

KU SCHOOL OF MEDICINE

The University of Kansas

GME

Policy and Procedure Manual

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This manual represents the institutional guidelines, policies and procedures governing the selection, appointment, evaluation and promotion of residents and fellows at the University of Kansas School of Medicine (KUSOM). While every effort has been made to ensure the accuracy and comprehensiveness of the information presented, the content of this manual is subject to change. Unless otherwise noted, all policies included in and revisions of this document become effective upon their publication on <https://www.kumc.edu/school-of-medicine/gme/information-for-residents-and-fellows/policies-and-procedures.html>. Individuals seeking the most recent additions or revisions should contact the Office of the Senior Associate Dean for GME.

The University of Kansas School of Medicine (KUSOM) and The University of Kansas Health System (TUKHS) is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, and genetic information or any other applicable legally protected status as required by the ACGME. . For additional information about KUSOM's equal opportunity and nondiscrimination policies and procedures, see KUMC's Equal Opportunity website, available [here](#), and Sections 8 & 20 of this Manual.

KUSOM provides reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability unless hardship or direct threat would result therefrom. Any resident with a disability who requires an accommodation should complete the Resident Request for Accommodation Form available [here](#), and submit it directly to Human Resources. Procedures regarding the accommodation process are available [here](#) and in this Manual (Section 20).

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1. ABOUT THE UNIVERSITY OF KANSAS MEDICAL CENTER

The Medical Center TUKHS is a campus of KUSOM and offers educational programs through its Schools of Health Professions, Nursing, and Graduate Studies. The campus is comprised of academic units operating alongside TUKHS, which provides opportunities for clinical experience and residency positions.

1.1 University of Kansas Medical Center Mission Statement

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

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

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

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

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

1.2 KUSOM Mission, Vision, and Values

Mission

To improve lives and communities in Kansas and beyond through partnership and innovation in education, research and health care. The full strategic plan can be found [here](#)

Vision

The KUSOM will work with its partners to become the premier academic Medical Center in the region known for its excellent education, innovative scientific discovery, outstanding

clinical programs, and dedication to community service. It will be known as the place where everyone wants to come to learn, to teach, to conduct research and to receive his or her health care.

Values

Excellence

Partnership and Collaboration

Teamwork and Participatory Decision Making

Ethics, Honesty and Respect

Practicality and Financial Responsibility

Openness and Transparency in Decisions and Finances

Accountability and Measurable Milestones

Diversity

Continuous Improvement

2. INTRODUCTION TO GME

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

The single most important responsibility of any GME program is to provide an organized educational program with guidance and supervision of the resident and fellows (from here on referred to as “residents” unless fellowship specific clarification is required) that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill.

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

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

KUSOM and the American Association of Medical Colleges (AAMC) have long held that residents, although receiving stipends and providing useful clinical service, are primarily students, not employees. Though there have been several attempts in the past three decades to organize interns and residents for purposes of collective bargaining, the resident’s primary role is that of a trainee in an educational program rather than an employee. In the “educational” setting, the level of stipends, the availability of other “benefits”, the Clinical Experience and Education, the length of training programs, the rotations of residents to various services, and the methods of testing and evaluating residents, are necessarily determined unilaterally by the programs and sponsoring institutions based on the guidelines provided by the ACGME, and the various Review Committee’s (RCs) and specialty boards. Furthermore, the decision to reappoint or promote a resident is fundamentally subjective and is to be made by the officers of the program based upon evaluation of both the resident’s performance and potential for future growth.

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

2.1 Policies and Procedures Governing GME

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

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

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

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

2.2 GME Committee (GMEC)

In accordance with the ACGME, the GMEC is an organized administrative system that oversees all residency programs sponsored by the KUSOM. The Chancellor of the University of Kansas maintains authority over the KUSOM and its residency programs.

The Senior Associate Dean for GME serves as the Designated Institutional Official (DIO), and in collaboration with the GMEC, has authority and responsibility for the oversight and administration of the ACGME-accredited programs sponsored by the KUSOM, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements. GMEC meetings are generally held monthly.

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

2.2.2 The GMEC has the responsibility for monitoring and advising on all aspects of residency education. The ACGME Institutional Requirements provide a full list of GMEC responsibilities which can be found here <https://www.acgme.org/designated-institutional-officials/institutional-review-committee/institutional-application-and-requirements/> under the section titled Responsibilities: GMEC Responsibilities must include: I.B.4.

- i. All such correspondence must also be reviewed by the Office of GME and be cosigned by the Senior Associate Dean for GME/DIO indicating that the institution and GMEC has reviewed and approved of the content of the correspondence.
- b) Before a position is offered to a GME candidate in any program, the position must be approved in writing by the Senior Associate Dean for GME. The total number of positions offered in a program must also be approved in writing by the Senior Associate Dean. The total number of positions offered will under no circumstances be greater than, but may be less than, the maximum program size authorized by the ACGME.

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

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

3. THE ACGME AT A GLANCE

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

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

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

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

(the program list is subject to change throughout the year, for the latest information visit this link- <http://www.kumc.edu/school-of-medicine/gme/residency-and-fellowship-programs.html>)

Residency Programs

Anesthesiology
Dermatology
Emergency Medicine
Family Medicine (Urban and Rural)
Internal Medicine (Prelim and Categorical)
Internal Medicine/Psychiatry (Accredited through Core Programs)
Interventional Radiology (Integrated)
Neurological Surgery
Neurology
Obstetrics and Gynecology
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology - Anatomic and Clinical

Physical Medicine and Rehabilitation
Plastic Surgery
Psychiatry
Radiation Oncology
Radiology-Diagnostic
Surgery-General
Urology

Fellowship Programs

Addiction Psychiatry
Advanced Heart Failure and Transplant Cardiology
Adult Cardiothoracic Surgery
Allergy and Immunology
Blood Banking /Transfusion Medicine
Cardiothoracic Surgery
Cardiovascular Diseases
Child and Adolescent Psychiatry
Clinical Cardiac Electrophysiology
Clinical Informatics
Clinical Neurophysiology
Critical Care Anesthesiology
Critical Care Medicine
Congenital Cardiac Surgery (CMH)
Cytopathology
Endocrinology, Diabetes and Metabolism
Emergency Medical Services
Epilepsy
Gastroenterology
Geriatric Medicine
Gynecology Oncology
Hematology and Oncology
Hematopathology
Hospice and Palliative Medicine
Infectious Disease
Interventional Cardiology
Interventional Radiology (Independent)
Maternal Fetal Medicine
Nephrology
Neurocritical Care Medicine
Neuromuscular Medicine
Neuroradiology
Pain Medicine
Pediatric Anesthesiology (CMH)
Pediatric Dermatology (CMH)
Pulmonary Disease and Critical Care Medicine
Rheumatology
Selective Pathology
Sleep Medicine
Sports Medicine (Family Medicine)
Sports Medicine (Orthopedic Surgery)
Surgical Critical Care
Vascular Neurology
Vascular Surgery

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

(the program list is subject to change throughout the year, for the latest information visit this link-
<http://www.kumc.edu/school-of-medicine/gme/residency-and-fellowship-programs.html>)

Advanced Cardiovascular Imaging (Cardiovascular Diseases)
Body Imaging (Radiology)
Bone Marrow Transplantation (Internal Medicine)
Brain Injury Medicine (Physical Medicine and Rehabilitation)
Breast (Radiology)
Breast Surgical Oncology (Surgery)
Burn (Plastic Surgery)
Cancer Rehabilitation (Physical Medicine and Rehabilitation)
Cardiac Arrhythmia (Internal Medicine)
Dementia (Neurology)
Clinical/Outcomes Research in CV Medicine and CV Surgery (Cardiovascular)
Dermatology Research (Dermatology)
Facial Plastic and Reconstructive Surgery (Otolaryngology)
Head and Neck Microvascular (Otolaryngology)
Interventional Musculoskeletal and Spine (Physical Medicine and Rehabilitation)
Microsurgery (Plastic Surgery)
Movement Disorders (Neurology)
Multiple Sclerosis (Neurology)
Musculoskeletal Radiology (Radiology)
Interventional Musculoskeletal/Spine (Physical Medicine and Rehabilitation)
Neuro Anesthesiology (Anesthesiology)
Obstetrics and Gynecology Academic Fellowship (Obstetrics and Gynecology)
Regional Anesthesia (Anesthesiology)
Renal Transplant (Nephrology - Internal Medicine)
Rhinology and Skull Base Surgery (Otolaryngology)
Transplant Surgery (General Surgery)
Transplantation (Anesthesiology)
Urologic Oncology (Urology)
Vitreoretinal Diseases and Surgery (Ophthalmology)

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

4.1 Eligibility

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

- 4.1.1 Graduation from an acceptable medical school, as outlined by the KUSOM and the Kansas State Board of Healing Arts (KSBHA):
 - a) Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME), or
 - b) Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), or
 - c) Graduation from an acceptable medical school outside the United States or Canada with one of the following:

- i. successful completion of a Fifth Pathway program provided by an LCME accredited medical school, or
 - ii. A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
 - iii. All Canadian citizens and eligible Canadian Landed Immigrants who are NOT graduates of a foreign medical school must hold a status, which allows employment as a medical resident, and maintain an appropriate status throughout the length of the graduate medical training program. Possession of valid immigration documents which verify the status must be presented, or
 - iv. an Active license to practice medicine in the State of Kansas and Missouri, depending on the training program.
 - v. Residents who hold an Active license in the State of Kansas are required by KSBHA to obtain a supplemental policy that would provide additional professional liability coverage beyond the residency training program insurance provided pursuant to K.S.A. 40-3401(r)(1).
- d) Foreign medical schools are deemed acceptable as defined by the KSBHA (K.S.A. 65-2873). This is the minimum standard for graduates of foreign medical schools, however individual programs may have more stringent requirements for foreign medical school graduates:
- i. Inclusion in the list of “approved” medical schools on the KSBHA’s website
(<http://www.ksbha.org/departments/licensing/medicalschoools.shtml>)
 - ii. The school must not appear on the list of “disapproved” schools, also on the KSBHA website,
 - iii. To be eligible for appointment, all Canadian citizens and eligible Canadian Landed Immigrants who ARE graduates of a foreign medical school must seek and maintain sponsorship through ECFMG for J-1 non-immigrant visa status.

4.1.2 The Office of GME reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.

Some ACGME program requirements stipulate further qualifications that must be met for eligibility to an ACGME accredited program at the University of Kansas. Additionally, some programs may have more stringent qualification requirements as specified in their individual program manuals. All Eligibility Exceptions must have prior GMEC and DIO approval before ranking the candidate or offering a training position.

Applicants are required to demonstrate spoken, auditory, reading, and writing proficiency in the English language.

4.1.3 To be eligible, applicant must meet with or without reasonable accommodation, all duties and responsibilities as described through this link
<https://kumed.sharepoint.com/sites/mykumc/hr/Pages/Accommodation-Policy.aspx>

4.1.4 Appointment of Residents

Residency program applicants for the PGY 1, 2 or 3 levels must provide evidence of passing USMLE Step II (CS and CK)/COMLEX Level 2 (CE and PE) before they will be admitted. Residency program applicants for the PGY 3 level or beyond must provide evidence of sitting and passing for the USMLE Step III/COMLEX Level 3 before they will be admitted. Fellowship program applicants must provide evidence that they successfully passed USMLE Step III/COMLEX Level 3 before they will be admitted.

DIO Review 12/1/2011, 1/15/2017, 5/31/2019, 6/1/2020, 6/23/22

KUMC Legal Review 5/31/2019, 6/1/2020

GMEC Approval 12/5/2011, 1/20/2017, 6/3/2019, 6/1/2020

4.2 Transferring Residents must meet all eligibility qualifications and:

- a) Any transfer of residents from one accredited program to another within the University of Kansas Medical Center must be reviewed and approved by the receiving program. The sending program must be informed as soon as possible by the transferring resident.
- b) Resident Transferring from another ACGME- accredited program into a KUSOM ACGME-accredited program must have their transferring program director provide a written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. This must be received prior to entrance into the accepting program.
- c) For residents transferring to another accredited program outside of the University of Kansas Medical Center, the program director must provide timely verification of residency education and summative competency-based performance evaluations for residents who leave the program prior to completion.

4.2.1 Personal Hardship Transfers

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

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

- a) The resident requesting the transfer must be in good standing and in an ACGME-accredited residency program at the external sponsoring institution.

- b) Personal hardship transfers must take place between programs of the same specialty, i.e. Internal Medicine to Internal Medicine, Surgery to Surgery, but not from Internal Medicine to Surgery.
- c) The resident requesting transfer must meet all eligibility qualifications, submit a completed application and all supporting materials, and must meet all other applicable requirements for admission to the program sponsored by the University of Kansas.
- d) The Officers of the program accepting a resident under conditions of personal hardship must identify sources of funding for the stipend and benefits of the transferring resident.
- e) If the transferring resident is not to receive stipend or benefits during the initial appointment at the University of Kansas, then the Officers of the program must notify the GME Committee and the Associate Dean for GME in writing during the application process.
- f) If the transferring resident does not receive a stipend or benefits during their initial appointment, they must be placed in a funded position at the start of the academic year immediately following the transfer.
- g) Programs are prohibited from requesting, receiving, or accepting any payment from or on behalf of the resident requesting the hardship transfer.
- h) Under no circumstances will a program be allowed to exceed the maximum number of residents approved by the applicable Review Committee of the ACGME.

4.3 Application

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

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

All applicants to any ACGME-accredited KUMC program should access important additional information on our Web Site at [Information for Residents and Fellows \(kumc.edu\)](http://www.kumc.edu/information-for-residents-and-fellows).

4.4 Resident Selection

- 4.4.1 Programs will select residents from among eligible candidates on the basis of residency-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity.
- 4.4.2 Programs will not discriminate with regard to race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, genetic information, or any other applicable legally protected status as required by the ACGME.
- 4.4.3 In selecting from among qualified candidates seeking an initial GME position, or a position in an advanced GME program that participates in one of the “specialty” matching programs, the programs will participate in and abide by the rules and regulations established by the National Resident Matching Program and/or the applicable specialty matching program.
- 4.4.4 Programs will not offer “second look” interviews.
- 4.4.5 Guidelines for Post Communication
To promote the highest ethical standards during the interview, ranking, and matching processes, program directors participating in a Match shall commit to the NRMP communication code of conduct <http://www.nrmp.org/communication-code-of-conduct/> and follow the recommended steps in the interview:
 - Set clear expectations for applicants on interview day about appropriate forms of post interview communications;
 - Limit post interview communications to objective information;
 - Provide a point person to handle all post interview communications;
 - Consider logging all post interview communications to safeguard ethical standards.

DIO and Legal reviewed 10/26/2022
GMEC approved 11/7/2022

4.5 Appointment of Residents

- 4.5.1 National Residency Match Program is the strongly suggested appointment method for Residents, if available. In selecting from among qualified applicants, programs that participate in the NRMP (National Residency Match Program) Main Residency Match must attempt to fill all of the vacant positions through the Match or another national matching program. Fellowship programs in the NRMP Specialties Matching Service® may voluntarily implement the NRMP’s **All In Policy**. Those Programs appointing residents outside a national match are expected to discuss the appointment with the DIO prior to offering the candidate a position. Once

approved the program should have the applicant sign a standard letter of offer at least two months prior to the candidate's start date, signed by the Program Director and Resident indicating acceptance with a copy to the DIO.

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

- a) original, complete copies of all medical school transcripts, stamped with the official seal(s) of the candidate's medical school(s),
- b) an official copy of their medical school diploma,
- c) a photograph taken within six months of the resident's application for GME,
- d) a copy of a current Post Grad, Resident Active or Active license to practice medicine in the State of Kansas (the resident is encouraged to obtain a full, unrestricted Kansas license as soon as eligibility requirements are met) the resident should consult the KSBHA website for current language,
- e) a copy of a current Post Grad, Resident Active or Active license in the appropriate jurisdiction as soon as allowable by that jurisdiction, if their program requires rotation to affiliate institutions outside the State of Kansas (other than the Veteran's Health Services affiliates),
- f) all applicants must be BLS certified before arriving.
- g) evidence of current certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Neonatal Resuscitation Program (NRP) and/or Pediatric Advanced Life Support (PALS), as required by the individual programs, unless this training is provided by the program during orientation,
- h) Residents at the KUSOM may apply for the Fee or Fee-Exempt Kansas DEA. A copy of a current Drug Enforcement Agency (DEA) registration is a condition of a residents training, for any resident holding a Post Grad, Resident Active or Active license and/or whose duties require that they prescribe. Residents not holding a valid personal DEA registration who violate the provisions of the Controlled Substance Act (1970) will be personally liable for any consequences, penalties, and/or fines resulting from the prosecution of such violations.

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

A DEA registration issued for the State of Kansas is not valid for the State of Missouri or any other state. Rotations at certain Missouri Participating Institutions allow use of the Institutional DEA. It is the rotating resident's responsibility with program leadership's guidance, to determine whether an individual or institutional Missouri DEA is appropriate. In addition to a valid

State of Missouri DEA registration, trainees rotating to Missouri must obtain a Missouri BNDD certificate if they wish to prescribe or dispense medications in accordance with the Controlled Substance Act (1970). Residents should contact their Program Coordinator for proper forms and instructions at least 8 weeks prior to rotating outside of the State of Kansas.

- i) confirmation of a valid National Provider Identifier (NPI) number, as issued by the National Plan and Provider Enumeration System (NPPES),
- j) a signed and dated Resident Agreement to be forwarded to the Office of GME,
- k) proof of eligibility to work in the United States,
- l) a complete and satisfactory background check
 - i. The resident must request the background check from the School's contracted provider according to the instructions provided by the program.
 - ii. The background check is then delivered to the Office of GME by the contracted provider.
- m) such other information as the School may consider relevant to the resident's credentialing

4.5.2 After appointment to the resident staff and prior to beginning participation in clinical service, the resident must provide the following to Occupational Health or schedule an exam with the KU Occupational Health team:

- a) The list of current Occupational Health requirements can be found in Guideline 30.10
- b) The policy applicable to vaccinations can be found here <https://kumc.policystat.com/policy/7674860/latest/>
- c) and the University process for seeking a medical or religious exemption for the University can be found here <https://www.kumc.edu/compliance-services/office-of-compliance/equal-opportunity-office/discrimination/religious-accommodation.html>
- d) The University disability accommodation policy can be found [here](#).

The resident will continue to meet UKHS, Participating Sites AND Medical Center's Occupational Health policies/protocols and applicable immunization requirements for the duration of the resident's training.

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

- a) copies of all medical licenses currently in effect,
- b) copies of all DEA registrations and state narcotics registration numbers,

- c) copies of current certifications in BLS, ACLS, ATLS, NRP and/or PALS as required by the individual programs, and
- d) verification of immigration and VISA status as well as a copy of an ECFMG certificate indicating the validation dates, if applicable.

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

- 4.5.4 All resident candidates and residents offered subsequent appointment will be checked with the government's "excluded providers" listing by the individual programs and on a continuing basis by the UKH Office of Ambulatory Services Compliance to determine that they are eligible to provide care to individuals covered by various government programs, including but not limited to Medicare, Medicaid, and Campus. Individuals whose names appear on the excluded providers' list will not be offered appointments until their status is resolved. Among the reasons for placement on the excluded providers list are convictions of fraud related to Medicare payments and default loans obtained through any of the federally backed student loan programs.
- 4.5.5 Participation in a GME program is a full-time commitment. Consequently, concurrent employment or appointment to other positions including faculty or research positions is prohibited. While participation as a trainee under the provisions of a training grant is permissible in those instances where formal research experience is a requirement of the program, participation as an investigator with formal time commitments that conflict with the commitment to the educational program is prohibited.

4.6 Appointment Review, Audit and Oversight

- 4.6.1 Final approval of all Resident Agreements and appointments, and all modifications, amendments or attachments thereof, is the responsibility of the Dean's Office as the agent for the University of Kansas.
- 4.6.2 Offer of a position not approved by the Office of GME, or a verbal offer that for whatever reason is not subsequently approved in writing by the School are the responsibility of the department or division. Should a candidate accept such offer, either verbally or in writing, the department or division assumes the financial obligations of the agreement until such time as the agreement is approved in writing by the School.
- 4.6.3 In meeting its institutional requirements and responsibilities as defined by the ACGME, KUSOM through the Dean's office may review and/or request copies of any or all materials relating to a candidate's appointment or reappointment as a resident. Should deficiencies be identified in a candidate's file, the Dean's Office may deny an appointment pending resolution of the deficiencies.
- 4.6.4 Should a resident appointment be found to have been based on incomplete, inaccurate or fraudulent information submitted by a candidate or program during any phase of the application, selection, or appointment process, or should the resident appear on the excluded provider list, the resident agreement will be

declared invalid and the appointment will be immediately annulled consistent with the policies of the NRMP (where applicable).

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

DIO Review 7/23/2010: 12/4/2017, 5/17/2021, 7/9/2021, 6/23/22
KUMC Legal Review, 5/17/2021, 7/9/2021
GMEC EC Approval 7/23/2010
GMEC Approval 8/2/2010: 12/4/2017, 6/7/2021, 8/2/2021

5. THE RESIDENT AGREEMENT

5.1 Parties

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

5.2 Term

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

- 5.2.1 Neither the Resident Agreement nor the appointment to the resident staff constitute or imply a benefit, promise, option, or other commitment by the School to offer a subsequent agreement, or otherwise renew or extend the appointment of the resident beyond the termination date of an existing Agreement.
- 5.2.2 The decision to offer a subsequent agreement to a resident does not imply a duty or obligation to simultaneously promote the resident to the next training level in the program.
- 5.2.3 Residents subject to corrective actions or pursuing appeal and hearing of a proposed corrective action will not be offered a subsequent appointment unless and until the corrective actions are completed or the appeal and hearing process produces a finding for the resident.
- 5.2.4 Residents potentially qualify for promotion if they are in good standing and/or are in active remediation with or without the probation process, at the discretion of the Program Director and Program Chair.

5.3 Appointment Level

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

5.4 Stipend

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

- 5.4.1 PGY level is determined by the number of years of successfully completed required prior training for any individual program according to the ACGME.
- a) All residents in their first year of any residency programs, except for those programs which require a preliminary year, start at the PGY 1 level.
 - b) All residents in a preliminary year are assigned the PGY 1 level.
 - c) The PGY level for residents who change residency programs within KUMC, or transfer to a KUMC residency program from another US institution, is determined by the amount of training credit the appropriate specialty board grants to the resident for their prior training (e.g. a resident who completes two years of pediatrics residency might only be granted six months of credit if they transfer to a general surgery program, and therefore would join the surgery program as a PGY1 for six months).
 - d) With few exceptions, fellows start at the PGY 4 level. Exceptions are limited to those programs which require more than three years of prior training. Additionally, fellows who have successfully completed additional, related fellowship programs can be started at an increased PGY level when appropriate with the approval of the Office of GME.
- 5.4.2 Supplementary stipends may be paid to chief residents or fellows; however, these supplements are not to be paid with state funds and typically are derived from departmental clinical income, clinical grant funding, or arrangements with affiliate facilities. The Dean of KUSOM and Executive Vice Chancellor of the University of Kansas Medical Center must be informed of and approve all supplements. The cause for and terms of payment of the supplement must be in writing and attached to the resident agreement. Supplemental stipends do not affect PGY level. Considerations for payment of a supplement include:
- a) Service as a "chief resident."
 - b) Performance of administrative, clinical, teaching/ research responsibilities beyond those that are expected of all residents in a program. In the event that a resident is asked to voluntarily perform a patient examination that is not part of regular responsibilities, the resident will be asked to sign a consent outlining that the work is voluntary.
 - c) Professional Travel. The decision to pay supplements to defray the cost of travel and subsistence for residents is a departmental prerogative.

5.5 Benefits and Leaves

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

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

House Staff and their families are eligible for the State of Kansas Employees Group Health, Dental and Vision Insurance and Flexible Spending and Health Savings Accounts beginning the first day of employment.

5.5.2 Professional Liability Insurance

- a) K.S.A. 40-3401, *et seq.* provides professional liability insurance coverage for “person[s] engaged in residency training,” meaning residents who are engaged in a post-graduate training program and employed by and studying at the University of Kansas Medical Center. This coverage applies to claims or lawsuits brought against a resident arising out of services rendered or a failure to render services with regard to care and treatment provided as part of their residency training program. This coverage applies regardless of when the claim or lawsuit is filed and provides coverage in the amounts of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Please note that residents who hold a Resident Active or Active license in the State of Kansas are required by KSBHA to obtain a supplemental professional liability insurance policy that would apply to any practice engaged in outside of their residency training program. Any moonlighting activities engaged in are also expressly excluded from this professional liability coverage (see additional detail below in Section 16).

In a given case, one or more of the conditions described below must apply if coverage is to be extended under the statute:

- i. The resident is providing service under direct supervision of a duly appointed member of the medical faculty of the University of Kansas.
- ii. The resident is providing service under the direct supervision of a physician at an institution that has a formal, written affiliation agreement for the resident’s services signed by the officers of the department and program, and approved by the Office of General Counsel, the Executive Dean of KUSOM, and the Executive Vice Chancellor, or their designee(s). Ideally, the supervising physician should hold a medical faculty appointment with the University, but this is not an absolute requirement.
- iii. The resident is providing service with the knowledge of, and under protocols developed and reviewed by the officials of the department and program. A formal written contract between the facility requesting resident coverage and the department must be in place and approved by the Office of General Counsel, the Executive Dean, and the Executive Vice Chancellor.
- iv. Coverage under the statute will specifically not be extended for services under agreements to which the program, department, and/or school are/is not a party.

5.5.3 Worker's Compensation

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

5.5.4 ACLS, PALS, NRP or ATLS Training

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

5.5.5 Meal Cards

Meal Cards are provided to all ACGME Accredited Residents in a standard amount every two weeks as part of the Standardized Benefits. Meal allowances do not carry over at the end of each two-week period. Additionally, meal card balances cannot be converted to cash or any other device (such as a gift card). Meal Card money is usable only inside the Health System.

5.5.6 Pagers/VOALTE/Phones

Pagers are provided at no cost. Charges may be assessed if pagers are lost or damaged. Residents must acquire and/or use in the performance of their duties, a personal smart phone that meets University of Kansas Hospital's technical requirements. Residents receive a smart phone stipend, the amount of which is determined and communicated to residents on a yearly basis.

5.5.7 Parking

ACGME Accredited Residents are provided parking in P5 as part of the Standardized Benefits.

5.5.8 Housing

The University does not provide resident housing.

5.5.9 White Coats/Scrubs

The programs are provided a stipend for resident White Coats as part of Standardized Benefits. Residents receive a limited number of scrubs.

5.5.10 Vacation/Holidays/Inclement Weather

a) Vacation

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

Vacation must be requested from and approved by the Program Director or a designee in advance in the manner prescribed by the program. Denial of a

specific request for vacation is a management decision on the part of the officers of the program and is not a grievable matter.

b) Holidays

Residents do not receive time off for state or federal holidays, unless such days have been approved as vacation or other leave by their Program Director.

c) Inclement Weather

Residents are required to report to work during periods of inclement weather unless directed otherwise by their Program Director. Absent extenuating circumstances, a resident who is unable to report to work, must coordinate with their Program Director and Chief Resident to arrange for coverage. Lodging accommodations are available, including in instances of inclement weather, for residents to use in various locations throughout the main campus and hospital. Residents can make on-line reservations for such accommodations. If you are in need of a call room, please call the support operations main line 5-9535 to check Call Room availability

5.5.11 Sick Leave

The University will provide up to 10 workdays of sick leave per year, covered by the resident's stipend, to cover personal illness or illness in the resident's immediate family (spouse, parents or children). The use of sick leave must be approved by the Program Director or Department Chair. At the discretion of the Chair or Program Director, a physician's written statement may be required as a condition of approval for sick leave. The University also may require a certification that the resident is released to return to work following three or more consecutive days of absence resulting from the resident's own illness.

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

5.5.12 Medical, Parental and Caregiver Leave

Beginning the first day a resident is required to report to KUMC, the resident shall be eligible for up to six (6) weeks of paid leave for the reasons noted in Sections 5.5.13 and 5.5.14.

This leave may be used once, at any time, during a resident's tenure in a KUMC program.

If a resident changes to a different KUMC residency program, the resident becomes newly eligible for this full leave benefit in the subsequent program.

For any medical, parental or caregiver leave reason, a resident should use the Paid Parental Leave or FMLA leave form to apply for leave through KUMC Human Resources.

If a resident is not eligible for paid leave under Section 5.5.13, the resident will be required to use all available sick and vacation days, if any, to fund the leave. The

remaining leave time, up to a combined total of six (6) weeks, will be paid by KUMC.

If a resident is eligible for Paid Parental Leave and/or FMLA leave, those leaves run concurrently with leave taken under this 5.5.12 provision.

For any leave days not paid for by the applicable leave policy (e.g., Paid Parental Leave) and/or the resident's available sick and vacation days, KUMC will fund the paid leave time, up to six (6) total weeks of paid leave. A resident may be eligible for additional leave time (e.g., up to six (6) additional weeks, for a total of 12 weeks under the FMLA) that is unpaid. However, if a resident and the resident's spouse or partner both work for the University and are eligible for leave under this policy, the spouses/partners will be limited to a total of 12 workweeks off between the two of them when the leave is for bonding leave or to care for a parent using FMLA leave.

KUMC will maintain a resident's healthcare benefits while the resident is on leave pursuant to this provision 5.5.12.

At the conclusion of leave taken under this provision, the Resident will remain eligible for five (5) additional paid leave days.

5.5.13 State of Kansas Paid Parental Leave Benefit

This information can be reached through the following link

Request Form - <https://kumed.sharepoint.com/sites/mykumc/hr/Pages/Paid-Parental-Leave.aspx>

Guidelines and FAQ - <https://kumed.sharepoint.com/sites/mykumc/hr/Pages/Paid%20Parental%20Leave%20Guidelines%20and%20FAQs.aspx>

For additional information contact the KUMC Benefits Manager for assistance.

5.5.14 FMLA Leave

A resident eligible for FMLA leave may request FMLA designation pursuant to the University's FMLA policy for up to twelve weeks of leave per year:

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

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

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

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

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

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

Note: The use of leave may require the resident to extend his/her training program to satisfy ACGME or the training board eligibility/certification requirements, visit your specialty board's site for specific requirements.

The length of the extension, if required, normally will be equal to the total time absent from the program, excluding vacation leave and sick leave, but is dependent on the specific training board requirements. A resident satisfying an obligatory training extension will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

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

FMLA Paid Parental Leave Checklist (located in MedHub, GME Program Toolkit, FMLA Folder)

FMLA Checklist (non-parental) (located in MedHub, GME Program Toolkit, FMLA Folder)

5.5.15 Shared Leave <https://kumed.sharepoint.com/sites/mykumc/w/mpa/Pages/Shared-Leave-Policy.aspx>

5.5.16 Leave of Absence (Non-FMLA)

A resident who does not qualify for or who has used the maximum amount of FMLA leave for the year, but who still requires relief from the responsibilities of the program, or is seeking leave for other reasons may request a Leave of Absence from HR. If such leave is for medical, parental or caregiver reasons, a resident should first apply for leave under Section 5.5.12 above before pursuing leave under this provision.

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

Residents seeking to return from a Leave of Absence must communicate intended return to work date to HR and seek approval from the program and GME in the manner determined by the program director and the Assistant Dean of GME, including providing appropriate certification of the resident's ability to return to work to HR if the leave of absence results from the resident's own serious health condition or illness. Residents who fail to return to work by the conclusion of the agreed upon leave period will not be reinstated, absent exceptional circumstances, and will be required to reapply for a position with the program.

Additionally, in order to maintain compliance with specific program requirements, leaves of absence may affect a resident's ability to satisfy criteria for completion of the residency program, required by ACGME and/or board eligibility, and may result in a training extension, , visit your specialty board's site for specific requirements.

A resident satisfying an obligatory training extension will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

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KUMC Legal Review 9/20/2013, 5/17/21, 6/20/22
GMEC Approval 9/20/2013, 6/7/21, 6/20/22

5.5.17 Military Leave

A Resident who enlists or is drafted into the armed forces of the United States, including reservists and members of the national guard who are activated to military duty, other than active duty for training purposes for reservists, shall be granted military leave without pay. Residents should contact KUMC Human Resources to indicate their need for military leave and submit this leave request in Workday.

A Resident who is a member of the State Guard or Kansas National Guard or the reserves of the United States Armed Forces shall be granted a maximum of 30 working days per calendar year of military leave with pay for active duty for training purposes. Any active duty for training purposes in excess of 30 working days in a calendar year shall be changed to military leave without pay from KUMC, or at the Resident's request, to accrued vacation leave.

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

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

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

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

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

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

5.5.18 Professional Leave

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

- a) Scholarly presentations at national or regional conferences
- b) Conference attendance in a community away from the University of Kansas Medical Center
- c) Studying for medical board examinations
- d) Taking medical board examinations
- e) Interviewing for professional activities

5.5.19 Administrative Leave

Leave provided to residents a). while in the due process phase of a fair hearing, b). if relieved of clinical and patient care duties for professional or personal reasons, or c). for initiation of corrective action, suspension or probation. This leave may be paid or unpaid

5.5.20 Funeral Leave

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

5.5.21 Disability Insurance

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

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

5.5.22 Kansas Public Employees Deferred Compensation (457) Plan

Housestaff may tax defer funds from their salary to the deferred compensation plan. For further information, please contact the Human Resources department at the following link: [Voluntary Retirement Plans \(kumc.edu\)](https://www.kumc.edu/voluntary-retirement-plans)

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

DIO Review 9/20/2013, 5/31/2019, 5/17/21, 7/9/21, 6/12/23
KUMC Legal Review 5/31/2019, 5/17/21, 7/9/21, 6/12/23
GMEC Approval 9/20/2013, 6/3/2019, 6/7/21, 8/2/21, 6/22/23

5.6 Modification and Amendment

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

DIO Review 5/17/21
KUMC Legal Review 5/17/21
GMEC Approval 6/7/21

5.7 Nonrenewal of Contract

In instances where a resident's agreement will not to be renewed, the resident will be provided notice of intent not to renew the agreement no later than three (3) months prior to the end of the current agreement. However, if the primary reason for the non-renewal occurs within the four (4) months prior to the end of the agreement, the School will ensure that the resident receives as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. In the event of non-renewal, the resident shall have the right to the grievance procedure as described in Section 13 of the Manual.

DIO Review 5/17/21

KUMC Legal Review 5/17/21

GMEC Approval 6/7/21

5.8 Rights and Responsibilities

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

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

5.8.2 The resident will:

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

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

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

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

5.8.3 The University of Kansas Medical Center will:

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

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

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

5.8.4 Each Department Chair and Program Director will:

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

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

- c) KUH Rotational Training with Supervised Practice includes supervised rotations in addition to the ACGME program requirements. These additional KUH rotational training with supervised practice must occur within the KUH sites in Kansas. The Program submits an application to GMEC requesting participation. Once the Resident and the Program Director agree upon rotational opportunities, the Program and Resident submit the “Additional Rotation Training with Supervised Practice” Packet to the DIO for approval. Payment for “Additional KUH Rotational Training with Supervised Practice” will be submitted to the Program Administrator to release additional funds and a pay request to the University for the bi weekly stipend and associated tax considerations.
- d) establish a departmental “Evaluation Policy and Procedures” that ensures regular evaluation of all residents and program faculty that conforms to the ACGME Requirements and general institutional guidelines outlined in this document and monitor the compliance with these policies and procedures;
- e) ensure that the terms and conditions of appointment to the resident staff established by this document and codified in the Resident Agreement are met by each of the department’s residents and that the department and program comply with their obligations as set forth in the Resident Agreement, and in applicable “Program Requirements” of the ACGME;
- f) upon request, provide to the Dean’s Office any and all requested documents relating to the appointment and evaluation of residents, resident evaluations of the faculty and programs, and/or all documents and materials required by the School and Medical Center in exercising its administrative and supervisory functions as a sponsoring institution as defined by the ACGME;
- g) facilitate any necessary communication between the resident and any affiliate institution;
- h) define any additional benefits due to the residents in its program such as parking, reimbursement for travel and educational expenses, or salary supplements for services as a chief resident in a written addendum to the resident agreement;
- i) in concert with the program’s faculty, develop a written curriculum including educational goals and objective, the means for evaluation of the attainment of these goals and objectives, and an appropriate readings/educational materials list; and,
- j) provide each resident with written expectations regarding academic, research and clinical duties appropriate to her/his individual level of seniority as an attachment to the resident agreement.

DIO Review 5/17/21, 7/9/21
KUMC Legal Review 5/17/21, 7/9/21
GMEC Approval 6/7/21, 8/2/21

5.9 Restrictive Covenants

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

DIO Review 8/2/2010, 11/9/2015, 2/9/2017, 5/31/2019, 5/17/21, 7/9/21

KUMC Legal Review 1/18/2016, 2/9/2017, 5/31/2019, 5/17/21, 7/9/21

GMEC Approval 8/2/2010, 2/1/2016, 3/6/2017, 6/3/2019, 6/7/21, 8/2/21

6. SEVERANCE OF THE RESIDENT AGREEMENT

6.1 Severance by the Resident

- 6.1.1 The resident may sever their appointment and resident agreement at any time after notice is given to the Program Director and Department Chair in writing, unless such notice is waived by the School and in accordance with the NRMP protocols (if applicable).
- 6.1.2 The resident will provide at least sixty (60) days written notice of severance to the Program and the Office of GME.

6.2 Decision by the School not to Offer Subsequent Appointment

- 6.2.1 Considerations that may cause the School not to offer a subsequent agreement to resident include, but are not limited to: loss of funding for the position, reallocation of positions among the postgraduate programs, loss of accreditation by the program or institution, decreased financial resources, or closure of the program or Medical Center.
- 6.2.2 Such decisions, based solely on institutional factors, will be final and not subject to appeal or review under the provisions for due process and fair hearing. Further, such decision will not be grievable.

6.2.3 Notice

In instances where a resident's agreement is not going to be renewed, the resident will be provided notice of intent not to renew the agreement no later with as much notice as possible. . In the event of non-renewal, the resident shall have the right to the grievance procedure as described in Section 13 of the Manual unless the non-renewal is based solely on institutional factors (see section 6.2.2 above).

6.2.4 Closure or Size Reduction of a Residency Program

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

6.2.5 The School will provide:

- a) the opportunity for residents already in the program to complete their education, or institutional assistance and support in enrolling in an ACGME-accredited program in which they can continue their education;
 - b) payment of stipend and benefits up until the conclusion of the term of the existing Agreement; and
 - c) proper care, custody and disposition of residency education records, and appropriate notification to licensure and specialty boards.
- 6.2.6 In any case, the treatment of the resident in the event of a decision to not offer a subsequent appointment will be in compliance with the applicable Personnel Policies of the School, state and federal laws and regulations, and ACGME requirements.

DIO Review 4/19/2010, 6/23/2022
 KUMC Legal Review
 GMEC EC Approval 4/30/2010
 GMEC Approval 5/3/2010

6.3 Annulment

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

DIO Review 7/9/21, 6/23/2022

7. RESIDENT CODE OF PROFESSIONAL AND PERSONAL CONDUCT

7.1 Professionalism Initiative

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

7.1.1 Professional Deportment

- a) All resident-provided medical care must be under supervision of a KU or affiliate faculty member as part of a supervised educational activity.
- b) Residents will demonstrate conduct consistent with the dignity and integrity of the medical profession in all contacts with patients, their families, the faculty, all School personnel, and all third parties conducting business with the resident or the School.
- c) The components of professionalism, outlined by the KUSOM's Professionalism can be found at [Professionalism Initiative \(kumc.edu\)](https://www.kumc.edu/professionalism-initiative)
- d) The resident will, in a timely fashion, fulfill their professional responsibilities. Failure to fulfill clinical, academic, and administrative duties, including completion of patient charts and Work Hour logging, can result in remediation or disciplinary action, including suspension of any or all privileges.
- e) The resident will strive for personal growth and improvement, and accept criticism with dignity, seek to be aware of their own limits, be open to change, accept responsibility for their own errors or failures, and stray from displaying a poor attitude under stress.
- f) The resident will maintain appropriate relationships especially those encountered as a result of their clinical training.
- g) The resident will abide by the policies and procedures governing the University of Kansas Medical Center's Social Media Policy.
- h) Each resident will protect and respect the ethical and legal rights of patients.
- i) The resident will abide by the policies and procedures governing GME.
- j) The resident will, in a timely fashion, clearly communicate all information relevant to the safe, effective and compassionate care of their patients to their supervising staff.

- k) Residents will not provide medical care for any patient who is not a KU patient in their established clinic, nor prescribe controlled or narcotic medications.
- l) Residents will not accept fees for medical services from patients, patients' families, or other parties except under the provisions for locum tenens and moonlighting incorporated in these policies and procedures.
- m) Residents will not charge or accept fees for expert testimony in medico-legal proceedings or for legal consultation.
- n) Residents will promptly discharge any and all financial obligations to the School and its affiliates throughout the duration of their appointment.
- o) Should a resident desire to leave the training program as provided by the terms of the resident agreement, the resident should provide at least 60 days written notice of their severance of the resident agreement. Failure to provide such notice may be considered unprofessional conduct and can adversely affect evaluations and recommendation. In some cases, such conduct may be reported to accrediting and credentialing bodies.
- p) The resident will immediately inform the Officers of the Program and the Dean's office of any inability or change in status that affects their abilities to perform assigned duties.
- q) The resident will be expected to fulfill any written agreement entered into with the TUKHS and KUSOM, Department or Program, provided such agreement is not contrary to these policies and procedures. Any modification of such agreement must be made in writing by the parties.
- r) Both residents and faculty are expected to fulfill their professional responsibility as a physician to appear for duty appropriately rested and fit to provide the services required by their patients.
- s) Both program and KUMC leadership will help ensure a culture of professionalism that supports patient safety and personal responsibility. Both residents and faculty must demonstrate an understanding and acceptance of their personal role in:
 - i. Assurance of the safety and welfare of patients entrusted to their care;
 - ii. Provision of patient- and family-centered care;
 - iii. Assurance of their fitness for duty;
 - iv. Management of their time before, during, and after clinical assignments;
 - v. Recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - vi. Attention to lifelong learning;
 - vii. The monitoring of their patient care performance improvement indicators; and,
 - viii. Honest and accurate reporting of Clinical Experience and Education, patient outcomes and clinical experience data; and,
 - ix. Effective interpersonal communications with members of the multidisciplinary team.

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

7.1.2 Transitions of Care and Handoffs

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

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

Elements of a good handoff include:

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

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

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

The institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. All clinical staff should have a mechanism to know which trainee and supervising physicians are responsible for patients and their contact information. The institution will facilitate professional development for core faculty and residents regarding effective transitions of care, and in partnership with the programs, ensure and monitor effectiveness, structured patient hand-over processes to facilitate continuity of care and patient safety at all participating sites.

VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

7.2 Dress

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

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

DIO Review 11/24/10, 5/31/2019

KUMC Legal Review 12/3/10, 5/31/2019

GMEC Approval 12/6/10, 6/3/2019

7.3 Impairment Policy

7.3.1 PURPOSE:

Physician well-being is essential to quality patient care. GME strives to create an environment to assist residents in maintaining wellness and proactively addressing any impairment that could potentially affect their practice of medicine or performance.

7.3.2 DEFINITIONS:

a) Health Condition or Impairment:

For the purpose of this policy, a health condition or impairment is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect a resident's practice of medicine and/or performance.

Potential signs of impairment:

- ☐ Stress or fatigue that impairs performance or judgment
- ☐ Marked unexplained behavior changes
- ☐ Repetitive patient or staff complaints
- ☐ Odor of cannabis or alcohol at work
- ☐ Missing controlled substances, inappropriate drug handling or diversion

Note: This policy is specifically designed to assess and confront problems of impairment. In addition, although some stressed or fatigued physicians may become impaired, fatigue and/or stress issues are separately addressed under GME Policy – Section 26.

b) Assessment:

The process by which the determination of impairment, is established or excluded.

Drug or Alcohol Screening:

Screening is a test to assess the presence of alcohol or drug usage such as cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, phencyclidine, propoxyphene, and/or methadone. The type of tests may include urine, blood, hair, breath alcohol, saliva, sweat screens. All residents will be subject to drug and alcohol screening and/or testing if there is a reasonable suspicion of misuse or abuse per the policies of the Health System, VA or other clinical sites.

c) Reintegration:

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

d) Kansas Medical Society Professionals' Health Program (KMS-PHP):

A program that offers evaluation, treatment and advocacy for Kansas Physicians. PHP assists or conducts interventions for physicians who need assistance in dealing with various health-related concerns including mental health, physical health, substance use/misuse, process addictions, disruptive behavior, burnout and wellness.

7.3.3 CONFIDENTIALITY:

GME DIO and the resident's program staff and faculty will confidentially maintain all records, files and other information related to issues of impairment. In addition, confidentiality and peer review protection is afforded to all residents to the extent applicable under Kansas law.

7.3.4 DOCUMENTATION:

Documentation will be maintained by HR and the program.

7.3.6 REPORTING TO KANSAS STATE BOARD OF HEALING ARTS:

To the extent required by applicable law and upon consultation with the DIO and Human Resources, a determination that a resident poses a continuing threat to the public welfare through the practice of medicine will be reported to the Kansas State Board of Healing Arts.

7.3.7 RESPONSIBILITIES:

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

a) Resident:

The resident (**i.e. any resident in a KUMC training program regardless of training location**) will immediately inform the program leadership, DIO, or Human Resources if they are unable to perform their assigned duties because of an impairment (See GME Policy on Professional Deportment, Section 7.1.1, n) The resident should promptly remove themselves from duty and patient care.

Residents recognizing impairment in their peers must report their observations and concerns directly to the program leadership, DIO, or Human Resources in a timely and confidential manner

b) Faculty Members:

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

c) Program Leadership:

Program leadership (**Chair/Program Director or other departmental physician designee**) should remain alert to signs, information or documentation of impairment. Program leadership is expected to consult with the DIO and Human Resources regarding impairment concerns.

d) Designated Institutional Official (DIO):

The Designated Institutional Official or their designee shall assist and facilitate any and all processes, which may include consultation or notification to appropriate University offices (including Human Resources) KMS-PHP, and KU hospital leadership, as appropriate.

7.3.8 PROCEDURES:

Assessment:

If a resident is reported to be impaired, the program leadership will contact the DIO and Human Resources. Human Resources will immediately investigate the concerns and consult with the program leadership and DIO as appropriate.

Recommendations and Actions:

After completing its assessment of a reported issue, Human Resources will recommend next steps.

Treatment and Rehabilitation:

If a resident is referred to KMS-PHP, Human Resources will facilitate communication between the resident and KMS-PHP. The resident is expected to comply with all KMS-PHP requirements.

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

Potential Reintegration (resumption of training):

At the conclusion of any treatment or rehabilitation, program leadership in consultation with Human Resources and the DIO may determine if reintegration can/will occur.. The program leadership will inform the DIO of their determination.

KMS-PHP may have its own criteria for a resident resuming their training.

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

If reintegration is granted, the program leadership may place the resident on probation for a specified amount of time to address any prior performance issues.

This policy supplements those of the State of Kansas and KUMC and policies found elsewhere in the GME Manual.

DIO Review 7/23/2010, 1/24/11, 6/5/2023

KUMC Legal Review 1/26/11, 6/5/2023

GMEC Approval 8/2/2010, 3/7/11, 6/5/2023

7.4 KUMC Acceptance of Meals and Gifts Policy, KUMC Conflict of Interest Policy & Procedures, State Ethics Statute (K.S.A. 46-237a)

Residents are expected to comply with KUMC's Acceptance of Meals and Gifts (Including Entertainment, Travel or Lodging) by Faculty and Staff Policy and State Ethics Statute. The policy is available at: <https://kumc.policystat.com/policy/5426161/latest/>

The KUMC Conflict of Interest Policy and Procedures is available at: <https://kumc-publicpoliciesandprocedures.policystat.com/policy/4543177/latest/>

The State Ethics Statute (Chapter 46, Part 2) is available at: <https://ethics.kansas.gov/state-level-conflict-of-interest/statutes/>

DIO Review 5/31/2019

KUMC Legal Review 5/31/2019

GMEC Approval 6/3/2019

7.5 KUMC Vendor Relations Policy

Residents are expected to abide by KUMC's Policy on Vendor or Industry Sponsored Training, Seminars and Educational Events, available at: <https://kumc.policystat.com/policy/5426255/latest/>

DIO Review 5/31/2019

KUMC Legal Review 5/31/2019

GMEC Approval 6/3/2019

7.6 Resident Files

7.7.1 PURPOSE:

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

7.7.2 DEFINITIONS:

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

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

Credentialing Files contain those documents required by University of Kansas GME Office.

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

7.7.3 PROCEDURE:

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

7.7.4 DETAILED STEPS:

- a) Each program must provide the minimum documentation within either the "educational and/or peer review protected" files:
 - i. Written evaluation of the resident from the faculty and others;
 - ii. Periodic evaluation (i.e., semiannual and annual summative program director evaluations) by the program director, their designee and/or a resident evaluation committee;
 - iii. Final signed summative evaluation, by the resident and program director (The ACGME requires certain components in this final summative evaluation, including evaluation of the last period of training, a competency-based final summative evaluation as well as documentation that the resident "has demonstrated sufficient competence to enter practice without direct supervision");
 - iv. Records of resident's rotations and other training experiences, including surgical/procedural training as applicable;
 - v. Records of disciplinary actions;
 - vi. Moonlighting permission documentation, if approved by the program and GME leadership;
 - vii. Other materials as required by the ACGME institutional and program requirements;
 - viii. Other materials as required by the GMEC and GME office.

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

- b) For each resident who successfully completes the program, the program must provide the minimum documentation within the “Permanent and/or Peer Review Protected Permanent” file:
- i. Final signed summative evaluation (The ACGME requires certain components in this final summative evaluation, including evaluation of the last period of training, a competency-based final summative evaluation as well as documentation that the resident “has demonstrated sufficient competence to enter independent practice”);
 - ii. Records of resident’s rotations and other training experiences, including surgical/procedural training as applicable;
 - iii. Records of disciplinary actions.

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

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

DIO Review 8/2/2010, 8/2014, 6/1/2020
KUMC Legal Review 8/2/2010, 6/1/2020
GMEC approval 8/2/2010, 8/2014, 6/1/2020

7.7 GME Resident and Financial Accountability Policy

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

- 7.7.1 Any deficits in funding resident salaries/fringe that result from the failure to assign the agreed-upon number of residents to a particular affiliate rotation are the responsibility of the Department
- 7.7.2 Any billing and/or collections deficits that arise as a result of the Department improperly scheduling are also the responsibility of the Department.

DIO Review 1/6/2017, 7/8/2021
KUMC Legal Review 7/8/2021
GMEC Approval, 8/2/2021

7.8 Ombudsperson Guidelines for Residents

The Ombudsperson is an academic faculty member in good standing without alignment or administrative connection to either program leadership or School of Medicine/GME Leadership. The Ombudsperson will serve as a sounding board/resource to residents with questions or concerns about their program, faculty, or school of medicine. Residents may access one of the Ombudsperson by email jhake@kumc.edu, msmith33@kumc.edu, or sponnuru@kumc.edu and mmeister@kumc.edu.

8. NONDISCRIMINATION POLICIES AND REPORTING PROCEDURES

KUMC strives to provide an educational and working environment that offers equal opportunities for all members of the KUMC community and is committed to taking reasonable steps to prevent unlawful discrimination and harassment from occurring.

8.1 Policy on Nondiscrimination, Harassment & Equal Opportunity

KUMC's Nondiscrimination policy is available [here](#), and is summarized in this section.

8.1.1 Nondiscrimination, Harassment, Mistreatment, and Retaliation

KUMC prohibits discrimination and harassment on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information or any other applicable legally protected status as required by the ACGME. All such discrimination is unlawful and will not be tolerated. KUMC also prohibits retaliation against individuals who have complained of discrimination, mistreatment, or harassment or participated in an investigation of such complaints.

8.1.2 Equal Opportunity

KUMC is committed to providing an equal opportunity for all qualified individuals to be considered for employment, benefits and conditions of employment and educational programs and activities, regardless of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, or genetic information or any other applicable legally protected status as required by the ACGME.

8.1.3 Reporting Procedures

Complaints of discrimination, harassment, mistreatment, or retaliation should be made to KUMC's Equal Opportunity Office, 3901 Rainbow Blvd. Kansas City, KS 66160, (913) 588-5964, dmbogo@kumc.edu.

A downloadable "Complaint of Discrimination Form" is available [here](#).

The Equal Opportunity Office webpage is available [here](#).

KUMC's Discrimination Complaint Resolution Process (DCRP) is available [here](#). The DCRP sets forth the procedures for reporting and investigating claims of discrimination, harassment, and retaliation.

8.2 Title IX Policy on Sexual Harassment and Sexual Violence

8.2.1 KUMC prohibits sex-based discrimination, including sexual harassment, sexual violence, dating violence, domestic violence, sexual assault and stalking. KUMC's Title IX Policy available [here](#), provides the procedures for reporting and

investigating claims of sex-based discrimination and further defines the actions prohibited by the policy.

- 8.2.2 Title IX Coordinator: If you need to report sexual harassment or sexual violence, or if you have any questions regarding this policy, please contact Title IX Coordinator, Lauren Jones-McKown at civilrights@ku.edu.

8.2.2 Resources

a) KUMC resources

KUMC Police Department:	913-588-5030
Counseling and Educational Support Services:	913-588-6580
Employee Assistance Program:	1-888-275-1205

b) Community Resources

Metropolitan Organization to Counter Sexual Assault (MOCSA):	MO: 816-531-0233; KS: 913-642-0233
Kansas Coalition Against Sexual Violence Crisis Hotline:	888-363-2887
KC Metro 24 hour Domestic Violence Hotline:	816-HOTLINE; 816-468-5463
Safehome Domestic Violence Hotline:	913-262-2868

DIO Review 12/2015, 6/1/2020, 5/17/2021
Legal Review 10/2015, 6/1/2020, 5/17/2021
GMEC Approval 1/15/2016, 6/1/2020, 6/7/2021

9. EVALUATION

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

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

9.1 Resident Evaluation

- 9.1.1 Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
- 9.1.2 Evaluation must be documented at the completion of the assignment.
- 9.1.3 The program must provide an objective performance evaluation based on the ACGME Competencies and the specialty-specific Milestones, and must:
 - a) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,
 - b) provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.
- 9.1.4 The program director or their designee, with input from the Clinical Competency Committee, must:
 - a) meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
 - b) assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,
 - c) develop plans for residents failing to progress, following institutional policies and procedures.
- 9.1.5 At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.
- 9.1.6 The evaluations of a resident's performance must be accessible for review by the resident.
- 9.1.7 The program director must provide a final evaluation for each resident upon completion of the program.
- 9.1.8 The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.

9.2 Resident Access to Evaluations

- 9.2.1 Residents have the right to review all information, including but not limited to evaluations of their performance, located in the administration office of their residency program.
- 9.2.2 The resident may review their file with at least a three-workday notification to the Program Director or Coordinator of their residency program.
- 9.2.3 The resident may not remove the file from the immediate location of the program administration office. Removing the resident file or items contained in the resident file from the administration office area can be grounds for disciplinary action.
- 9.2.4 Upon request, the resident may receive a copy of all materials contained in their file.

- 9.2.5 Former residents are entitled to review and/or receive a copy of their resident file but may be charged a copy fee.

9.3 Faculty Evaluation

- 9.3.1 The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.
- 9.3.2 This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.
- 9.3.3 This evaluation must include written, anonymous, and confidential evaluations by the residents.
- 9.3.4 Faculty members must receive feedback on their evaluations at least annually.
- 9.3.5 Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

9.4 Program Evaluation

- 9.4.1 The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
- 9.4.2 The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.
- 9.4.3 Program Evaluation Committee responsibilities must include:
 - a) acting as an advisor to the program director, through program oversight;
 - b) review of the program's self-determined goals and progress toward meeting them;
 - c) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
 - d) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- 9.4.4 The Program Evaluation Committee should consider the following elements in its assessment of the program:
 - a) curriculum;
 - b) outcomes from prior Annual Program Evaluation(s);
 - c) ACGME letters of notification, including citations, Areas for Improvement, and comments;
 - d) quality and safety of patient care;
 - e) aggregate resident and faculty well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and, written evaluations of the program.
 - f) aggregate resident achievement of the Milestones; in-training examinations (where applicable); board pass and certification rates; and, graduate performance.

- g) aggregate faculty evaluation and professional development.
- 9.4.5 The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.
- 9.4.6 The annual review, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the residents, and be submitted to the DIO.
- 9.4.7 The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. A summary of the Self-Study must be submitted to the DIO.

DIO Review 7/23/2010, 6/1/2020

GMEC APPROVAL 8/2/2010, 6/1/2020

10. RESIDENT STANDING, PROMOTION, AND PROGRAM COMPLETION

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

10.1 Resident Standing

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

10.2 Promotion

- 10.2.1 After satisfactory completion of each year of GME experience as attested to by the Program Director, a resident in good standing may be promoted to the next year of their program subject to the terms, limitations and conditions described in this document and the Resident Agreement.
- 10.2.2 Promotion to the next level of training is at the sole discretion of the program and School. The decision to promote is expressly contingent upon several factors, including but not limited to:
 - a) satisfactory completion of all training components,
 - b) for those in residency programs, sitting for Step III of the USMLE/Level 3 of the COMLEX prior to the PGY3 level,
 - c) the availability of a position,
 - d) satisfactory resident performance,

- e) full compliance with the terms of the Resident Agreement,
 - f) the continuation of the School's and Program's accreditation by the ACGME,
 - g) the School's financial status, and
 - h) the importance of the program to the School's missions.
- 10.2.3 A resident whose status is probationary will be promoted only at the discretion of the Program Director and Chair. If the decision is made to promote the resident, the probation remains in effect until the terms and conditions of remedy for the probation are met or until any further disciplinary action is resolved.
- 10.2.4 Residents subject to corrective actions or pursuing appeal and hearing of proposed corrective actions will not be promoted unless and until the corrective actions are completed or the appeal and hearing process finds for the resident.

10.3 Program Completion

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

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

- 10.3.2 Prior to leaving their training program, or being eligible to receive a Certificate of Residency (for completing a residency training program at the KUSOM, each resident must obtain the program approval for each section of the KUGME Exit Checklist delivered via MedHub which will indicate that the resident has cleared all outstanding obligations for that area. The KUGME Exit Checklist will become part of the resident's permanent file in MedHub.
- 10.3.3 Residents on probation, those subject to corrective actions, or those pursuing appeal and hearing of a proposed corrective action will not be issued a certificate until the probationary status is remedied, or an appeal of the corrective action is completed and the hearing process results in a finding for the resident and the resident has completed all training requirements for the program.
- 10.3.4 Residents who are absent from the program for more than the allotted amounts of vacation time may be required to make up the time absent with an equivalent amount of training time after the end of their terminal appointment. Similarly, residents who are relieved of their program duties due to administrative leaves or corrective actions may be required to make up the time absent.

11. FORMATIVE LEARNING PLANS, REMEDIATION AND PROBATION

11.1 Definitions and Causes

A Formative Learning Plan (FLP) is the process of notifying a resident that there are performance areas that need to be improved. The Plan sets out goals for resident performance improvement and monitoring in a collaborative fashion. FLPs do not need to be reported to regulatory agencies or credentialing bodies. If the resident's performance does not improve, the Program may move to Remediation or Corrective Action (Probation).

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

Remediation does not necessarily need to be reported to regulatory agencies or credentialing bodies.

Academic Deficiency is when a resident is not meeting one or more of the ACGME Core Competencies which may include patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.

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

11.2 Probation Criteria

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

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

- e) unsatisfactory acquisition of clinical or technical skills or competence;
- f) unsatisfactory performance in the clinical setting;
- g) deviation from the professional standard of care;;
- h) provision of care without appropriate staff supervision; or
- i) misconduct;
- j) violations of institutional and/or program policies and procedures or those of an affiliate; or
- k) unsatisfactory completion of charts or other deficiencies or delinquencies of the medical record.

11.2.2 When placing a resident on probation, the program can cite multiple criteria.

11.3 Documentation of Probationary Status

- 11.3.1 The probationary status of a resident shall be well documented, and copies of the documentation shall be maintained and become a permanent part of the resident file.
- 11.3.2 Prior to placing a resident on probation, the program must notify the Associate Dean for GME or designee, in writing, of the action and receive approval.
- 11.3.3 Materials leading to the resident probationary period, including copies of all pertinent letters, evaluations, and actions discussed with the resident, shall be provided to the GME Office.

11.4 Duration

The duration of a probationary period will be determined by the program in consultation with GME. The duration will be a minimum of three months up to a maximum of twelve months. No resident will be allowed more than two periods of probation. Residents who show a continued lack of improvement, or otherwise unsatisfactory performance, at the end of their second probationary period will be proposed for corrective action.

11.5 Notice and Response

- 11.5.1 Probationary status begins upon the resident's receipt of written notice of probation.
- 11.5.2 The written notice shall clearly specify the reasons for probation and the steps that the program believes must be taken by the resident to correct the deficits and be

returned to good standing. The notice will also document the additional help and resources the program will provide the resident in an attempt to assist the resident be successful with the plan and remediate the deficiency.

- 11.5.3 The resident must countersign and or acknowledge the notice indicating that they have reviewed the notice and been informed of their change in standing. The resident's signature and or acknowledgement indicates receipt of the notice only and does not necessarily constitute agreement with the contents of the document. If the resident refuses to sign the notice, then such refusal shall be considered as an acknowledgment of delivery and noted on the probation document.
- 11.5.4 The probationary resident will be allowed seven (7) working days after receipt of the written notice to respond in writing to the notice of probation. The response must be provided to the Program Director. The resident can:
 - a) respond indicating that they understand the reasons for the change in standing and accepts the program's terms for probation;
 - b) request a meeting with the Program Director and/or Department Chair. Such meeting will provide the resident an opportunity to further explore and understand the reason(s) for the change in standing. At the conclusion of such meeting, the resident and the Program Director and/or Department Chair will attempt to arrive at a mutually agreed upon plan for satisfaction of the probation. Should an agreement be reached, the Program Director will prepare a written summary that is countersigned by all participants; or
 - c) submit a written request seeking redress of the probationary status through the grievance process. In such a case, the resident must be prepared to show that imposition of the probationary status is not in accordance with the policies and procedures for GME or that the program is inconsistent or otherwise unfair in the processes of resident evaluation and/or probation.
- 11.5.5 Failure of the resident to respond to the notice of probation, in writing, is equivalent to acceptance of the terms and conditions of probation as outlined in the written notice within seven working days.
- 11.5.6 The original notice and the resident's response along with any other relevant documents will become a part of the resident's file, and the DIO will receive copies.

11.6 Evaluation during the Probationary Period

- 11.6.1 The Program Director or Chair must obtain regular evaluations (at a minimum once a month) from the faculty members who are supervising throughout the probationary period.
- 11.6.2 The Program Director or Chair must prepare a brief written summary of these evaluations and discuss the evaluations with the resident, at the same time providing counseling and feedback regarding the resident's performance along with suggestions for improvement.

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

11.7 Resolution of Probationary Status

- 11.7.1 If, in the judgment of the Program Chair and Program Director, a probationary resident shows satisfactory improvement, resolves their deficiencies and otherwise complies with the terms and conditions of satisfaction of the probation cited in the notice, the resident will be reinstated to good standing.
- 11.7.2 If, in the judgment of the Program Chair and Program Director, the probationary resident fails to improve, if the cited deficiencies persist, if there is further deterioration, or if additional deficits are identified during the probationary period, an additional period of probation may be imposed or corrective action may be proposed.

DIO Review 6/1/2020, 7/9/2021

KUMC Legal Review 6/1/2020, 7/9/2021

GMEC Approval 6/1/2020, 8/2/2021

12. CORRECTIVE ACTIONS: SUSPENSION AND TERMINATION

12.1 Suspensions and Terminations

The corrective actions that KUSOM and Medical Center may impose are suspension and termination. Corrective actions are based on individual circumstances and shall not be graduated or sequential.

12.2 Cause

- 12.2.1 A resident's participation in a GME program is expressly conditioned upon satisfactory performance by the resident in all aspects, academic and non-academic, of their training program. If a resident's performance or conduct are unsatisfactory or inconsistent with the educational objectives and goals of the program, with the Medical Center's standards of patient care, with the objectives and missions of the School, or with the terms of the Resident Agreement, immediate corrective action may be taken. Corrective action may also be taken if the welfare of patients or their families is endangered by a resident's conduct, if the resident's conduct or performance reflects adversely on the Program or School, or if the resident's behavior disrupts or endangers the personnel or operations of the Program, Professional Practice or Medical Center.
- 12.2.2 The program, school, or Medical Center is under no obligation to pursue suspension prior to proposing termination. In those cases where, in the view of the institution or its representatives, such action is warranted, termination may be the initial corrective action proposed.
- 12.2.3 Specific indications for corrective action include, but are not limited to:
- a) failure to satisfactorily resolve first or second probationary status.

A resident on probationary status may be proposed for corrective action if, based on their evaluations during the probationary period, or in the judgment of the Program Chair and Program Director, they:

- i. show further deterioration in their performance;
 - ii. are identified as having additional deficiencies;
 - iii. continue to show unsatisfactory performance after completion of one or two probationary periods, consecutive or non-consecutive;
- b) impairment;
 - c) intoxication while on duty, or other abuse of alcohol or drugs;
 - d) dereliction of professional duties and responsibilities;
 - e) conviction of a felony or of a “Class A” misdemeanor, whether or not related to the practice of medicine or surgery. In this context, “conviction” is understood to include pleas of guilty, pleas of *nolo contendere*, and diversion agreements;
 - f) unethical or unprofessional behavior;
 - g) insubordination;
 - h) harassment of staff, patients, or personnel including, but not limited to, sexual harassment or racial or ethnic discrimination;
 - i) inability to perform the essential duties regularly required of all residents, with or without an accommodation, in a program;
 - j) revocation or suspension of a license to practice medicine in any jurisdiction;
 - k) failure to maintain a DEA or DEA is suspended or revoked;
 - l) other conduct or performance of the resident that places the safety or health of Medical Center patients, their families, members of the public or Medical Center personnel in jeopardy; or
 - m) placement on the excluded providers listing maintained by the Federal Government.
 - n) Revocation of permission to rotate to clinical sites and complete essential training required of all residents.

12.3 Administrative Leave

- 12.3.1 Administrative Leave is neither a corrective action nor a remediative status and does not, in and of itself, entitle the resident to due process and fair hearing. The purpose of administrative leave is to allow the resident to:

- a) meet with the Program Director and/or Department Chair to fully understand the cause(s) for the proposed corrective action and, if possible, come to an agreement with the Program Director, Department Chair, DIO or designee concerning the steps that must be taken to avert the imposition of the corrective action
 - b) pursue the rights to due process and fair hearing; and
 - c) receive the summary letter notification of corrective action.
- 12.3.2 Placement on administrative leave relieves the resident of all program duties and academic activities until:
- a) the resident indicates they do not wish to avail themselves of the hearing process and accepts the proposed corrective action;
 - b) the proposed corrective action is averted based on agreement between the Program Director and the resident; or
 - c) the Executive Dean takes action, based on the recommendations of a hearing committee.
- 12.3.3 Placement on administrative leave suspends all patient care and clinical/animal research activities of the resident. Resident access to patient care information, including medical records, is suspended
- 12.3.4 The resident shall continue to receive all stipends and benefits during periods of administrative leave.
- 12.3.5 The minimum initial period of administrative leave shall be seven (7) days.

12.4 Authority

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

12.5 Enforceability

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

12.6 Initiation and Notification of Proposed Corrective Action and Due Process

- 12.6.1 If the resident's Program Director or Department Chair finds a valid cause for corrective action, they shall provide written notice to the DIO or designee of their intent to initiate corrective action. The Program Director and/or Department Chair will then prepare a written notice of proposed corrective action stating the cause(s) for and the nature of the proposed corrective action. The notice shall also inform the resident of their right to a hearing pursuant to the due process provisions established herein.
- 12.6.2 After the DIO has been notified, the Program Director and/or Program Chair shall meet privately with the resident to review and a summary document will be

provided at this point with the notice of proposed corrective action and its cause(s) and to inform the resident of the fair hearing process.

- 12.6.3 At the end of this meeting, the Program Director and/or Program Chair, and the resident shall co-sign the notice of proposed corrective action and the resident will be placed on administrative leave. Signature by resident indicates receipt of the document and does not necessarily constitute agreement with the contents of the document. The resident and the DIO will be provided a copy of the co-signed notice.
- 12.6.4 Within 24 hours of the conclusion of the meeting with the resident, the Program Director or Department Chair will notify the faculty of the program and the DIO. The DIO will inform the Chief of Staff of the University Hospital, the President of the University of Kansas Physicians, and the Chief Medical Officer of the proposed corrective action, its cause(s) and of the placement of the resident on administrative leave. The DIO will also notify the Dean's Office and provide the Dean's Office with a copy of the co-signed notice of proposed corrective action. GME leadership should notify the HR business partner regarding administrative leave.
- 12.6.5 The resident will have seven working (7) days of administrative leave from the date of the meeting to respond, in writing, to the summary of the proposed corrective action. The resident may:
 - a) accept the summary of the proposed corrective action and the terms of rescission, if any. In this case, the resident will provide a written statement of acceptance to the Officers of the Program and the DIO or their designee, or,
 - b) indicate to the Program and the DIO, in writing, the intent to pursue an appeal and hearing.
- 12.6.6 All documents, summaries, notices, responses on the part of the parties to the proposed corrective action, or copies thereof, become a part of the resident's permanent file.
- 12.6.7 Upon receipt of the resident's response to the proposed corrective action by the Officers of the Program, copies of all pertinent records and documents, including all evaluations, summaries, notices and responses on the part of any party to the proposed action will be provided to the DIO and the Office of General Counsel.

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

- 12.7.1 The resident will continue to receive all compensation and benefits during any periods of administrative leave and during the period between notification of proposed termination and its final resolution.
- 12.7.2 If the corrective action is averted or rescinded, or if the hearing process produces a finding for the resident and the resident is reinstated, and the time spent on administrative leave exceeds the allowed amount of vacation time, an equivalent period of training may be required to be made up at the end of the resident's terminal appointment to satisfy the length of training requirements for the program.

- 12.7.3 The resident will receive academic credit toward completion of postgraduate training for those periods during which the resident served in good standing or while on probation. No credit is awarded for periods of administrative leave or for time lost during appeal or hearing processes relating to a proposed corrective action.

12.8 Suspension

- 12.8.1 Suspension is the temporary revocation of any or all of a resident's clinical, academic, and/or administrative privileges, rights and/or responsibilities without pay.
- 12.8.2 A period of suspension is intended to allow the resident an opportunity to definitively address significant, persistent, or recurrent deficits in their performance or behavior that, if uncorrected, would prevent his/her successful completion of the program. **Suspension is inappropriate if the resident's deficiencies and/or behavior are considered irredeemable or if the resident has been previously suspended.**
- 12.8.3 Length -- No less than seven (7) days and no more than thirty (30) days during the term of the resident agreement.
- 12.8.4 Terms and Conditions

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

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

12.8.5 Resolution

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

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

12.8.6 Limitations

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

12.9 Termination

- 12.9.1 Termination is the severance of a resident's appointment to the resident staff and of all obligations of and benefits to the parties to the Resident Agreement, excepting those specifically identified below.
- 12.9.2 Residents who are proposed for termination will be placed on administrative leave and relieved of all academic and clinical duties and activities pending final resolution of their status.
- 12.9.3 The Program Director and/or Department Chair must meet with the resident to review the summary of proposed termination with the resident. The following items must be discussed with the resident and included in the summary of proposed termination:

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

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

- a) receive their stipend up to the effective date of the termination if not already suspended;
- b) receive applicable health insurance and other benefits if not already suspended;
- c) vacate any and all call rooms, laboratories, and/or office spaces provided by the KUSOM OR TUKHS, if any, on or before the effective date of the termination;
- d) return all KUSOM OR TUKHS property on or before the close of business on the effective date of the termination of the resident's appointment, including, but not limited to pagers, hospital scrubs, meal cards, keys, and identification badges;
- e) be billed for any monies owed to the KUSOM including, but not limited to, parking tickets and fees, and/or library fees or fines.

Non-Promotion

A resident may not be promoted to the next level of training if their performance does not meet the expectations defined by the program. In this case, the resident will repeat part or all of the training year. Summative evaluations will be utilized to make decisions about promotion to the next level of training. A resident may be non-promoted until their performance improves to the required level.

Non-Renewal of Agreement

A Program Director may elect to non-renew a resident's agreement for reasons such as below. This is not a conclusive list.

1. Consistent less than satisfactory or below average evaluations by the faculty
2. Failure to correct deficiencies leading to probation during the probationary period
3. Consistent and multiple complaints about interpersonal relationships with patients, peers, professional staff, support staff, or physicians with whom the resident interacts during the resident's training program
4. Consistent delinquent episodes of work assignments
5. Failure to comply with the special requirements of the residency program (i.e., procedure documentation, research projects, conference attendance, etc.)
6. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director
7. Violation of University, Medical Center rules or regulations

8. Failure to pass Step III of the USMLE or Level 3 of COMLEX exam before the end of the PGY2 year
9. Such other cause as, in the opinion of the Program Director, makes it advisable to not renew the Resident Agreement

12.10 Reporting Obligations and Voluntary Withdrawal from a Program

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

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

DIO Review 6/1/2020, 7/9/2021

KUMC Legal Review 6/1/2020, 7/9/2021

GMEC Approval 6/1/2020, 8/2/2021

13. GRIEVANCES

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

13.1 Grievable Matters

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

13.2 Non-Grievable Matters

Actions on the part of the University, School, and/or Hospital based solely on administrative considerations are not subject to interpretation and are therefore non-grievable. These matters should be addressed through the normal resolution process. Attempts to remediate a deficiency, such as an individual learning plan or performance improvement plan is an academic improvement strategy designed to improve a resident's proficiency in one or more of the ACGME Core Competencies or Milestones. Remediation is not a disciplinary action, but rather an educational tool to help remediate areas of unsatisfactory academic performance, and as such, a resident may not appeal these attempts to remediate.

13.3 Grievance Procedure

Residents are entitled to an equitable system of appeal if they receive a disciplinary action regarding academic and/or professional performance. Each residency program is responsible for determining the academic standards required for satisfactory progress through each year of training and the completion of the requirements. Residents are entitled to participate in the grievance procedure in the event a disciplinary action concerning residency status is taken. A disciplinary action occurs when (1) a resident is placed on probation, (2) a resident is placed on suspension, (3) a resident is not promoted to the next year of training, (4) a program elects not to renew the resident agreement, or (5) a resident is terminated from a residency training program. If any of these actions are taken, the resident is entitled to a grievance hearing.

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

13.3.2 In all other cases:

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

DIO Review 6/1/2020
KUMC Legal Review 6/1/2020
GMEC Approval 6/1/2020

14. APPEAL AND FAIR HEARING

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

14.1 Appealable Matters

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

14.2 Non-Appealable Matters

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

14.3 Requests for Hearing

14.3.1 The resident will have until the seventh (7th) day following receipt of a summary of proposed corrective action to file a written request for hearing with the Program and the DIO or their designee.

14.3.2 The request must be delivered to the DIO by email or trackable delivery method (i.e. UPS, FedEx, certified mail). The DIO will then forward the request to the Executive Dean.

14.4 Waiver and/or Failure to Request a Hearing

14.4.1 A resident may elect to waive the right to hearing by delivering a written waiver to the DIO by email or trackable delivery method (i.e. UPS, FedEx, certified mail). The DIO will then forward the written waiver to the Executive Dean prior to the seventh (7th) working day following receipt of a summary of proposed corrective action.

14.4.2 A resident who fails to request a hearing within the time and in the manner specified above waives any right to such hearing and to any appeal or review.

14.4.3 In those cases where the resident waives the right to hearing, either explicitly or through failure to request, the corrective action becomes effective immediately or on a date determined by the Program Director.

14.5 Hearing Committee

14.5.1 Upon receipt of a valid request for hearing, the Dean of KUSOM, through the DIO or their designee will convene a hearing committee.

14.5.2 Membership

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

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

- e) a member of the Clinical Faculty selected by the resident.

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

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

14.6 Date, Location and Staffing of the Hearing

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

14.7 Notice of Hearing

- 14.7.1 Written notice of the date, time and location of the hearing will be delivered email or trackable delivery method to the resident and the program director no less than seven (7) working days before the hearing.
- 14.7.2 The resident and the program director will exchange supporting documentation via the DIO or their designee:
 - a) Any documents to be used by either side (the resident or the program) must be presented to the DIO or their designee and the Program Director of the resident's Program no less than seven (7) working days before the hearing.
 - b) All supporting documents submitted to the DIO or their designee by both sides, including those collected as part of the regular corrective action process, will be supplied to the resident, the program director, and the members of the

hearing committee by the DIO or their designee when they are completely collected, but no later than five (5) working days before the hearing.

- c) Any documents brought to the hearing by either party that were not submitted in advance will be reviewed on a case-by-case basis by the chair of the hearing committee. The chair's decision to include or exclude such documents will be final and is not appealable/greivable. Any documents accepted by this method at the hearing will be provided to all parties.

14.8 Presiding Officer

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

14.9 Personal Presence

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

14.10 Presentation of Evidence and Testimony

- 14.10.1 The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of testimony or evidence.
- 14.10.2 The resident shall have the following rights:
 - a) to call and examine witnesses,
 - b) to introduce evidence submitted according to section 14.7.2 of this Manual,
 - c) to cross-examine any witness on matters relevant to the issue of the hearing,
 - d) to challenge for cause any witness or rebut any evidence, and
 - e) to decline to testify in their own behalf.
- 14.10.3 The resident and Program Director or Chair will be given equal opportunity to be heard for such amounts of time as deemed fair and reasonable by the presiding officer.
- 14.10.4 The Program Director's evidence and testimony will be presented first and will be followed by the resident's evidence and testimony.

14.10.5 Proper objections may be made during the presentation of evidence and testimony.

14.10.6 At the conclusion of the resident's evidence and testimony, the Program Director will present a brief rebuttal and closing statement to be followed by the resident's rebuttal and closing statement.

14.10.7 Both parties shall be present for the entire hearing.

14.10.8 The resident will be allowed to submit a prepared written statement at the close of the hearing.

14.11 Burden of Proof

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

14.12 Record of Hearing

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

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

14.13 Deliberations and Report of the Hearing Committee

14.13.1 Within seven (7) working days of final adjournment of the hearing, the committee, exclusive of the parties, will meet to deliberate and produce a final written report of its findings, its recommendations and the basis for its recommendations. The deliberations of the hearing committee will not be recorded or transcribed.

14.13.2 The deliberations of the hearing committee will be closed to all but the members. The DIO or designee will be present as an observer and advisor on policy matters but will not have a say or vote.

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

14.13.4 The committee may recommend:

- a) finding for the resident, rejection of the proposed corrective action, and reinstatement of the resident to good standing;
- b) finding for the resident with placement on probation and issuance of a formal reprimand, warning, or suspension, provided placement on probation or suspension will not lead to the resident's exceeding the limits imposed with regards to the maximum number of probationary periods;
- c) finding for the resident with placement on probation, subject to the limits imposed with regards to the maximum number of probationary periods, and

recommendation for other remedial actions such as additional training, counseling or referral for evaluation and/or treatment;

- d) finding for the Program with specified modification(s) of the proposed corrective action; or
- e) finding for the Program with endorsement of the proposed corrective action.

14.13.5 Within seven (7) working days of the adjournment of the committee's final deliberations, the presiding officer will deliver the committee's written report to the resident, the Program Director, the Department Chair, the DIO or their designee, and the Executive Dean of KUSOM.

14.14 Action by the Executive Dean

14.14.1 Within seven (7) working days of the receipt of the committee's report, the Executive Dean will review all documents relating to the proposed corrective action and take final action on behalf of KUSOM.

14.14.2 The Executive Dean may:

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

14.14.3 Within three (3) working days of the Dean's review and action, the Executive Dean shall communicate the results to the DIO or their designee, the Program Director, Department Chair and the resident. The Director or Chair is then responsible for the communication of the Dean's action to the Chief of Staff of the Hospital and the Medical Director of the Professional Practice Group.

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

14.15 Additional Policies Relating to Appeal and Hearing

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

14.15.2 All documents generated by the activities of the hearing committee during the appeal and hearing process shall be maintained in the DIO or their designee in a file separate from the resident's permanent departmental file. Should the Executive Dean's final review produce a decision adverse to the resident, this documentation will become a part of the resident's permanent record. Should the Executive Dean's review find for the resident, all documents related to the appeal and hearing will be maintained in the DIO or their designee in a separate file.

14.15.3 The resident is entitled only to the due process, appeal and hearing rights and procedures accorded to the resident staff as set forth in these policies and procedures. Under no circumstances will the resident be entitled to the due

process, hearing and appellate rights granted to physician members of the Medical Staff or to members of the Faculty of KUSOM.

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

DIO Review 6/1/2020

KUMC Legal Review 6/1/2020

GMEC Approval 6/1/2020

15. RESIDENT CLINICAL EXPERIENCE AND EDUCATION (WORK HOURS)

15.1 Limitations on Resident Work Hours

- 15.1.1 The School policy is that resident Work Hours will be in compliance with the guidelines established by the ACGME. Each ACGME RC may impose stricter Work Hours restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements. Types of resident work hours:

- a) **Standard Work Hours** are regularly schedule clinical work,
- b) **Home Call** is when a resident returns to the clinical site to care for a patient
- c) **Clinical Work from Home** is charting and taking calls while at home.

15.1.2 Exceptions to Work Hours Policy

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

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

(ACGME Common Program Requirement Language for exceptions)

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

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)

VI.F.4.a).(3) to attend unique educational events. (Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

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

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

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

- a) Maximum Hours of Clinical and Educational Work per Week: Work Hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in house clinical and educational activities, clinical work from home and all moonlighting, additional rotation training, and off-campus curriculum offerings .
- b) Work from Home must be counted toward the 80-hour weekly maximum. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following days cases, studying, and research done from home do not count toward the 80 hours.
- c) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- d) Residents 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. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

- e) Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one day off in seven requirements.
- f) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- g) Maximum In-House On-Call Frequency: Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- h) At Home Call is time spent on patient care activities by residents on at-home call and 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 as frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

- i) Clinical and educational work periods for residents 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 education. Additional patient care responsibilities must not be assigned to a resident during this time.

VI.F.5. Moonlighting

VI.F.5.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)

VI.F.5.b) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)

VI.F.5.c) PGY-1 residents and residents working under J-1 sponsorship are not permitted to moonlight. (Core)

- 15.1.4 VI.F.6. In-House Night Float: Night float must occur within the context of the 80-hour and one-day-off in-seven requirements. (Core) The resident is expected to be rested and alert during Work Hours time, and the resident and resident's attending medical staff are collectively responsible for determining whether the resident is able to safely and effectively perform his/her duties.

- 15.1.5 If a scheduled work assignment is inconsistent with the Resident Agreement or the Institutional Work Hours and Call Policies, the involved resident shall bring that inconsistency first to the attention of the Program Director for reconciliation or correction. If the Program Director does not reconcile or correct the inconsistency,

it shall be the obligation of the resident to notify the Department Chair or Associate Dean for GME, who shall take the necessary steps to reconcile or correct the raised inconsistency.

15.2 Work Hours Monitoring

15.2.1 Program Responsibilities- programs must include at minimum the following processes:

- a) Program Directors should adjust schedules so that residents are scheduled to work fewer than 80 hours per week, which would allow residents to remain beyond their scheduled work period when needed without violating the 80-hour requirement.
- b) Ensure Residents submit Work Hours time by the 10th of the following month, preferably weekly
- c) Program is notified of potential violations by MedHub notification as Work Hours are submitted in order to correct any schedules as needed. Program Directors and Coordinators must have a process in place to adjust schedules on the fly as necessary to ensure a resident does not exceed the time requirement.
- d) Program Director must review Work Hours Review Period violations by the 15th of the following month
- e) Review quarterly Key Indicator Report

15.2.2 GMEC Goals and Responsibilities

- a) Overall Goals
 - i. In compliance with the ACGME Work Hours requirements, the committee will identify trends of violations within programs, rotations and/or residents;
 - ii. Establish Work Hours monitoring policies for each program:
 - iii. Actively support accurate reporting and educate programs when needed
 - iv. Provided increased awareness of the ACGME Work Hours rules.
 - v. Notify the program leadership of professionalism issues with residents submitting work hours
- b) Responsibilities
 - i. Standard reporting
 - ii. Develop action plans
 - iii. Monitor submission and professionalism reporting
 - iv. Initiate special reviews as needed
 - v. Ensure programs have a process for fatigue mitigation and work hour monitoring/reporting/correction
 - vi. Informal contact with residents and programs regarding violation activity
 - vii. Standardize and review an hour monitoring program
 - viii. Ensure programs have adequate sleep facilities and safe transportation options when resident is too fatigued to drive home after clinical and/or educational experiences

- ix. Ensure programs educate all faculty and residents on recognizing the sign of fatigue and sleep deprivation
- x. Ensure programs educate all faculty and residents in alertness management and fatigue mitigation processes and encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and education
- xi. Ensure programs provide continuity of patient care when residents are unable to perform their patient care responsibilities due to excessive fatigue

15.2.3 The GME Committee Work Hours Subcommittee oversees Work Hours reporting in programs showing trends of variance from requirements. The GME Leadership meets with Program Leadership to develop an action plan, which is then brought back to the Work Hours Subcommittee and GMEC for reviewing and monitoring.

DIO Review 4/19/10, 11/24/10, 4/17/2015, 6/2/2017, 6/1/2020, 5/17/2021

KUMC Legal Review 4/19/10, 12/3/2010, 6/1/2020, 5/17/2021

GMEC EC Approval 4/30/10

GMEC Approval 5/3/10, 12/6/2010, 4/17/2015, 6/5/2017, 6/1/2020, 6/7/2021

16. MOONLIGHTING, LOCUM TENENS, AND ADDITIONAL ROTATION TRAINING

16.1 Definitions

For purposes of the GME Policies and Procedures and the Resident Agreement, the following definitions apply:

16.1.1 **Moonlighting**: the voluntary, extracurricular and extra-institutional provision of medical services by a resident for which the resident receives direct compensation from a physician, physician group, emergency facility, clinic, health department, hospital or other healthcare provider. The provision of such medical services exists outside of the resident's training program and is not required for its successful completion. Moonlighting arrangements:

- i. are outlined in an agreement entered into by the resident and the healthcare provider for which the medical services will be provided, except in the case of locum tenens and/or Kansas Rural Health Education and Services agreements (see 16.1.2 below);
- ii. are often regularly scheduled and recurring;
- iii. subject to varying levels of professional supervision, depending on the resident's level of training and professional maturity, but in any event the professional supervision of the resident is the responsibility of the facility, not the School;
- iv. subject to a program's written policy regarding resident moonlighting and approval of the Program Director, the Departmental Chair and the Associate Dean for GME and must be in compliance with the policies set forth below.

16.1.2 **Locum Tenens/Kansas Rural Health Education and Services**: Moonlighting arrangements through which a resident provides temporary medical services

outside coverage through an agreement between the locum tenens site and that resident's program. Locum tenens arrangements:

- i. typically require that a resident be away from the School, in the private physician's community, for the duration of the assignment;
- ii. are usually infrequent and irregular;
- iii. are considered a service to the physicians of the state of Kansas and are most often made to allow the physician to be absent from their usual practice of medicine for a period of up to two consecutive weeks (due to, for example, physician illness, vacation, or travel to continuing medical education activities);
- iv. justified only if coverage by other physicians in the community is unavailable or inappropriate;
- v. provide for direct compensation to a resident for such services, but because the program is a party to the agreement, the terms of compensation are the prerogative of the program.
- vi. must be approved by the program and in compliance with the policies set forth below.

16.1.3 Additional Rotation Training: voluntary, University of Kansas faculty-supervised rotations within the Primary Institutional Sites through which a resident obtains medical training relevant to their program specialty, but that are in addition to the ACGME program requirements. Participation in Additional Rotation Training is not required *per se* for successful completion of a residency training program; however, Additional Rotation Training may afford residents certain clinical opportunities needed to satisfy their training program requirements. Additional Rotation Training:

- i. is primarily educational and requires that a written description of the activity's (1) purpose and curricular content, (2) goals and objectives, and (3) plan for evaluation of the resident and the rotation be on file with the program and GME;
- ii. provides for additional direct compensation to a participating resident, but through a department-approved addition to the resident's bi-weekly paycheck;
- iii. requires a resident to discuss rotational opportunities with her/his respective Program Director, and then submits an Additional Rotation Training request form to the Program Director and GME for approval.
- iv. are not activities for which a resident can bill or collect.

16.1.4 Off-campus Curricular Offerings: medical services by residents outside of the School, which are included in the official curriculum of a program and supervised by members of the University of Kansas faculty. Off-campus Curricular Offerings:

- i. are primarily educational and require that a written description of the activity's (1) purpose and curricular content, and (2) plan for

- evaluation of the resident and the rotation be on file with the program and GME;
- ii. do not provide any additional direct compensation to a participating resident, other than mileage reimbursement at the State-approved rate and, in some cases, reimbursement for subsistence required for travel outside the greater Kansas City metropolitan area;
- iii. must be approved by the program and in compliance with the policies set forth below.

16.2 Policies

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

16.2.1 Moonlighting

- a) Eligibility. Residents who elect to moonlight must first seek approval from their program and GME, and must renew their request each academic year. Each program will determine the point at which its residents may begin to moonlight, but in no event shall a resident below the PGY-2 level be permitted to moonlight. Residents working under J-1 sponsorship are prohibited from engaging in moonlighting activities. Program policies must also require that residents be in good standing with the School and their program as a prerequisite to moonlighting. A program may also opt to prohibit all moonlighting activities by all of its residents as a matter of policy. Seeking approval under any program's policy does not automatically mean a resident will be approved for moonlighting; individual residents may be prohibited from moonlighting at the discretion of their Program Director, Chair, or the Associate Dean for GME. The resident is responsible for reporting all moonlighting in Work Hour reports given that clinical activities, regardless of leave time taken to pursue moonlighting, are subject to the 80-hour weekly Work Hour limit.
- b) Licensure and Registration. The moonlighting resident must have an active or resident active license to practice medicine in the jurisdiction where the moonlighting activities are to occur. The resident must also have a valid individual DEA registration and any local or state registrations required within that jurisdiction.
- c) Professional Liability Insurance.
 - i. Professional liability insurance coverage for "person[s] engaged in residency training" pursuant to K.S.A. 40-3401, *et seq.* does not extend to moonlighting activities. Therefore, while moonlighting, residents are not covered by the state self-insurance program. The resident must obtain his/her own individual professional liability policy. A moonlighting resident may elect to have different levels of excess professional liability coverage provided by the Kansas Health Care Stabilization Fund. Such insurance may be purchased by the resident or may be arranged by another individual or agency (e.g.,

the entity engaging the resident's services). Regardless of the means of obtaining insurance, a certificate of insurance documenting the existence of a current policy must be provided to the resident and a copy filed with the program.

- ii. VA Moonlighting: Residents moonlighting at Veteran's Administration facilities do not need to purchase additional insurance to cover their VA moonlighting acts if they have signed "fee basis agreements" that result in their appointment to the VA Medical Staff. As such, these residents are covered by the Federal Tort Claims Act and do not require individual professional liability coverage. Residents moonlighting at a Veterans Administration facility should not assume that a "fee basis agreement" is in force and should be sure to finalize the matter with the medical staff office at the appropriate facility.
- d) Supervision. When moonlighting, residents are not directly supervised by the School or the program's teaching faculty; however, as a general principle, the residents must have some degree of local supervision. In any facility at which patients are seen on an emergent basis, residents should have onsite supervision and immediate back-up. At facilities providing non-emergent care, residents should be supervised and have back-up on-call within a reasonable time, generally no more than 15 minutes. If neither immediate supervision nor back-up is available, the moonlighting experience must be restricted to senior residents.
- e) Approval. Permission to moonlight must be made by the resident in writing, submitted through MedHub, reviewed internally and approved by DIO, directed to the Program Director and/or Department Chair, and approved in advance of any provisions of medical services. Approval by the Program Director and/or Department Chair must also be in writing, and this written department-level approval must be forwarded to the GME office for final approval.
- f) Hours. Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the resident to their program, the School limits the number of hours that can be spent moonlighting to no more than ninety-six (96) hours in any two (2) consecutive months. Occasional instances may arise that require the resident to be involved in moonlighting in a community away from the School, in which case the resident must use accrued vacation time and can participate in no more than two weeks of moonlighting in a 12-month period.
- g) Monitoring. Moonlighting must never interfere with a resident's primary responsibilities to their program. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Moonlighting residents are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs. The Program Director, Department Chair, or Associate Dean for GME may immediately revoke approval of any moonlighting activities should a resident's performance in a program deteriorate. The resident's performance will be monitored by the Program Director.

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

16.2.2 Kansas Rural Health Education and Services Locum Tenens (specific program information can be found at: <http://ruralhealth.kumc.edu/rural-health/kansas-locum-tenens/klt-faqs.html>)

- a) Eligibility. Each program will determine the point at which its residents may begin to provide locum tenens services; however, in light of the nature of the services provided, the resident must be capable of practicing in situations where there is minimal supervision and/or emergency back-up. Consequently, opportunities to participate must be limited to senior residents. Program policies must also require that residents be in good standing with the School and their program as a prerequisite to providing locum tenens services. A program may also opt to prohibit all locum tenens activities by all of its residents as a matter of policy. Seeking approval under any program's policy does not automatically mean a resident will be approved for locum tenens; individual residents may be prohibited from locum tenens services at the discretion of their Program Director, Chair, or the Associate Dean for GME. The resident is responsible for reporting all locum tenens services in Work Hour reports given that these clinical activities (i.e., a form of moonlighting), regardless of leave time taken to pursue them, are subject to the 80-hour weekly Work Hour limit.
- b) Licensure and Registration. The resident must have a Resident Active or Active license to practice medicine in Kansas. The resident must also have a valid individual DEA registration, if necessary.
- c) Professional liability insurance. Professional liability insurance coverage for "person[s] engaged in residency training" pursuant to K.S.A. 40-3401, *et seq.* does not extend to moonlighting activities (including locum tenens services). While on a locum tenens assignment, residents are not covered by the state self-insurance program. The resident must obtain their own individual professional liability policy. A resident providing locum tenens services may elect to have different levels of excess professional liability coverage provided by the Kansas Health Care Stabilization Fund. Such insurance may be purchased by the resident or may be arranged by another individual or agency (e.g., the entity engaging the resident's services). Regardless of the means of obtaining insurance, a certificate of insurance documenting the existence of a current policy must be provided to the resident and a copy filed with the program.
- d) Supervision. A resident providing locum tenens services is operating as an independent practitioner is not supervised by the School or the program's faculty.
- e) Approval. Kansas Rural Health Education and Services locum tenens activities must be approved, in advance, by the Program Director, Department Chair, Assistant/Associate Dean for GME, Executive Dean, and Executive

Vice Chancellor. The approval process must be completed before the commencement of the assignment, and a copy sent to the GME Office.

- f) Time Commitment. At the discretion of the Program Director, residents must use accrued vacation time when participating in locum tenens services and can participate in no more than two (2) weeks of locum tenens in a 12-month period. A program may limit the amount of time that residents can participate in Kansas Rural Health Education and Services locum tenens to less than two weeks, at its discretion.
- g) Monitoring. Participation in Kansas Rural Health Education and Services locum tenens must never interfere with a resident's primary responsibilities to his/her program. Locum tenens must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Residents engaged in provided locum tenens services are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs. The Program Director, Department Chair, or Associate Dean for GME may immediately revoke approval of any moonlighting activities should a resident's performance in a program deteriorate. The resident's performance will be monitored by the Program Director.

16.2.3 Off-campus Curricular Offerings

- a) The Executive Dean and Executive Vice Chancellor of KU Medical Center must specifically approve any off-campus curricular offering.
- b) The offering must be included in the written curriculum of the Program and subject to a written affiliation agreement between KUSOM and the hospital or institution providing the off-campus experience.
- c) Provided the two preceding conditions are met, any professional services provided during participation in such an offering will be covered by the professional liability insurance afforded to "person[s] engaged in residency training" pursuant to K.S.A. 40-3401, *et seq.*

DIO Review 4/19/10, 11/24/10, 1/24/11, 8/1/12, 6/1/2020, 7/9/2021

KUMC Legal Review 4/19/10, 1/26/11, 8/1/12, 6/1/2020, 7/9/2021

GMEC EC Approval 4/30/10, 1/28/11, 8/31/12

GMEC Approval 5/3/10, 2/7/11, 8/6/12, 6/1/2020, 8/2/2021

17. PREVENTION OF ILLEGAL DRUG AND ALCOHOL USE

As set forth in KUMC's Policy on Prevention of Illegal Drug and Alcohol Use on Campus and in the Workplace, available at [PolicyStat :: PolicyStat](#), KUSOM prohibits the unlawful possession, use, manufacture, or distribution of alcohol or drugs by residents on its property or as part of any of its activities. Consumption of alcoholic liquor or cereal malt beverage on the premises of the KUSOM is prohibited except in certain special circumstances authorized by state law and policies of the Board of Regents and KUSOM. KUSOM is committed to a program to prevent the illegal use of drug and alcohol by residents. Any resident found to be abusing alcohol or using, possessing, manufacturing, or distributing controlled substances or alcohol in violation of the law on KUSOM/TUKHS property

or at KUSOM/TUKHS events may be subject to corrective action in accordance with GME and KUSOM policy.

As a condition of employment, all residents agree to notify KUSOM of any criminal drug statute or DEA regulation charge and/or conviction no later than five days after such charge and/or conviction. KUSOM will, in turn, notify, as appropriate, the applicable federal agency of the conviction within ten days of its receipt of notification of the conviction. KUSOM may initiate corrective actions. A resident may also be referred to the Kansas Medical Society Professionals' Health Program and/or required to satisfactorily participate, at the resident's expense, in a drug abuse assistance or rehabilitation program if allowed to return to the resident staff. For purposes of this policy, "conviction" means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of the federal or state criminal drug statutes.

Residents are reminded that illegal possession or use of drugs or alcohol may also subject individuals to criminal prosecution. KUSOM may refer residents involved in proscribed conduct to appropriate authorities for prosecution.

18. RESIDENT ASSISTANCE AND ACCESS TO COUNSELING

KUSOM is committed to the health and wellbeing of its residents. At some time, members of the resident staff may be faced with a variety of personal problems that may affect their wellness and job performance. While some individuals attempt to deal with such problems on their own, there are times when professional assistance can be helpful.

It is in the best interests of KUSOM, and its residents to provide assistance for those with personal problems involving alcohol, drugs, family, marriage, finances, emotions, or other issues which may interfere with work attendance, productivity, and the ability to get along with co-workers. KUSOM believes that an effective assistance program encourages wellness and promotes efficiency of its residents. For additional information on KUSOM's drug and alcohol assistance program, please see KUSOM's Employee and Student Use Drug and Alcohol Abuse Assistance Program policy: <https://kumc.policystat.com/policy/9006207/latest>.

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

18.1 Counseling & Educational Support Services

18.1.1 The counseling and educational support center located in the Student Center G11 is also available to KUSOM residents. The counseling center contact number is (913)588-6580 and website is www.kumc.edu/counseling. Residents may find help with the following:

- Training Exam coaching
- USMLE Step 3 Preparation
- Specialty Board Exam Assistance
- Educational & Performance Excellence Coaching
- Manage Stress/Time
 - Residency Demands
 - Personal Life Demands
- Relationships / Marital / Family Concerns
- Personal Counseling
- Psychiatric Counseling

- Telehealth
- Consultation and Referrals
- Crisis Intervention
- Lending Library- in training & board exams

Counseling services are provided without cost. There is a \$25 fee for initial and follow-up psychiatry appointments. These facilities are staffed by doctoral-level psychologists or postdoctoral psychology fellows. All services are protected by HIPAA and provided in the strictest of confidence.

18.2 Kansas Medical Society Professionals' Health Program

18.2.1 The Kansas Medical Society Professionals' Health Program (PHP) serves physicians with a range of concerns that include:

- Mental/Emotional Health
- Physical Health
- Substance Use/Misuse/Addiction Disorders
- Process Addictions
- Disruptive Behavior
- Burnout
- Wellness

The phone number for PHP is 1-800-332-0156. Additional information about PHP is available at: [PHP Services - Kansas Medical Society \(kmsonline.org\)](https://kmsonline.org), or a resident can request information from the GME Office.

18.3 The Department of Psychiatry

Offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems, including chemical dependency. The department is professionally staffed by psychiatrists, psychologists, and social workers and appointments may be made through the Psychiatry Clinic or individually through the private practices of these faculty members. Information about these services can be obtained by calling the Department of Psychiatry at 913-588-6400.

DIO Review 4/19/2010, 6/1/2020, 6/23/2022, 6/5/2023
 KUMC Legal Review 4/19/2010, 6/1/2020, 6/23/2022, 6/5/2023
 GMEC EC Approval 4/30/2010
 GMEC Approval 5/3/2010, 6/1/2020, 6/23/2022, 6/5/2023

19. RISK MANAGEMENT AND DISASTER POLICY

19.1 Incident Reporting and Risk Management

19.1.1 Incident/Event Reporting

- An incident or event is any occurrence that is not a part of the usual and routine operation of the Health System or the usual and routine care of patients. The terms may also be used to describe a situation or condition that might result in a departure from the usual and routine functions of the Medical Center.
- In order to promote a culture of safety, the University of Kansas Health System encourages the reporting of any and all incidents or events that are not

usual or routine and which may pose safety risks to patients. Complete facts regarding the incident or event should be reported through the University of Kansas Health System's Safety Intelligence (SI) reporting tool located on the 24/7 intranet site.

- c) Under K.S.A. 65-4923, all health care providers are required to report incidents that:
 - i. are, or may be, below the applicable standard of care and has a reasonable probability of causing injury to a patient; or
 - ii. are, or may be, grounds for disciplinary action by the appropriate licensing agency.
- d) For Health System incidents that may require the filing of a report to State authorities, the facts should first be reported through the SI reporting tool. This SI report will be transmitted to Health System Risk Management, Chief of Staff, and/or Chief Executive Officer as appropriate. These individuals then are responsible for investigation to determine whether a particular incident or event must be reported to the appropriate State licensing or other agency.

19.1.2 Risk Management/Service of Process

- a) As a general rule, any contact by a lawyer posing questions about patient care provided as part of the residency training program must be reported to the risk manager in the University's Office of the General Counsel. If contact is made by phone, the caller should be redirected to the Office of the General Counsel.
- b) The receipt of any summons, complaint, subpoena, or court paper of any kind relating a resident's/ activities in a residency training program, or on their behalf by anyone with whom the resident works or resides, must be immediately reported to the risk manager in the University's Office of the General Counsel. The resident to whom the service has been made should immediately submit a copy of the document to the risk manager.
- c) Residents will cooperate fully with University administration, the Office of the General Counsel, all attorneys retained by that office, and all committees and departments of the Medical Center and/or Health System, including but not limited to Risk Management, Quality Assurance, Human Resources, particularly in connection with the following:
 - i. evaluation of patient care;
 - ii. review of an incident or claim;
 - iii. preparation for litigation, whether or not the resident is a named party to that litigation; or
 - iv. any investigation, discovery, and defense that may arise regarding any claims or other legal actions.

19.2 Substantial Disruptions in Patient Care /Extraordinary Circumstances

19.2.1 PURPOSE:

” Substantial Disruptions in Patient Care”/”Extraordinary Circumstances” are defined as an event or set of events causing significant alteration to the residency experience at one or more residency programs. Examples of” Substantial Disruptions in Patient Care”/”Extraordinary Circumstances” include abrupt hospital closures, natural disasters, a catastrophic loss of funding, a pandemic, civil unrest, acts of terrorism, or war. These are generally considered to impact an entire community or region for an extended period of time. Such situations may cause disruption to resident assignments, educational infrastructure and/or clinical operations which may affect the Institution’s or any of its Programs’ abilities to conduct resident education in substantial compliance with ACGME standards. This Policy guides the GME Committee’s (GMEC) and GME Leadership’s action plan response during such situations. This ”Substantial Disruptions in Patient Care”/”Extraordinary Circumstances” Policy is intended to augment existing plans that are applicable to the institutions affected, focusing specifically on residents in GME programs sponsored by the KUSOM.

19.2.2 PRINCIPLES:

This Policy applies in the event of a widespread emergency (i.e., ”Substantial Disruptions in Patient Care”/”Extraordinary Circumstances”)(as defined above) affecting operations of some or all of the University of Kansas Medical Center (KUMC), its Primary Institutional Site, the University of Kansas Hospital (KUH), and/or KUSOM. Once an applicable event or situation has been declared by the GME leadership with the consultation of the GME Committee (GMEC), the GMEC and GME Leadership’s action plan response is guided by the following principles:

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

expectations for the duration of the event and self-limitations according to the resident's maturity to act under significant stress or duress.

- d) It is the expectation that the salary, benefits, professional liability coverage will continue to be provided during the course of continued employment including temporary placements until the contract has been terminated or due to the institutional inability to provide appropriate education and training

19.2.3 PROCEDURES:

- a) Upon the occurrence of the "Substantial Disruptions in Patient Care"/"Extraordinary Circumstances" and immediately following for up to 72 hours:
 - i. Program Leadership should immediately notify the Designated Institutional Official (DIO) and GME Leadership about any potential "Substantial Disruptions in Patient Care"/"Extraordinary Circumstances" or local extreme emergent situation that may impact resident education and work environment.
 - ii. The DIO and GME Leadership will coordinate and consult with the GMEC and Leadership of potentially affected Programs to determine if the event(s) may cause serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect either the Institution's or Program's ability to conduct resident education in substantial compliance with ACGME standards.
 - iii. If such a significant event as described above is declared, the DIO will report these events to the Executive Director for the Institutional Review Committee (IRC). The DIO will receive electronic confirmation from the ACGME allowing the affected Program Directors to notify their respective Residency Review Committee Executive Directors. The ACGME IRC will also contact the affected Programs' RRCs. This reporting is meant to document the event in order to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews. Also, this reporting will allow the ACGME to provide any potential assistance to the Programs and Institution during the declared event related to maintaining the best educational environment for the residents.
 - iv. When warranted, the ACGME will make a declaration of a "Substantial Disruptions in Patient Care"/"Extraordinary Circumstances" and post such notice on the ACGME website with information relating to the ACGME response to the disaster.
 - v. The DIO will also report these events to KUSOM and Hospital Leadership and coordinate any action plans in concordance with their respective "Substantial Disruptions in Patient Care"/"Extraordinary Circumstances" Plans.
 - vi. The DIO will continue to communicate with the ACGME as necessary and requested, and finally inform the IRC upon resolution of the event.

- vii. Residents will be deployed to provide needed clinical care under the guiding principles described in 19.2.2 above and as directed according to the applicable KUMC and KUH emergency plans. Those involved in making decisions in this period are:
 - a) KUMC Incident Commander (Vice Chancellor for Administration)
 - b) KUH Chief of Staff
 - c) Senior Associate Dean for Clinical Affairs
 - d) DIO/Senior Associate Dean for GME
 - e) Clinical Department Chairs
 - f) Program Directors
 - viii. To the extent possible within the constraints of the emergency, decision makers shall frequently inform and consult with the GMEC, the program coordinators.
- b) From 72 hours post event to the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
- i. An assessment and decision will be made regarding the continued need for provision of clinical care by residents, the continued availability of an adequate educational experience, and the likelihood that training can continue on site.
 - ii. This assessment will be made by:
 - a) KUMC Incident Commander (Vice Chancellor for Administration)
 - b) KUH Chief of Staff
 - c) Senior Associate Dean for Clinical Affairs
 - d) DIO/Senior Associate Dean for GME
 - e) GMEC
 - f) KUMC General Counsel
 - g) Clinical Department Chairs
 - h) Program Directors
- c) By the end of the 10th day following the occurrence of the emergency situation, if the emergency is ongoing:
- i. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training on site.
 - ii. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at KUMC.
 - iii. The DIO will contact the ACGME IRC Executive Director to provide a status report. The DIO will also determine due dates from the ACGME for each Program to submit Program reconfigurations to the ACGME, and to inform each Program resident of resident transfer decisions. According to ACGME policy, the due dates for submission shall be no later than 30 days after the event/"Substantial

Disruptions in Patient Care”/”Extraordinary Circumstances”, unless otherwise specified by the ACGME.

- iv. Similarly, all Program Directors will contact their appropriate ACGME RC Executive Directors to provide status reports.
- v. Those involved in decision making in this period are:
 - a) Senior Associate Dean for Clinical Affairs
 - b) DIO/Senior Associate Dean for GME
 - c) GMEC
 - d) Clinical Department Chairs
 - e) Program Directors
- vi. If it is decided that a Program or the Institution cannot provide an adequate educational experience for each of its residents because of the event, and as dictated by the above-determined ACGME due dates, the Program Director will, with assistance from the DIO and GME Leadership:
 - a) Arrange temporary transfers to other programs/institutions until such time that the KUMC program can provide an adequate educational experience for each of its residents, or
 - b) Assist the residents in permanent transfers to other ACGME-accredited programs/institutions in which they can continue their education.
 - c) If more than one option is available for a particular resident, the preference of the resident will be considered. This process will be facilitated as expeditiously as possible so as to maximize the likelihood that each resident will complete the training year in a timely fashion.
 - d) At the outset of a potential temporary resident transfer, the Program Director will inform each transferred resident of the minimum duration and the estimated actual duration of their transfer. The Program will also continue to keep the transferred resident informed of such durations, and this includes if the temporary transfer will continue to and/or through the end of the residency year.
 - e) All necessary steps for temporary or permanent transfer of a resident to another Program as dictated by ACGME policies will be followed.
 - f) Residents who wish to take advantage of the Leave of Absence Policy or to be released from their Resident Contract will be discussed and decided at the Program Leadership level.
 - g) The Programs will present to the GMEC program changes to address the ”Substantial Disruptions in Patient Care”/”Extraordinary Circumstances” effects, including

requests for changes in a Participating Institution, change in educational program format, and/or change in Program resident complement. The GMEC will work as expeditiously as possible to approve or not approve such requests to minimize the educational impact on Program residents. The ACGME policies also allow for a similar fast track process of reviewing such requests from affected Programs.

d) When the emergency situation is ended:

- i. The DIO and Program Directors will inform the IRC and the Program's RC Executive Directors, respectively, that the "Substantial Disruptions in Patient Care"/"Extraordinary Circumstances" has been resolved.
- ii. Plans will be made with the Institutions/Programs accepting temporary transfer residents for them to return to KUMC and resume training in their respective programs.
- iii. Program Directors will coordinate appropriate credit for training with the ACGME, its applicable Review Committees and Certification Boards.
- iv. Decisions as to other matters related to the impact of the emergency on residency training will be made in coordination with the GMEC and ACGME.

DIO Review 11/8/09, 4/17/15, 6/1/2020, 5/17/2021
KUMC Legal Review 11/30/09, 6/1/2020 5/17/2021
GMEC EC Approval 11/20/09
GMEC Approval 12/7/09, 6/1/2020, 6/7/2021

20. RESIDENTS WITH DISABILITIES

KUMC is committed to achieving equal opportunity for persons with disabilities, in conformance with provisions of the American with Disabilities Act (ADA) and the Kansas Act Against Discrimination (KAAD). Reasonable accommodation applies to all aspects of employment and education. KUMC is committed to the principles of reasonable accommodation, in compliance with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities ensuring no person is subjected to discrimination.

20.1 Policy Statement

It is the policy of KUMC to provide reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability unless hardship or direct threat would result therefrom.

Individuals with disabilities who are covered under this policy include applicants seeking admission to residency programs and current residents.

KUMC's Accommodation Policy for all employees, including residents, is available [here](#).

20.2 Procedure for Requesting Reasonable Accommodation

Any resident with a disability who requires an accommodation to perform the essential functions of his or her position and/or meet the Technical Standards (below) should complete the Resident Request for Accommodation Form available [here](#), and submit it directly to Human Resources.

The accommodation request should specify the accommodation the resident needs to perform the job. If the requested accommodation is reasonable and will not impose an undue hardship or a direct threat, KUMC will make the accommodation in accordance with applicable law. KUMC may propose an alternative to the requested accommodation or substitute one reasonable accommodation for another, but KUMC retains the ultimate discretion to choose between reasonable accommodations.

Residents are expected to fully cooperate in the accommodation process. The duty to cooperate includes making every effort to provide Human Resources with current medical information. Residents who do not meaningfully cooperate in the accommodation process will waive the right to accommodation.

The Accommodation Policy FAQs are available [here](#), and further describe the accommodation process.

Residents who have questions about the process or seek additional information may contact KUMC Human Resources at (913) 588-5080.

20.3 Technical Standards for GME

The following technical standards, in conjunction with the essential functions of resident positions, set forth applicable requirements for program admission, promotion, and completion. The term “applicant” refers to applicants for admission as well as current residents. These requirements may be achieved with or without reasonable accommodations.

- 20.3.1 Applicants for GME must be able to perform physical examinations of patients and to record their notes and orders. The applicant must be able to conduct the diagnostic and therapeutic procedures required of physicians in their specialty, and also those that may be required of any physician in an emergency setting. Examples of such procedures include but are not limited to phlebotomy, placement of a nasogastric tube, endotracheal intubation, thoracostomy tube placement, cardiopulmonary resuscitation, manipulation of surgical instruments, and wound suturing and dressing.
- 20.3.2 Applicants must be able to conduct examinations of their patients and identify the various sign and symptoms of the disease processes that will be encountered in the routine course of their training. The applicant must be able to conduct evaluations and examinations in any emergency setting that are reasonably anticipated to be a part of their training program. Examples of the components of such evaluations and examinations include observation of the patient, and examination of the chest, abdomen and extremities.
- 20.3.3 Applicants must have the ability to efficiently and effectively communicate, in-person and in writing, with patients, faculty and staff physicians, residents, nurses, and other members of the allied health, academic, business and administrative units of the Medical Center, both in the routine course of patient care and

operation, as well as in the event of emergency or crisis. Examples of such communication include documentation of the history and physical examination, written and/or computerized entry of patient orders and directions for patient care, communications during rounds, presentation of didactic conferences, presentations at academic conferences, and submission of papers for publication.

- 20.3.4 The applicant must be able to organize, analyze and synthesize complex concepts and information in order to identify and diagnose pathologic processes, formulate appropriate plans for patient management and participate in a GME program. Participation in the educational program assumes cognitive ability sufficient to acquire and maintain the basic information and fund of knowledge required of all residents in a given program as well as the ability to demonstrate mastery of such information and knowledge through the written and/or oral examination processes including, but not limited to, in-service examinations and the certifying examinations of the various medical specialty colleges and boards.
- 20.3.5 Applicants must be able to effectively interact with patients and their families in the examination, diagnosis, treatment, and counseling processes. The resident must also effectively and constructively work with other learners, staff physicians, and nurses and other personnel of the learning environment. The applicant must be capable of performing assigned clinical duties for up to 80 hours/week, on the average. Under certain circumstances, the applicant may be required to exceed this average, but the work hour requirements will be in compliance with the policies for GME. The applicant must also be able to function effectively as a member of the health-care team, academic program, and Medical Center as a whole under conditions that may change rapidly and without warning in times of transition, crisis or emergency.

20.4 Complaint Procedure

Individuals who believe they have been denied reasonable accommodation or have been discriminated against on the basis of their disability are advised to contact KUMC's Equal Opportunity Office, 3901 Rainbow Blvd. Kansas City, KS 66160, (913) 588-5964, dmbogo@kumc.edu

The Equal Opportunity Office webpage is available [here](#).

A downloadable "Complaint of Discrimination Form" is available [here](#).

KUMC's Discrimination Complaint Resolution Process (DCRP) is available [here](#). The DCRP sets forth the procedures for reporting and investigating accommodation complaints and disability discrimination.

20.5 Responsibility for Implementation

- 20.5.1 Identification of Essential Functions: The officers of a program are responsible for developing and maintaining current job descriptions for residency positions under their supervision, and for identifying essential and marginal functions in consultation with the Human Resources.
- 20.5.2 Identification of Technical Standards: The Associate Dean for GME and the officers of the residency programs, in consultation with Human Resources, are responsible for developing and maintaining current technical standards for the GME programs sponsored by the University.

DIO Review 4/5/10, 1/1/2016, 6/1/2020, 7/9/2021
KUMC Legal Review 3/30/10, 1/1/2016, 6/1/2020, 7/9/2021
GMEC Approval: 4/5/10, 1/23/15, 3/7/2016, 6/1/2020, 8/2/2021

21. INTERNATIONAL TRAVEL

21.1 Conditions

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

Submit a travel request to the Travel Audit Office irrespective of the travel-funding source. The travel request must be submitted at least four weeks prior to the travel date. Workers Compensation benefits cannot be extended for any overseas rotations without an approved travel request.

- 21.1.1 Professional or Educational Travel to any country considered high risk (level 3-4 travel advisory)by the US State Department of State Travel Advisories (state.gov) or the CDC (level 3-4) Travel Health Notices | Travelers' Health | CDC is discouraged by KUMC policy and requires a petition submitted to the Travel Threat Assessment Committee through the Senior International Officer.

<https://www.kumc.edu/academic-and-student-affairs/departments/office-of-international-programs/outbound-programs.html>

- 21.1.2 If **resident** wishes to participate in **any international professional experience**, **resident must** register with KUMC's Office of International Programs and GME to have travel and activity approved. The initiation of the request for approval should occur at least **six (6) months in advance** of any planned overseas travel as part of a KUMC residency program (913-588-1480).

<https://www.kumc.edu/academic-and-student-affairs/departments/office-of-international-programs/outbound-programs/resident-travel-information.html>

DIO Review: 3/27/2015 7/28/2021
KUMC Legal Review: 3/27/2015, 7/28/2021
GMEC Approval: 3/27/2015, 8/2/2021

22. GME APPROVAL POLICY

I. PURPOSE:

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

II. PROCEDURE:

All written correspondence to the ACGME by Program Directors or any of the following, require formal GMEC approval and DIO (or designee) signature, this includes items laid out in the ACGME Institutional Requirements section I.B.4.b which can be found here

<https://www.acgme.org/designated-institutional-officials/institutional-review-committee/institutional-application-and-requirements/>:

III. DETAILED STEPS:

- 1) When the DIO is present, all written correspondence to the ACGME from Program Directors must first be reviewed and approved by simple majority including a resident council representative by the KUSOM GME Committee (GMEC). Additionally, further information or GMEC application materials may be requested from the Program Director according to the ACGME Institutional requirements prior to GMEC consideration. Either consideration can also be by electronic review and vote. The DIO signature on the correspondence signifies GMEC approval of the correspondence.
- 2) When the DIO is absent and will not be available to sign any approved correspondence prior to the ACGME due date, their designee, as stipulated below, will review and sign all correspondence to the ACGME that is submitted by Program Directors. The same GMEC approval process as stated above is required. This responsibility also includes presiding over the GMEC as necessary in the absence of the DIO. Upon the return of the DIO, the designee will review the signed correspondences with the DIO.
- 3) In the absence of the DIO, the following lineage order stipulates the sequence signature authority as DIO designee for all ACGME correspondence in the event of successive unavailability: Assistant Dean of GME and Executive Dean of KUSOM.

Procedure Overview:

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

July 1, 2021

To: Associate/Assistant Deans of GME
Exec Dean for KUSOM
From: Senior Associate Dean for GME
Designated Institutional Official

Associate/Assistant Deans of GME
Exec Dean for KUSOM

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

Sincerely,

Senior Associate Dean for GME
DIO

Revised 6/1/2020, 5/17/2021
KUMC Legal Review 6/1/2020, 5/17/2021
GMEC approval 6/1/2020, 5/17/2021

23. EDUCATIONAL RESOURCES FOR MULTI DISCIPLINARY PROGRAMS

I. PURPOSE:

It is the policy of the University of Kansas, School of Medicine GME Committee (GMEC) that appropriate and fair processes govern the allocation of resources to GME program in which there is similarity or overlap of educational mission.

II. PROCEDURE (Policy):

The ACGME mandates that institutional policies be established to cover the educational resources committed to the following Multi-Disciplinary training programs (Pain Medicine, Clinical Informatics) and to ensure cooperation of all involved disciplines. The Core programs (Anesthesiology Department for Pain Medicine and Internal Medicine for Clinical Informatics), through sponsorship by the University of Kansas, School of Medicine, provides support to one Pain Medicine training program and one Clinical Informatics training program. Because both provide multidisciplinary approaches to a common problem, the ACGME requires that there be an institutional policy governing the educational resources committed to Pain Medicine and Clinical Informatics. This policy ensures cooperation of all involved disciplines.

Effective July 2015, there may be only one ACGME-accredited Pain medicine program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

Effective July 2019, there may be only one ACGME-accredited Clinical Informatics program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

III. DETAILED STEPS (Monitoring and Compliance):

The programs will perform a written annual program evaluation (APE) of program effectiveness. The DIO and the GMEC will monitor educational resources committed to the multidisciplinary fellowship training programs through the APE, the Periodic Review Process and the Annual Survey of Resident's Educational and Clinical Experiences

If difficulties in the distribution of resources committed to the fellowships training are identified, the DIO will meet with the Program Directors of the programs involved to assess the distribution and to recommend corrective action. The DIO will report these findings to the GMEC, which may meet with the directors and other hospital/institutional officials. The DIO's recommendations will be forwarded for approval to the GMEC.

DIO Review: 11/28/2014, 6/1/2020

KUMC Legal Review, 6/1/2020

GMEC Approval: 12/1/2014, 6/1/2020

24. SUPERVISION AND ACCOUNTABILITY POLICY

I. PURPOSE:

The single most important responsibility of any GME program is to provide an organized educational program with guidance and supervision of the resident that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill. The KUSOM gives residents significant but appropriately, well-supervised latitude in the management of all patients and provides a comprehensive experience in their specialty area in order for them to become independent and

knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency. This Policy defines the GME Committee's (GMEC) expected level of supervision during all aspects of the training of residents at the KUSOM.

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of GME provides safe and effective care to patients; facilitates each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

II. PROCEDURE:

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

The Program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Appropriate level of supervision depends on the individual resident's level of competency as determined by their milestones. The appropriate level of Program Faculty supervision for each resident is determined by the responsible Program Faculty, Program Director, Division Chair (if applicable), and Department Chair (Program Leadership). The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of resident supervision, including oversight of levels of resident supervision inconsistent with this GME Policy.

III. DETAILED STEPS:

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

- 24.1.1 The quality of a resident's GME experience involves a proper balance between educational quality and the quality of patient care. In all Programs and instances, the level of resident supervision must ensure the highest quality, safety and effectiveness of patient care.
- 24.1.2 The level of resident supervision must be consistent with the educational needs of the resident. This also includes supervision of activities that may influence learner safety (i.e., Work Hour limitations, stress).
- 24.1.3 The level of supervision must be appropriate for the individual resident's progressive responsibility as determined by the resident's level of education, competence, and experience.
- 24.1.4 The ACGME has also defined certain other applicable Common and specialty/sub-specialty-specific Program Requirements that relate to appropriate levels of resident supervision. Levels of resident supervision must be in compliance with these Requirements.

- 24.1.5 Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member or senior resident physician, either on site or by means of telecommunication technology. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility.
- 24.1.6 The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by milestone criteria. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents. Each resident must know the limits of his/her scope of authority, and the circumstances under which they are permitted to act with conditional independence.
- 24.1.7 Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
- 24.1.8 An integral part of the supervision of resident educational and patient care activities includes the availability and access to communication with Program Faculty at all times (24 hours per day, 365 days annually).
- 24.1.9 The formative evaluation of resident activities as dictated by the ACGME Program Requirements is an important component of appropriate resident supervision.
- 24.1.10 The review of resident documentation of patient care is an important aspect of resident supervision.
- 24.1.11 Any concerns about inadequate or inappropriate levels of supervision must be addressed by the Program Leadership, with involvement of the DIO and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about resident supervision to the attention of the GME Leadership at any time.
- 24.1.12 Classification Levels of Supervision:

To promote oversight of resident 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 during the key portions of the patient interaction. The supervising physician and/or patient may not be physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. A Review Committee may further specify and not all RCs choose to permit telecommunication technology.

- PGY-1 residents must initially be supervised directly, only as described above (Core)
- Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

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

24.1.14 The Institutional Office requires programs to review, distribute and educate their faculty and trainees annually at beginning of each academic year and submit the final supervision template to GMEC for review. Supervision policies are also reviewed by the institution during normal accreditation activities such as Periodic Review and Preparation for Site Visits.

DIO Review 11/6/09, 11/24/10, 5/5/2017, 7/9/2021
 KUMC Legal Review 11/30/09, 12/3/10, 5/10/2017, 7/9/2021
 GMEC EC Approval 11/20/09, 4/30/10
 GMEC Approval 12/7/09, 12/6/10, 6/5/2017, 8/2/2021

25. GMEC OVERSIGHT OF MAJOR PROGRAM CHANGE

All major program changes require approval by the GMEC prior to program director submission to the ACGME as dictated by the ACGME Institutional Requirements. Institutional and programmatic changes that require GMEC approval include, but are not limited to those items laid out in the ACGME Institutional Requirements section I.B.4.b which can be found here <https://www.acgme.org/designated-institutional-officials/institutional-review-committee/institutional-application-and-requirements/>

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

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

26. POLICY GOVERNING (NON-ACGME-ACCREDITED PROGRAMS)

1. All applicants shall meet the eligibility criteria set forth in the GME Policy and Procedure Manual, section 4.1, and make application to any non-ACGME-Accredited programs according to the requirements of section 4.2 of the GME Manual
2. Residents will be accepted and appointed according to the requirements set forth in sections 4.3 and 4.4 of the GME Manual.
 - a. Specifically, throughout their training, residents accepted into non-ACGME-Accredited programs will be required to submit, via the program coordinator, all of the documentation required of any other resident according to the schedule set out by the DIO.
 - b. Residents in the non-ACGME-accredited Program will also be guided by all the applicable Policies and Procedures dictated in the GME Manual.
 - c. Non-ACGME-Accredited Programs wishing to start a resident off-cycle, or who have a resident who will become off-cycle during the course of their training, must first receive approval from the DIO. It is preferred that all off-cycle residents start by September 1 of the academic year. Funding of the off-cycle portion is per the GME Financial Office.
3. Residents accepted to non-ACGME-Accredited programs will otherwise be subject to the policies and procedures included within the GME Manual, except:
 - a. Evaluation procedures, generally found in section 9 of the GME Manual, will instead be defined by the individual non-ACGME-Accredited residency program, but must include at least semiannual and a final summative evaluation as described below. Non-ACGME-Accredited programs do not necessarily adhere to the evaluation requirements set by the ACGME, or the six core competencies defined by the ACGME.
 - b. Formative resident evaluations by the Program Faculty must occur and be discussed with the resident at least semi-annually by the Program Director. Additionally, a summative evaluation of the resident's performance should be documented at the end of the training program, reviewed with and signed by the resident and kept in their file.
 - c. Non-ACGME-Accredited programs are not required to adhere to the ACGME Work Hour restrictions or logging requirements, unless their Clinical Experience and Educations are required for Affiliate Hospital funding as dictated in the GME Resident and Financial Accountability Policy (Section 7.8). In all cases and situations, resident health (i.e., fatigue and stress) and patient care and safety considerations continue to be paramount and take precedence over clinical service and training demands.
4. Residents in non-ACGME-Accredited programs will be paid and receive benefits indistinguishable from residents in ACGME-sponsored programs. However, funding allocation for non-ACGME-Accredited residency positions will generally originate from non-School of Medicine sources such as grants, foundation funds, or other Affiliate Hospital agreements. This support will also include "GME overhead" as defined by the GME Financial Office.
5. Residents in non-ACGME-Accredited programs will be covered by the State of Kansas Self-Insurance Fund professional liability insurance as specified in Kansas Statutes Annotated (KSA 40-3401, et seq.)
6. Non-ACGME-Accredited programs will not be subject to periodic/special review as required by the ACGME. However, the Core ACGME-Accredited programs under which the non-ACGME-Accredited programs operate, will be required to demonstrate in internal and other reviews that the non-ACGME-Accredited program is not diminishing the quality of the educational/training experience of those residents in the ACGME-Accredited Core Programs. The Core Program Directors will be queried generally annually by the GMEC to determine any negative impact, and substantiated negative educational impact by the non-ACGME-Accredited Program could result in its termination. Also, any major changes in the Program Curriculum or Structure with require further GMEC review and approval.

7. Upon GMEC approval, the Program Director should inform the Core Residency Program Directors to ensure that they have informed their appropriate RCs of the program initiation.
8. Those Fellows having attending staff privileges will require the appropriate credentialing by the University of Kansas Hospital and School of Medicine.
9. Non-ACGME-Accredited programs will be required to submit a non-ACGME-accredited program application. This application is available in the Program Director's Toolbox and will be presented to the GMEC by the requesting Program Director. GMEC approval must be obtained prior to initiation of the Program.
10. Residents completing non-ACGME-Accredited programs will be issued a certificate of completion if they meet the requirements of the program and the GME Manual; however the Office of the Registrar has the authority to issue certificates for non-ACMGE programs which are distinguishable from those for ACGME-sponsored programs.
11. Resident remediation, disciplinary actions, grievances, and appeals will follow those procedures set out in the GME Manual, specifically sections 11-14.
12. Non-ACGME-Accredited Fellowships that have Board Certification examinations related to the proposed fellowship should require that all graduates take the certification examination upon completion of the Fellowship.
13. Non-ACGME-Accredited Fellows should receive copies of the Overall Program Educational Goals and Goals and Objectives for each rotation/educational experience for each PGY-level at the beginning of their Fellowship.
14. Fellows will be required to perform some Scholarly Activity/Research project with a Core Residency Program and/or Core Program resident. This would preferable result in a published manuscript in a peer-reviewed journal.

DIO Review 6/1/2020

KUMC Legal Review 6/1/2020

GMEC Approval 6/1/2020

27. RESIDENT FATIGUE AND STRESS

Purpose Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident population, just as it would in other professional settings. As an institution, the University of Kansas Medical School has adopted the following policy to address resident fatigue and/or stress:

Recognition of Resident Excess Fatigue, Burnout, and/or Stress

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

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

Response

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

Patient Care Settings

Attending Faculty:

1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence for excess fatigue, burnout, and/or stress requires the attending faculty or supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.
2. The attending faculty or supervising resident should privately discuss their opinion with the resident, attempt to identify the reason for excess fatigue, burnout, and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending faculty must attempt, in all circumstances without exception, to notify the chief/supervising resident on-call, program director and/or department chair, respectively, depending on the ability to contact these individuals, of the decision to release the resident from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the attending faculty must advise the resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident should first go to the on-call room for a sleep interval lasting no less than 30 minutes. The resident may also be advised to consider calling someone to provide transportation home.
5. If stress is the issue, the attending faculty upon privately speaking with the resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending faculty, the resident's stress has the potential to negatively affect patient safety, the attending faculty must immediately release the resident from further patient care responsibilities at that time. In the event of a decision to release the resident from further patient care activity; notification of program and administrative personnel shall include the chief/supervising resident on-call, program director and department chair, respectively, depending on the ability to contact these individuals.
6. A resident who is showing signs of burnout such as depersonalization, emotional exhaustion, low personal accomplishment leading to decreased effectiveness at work, is more likely to make medical errors, become impaired, have reduced patient satisfaction, depression and suicidal ideation. Burnout may be caused from an excessive workload, loss of autonomy/flexibility, problems with work-life integration, and loss of meaning in work. Faculty will encourage residents to seek help.
7. A resident who has been released from further immediate patient care because of excess fatigue, burnout and/or stress cannot appeal the decision to the responding attending faculty.
8. A resident who has been released from patient care cannot resume patient care duties without permission of the program director or chair when applicable.

Residents:

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

Program Director:

1. Following removal of a resident from duty, in association with the chief resident, determine the need for an immediate adjustment in duty assignments for remaining residents in the program.
2. Subsequently, the program director will review the resident's call schedules, work hours, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the resident.
3. The program director will notify the departmental chair and/or program director of the rotation in question to discuss methods to reduce resident fatigue.
4. In matters of resident stress, the program director will meet with the resident personally as soon as it can be arranged. If consultation with the program director is judged to be insufficient, the program

director will refer the resident to the following possible services depending on the severity of the issue through contact with the DIO (913-945-6810).

- Student Counseling and Educational Support (913-588-6580) offers psychological and education services at no cost to students and residents.
 - Lawrence campus: University of Kansas Counseling and Psychological Services (785-864-CAPS (2277) or Psychological Clinic Counseling (785) 864-4121
 - Department of Psychiatry (913-588-6400) offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems.
 - State HealthQuest, 24-hour, toll-free assistance line (1-888-275-1205) If referred through the HealthQuest, the first four counseling sessions are paid by the State. All contacts are kept in strict confidence.
5. If the problem is recurrent or not resolved in a timely and satisfactory manner according to program leadership and the DIO, the program director will have the authority to release the resident from patient care and educational duties pending evaluation according to the leave and probation terms as stated in the KUMC GME and Policy Procedure Manual Section 11.
 6. The program director will release the resident to resume patient care duties only after the resident has demonstrated no further impairment with fatigue, burnout, or stress issues.
 7. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RC training guidelines.

Non-Patient Care Settings

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

DIO Review 9/14/09, 6/1/2020

KUMC Legal Review 6/1/2020

GMEC Approval 9/14/09, 6/1/2020

28. GMEC PERIODIC/SPECIAL REVIEWS/SELF STUDY/SITE VISIT

1. Periodic Review
To maintain oversight of its programs, the GMEC may conduct a Periodic Review (PR) of each program approximately once every 4-6 years to be completed and presented at a GMEC meeting. The process for a Periodic Review is outlined in 28.3.

2. Special Review

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

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

1. Downward trending ACGME Resident/Faculty Survey results
2. Downward trending board pass rate
3. Evidence of inadequate progress towards resolving ACGME citations/areas for improvement or previous PR/SR concerns as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update
4. Evidence of inadequate scholarly activity as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update

5. Evidence of inadequate attention to the Clinical Learning Environment Review (CLER) focus areas (Patient Safety, Quality, Care Transitions, Supervision, Clinical Experience and Educations/Fatigue Mitigation, Professionalism) as demonstrated by the program's Annual Program Evaluation (APE) and/or annual webADS update
6. Resident complaint reported to the ACGME
7. Pattern of resident complaints reported to the DIO
8. Pattern of resident disciplinary issues
9. Unusual levels of program (residents, faculty, and/or leadership) attrition
10. Major changes to the ACGME Program Requirements

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

3. PR/SR Process and Requirements:

There are several steps in the PR/SR process as delineated below. The Special Review may include these steps and/or additional steps relevant to the underperforming criteria. All steps below apply to the Periodic Review:

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

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

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

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

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

1. The DIO will email CONFIDENTIAL questionnaires to both Program Residents and Faculty. The summarized responses will be investigated further through separate interviews with Program residents and faculty by a representative from the PRC/SRC, respectively. For programs of less than 3 residents per PGY level, all residents must participate. in the group interview, but for larger Programs, there must be at least 30% for each PGY-level. The group faculty interview must not include the Program Director but must include at least 50% of the remaining core faculty. These interviews must be completed **within 4 months of PR/SR initiation**. The Resident and Faculty Interview Forms are used by the interviewer to assist with documenting the interview findings. The interviewer will submit their documentation to GME within one week and have a follow up debrief with the PRC/SRC.
2. From these data, a **PR/SR Report** draft will be generated by the PRC/SRC. The PR/SR Report consists of a **PR/SR Summary Report** followed by the PR/SR Report proper. The Report will require responses by the Program Director to the Program's previous ACGME Site Visit/Self-

Study **CITATIONS/Areas for Improvement**, if any, as well as written responses to the PR/SR Report **CONCERNS**.

3. A meeting between the Program Director, Chair, Coordinator and the PRC/SRC Leadership will be arranged by the DIO approximately 2-**6 weeks prior to presentation of the report to the Accreditation Subcommittee, once approved by the Accreditation Subcommittee the report is forwarded to the GMEC** to discuss the PR/SR Report draft and make corrections and adjustments as necessary. At this point, the Program Director can also begin to prepare and draft the Program's responses and action plan to each of the PR/SR Report citations and concerns.
4. A final draft of the PR/SR Report will be loaded in the MedHub Accreditation Section under GME Review with issues requiring response noted in the "Issues" > "Status" following the GMEC meeting. The Program Leadership will review the entire PR/SR report and find a summary of the GMEC's findings in the first section of the final PR/SR Report. **The Program Director must respond with an explanation and supporting documentation if required for each open action item. The responses must be submitted in the PR/SR Report electronically to the DIO within 1 month following the GMEC meeting.**
5. The Program's responses will then be reviewed internally by the GME leadership and reported at a subsequent GMEC meeting until all items are closed. The Program leadership may also be asked to attend this important meeting. The office of GME and the Program will retain a hard/electronic copy of the entire final PR/SR Report, including the **PR/SR Report**. The Program Director will share this Summary Report only if requested by the ACGME to demonstrate when and how the PR/SR was performed.

4. ACGME Self Study

The Self-Study is an objective, comprehensive evaluation of the residency program, with the aim of improvement. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the Self-Study from areas for improvement the Review Committee identifies during accreditation reviews).

The DIO will assist the program in developing the Self Study by conducting a "Kick Off" meeting approximately 6 months prior to anticipated Self Study Date, reviewing the 1st draft of the Self Study, circulating the Self Study to the Accreditation Subcommittee for additional Feedback and assisting to polish the final draft of the Self Study. More information can be found here <https://www.acgme.org/programs-and-institutions/programs/self-study/>

5. ACGME Site Visit

The DIO works with the programs to prepare for site visit by scheduling a series of meetings to review the program. The GME team will review the program documents requested by the site visitor in the notification letters and assist with the preparation for the site visit. Most site visit preparation begins a minimum of 6 months in advance of the posted site visit date in WebADS. More information can be found here: [Site Visit \(acgme.org\)](https://www.acgme.org/programs-and-institutions/programs/self-study/)

DIO Review 7/7/2014, 9/8/2017, 6/1/2020
KUMC Legal Review 6/1/2020
GMEC Approval 8/4/2014, 9/15/2017, 6/1/2020

29. DEFINITIONS

Accreditation: The process specified by the Accreditation Council for GME (ACGME) for determining

whether an education program is in substantial compliance with the ACGME's educational standards as defined by the ACGME's institutional and program requirements.

Adverse Action: An adverse action occurs when a Program Director places a resident on probation, places a resident on suspension, elects not to renew the resident's agreement, elects to not promote the resident to the next year of training, or dismisses a resident from the residency program.

Additional Rotational Training w/ Supervised Practice Voluntary, University of Kansas faculty-supervised rotations within the Primary Institutional Sites through which a resident obtains medical training relevant to her/his program specialty, but that are in addition to her/his ACGME program requirements. Participation in Additional Rotation Training is not required *per se* for successful completion of a residency training program; however, Additional Rotation Training may afford residents certain clinical opportunities needed to satisfy their training program requirements.

Affiliate Institution: An institution that provides specific GME experiences subject to the terms and conditions of an affiliation agreement with KUSOM.

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

Applicants: Persons invited to come for an interview for a GME program.

At-home call (pager call): Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record, counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count. At-home call is not to be scheduled on a resident's one free day per week (averaged over four weeks).

Candidate: An applicant invited to interview for a position in a GME program.

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

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

Citation: A finding of a Review or Recognition Committee of the ACGME that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all residents in the program.

Clinical Learning Environment Review (CLER) Program: An ACGME program designed to provide hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in Focus Areas specific to the safety of the clinical learning environment.

CLER Site Visit: A visit conducted by CLER Field Representatives of the ACGME that includes interviews with faculty members, program directors, residents, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of GME in the six CLER Focus

Areas.

Common Program Requirements: The AGME requirements that apply to all specialties and subspecialties with the exception of those subspecialties that have adopted the One-Year Common Program Requirements.

Competencies: Specific knowledge, skills, behaviors, and attitudes in the following domains; patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Complement: The maximum number of residents approved by a Review Committee per year and/or per program based upon availability of adequate resources.

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

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

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

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

Dean's Office: General term referring to the Executive Dean of KUSOM, the Senior Associate Dean for GME, other Assistant or Associate Deans of KUSOM.

Designated Institutional Official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise residents:

Core faculty: All physician faculty members in a specialty program who have a significant role in the education of residents and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident education and administration. All core faculty members should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents.

Fatigue Mitigation: Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care (e.g., strategic napping, judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

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

Fitness for Work: The condition of being mentally and physically able to effectively perform required clinical responsibilities and promote patient safety.

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

Graduate Medical Education: The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.

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

In-house Call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

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

1. **Major Participating Institution:** An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RC prior to utilization. Major participating institutions are listed as part of an accredited program in the GME Directory.
2. **Participating Institution:** An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.
3. **Sponsoring Institution:** The institution that assumes the ultimate financial and academic responsibility for a program of GME, in this case, the KUSOM.

Institutional Requirements: Requirements promulgated by the ACGME which the KUSOM and Medical Center must meet as the sponsoring institution for KUSOM's GME programs on the Kansas City campus.

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

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

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

Milestones: Description of performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six ACGME Core Competency domains.

Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident's clinical experience and education hours and additional to the work required for successful completion of the program.

Night Float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

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

One Day Off: One continuous 24-hour period free from all administrative, clinical, and educational activities.

Patient Safety Event: An adverse event, near miss, or other event resulting from unsafe conditions in a clinical setting.

Post-graduate Year (PGY): The denotation of a post-graduate resident's progress in their residency training; used to stratify responsibility in the program.

Periodic/Special Review: The formal process undertaken by a sponsoring institution of its individual ACGME-accredited programs in conformity with Section I.B.6. of the Institutional Requirements to evaluate the sponsored programs.

Primary Institutional Sites: The University of Kansas Hospital and its clinics, which share the same credentialing department and services; does not include any jointly owned operation or joint venture of the University of Kansas Hospital that utilizes a separate credentialing department and/or service.

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

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

Professional Practice Group: The physicians involved in clinical service activities and incorporated as University of Kansas Physicians.

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

Program Coordinator: The administrative assistant to a Program Director.

Program Director: An individual responsible for the administration of a particular GME program. The qualifications for Program Directors are established through the individual Residency Review Committees (RRC).

Program Evaluation: Systematic collection and analysis of information related to the design, implementation, and outcomes of a graduate medical education program for the purpose of monitoring and improving the quality and effectiveness of the program.

Program Letter of Agreement (PLA): A written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents have required educational experiences.

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

Core Requirements: Statements that define structure, resource, and process elements essential to every graduate medical educational program.

Detail Requirement: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and Sponsoring Institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to comply with Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at states of their graduate medical education.

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

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

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

Residency Program: A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter independent practice of medicine in a primary specialty.

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

Self-Study: An objective, comprehensive evaluation of a residency program, with the aim of improving it, conducted ahead of the 10-Year Accreditation Site Visit. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas of improvement.

Site Visits (accreditation/recognition):

Focused Site Visit: A site visit that assesses selected aspects of a Sponsoring Institution or program identified by a Review or Recognition Committee.

Full Site Visit: A full site visit addresses and assesses compliance with all applicable requirements and encompasses all aspects of a Sponsoring Institution or program.

10-Year Accreditation Site Visit: A full site visit occurring every 10 years for each accredited Sponsoring Institution and program and preceded by a comprehensive Self-Study process that include developing a description of how the Sponsoring Institution or program creates an effective learning and working environment, and how this leads to desired educational outcomes.

Unannounced Site Visit: A site visit that is unannounced due to the urgency of an issue(s) that needs immediate review. A Sponsoring Institution or program may receive up to three weeks' notice of unannounced site visits.

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

Summative Evaluation: Assessment with the primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

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

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

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

Transitions in Care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

DIO Review 6/1/2020

KUMC Legal Review 6/1/2020

GMEC Approval 6/1/2020

30. GUIDELINES

30.1 GMEC Fatigue (Transportation/Call Room) Guidelines

- If you are fatigued and unable to perform your patient care duties, please contact your supervisor (i.e., chief resident, faculty supervisor, program director, Chair and/or /DIO). Please inform your supervisor of your situation so that they can arrange for alternate coverage to ensure continuity of patient care.

- Program call rooms should be utilized for fatigued residents for rest and/or power napping.
- If your program does not have a call room or if your assigned call rooms are unavailable or in use, residents can use the Cambridge Second Floor Call Rooms Suite
 - To check out a sleep room on Cambridge Second Floor, please utilize the following process.
 1. Resident will call the support operations main line (913-945-9535)
 2. Provides the dispatcher that they need a call room
 - * The dispatcher will then assign a call room to the resident over the phone
 - * The dispatcher will give them a unique code to use to access the room
 - * The dispatcher will place the Residents name and information into the SDC system
 3. Resident check out will be by 0900am the next day
 4. Check in for these rooms will be at 1100am.
 5. House Keeping will be cleaning these room after 0900am and 1100am
 6. Rooms should be reserved the entire duration unless the resident notifies the call room person of no longer needing the room then it could be turned over sooner.

Please note that these rooms are priority for residents who are with Neurosurgery, Stroke, Neurology, ENT, and Surgical Oncology.

Call rooms on CA5-ICU are managed separately through the ICU Team.

If you are in need of a call room for Fatigue Mitigation, please call the support operations main line 59535 to check Call Room availability

- If adequate rest facilities are not available, then you may use taxi or other transportation service for a trip home and to return to the hospital,
- The transportation service is allowed to pick you up from the KUH Hospital Main Entrance and drop you off at your home address, without any interval stops. This also applies for the return trip from your home to back to the hospital main entrance the next morning.
- The resident is responsible for discussing the event and fatigue issue with their Program Leadership the following day. This must be documented by the program leadership in the “Fatigue/Transportation Incident Report” This **is available in MedHub – Fatigue/Transportation Incident Report (example below)**. Submit receipts of the trips to and from home to GME. Reimbursement will be processed once required documentation is complete. The purpose is to track both individual and program-wide episodes of fatigue and additional duty in order to mitigate future recurrences.

Fatigue Transportation Incident Report

● [Insufficient contact to evaluate](#) (delete evaluation)

Fatigue/Transportation Incident Report

When using a transportation service, please complete the following:

1. Date of Transportation Incident: *
2. Rotation Name/Location *
3. Fatigue Situation Circumstance: *
4. Actions to mitigate further fatigue are as follows: *

* Required fields ▶ Option description (place mouse over field to view)

Reset Form Submit completed evaluation

DIO Review 5/31/2019
KUMC Legal Review 5/31/2019
GMEC Approval 6/3/2019

30.2 Role of the Resident on a Hospital or University Committee

The GME/Committee Organizer will:

- Know the name of the committee
- Know the name of the Committee Leader
- Determine why the committee was formed. Is it an Ad Hoc (meets to complete a specific project) or Standing Committee (is a requirement of an institution to provide oversight)?
 - For Ad-Hoc Committees, it will be important to understand the time frame under which the committee's work occurs as well as the frequency and timing of meetings.
 - For Standing Committees it will be important to understand how the work of the committee as well as the frequency and timing of meetings.
- Ensure that you understand the goal/s of the committee – does the committee operate with a set of by-laws, guidelines or is it a new project? (standing committees will be subject to the by-laws of the medical staff)

The resident member will:

- Your role as a committee member is to apply your current experience and knowledge as a member of the house staff to the issues addressed by the committee. Your committee chair will understand that you have less control over your own time than other committee members and occasionally be unable to attend. However, if you know ahead of time that you will be unable to attend, it is only courteous to notify the Committee leader that you will be unable to attend. You will be a full voting member of most committees.
- Let your resident council representative and your program director know you are serving on this committee.
- Report the work of the committee to your resident council member, or sometimes to the council, itself. You should also keep your program director informed of your activities and responsibilities on the committee.

30.3 Lactation Support Guidelines

The ACGME and KUMC recognize the health and emotional advantages of breastfeeding for mothers and infants, and acknowledge that providing accommodations for breastfeeding women is not only good for mother and child, but good for the organization as well. As a result, KUMC offers support and flexibility to nursing mothers who are faculty, staff, residents, trainees and students to enable them to express their milk during working hours.

KUMC will provide a clean and private space for lactation and access to refrigeration capabilities. KUMC will endeavor to provide such spaces near the resident's workstation and with proximity appropriate to safe patient care.

Nursing mothers are expected to advise GME and their Program Director of the time needed away from work to express breast milk, to discuss any potential impacts to work duties during these anticipated absences, and to help ensure work is appropriately covered during such absences. GME is able to offer female residents lactation equipment (wearable pumps and mini refrigerators) or a wearable breast pump to allow for more frequent and convenient pumping while at work.

For all employees' convenience, authorized users must pre-plan the use of KUMC's Express Stations <https://www.kumc.edu/school-of-medicine/gme/wellness/parent-and-family-resources.html> through Outlook. A designated member of the Benefits team will then grant users permission through the system to reserve Express Stations and will walk users through the process of how to reserve a room, as needed.

DIO Review 5/31/2019, 6/1/2020

KUMC Legal Review 5/31/2019, 6/1/2020

GMEC Approval 6/3/2019, 6/1/2020

30.4 Role of the Caregiver

The ACGME states that

Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (**ACGME Common Program Requirement VI.A.2.a).**(1).

and

Patient perspectives on graduate medical education supervision, The clinical learning environment “ensures that patients understand the roles and are able to identify the names of attending physicians, residents, and fellows caring for them at the clinical site.” (CLER Safety Pathway 4a)

The Health System includes an abbreviated description of the below information in their admissions packet provided to all patients.

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

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

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

"Faculty", "Attending" and "Medical Staff" all mean the same and refer to the expert leader of your care. These doctors carry the primary responsibility for your care and have been recruited from all over the world to provide you the best possible treatment. Faculty have completed college, medical school (4 years) and then training in a residency program (3+ years). Some Faculty have had even further advanced training in one or more fellowships after their residency. All Faculty have a license to practice medicine from the Kansas State Board of Healing Arts (<http://www.ksbha.org>). Most Faculty physicians are also Board Certified by the American Board of Medical Specialties (<http://www.abms.org>). Some Faculty are still in the process of becoming Board certified as this process can take years. These doctors provide care for patients and provide supervision and teaching for Resident physicians (see below) as KUSOM faculty.

“Residents” and “Fellows”

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

“Medical Students”

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

DIO Review 5/17/2021

KUMC Legal Review 5/17/2021

GMEC Approval 6/7/2021

30.5 Information for Applicants and Required for Selected Applicant Questionnaire



ATTESTATION QUESTIONS

Please answer each of the following questions. **All “yes” answers MUST be thoroughly explained in detail on a separate signed page.** You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

If you are unsure of your response to a question, check the “yes” box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest “yes” answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest “no” answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the “no” box.

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Full Name of Applicant	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date
---	---

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program, excluding academic probation in medical school, prior to completing the training? Yes ☐ No ☐
2. Have you ever had any application for any professional license, registration, or certificate denied by any licensing authority? Yes ☐ No ☐
3. Have you ever been denied the privilege of taking an examination required for any professional license, registration, or certificate? Yes ☐ No ☐
4. While working in a healthcare facility as a staff member (including postgraduate training) did you ever have your privileges censured, limited, suspended, revoked, or received other disciplinary action? Yes ☐ No ☐
5. While working in a healthcare facility as a staff member (including postgraduate training) did you ever voluntarily or involuntarily resign while under investigation? Yes ☐ No ☐
6. Have you ever been denied privileges with any health care facility? Yes ☐ No ☐
7. Have you ever been requested to resign, withdraw, or otherwise terminate your position with a partnership, professional association, corporation, or other practice organization, either public or private? Yes ☐ No ☐
8. Have you ever voluntarily surrendered any professional license registration, or certificate, in lieu of formal disciplinary proceedings? Yes ☐ No ☐
9. Has any licensing authority ever limited, suspended, revoked, censured or placed you on probation, or have you had any other disciplinary action taken against any professional license, registration, or certificate you have held? Yes ☐ No ☐
10. Have you ever been requested to appear before a licensing authority? Yes ☐ No ☐



11. To your knowledge, have any complaints or charges ever been filed against you, or are you currently under investigation, with any licensing agency, professional association, or health care facility? Yes ☐ No ☐
12. Has any professional association imposed any disciplinary action against you? Yes ☐ No ☐
13. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your ability to practice your profession in a competent, ethical, and professional manner? Yes ☐ No ☐
14. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate? Yes ☐ No ☐
15. Have you ever had your Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration revoked, suspended, or restricted in any way, or surrendered in lieu of formal proceedings? Yes ☐ No ☐
16. Have you ever been arrested? You must include all arrests including those that have been set aside, dismissed, expunged, pardoned, or where a stay of execution has been issued. Yes ☐ No ☐
17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation? You must include those that have been set aside, dismissed, pardoned, or expunged, or where a stay of execution has been issued. Yes ☐ No ☐
18. Have you ever been court martialled or dishonorably discharged from the armed services? Yes ☐ No ☐
19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes ☐ No ☐
20. Have you ever been denied participation in any State Medicaid or Federal Medicare Programs, or in a private insurance company? Yes ☐ No ☐
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any state or federal Medicaid or Medicare Programs, or private insurance company? Yes ☐ No ☐

****It is your continued duty to update the Board on any changes once the application has been submitted.****

DIO Approval: 10/20/2017, 6/1/2020
KUMC Legal Review 6/1/2020
GMEC Approval: 10/20/2017, 6/1/2020

30.7 PGY Level Appointment Guidelines

- Residents that Change Core Programs will start the new program at the core program PGY 1 level or if applicable in an advanced program at the PGY 2 level.
- Programs that include a research year away from the program will not include this year in the

PGY level progression.

- All residents within a PGY level will be paid the same stipend.
- For fellowships that appoint residents from multiple specialties, the appointment can be made at the next PGY level capped at PGY 8.
- For fellows who have completed one fellowship in their core specialty and wish to train in additional fellowships, the trainee will enter the second fellowship as a promotion from the current fellowship, providing the promotion level caps at PGY 8.
- Entering residents into Child and Adolescent Program will appoint at the PGY level they would have promoted to within the Core Program.

DIO Approval: 10/20/2017, 5/17/2021

KUMC Legal Review 5/17/2021

GMEC Approval: 6/7/2021

30.9 Supervision Template

GMEC Resident Supervision Template TO BE ATTACHED TO OVERALL ROTATION GOALS AND OBJECTIVES

A. Supervision of Residents

- Each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by each Review Committee) who is responsible and accountable for that patient's care. VI.A.2.a).(1)
- This information must be available to residents, faculty members, other members of the health care team, and patients. VI.A.2.a).(1)(a)
 - Inpatient: Patient information sheet included in the admission packet and listed on the "white board" in each patient room
 - Outpatient: Provided during introduction verbally by residents and/or faculty
- Residents and faculty members must inform patients of their respective roles in each patient's care when providing direct patient care. VI.A.2.a).(1)(b)
- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident'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. VI.A.2.b).(1)

B. Methods of Supervision

- Supervision may be exercised through a variety of methods.
- For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
- Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident physician, and either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback. VI.A.2.b)
- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident'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. VI.A.2.b).(1)
- The Review Committee may specify which activities require different levels of supervision. VI.A.2.b).(1)
- The program must define when physical presence of a supervising physician is required. (Core) VI.A.2.b).(2)

C. Levels of Supervision Defined

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

Direct Supervision:

- **Direct A:** The supervising physician is physically present with the resident during the key portions of the patient interaction or, VI.A.2.c).(1).(a) PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]
- **Direct B:** The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The Review Committee must further specify if VI.A.2.c).(1).(b) is permitted] [The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)] VI.A.2.c).(1).(b)

Indirect Supervision:

GMEC Resident Supervision Template
TO BE ATTACHED TO OVERALL ROTATION GOALS AND OBJECTIVES

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. VI.A.2.c).(2)

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. VI.A.2.c).(3)

The privilege of progressive authority and responsibility, conditional independence, and as supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. VI.A.2.d)

Per Program Specific RRC Requirements	Each patient must have an identifiable and <u>appropriately-credentialed</u> and privileged attending physician (or RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR) who is responsible and accountable for the patients care, and this information must be available to the residents, faculty members, other members of the health care team and patients. (PR VI.A.2.a (1)
	<i>(paste in program specific RRC requirements here if applicable)</i>
	<i>(Describe how residents, faculty members and other members of the Health Care Team and patients will provide this requirement) – EXAMPLE – page operator, other forms of communication your department uses</i>
	Residents and Faculty members must inform each patient of their respective roles in patient care, when providing direct patient care. VI.A.2.a). (1).(b.)
	<i>(Describe how your program will meet this requirement EXAMPLE – residents introduce themselves to the patients and describe their role and identify the attending physician and other important team members)</i>
	PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly] VI.A.2.c).(1).(a).(i)
	<i>(paste in common and program specific RRC requirements here – if applicable)</i>
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members. (PR VI.A.2.d).(1,2,3)
	<i>(paste in common and program specific RRC milestone requirements here)</i>
	RARE CIRCUMSTANCES WHEN RESIDENTS may elect to stay or return to the clinical site: (PR VI.F.4.a.)
	<i>AND paste in applicable common and program requirement here</i>
	DEFINED MAXIMUM NUMBER OF CONSECUTIVE WEEKS OF NIGHT FLOAT AND MAXIMUM NUMBER OF MONTHS PER YEAR OF IN-HOUSE NIGHT FLOAT (PR VI.F. 6.)
	<i>(Paste in program specific RRC requirements here – if applicable)</i>
	Program-specific guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty (PR VI.A.2.e)
	<ol style="list-style-type: none"> 1. Admission to Hospital 2. Transfer of patient to a higher level of care 3. Clinical deterioration, especially if unexpected

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4. End-of-life decisions
5. Change in code status
6. Red Events
7. Change in plan of care, unplanned emergent surgery or planned procedure that does not occur
8. Procedural complication
9. Unexpected patient death

AND paste in program specific circumstances here

Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core) (VI.E.3.e)

(Paste in program specific RRC requirements here – if applicable)

USE THIS AS A TEMPLATE and edit as needed

Trainees will contact the supervisor (i.e., chief resident, faculty supervisor, program director) if fatigue, illness or family emergency, or parental leave cause fellow to be unable to perform patient care duties (VI.C.2-VI.C.2.b) and VI.D.2. (Core)).

Fatigue - Program call rooms should be utilized for fatigued residents/fellows for rest and/or power napping.

If adequate rest facilities are not available, then you may use Uber or other transportation service to return home and return the next day.

Illness or Family Emergency – in the event of an unexpected illness or emergency, the fellow is expected to contact the faculty attending to ensure that proper hand-off of patient care is managed for the continued safe care of patients. It is the responsibility of the fellow and faculty attending to contact the program director and coordinator to document the incident according to the institutional policies regarding such absences.

Parental Leave – the fellow and program director will work with the chief fellows to arrange for coverage for a parental or medical leave to ensure continuity of patient care through the leave duration

PGY 1

LEVEL of SUPERVISION	ACTIVITIES /PROCEDURES (as defined by RRC & Program)
DIRECT A	Click here to enter text.
DIRECT B	Click here to enter text.
INDIRECT	Click here to enter text.

ALL OTHER RESIDENTS

LEVEL of SUPERVISION	ACTIVITIES /PROCEDURES (as defined by RRC & Program)
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GMEC Resident Supervision Template
TO BE ATTACHED TO OVERALL ROTATION GOALS AND OBJECTIVES

DIRECT A	Click here to enter text.
DIRECT B	Click here to enter text.
INDIRECT	Click here to enter text.
OVERSIGHT	Click here to enter text.

30.10 Management of Bloodborne Pathogen Exposures (Needle Stick)



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Occupational Health & Urgent Care Clinic

2000 Olathe Boulevard, MPB1, Level 1, Suite D Mailstop 4020

Kansas City, Kansas 66160

Phone: 913-588-2200

Fax: 913-588-2769

E-mail: OCC@kumc.edu

After submission of immunization records a clinician will review the below list of records to determine the offerings you are to complete for your rotation at The University of Kansas Health System (TUKHS). This not only helps with protecting the health and safety of our patients, other healthcare workers, but also you.

Please provide official vaccination and/or immunity testing records for:

- **Hepatitis B** - 3-shot vaccination record and a positive serology surface antibody titer 4 -8 weeks after the 3rd immunization
- **Measles, Mumps, and Rubella (MMR)** proof of immunity – 2-shot vaccination record (*preferred recommendation*) or a serology immunity record
- **Varicella (chicken pox)** proof of immunity – 2-shot vaccination record (*preferred recommendation*) or a serology immunity record.
- **Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria (Td)** *less than 10 years since immunization date*
- **IGRA Tuberculosis (TB) testing** within the past 6 months. IGRA (Interferon-Gamma Release Assay) test documentation must include: the type of IGRA test (QFT or T-SPOT), facility/provider where it was completed, and the result. Past positive TB testing records include TB test results, chest x-ray report(s) and treatment documentation.
- **COVID-19 vaccination** record. COVID-19 vaccination is a mandatory vaccination for working onsite at the University of Kansas Health System. *This requirement is supported by the health system's mandatory COVID-19 vaccination policy.*
- **Flu vaccination** record for the current season. Seasonal flu vaccination is a mandatory vaccination for working at the University of Kansas Health System. *The requirement typically begins October 1 and ends March 31. These dates are subject to change due to positive influenza disease rates.*

31. Religious Accommodations please visit this link [University Page regarding Religious Accommodations](#)

DIO Approval: 6/1/2020

KUMC Legal Review 6/1/2020

GMEC Approval: 6/1/2020

33. Occupational Health Records Requirement List



Occupational Health & Urgent Care Clinic

2000 Olathe Blvd, Medical Pavilion Bldg B, Level 1, Suite D, Kansas City, Kansas 66160

Phone: 913-588-2200, Fax: 913-588-2769, E-mail: occ@kumc.edu

Our goal is to help protect the health and safety of our patients, other healthcare workers, and you. After submitting your vaccination and immunity records, we will review your records to determine any offerings you may need to complete for your rotation at The University of Kansas Health System (TUKHS).

Please submit your vaccination and/or immunity testing records for:

Vaccinations & Titers	Requirement Description
Hepatitis B	<ul style="list-style-type: none">3-shot vaccination record, <u>and</u>Serology surface antibody titer 4-8 weeks after 3rd immunization
Tetanus, Diphtheria, Pertussis (Tdap) <u>or</u> Tetanus, Diphtheria (Td)	<ul style="list-style-type: none">Less than 10 years since immunization date
Measles, Mumps and Rubella (MMR)	<ul style="list-style-type: none">Proof of immunity: 2-shot vaccination record (<i>preferred recommendation</i>), <u>or</u>A serology immunity record
Varicella (Chicken pox)	<ul style="list-style-type: none">Proof of immunity: 2-shot vaccination record (<i>preferred recommendation</i>), <u>or</u>A serology immunity record
COVID-19	<ul style="list-style-type: none"><i>Mandatory vaccination for working at TUKHS</i>Documentation of approved single dose or two-dose COVID-19 vaccinations and any booster vaccination(s)
Influenza (<i>seasonal</i>)	<ul style="list-style-type: none"><i>Mandatory vaccination for working at TUKHS</i>The requirement typically begins October 1 and ends March 31.
TB Testing	Requirement Description
IGRA TB test: QFT <u>or</u> TSPOT	<ul style="list-style-type: none">QFT <u>or</u> TSPOT TB IGRA test should be completed within <u>6 months prior to starting an initial rotation at TUKHS</u>.<ul style="list-style-type: none">PPD TB skin test is not acceptable.Documentation must include type of IGRA test, facility where / provider who completed test and the result.Past positive TB testing records must include TB test results, chest x-ray report(s) and treatment documentation.