of the special review panel at the subsequent GMEC meeting. The GMEC will review and discuss the findings as well as vote for approval of the report, action plans and monitoring procedures.
    b. The monitoring of outcomes will include a report from the program director on the quality improvement goals and corrective actions at each GMEC meeting until GMEC members vote for approval to discontinue the report out by the program director.

DEFINITIONS

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Fellows: The term “Fellow” refers to a physician who has completed a residency program and is enrolled in an advanced training program.