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## **GME Policy and Procedure Manual**

Effective **July 1, 2022**

Approved:     *05.11.2022*  
                  *06.04.2021*  
                  *06.05.2020*  
                  *05.03.2019*  
                  *01.11.2019*  
                  *06.18.2018*  
                  *03.08.2018*  
                  *06.02.2017*  
                  *05.27.2016*  
                  *07.01.2015*

### **Introduction:**

This manual establishes policies for residency training programs sponsored by the Kansas City University -Graduate Medical Education Consortium ("KCU-GME Consortium"). These are minimum policies residency training programs must meet; but programs are free to adopt more rigorous policies as they see fit or as necessary to meet the requirements of their accrediting organization, and as long as the more rigorous policies are in compliance with accreditation requirements.

If a conflict exists between these policies or the program policies and accreditation requirements, the accreditation requirements will take precedence. The content of this manual is subject to change. Unless otherwise noted, all policies become effective upon publication on the Kansas City University GME public website and in New Innovations.

Each program shall publish (hard copy or electronic) program-specific policies, operational policies, and guidelines that govern rules and conduct for all residents in the program. The program policies shall be available for all site reviews, regularly updated, available to residents in New Innovations at all times, and in compliance with accreditation guidelines and requirements.

Note: The term "resident" in this manual refers to both residents and fellows.

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## 1. SPONSORING INSTITUTION

Kansas City University-Graduate Medical Education Consortium (“KCU-GME Consortium”) is accredited by the [Accreditation Council for Graduate Medical Education](#) (ACGME) as a sponsoring institution.

Serving in the capacity of a sponsoring institution, the KCU-GME Consortium is the entity that oversees, supports, and administers ACGME-accredited residency programs.

The KCU-GME Consortium Graduate Medical Education Committee (GMEC) serves as the governing body with ultimate authority over and responsibility for GME. Refer to the **GMEC Composition and Responsibilities Policy #0.01** for more information.

The Designated Institutional Official (DIO), who has authority and responsibility for the oversight and administration of each GME program, collaborates with the GMEC to ensure the KCU-GME Consortium and its programs are in substantial compliance with the applicable ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

### **Mission and Aims**

The mission of the KCU-GME Consortium is to provide quality, structured, postgraduate training programs through leadership, assessment, and development, while facilitating the residents’ ethical, professional, and personal development.

The KCU-GME Consortium aims to 1) Provide residents with the educational tools to be competent practitioners in the communities they serve, 2) Improve the quality of existing GME-sponsored programs, 3) Produce excellent, independent practitioners who will be leaders in medicine, 4) Expand graduate medical education in workforce underdeveloped communities, and 5) Recruit and retain minorities underrepresented in medicine.

### **Commitment to Diversity and Inclusion**

The KCU-GME Consortium, in collaboration with its programs, is deeply committed to cultivating diversity and inclusion, including recruiting and retaining a diverse and inclusive workforce of residents, faculty, and staff, as well as creating an environment that fosters inclusiveness, mutual respect, and the appreciation of multiple perspectives. This is achieved through professional development, education, evaluation, and practice. As future physicians, residents must understand and embrace cultural diversity in order to be competent and successful in team-based healthcare delivery.

Programs must implement policies and procedures related to the recruitment and retention of minorities underrepresented in medicine, in accordance with KCU-GME Consortium’s mission and aims.

By creating an environment that is mindful of all aspects of human differences, equitable, respectful, free from prejudice, and reflective of the diversity in the communities’ residents

serve, we can create a workforce for the future that is capable of understanding, communicating, and providing service to individuals from varied backgrounds.

### **1.1 Primary Clinical and Participating Sites**

The major participating site, also known as the “primary clinical site,” is the principal or primary teaching site used most commonly by the residency program for educational assignments/rotations. This could be a clinic, hospital, teaching health center, federally qualified health center (FQHC), medical group, or college of medicine that has an affiliation agreement with the KCU-GME Consortium. Each primary clinical site must have:

- An appointed program director (PD);
- An assigned program coordinator (PC);
- Administrative staff member(s) dedicated to the residency program;
- Adequate facilities, including call room(s), conference rooms, and lactation space with refrigeration capabilities;
- Access to nourishment;
- Security measures; and
- Access to medical records, teaching aids, and medical library reference materials.

Other participating sites include all other sites providing educational experiences or educational assignments/rotations for residents. Programs must have a program letter of agreement (PLA), renewed at least every 10 years, and approved by the DIO, with each participating site that provides a required assignment for residents in the program. Programs must use the KCU-GME Consortium PLA template that identifies the faculty who will assume educational and supervisory responsibility for the residents; specifies the responsibilities for teaching, supervision, and formal evaluation of the residents; specifies the duration and content of the educational experience; and states the policies and procedures that will govern resident education during the assignment.

### **1.2 Statement of Commitment to GME**

The KCU-GME Consortium provides GME that facilitates residents’ professional, ethical, and personal development. The consortium and its programs support a safe and appropriate patient care environment through curriculum, evaluation, and supervision. A written statement of commitment to provide the necessary administrative, educational, and personnel support for GME is reviewed, dated, and signed by (a) the DIO; (b) a representative of the Sponsoring Institution’s senior administration; and (c) a representative of the governing body.

### **1.3 Accreditation for Patient Care**

All hospital sites providing educational assignments/rotations must be appropriately accredited by an entity granted “deeming authority” for participation in Medicare under federal regulations, or an entity certified as complying with conditions of participation in Medicare under federal regulations.

In the event a hospital site loses its accreditation, the KCU GME Department must be notified and provided an action plan to be reviewed and submitted to the ACGME within

30 days. Documentation of accreditation for patient care for each hospital site must be kept on file with the KCU GME Department.

## **2. INSTITUTIONAL OVERSIGHT**

### **2.1 GMEC**

The role of the GMEC, in collaboration with the DIO serving as the GMEC Chair, is to monitor all aspects of residency education and to ensure substantial compliance with the Institutional, Common Program, and specialty-specific requirements of the ACGME. Please refer to the **GMEC Composition and Responsibilities Policy #0.01** for more information.

Programs deemed to be underperforming are subject to a special review conducted by the GMEC. Please refer to the **GMEC Protocol for Special Review Policy #0.05** for more information.

### **2.2 Resident Complement Change**

Programs that wish to increase or decrease the number of ACGME-approved positions must complete the **Resident Complement Change Request Form** and provide it to the DIO. The PD must also provide the DIO with:

- Educational rationale for complement change, including adequate faculty, facilities, research, patients, and (where applicable) procedures to support the decrease or increase;
- Description of the major program changes since last ACGME annual update, including changes in participating sites, faculty, PD, clinical rotations, didactic conferences, and resident complement;
- Key faculty to resident ratio;
- Response to previous site visit citations and areas for improvement; and,
- Potential impact on other training programs at the primary clinical site or other learners.

The GMEC will review the Resident Complement Change Request Form and either (1) approve the proposal for submission to the ACGME Accreditation Data System (ADS), (2) make suggestions, comments, or revisions to the form or ask for further clarification, or (3) deny the request.

All requests for increase in complement must be approved by the GMEC before the PD can submit to the ACGME ADS. If the GMEC approves the increase, the PD must submit the request through ADS and notify the DIO who will review, make comment, and approve based on the GMEC decision. The ACGME review committee (RC) reviews the complement requested and determines approval. The ACGME notifies the PD and DIO of the final determination.

### **2.3 New Participating Site Request**

Programs wishing to add a new rotation site must complete the **New Participating Site Request Form** and provide it to the DIO. The PD must also provide the DIO with a

program letter of agreement (PLA) for the new site, using the KCU-GME Consortium PLA template, and a proposed new block schedule, using the ACGME template for the specialty found in the ACGME Accreditation Data System.

The GMEC will review the new participating site request and either approve or deny the request.

If approved by the GMEC, the DIO will add the site to the Accreditation Data System (ADS), wait for ACGME final approval, add the site to the program site list in ADS, and then notify the program when the site has been added to ADS. Residents cannot rotate to the new site until all steps are complete.

#### **2.4 New Program Director**

If a program wishes to appoint a new PD for the program, the current PD must submit a **New Program Director Request Form** to the DIO along with the proposed new PD's CV, which must include:

- Personal Information: name, title, degrees, medical school, degree date
- Graduate Medical Education: program name, specialty(s), state
- Licensures: state/province, expiration
- Academic Appointments: List the past ten years with current position and appointment dates
- Concise Summary of Role / Responsibilities in Program: Brief description
- Current Professional Activities / Committees: List of up to ten activities/committees within the last five years, appointment dates
- Bibliographies: List of up to ten of the most representative peer reviewed publications / journal articles from the last 5 years
- Articles: List of up to ten selected review articles, chapters and/or textbooks from the last 5 years
- Participation in Local, Regional and National Activities / Presentations / Abstracts / Grants: List of up to ten participation activities from the last 5 years

The GMEC will review to ensure the proposed new PD meets ACGME qualifications. If approved by the GMEC, the DIO will enter the new PD's information in ADS, the new PD will be notified by email to login and complete the PD change process, and then the ACGME will review to ensure compliance with program requirements.

#### **2.5 New Program Request**

Requests for new residency programs must be anticipated more than a full year before they are to start to allow time for a funding decision, submission of all necessary documentation to the ACGME, and registration for the Match as applicable. Requests for new fellowship programs must be anticipated two or more years before they are to start because the matching program for fellows occurs at various times during the year. All training programs must seek accreditation from the ACGME if such accreditation is available. The PD must prepare a written justification for the new training program and submit to the GMEC for review. The documentation must include:

- Educational rationale for the training program, including duration of training, participating institutions/facilities, faculty, PD, clinical rotations, adequacy of patient care and procedural volume to support the program, didactic conferences, evaluation processes, research, and resident complement requested;
- Anticipated key faculty to resident ratio;
- Potential positive and negative impact on other training programs; and,
- A letter of support from the PD and/or CEO of any other training site that will be involved in the training of residents and/or will be impacted by the program.

The GMEC will evaluate the educational rationale, faculty to resident ratio, and impact on other training programs, and will either (1) approve the proposal for submission as written, (2) make suggestions, comments, or revisions to the documentation, or (3) deny the request.

All requests for new residency programs must be approved by the GMEC, DIO, and the ACGME before residents can be recruited.

### **3. INSTITUTIONAL RESOURCES**

#### **3.1 Resources**

The KCU-GME Consortium, in collaboration with its programs, ensures sufficient institutional resources are in place for effective implementation and support of its programs in compliance with the Institutional, Common Program, and specialty-/subspecialty-specific requirements. The KCU-GME Consortium provides sufficient financial support and protected time to the DIO to effectively carry out his or her educational, administrative, and leadership responsibilities. The DIO assumes responsibility for and is supported to engage in professional development applicable to the responsibilities of an educational leader. The KCU-GME Consortium and its programs ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Department and all of its programs.

#### **3.2 Program Director**

Each program shall have a single PD who has authority and accountability for the operation of the program. The PD must meet the qualifications as outlined in the ACGME specialty/subspecialty program requirements or be otherwise approved by the ACGME. The PD should continue in their position for a length of time adequate to maintain continuity of leadership and program stability.

The PD must administer and maintain an educational environment conducive to educating the residents in each of the competency areas. Specific tasks may be delegated, but the PD is responsible for the program as a whole and for the timely and accurate completion of all required tasks as specified by the ACGME and the sponsoring institution.



Each PD is responsible for the general administration of their residency program, including, but not limited to:

- Fulfilling the responsibilities of accreditation requirements;
- Having active clinical practice privileges at the primary clinical site and being available to the residents;
- Overseeing scheduling, curriculum development, training, and evaluation of residents;
- Ensuring residents are provided protected time to complete required core curriculum, quality improvement, research, and other scholarly activity mandated by the sponsoring institution;
- Ensuring residents are provided opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours;
- Conducting evaluations of each resident in accordance with accreditation and specialty requirements;
- Participating in recruiting and selecting candidates;
- Developing training policies and curriculum;
- Developing the rotation/assignment schedule to meet curriculum requirements, including outside rotations as necessary and approved by the GMEC and ACGME;
- Counseling residents in academic and/or disciplinary matters;
- Attending and participating in GMEC and subcommittee meetings;
- Preparing for program reviews and site visits;
- Participating in GMEC Special Reviews as requested by the DIO;
- Participating in educational activities to maintain educational leader excellence;
- Participating in faculty development;
- Assessing compliance with resident competencies and skills development requirements in collaboration with the Clinical Competency Committee (CCC);
- Providing residents with training program requirements, expectations, and feedback; and,
- Submitting reports to the ACGME, sponsoring institution, and specialty colleges as required.

For an all-inclusive list of PD responsibilities, refer to the **Responsibilities of the Program Director Policy #0.04**.

### **3.3 Faculty and Other Administrative Staff**

The program must ensure that for each educational assignment/rotation, there is a sufficient number of faculty with documented qualifications to instruct and supervise residents. The faculty must:

- Have current board certification in the specialty/subspecialty or possess qualifications acceptable to the ACGME;
- Possess current medical licensure and appropriate medical staff appointment;
- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;

- Administer and maintain an educational environment conducive to educating residents in each of the competency areas;
- Be educated in recognizing early fatigue and sleep deprivation and be allowed to alter schedules and counsel residents as necessary, while maintaining continuity of patient care;
- Establish and maintain an environment of inquiry and scholarship;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and,
- Encourage and support residents in scholarly activities.

The KCU-GME Consortium and its programs jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the programs, including a designated PC, who, in conjunction with the PD, are held accountable to the sponsoring institution and program accreditation requirements.

The KCU-GME Consortium, in collaboration with each program, also ensures the following:

- The PD has adequate support and dedicated time to effectively carry out their educational, administrative, and leadership responsibilities as described in the Institutional, Common Program, and specialty-/subspecialty-specific requirements;
- Programs receive adequate support for core faculty members to ensure both effective supervision and quality resident education;
- PDs and core faculty members engage in professional development applicable to their responsibilities as educational leaders;
- PCs have sufficient support and time to effectively carry out their responsibilities; and,
- Resources, including space, technology, and supplies, are available to provide effective support for all programs.

### **3.4 Resident Forum**

All residents are invited and encouraged to participate in the KCU GME Resident Forum, a group that allows residents to communicate and exchange information regarding their educational and work environments, their programs, and any other issues they may face during training. The forum strives to keep residents informed about important issues that affect their careers as well as provide an organized voice to raise and resolve concerns. Any topics discussed by the forum that warrant further discussion are presented to the GMEC. Please refer to the **Resident Forum Policy #0.02** for more information.

### **3.5 Educational Tools**

The KCU-GME Consortium is committed to providing faculty and residents with access to adequate educational resources and technological support. Residents have ready access to specialty-/subspecialty-specific and other appropriate reference material in print and electronic format in the KCU D'Angelo Library. KCU D'Angelo Library electronic medical literature (such as E-Books, E-Journals, and Clinical Key) is available 24/7 to the residents and faculty who hold an academic appointment with KCU.

### **3.6 Support Services and Systems**

The KCU-GME Consortium, in conjunction with its programs, ensures that support services and systems are in place to minimize resident work that is extraneous to the programs' educational goals and objectives, and that residents' educational experiences are not compromised by excessive reliance on residents to fulfill non-physician service obligations. Support services and systems provided by the programs include patient support, laboratory, pathology, and radiology services, and medical records. These are in place to support resident education, high quality and safe patient care, quality improvement, and scholarly activities.

## **4. LEARNING AND WORKING ENVIRONMENT**

Residency education must occur in the context of a learning and working environment that emphasizes:

- excellence in the safety and quality of care rendered to patients by residents
- excellence in professionalism through faculty modeling; and
- commitment to the well-being of the residents, faculty members, and all other members of the health care team.

Please refer to the **Learning and Working Environment Policy #0.19** for more information.

### **4.1 Supervision**

Each residency program must define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision shall reflect graduated levels of responsibility based on individual skill and level of training, as well as patient complexity and acuity. Each program must develop a written resident supervision policy. Please refer to the **Supervision Policy #0.12** which programs must use as a basis for developing supervision policies.

### **4.2 Clinical & Educational Work Hours and Moonlighting**

Resident clinical and educational work hours must comply with the rules of the site to which they are assigned and with applicable ACGME, state, and federal regulations setting limitations on work hours. Residents are required to accurately record their clinical and educational work hours in New Innovations.

Each program must develop a policy regarding resident clinical and educational work hours, including moonlighting. Please refer to the **Clinical and Educational Work Hours and Moonlighting Policy #0.07** which programs must use as a basis for developing work hour policies.

### **4.3 Transitions of Care, Quality Improvement, and Patient Safety**

Each residency program must design resident schedules to maximize the learning experience as well as ensure quality care, patient safety, and a minimum number of patient care transitions. Each program must develop a transitions of care policy, including mechanisms by which residents can report inadequate supervision and accountability in a protected manner that is free from reprisal.

Please refer to the **Transition of Care Policy #0.20** and **Quality Improvement/Patient Safety Policy #0.22** for guidelines to ensure an environment that maximizes effective transitions of care and the safety of the patient.

#### **4.4 Fatigue Management and Mitigation**

Programs must adopt fatigue mitigation processes, including naps and back-up call schedules, to manage the potential negative effects of fatigue on patient care and learning. Each program must have a clearly defined back-up plan in place to ensure continuity of patient care in the event that a resident is unable to perform his or her patient care duties due to fatigue, illness, or similar issues. Each site must provide adequate call room facilities and/or safe transportation options for residents who are too fatigued to safely return home.

Programs must educate all faculty members and residents on recognizing the signs of fatigue and sleep deprivation and in fatigue mitigation processes. This education may occur through orientation, on-line modules, departmental conferences, grand rounds, or other educational tools. Please refer to the **Fatigue, Sleep Deprivation, and Mitigation Policy #0.21** for more information.

#### **4.5 Well-being**

Programs must address resident and faculty well-being consistent with the ACGME Common and specialty-specific Program Requirements. This includes education in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty must be able to recognize those symptoms in themselves, and know how to seek appropriate care.

Each program must develop a policy regarding well-being, including procedures to ensure coverage of patient care. Please refer to the **Well-being Policy #0.23** which programs must use as a basis for developing well-being policies.

### **5 INSTITUTIONAL POLICIES AND PROCEDURES**

#### **5.1 Eligibility and Appointment**

Resident employment is based on merit, qualifications and competence. Please refer to the **Resident Recruitment, Eligibility, and Appointment Policy #0.08**, which outlines minimum eligibility requirements. Each program has individual eligibility and appointment guidelines, which complement this policy.

#### **5.2 Resident Transfers**

For programs accredited by the ACGME, the transferring resident must provide evidence of prior training. Before a program accepts a transferring resident who has prior graduate medical education training, the PD must receive verification of the residents' level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestone evaluations from the prior training program upon matriculation.

### **5.3 Closures and Reductions**

If at any time the administration of KCU, the sponsoring institution, the GMEC, a residency program, or a primary clinical site intends to reduce or close the institution or a program, the DIO and GMEC must be notified as soon as possible. Notification from the parties desiring reduction in size or closure of the institution or a program must be made in writing to the DIO.

The appropriate representative must be present at the next regularly scheduled GMEC meeting to discuss the intent to reduce or close the institution or program(s). The DIO may call a special meeting of the GMEC if warranted. After the GMEC has been notified, the DIO will notify all affected residents as soon as possible when the institution or program intends to reduce the size of or close a program, or when the institution intends to close.

Every reasonable effort will be made to ensure that the reduction or closure of the institution or programs occurs at the completion of an academic year. The program and KCU GME will make every reasonable effort to assist residents in identifying alternative programs to which they can transfer to complete their education. Affected residents may transfer prior to program reduction or closure after receiving written notification if the opportunity presents itself and the resident desires to do so. The institution may not force an affected resident to remain in the program to complete a period of training prior to reduction or closure.

In the event that a transfer program cannot be identified, the program and KCU GME will make every reasonable effort to allow residents to remain in the program until another program can be identified.

If an affected resident has been on probation or suspension at any time during their training or is on probation or suspension at the time of reduction or closure, the program will make every reasonable effort to assist the resident in identifying a transfer program. However, if all identified transfer programs refuse to accept the resident due to past or current probationary or suspension status, the program will not be responsible to provide ongoing support or education to the affected resident past the date of reduction or closure.

### **5.4 Agreement of Appointment/Contract**

All residents who match in a program are given a conditional offer of appointment from their program. The offer is contingent upon the successful completion of all employer requirements for employment, as well as upon primary source verification of credentials to confirm that the individual possesses the basic requisite education, training, skills, personal characteristics, and professionalism to make the experience as resident a successful one for the individual and the program. Failure by the resident to meet all conditions of appointment will result in revocation of the offer of appointment.

Residents will receive an Agreement of Appointment within a reasonable time frame. The Agreement of Appointment must directly contain or provide a reference to the following items:

- Resident responsibilities;
- Duration of the appointment;
- Financial support for residents;
- Conditions for reappointment and promotion to a subsequent PGY level;
- Grievance and due process;
- Professional liability insurance, including a summary of pertinent information regarding coverage;
- Health insurance benefits for residents and their dependents;
- Disability insurance for resident;
- Vacation and other leave(s) for residents, including medical, parental, and caregiver leave(s) of absence, compliant with applicable laws;
- Timely notice of the effect of leave(s) on the ability of residents to satisfy requirements for program completion;
- Information related to eligibility for specialty board examinations; and,
- Institutional policies and procedures regarding resident clinical & educational work hours and moonlighting

### **5.5 Non-Competition or Restrictive Covenant**

Each program is encouraged to develop a policy regarding restrictive covenants that states that residents are not required to sign a non-competition guarantee or restrictive covenant. Otherwise, programs must comply with the **Non-Competition or Restrictive Covenant Policy #0.17**.

### **5.6 Promotion, Appointment Renewal, and Dismissal**

Each program must provide residents with a written notice of intent when the resident's Agreement of Appointment will not be renewed, when the resident will not be promoted to the next level of training, or when the resident will be dismissed. Please refer to the **Promotion, Appointment Renewal, and Dismissal Policy #0.09** for more information.

### **5.7 Sexual and Other Forms of Harassment**

The KCU-GME Consortium is committed to maintaining an environment that is free of all forms of harassment, including but not limited to, sexual harassment, including conduct which could be considered harassing, coercive, or disruptive. Residents must have access to processes to raise and resolve complaints in a safe and non-punitive environment in a timely manner, consistent with applicable laws and regulations. Please refer to the **Sexual and Other Forms of Harassment Policy #0.10** for more information.

### **5.8 Accommodations for Disabilities**

Each program must have policies regarding accommodations for residents with disabilities to ensure a healthy and safe clinical and educational environment. Program may assess accommodations on a case-by-case basis; provided that the review of requests for accommodations are in compliance with the law. Certain specialties may have specialty-specific concerns that need to be considered. The intent is that graduating residents will be able to attain Milestones and demonstrate competence to practice independently without supervision. Refer to the **Accommodations for Disabilities**

**Policy #0.11**, which programs must use as a basis for policies regarding accommodations for disabilities.

## **5.9 Vendor Interactions**

While partnerships between vendors and resident physicians may further mutual interests to improve clinical management of diseases and improve patient care, some relationships with vendors may create actual or perceived conflicts of interest. Please refer to the **Vendor Interactions Policy #0.16**, which programs must use as a basis for policies regarding vendor interactions.

## **5.10 Substantial Disruptions in Patient Care or Education**

Each program must develop a plan for residents in the event of a disaster or other substantial disruption in patient care or education. This plan must be consistent with ACGME Policies and Procedures and the Substantial Disruptions in Patient Care or Education Policy #0.18 that includes information about assistance for continuation of salary, benefits, professional liability coverage, and resident assignment. Refer to the **Substantial Disruptions in Patient Care or Education Policy #0.18** for minimum guidelines to follow during a disaster or substantial disruption in patient care or education.

## **5.11 Resident Record and Retention**

File maintenance and retention are important to facilitate timely documentation of current residents and residents who have previously completed the program. Programs must collect and retain resident files in New Innovations in accordance with the **Resident Record and Retention Policy #0.24**.

## **5.12 GME Track**

ACGME accredited programs must annually update program and resident information in the GME Track ([www.aamc.org/services/gmetrack](http://www.aamc.org/services/gmetrack)) database. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA). The data entered in the Program and Resident Survey of the National GME Census is used to update FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access – <https://www.ama-assn.org/amaone/freida-membership>). This is a service operated by the AMA providing a search engine to research and compare residency training program options.

## **5.13 National Resident Matching Program (NRMP)**

Each year, ACGME-accredited training programs must determine if they will be “All In” or “All Out” of the NRMP Main Residency Match. If the program elects to be “All In,” they must register and attempt to fill all positions through the Match or another national matching plan. Programs may NOT offer Agreements of Appointment/contracts to candidates outside of the NRMP Match until SOAP (the Supplemental Offer and Acceptance Program) has concluded. Be aware that the NRMP has strict guidelines regarding communicating with applicants and a violation may have dire consequences for the program and the sponsoring institution.

## **6. BENEFITS AND SALARY**

### **6.1 Salary**

Programs sponsored by the KCU-GME Consortium agree to provide residents with a salary and benefits sufficient to ensure they are able to fulfill the responsibilities of their program. Resident salaries must also be within ten percent (10%) of the KCU-GME Consortium's recommended amount, as determined each year by the GMEC.

### **6.2 Professional Liability Insurance**

Programs, in collaboration with the sponsoring institution, must provide residents with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in the training program, or after completion of the program if acts or omissions are within the scope of the training program. Evidence of coverage must be saved in the residents' New Innovations Personnel Record under Files & Notes.

Risks incurred within the scope of training as part of an approved rotation must be covered under this plan. Coverage for internal moonlighting must also be provided. Regardless of when a claim is filed and whether or not the resident is still employed, as long as the resident cooperates in the program's defense of the claim, the plan must pay for all costs associated with defense of the claim, as well as the cost of any settlement or judgment.

Details of liability coverage are provided to the resident upon request and are referenced in the resident Agreement of Appointment/contact.

### **6.3 Health and Disability Insurance**

Programs, in collaboration with the sponsoring institution, must provide health insurance benefits for residents and their eligible dependents. Programs, in collaboration with the sponsoring institution, must provide disability insurance benefits for residents. Residents must be given advanced notice when coverage begins, and if the coverage does not begin the first day they report, the program must provide information regarding interim coverage.

### **6.4 Vacation and Leaves of Absence**

Each program must develop a vacation and leaves of absence policy that complies with applicable laws and requirements outlined in the sponsoring institution's **Vacation and Leaves of Absence Policy #0.15**. This policy must include accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon the resident's eligibility to participate in examinations by the relevant certifying boards.

## **7. RESIDENT RESPONSIBILITIES**

Residents are expected to conduct themselves in a professional manner regarding achievement of educational objectives, provision of patient care, and relations with their



colleagues. It is the program's responsibility to ensure that residents are informed of general academic requirements.

Residents must:

- Devote time and interest to the welfare of patients assigned and provide compassionate, efficient, and cost-effective care commensurate with level of training and responsibility;
- Abide by the policies, regulations, and procedures of any hospital or institution to which they are assigned for any part of training and other responsibilities as assigned by the program;
- Apply for a license at the earliest date they are eligible, if license is required for residency training, and make sure all licensure requirements are met prior to appointment date;
- Obtain BLS certification prior to appointment date and maintain certification throughout training;
- Complete medical records documentation and electronic order signatures in a timely manner. Records should be completed before going on vacation or scheduled leave, before rotating to another location, and before completion of training;
- Complete required KCU GME and participating site tasks in a timely manner;
- Participate in the clinical evaluation and care of patients, in a variety of patient care settings, under the supervision of a supervising physician, with sufficient frequency to achieve the competencies required by their specialty;
- Perform procedures, which are specified by each PD, under the direct supervision of an attending physician. Residents may only perform procedures for which the attending physician has privileges. Once the resident has performed the appropriate number of procedures in a competent fashion, the PD will notify the resident they are eligible to perform the procedure without direct supervision;
- Assume progressive responsibility for patient care activities according to resident's level of education, ability, and experience. The PD and the faculty will determine the resident's level of responsibility and autonomy;
- Communicate effectively with their supervising physician regarding the findings of their patient evaluation, physical examination, interpretation of diagnostic tests, and intended interventions;
- Participate in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising other residents and students;
- Participate in institutional, program, and hospital-wide committees and councils whose actions affect their education and/or patient care, including, but not limited to, quality improvement and patient safety activities;
- Not prescribe controlled or narcotic medications for themselves or members of their immediate family or accept payment for medical services from patients, patients' families, or other parties;
- Not charge or accept fees for expert testimony in medico-legal proceedings or for legal consultation;
- Promptly discharge any and all financial obligations to the employer and its affiliates throughout the duration of their appointment;

- Provide at least 60 days written notice should they desire to leave the training program. Failure to provide such notice may be considered unprofessional conduct and can adversely affect the summative evaluation and any future recommendation. In some cases, such conduct may be reported to accrediting and credentialing bodies;
- Inform the PD and the KCU GME Department of any condition or change in status that affects their ability to perform assigned duties; and
- Fulfill any written agreement entered into with the program provided such agreement is not contrary to these policies and procedures. The parties must make any modification of such contract in writing.

## **8. ISSUES AND CONFLICT MANAGEMENT**

The KCU-GME Consortium is committed to providing a positive learning and working environment in which residents and faculty members have the opportunity to confidentially raise concerns, provide feedback, and express opinions in a non-threatening atmosphere of mutual respect, without intimidation or fear of retaliation.

Each program is required to provide its residents with guidelines on how to raise and resolve concerns. Most concerns should be dealt with at an individual program level in consultation with the chief resident, fellow, PD, faculty, or employer human resources designee. In the event that those efforts do not bring resolution to the concern, or if a resident is not comfortable addressing the issue within their program, the individual can contact the DIO or submit a Confidential Resident Reporting Form located on the New Innovations homepage. The DIO will make every attempt to maintain confidentiality; however, there may be times when the resident needs to be identified in order to advocate for fair process or identify options and strategies for resolution. This would never happen without the resident's permission.

Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal of a resident agreement of appointment, or wrongful renewal of a resident agreement of appointment without promotion. Being placed on probation or being suspended from clinical responsibilities are not grievable matters. The decision to suspend a resident from the program, dismiss, not renew, or renew without promotion is an academic responsibility and is the decision of the program.

## **9. DUE PROCESS**

All programs will promote fair, reasonable, efficient and equitable due process for a resident who disagrees with the decision of probation, suspension, non-renewal, or dismissal from a program. Please refer to the **Due Process Policy #0.13** and the **Grievance Policy #0.14**, which programs must use as a basis for policies regarding due process and grievable matters.

## **10. PHYSICIAN IMPAIRMENT**

The KCU-GME Consortium and its programs are committed to the provision of support and appropriate referral for residents whose performance may be impaired due to psychological stress, psychiatric illness, or abuse of drugs and/or alcohol. Programs must ensure that residents are aware of these services and informed of the mechanisms through which they

may confidentially access them. Please refer to the **Physician Impairment Policy #0.06** for additional information.

## **11. EDUCATIONAL CURRICULUM**

### **11.1 Core Curriculum**

The KCU-GME Consortium provides a longitudinal, competency-based core curriculum for residents to fulfill ACGME requirements.

All residents are expected to complete the curriculum, which includes online modules, synchronous remote trainings, homework assignments, and the completion of a research and quality improvement project. The self-directed curriculum addresses ACGME core competencies, end-of-life care, ethical dilemmas, patient safety, sleep and fatigue management, transitions of care, systems errors, quality improvement, research, and much more. Programs must provide adequate protected time (excused from all clinical and other educational activities) for residents to complete the curriculum. Failure to satisfactorily complete the core curriculum components, as required by KCU GME, may delay resident promotion to the next level of training or delay graduation from the program.

### **11.2 Educational Curriculum**

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

- Overall educational goals for the program, which the program must distribute to residents and faculty annually;
- Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually. These should be reviewed by the resident at the start of each assignment;
- Regularly scheduled didactic sessions; and,
- Clear delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

Programs must define the specific knowledge, skills, and attitudes required to complete the program, including the core competencies according to the accrediting body and specialty standards, and provide the educational experiences needed to achieve them.

### **11.3 Scholarly Activities**

The PD, in conjunction with the program faculty, must outline a curriculum and allocate adequate educational resources to advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. All residents should participate in scholarly activities. The KCU-GME Consortium is committed to providing educational resources to facilitate resident involvement in scholarly activities. Programs should utilize the sponsoring institution's resources, such as the Research Department, the GME Department, and opportunities to present at the annual KCU Research Symposium, for resident scholarly activity.

#### **11.4 Other Learners Policy**

The presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, should enrich the residents' education. The PD must report circumstances to the DIO and GMEC when the presence of other learners has interfered with the residents' education.

### **12. EVALUATIONS**

The PD and faculty of each program are responsible for defining the academic and professional development criteria on which residents will be assessed and for ensuring the residents understand said criteria. The PD must provide residents and faculty with access to the assessment tools that will be used so that faculty and residents can share a common understanding of what is expected and how they will be evaluated.

#### **12.1 Resident Evaluation and Clinical Competency Committee**

Each ACGME-accredited program must establish a Clinical Competency Committee (CCC) in accordance with ACGME requirements.

The PD must appoint CCC members and develop and maintain a written description or policy of the CCC's responsibilities, including charge, membership, and procedures.

At a minimum, the CCC must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. Each program may decide whether or not to include the PD as a member of the CCC.

The chair of the committee should be a faculty member appointed by the PD or voted on by the committee, depending on the program's RC requirements. Program administrators/coordinators should attend CCC meetings to provide administrative support, including taking meeting minutes; however, program administrators/coordinators may not serve as members of the CCC.

The members of the CCC are expected to provide honest, thoughtful evaluations of the competency level of residents. They are responsible for reviewing all resident evaluations at least semi-annually, determining each resident's progress on achieving specialty-specific Milestones, meeting prior to the residents' semi-annual evaluations, and advising the PD regarding each resident's progress. The CCC's consensus decision will be based on existing, multi-source assessment data and faculty member observations. The PD or designee must report resident Milestones, as determined by the CCC, to the ACGME via the Accreditation Data System (ADS) website during the specified timeframe.

The CCC may make recommendations to the PD regarding resident promotion, appointment renewal, remediation, and dismissal; however, the PD has final responsibility for the evaluation and promotion/appointment renewal of trainees.

The PD or their designee, with input from the CCC, must meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans, and develop plans for residents failing to progress. This feedback must be documented in the resident's New Innovations file.

The CCC should inform the Program Evaluation Committee (PEC) of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for residents to progress in each of the Milestones.

The committee is also responsible for providing feedback to the PD on the timeliness and quality (e.g., rating consistency and accuracy) of faculty's documented evaluations of residents, in order to identify opportunities for faculty training and development.

Finally, the CCC is responsible for providing feedback to the PD regarding the effectiveness of the assessment tools in determining the residents' Milestone progression.

Programs must report concerning findings to the GMEC and confirm Milestones have been reported to the ACGME.

The following guidelines are recommended for conducting the CCC review process:

- i. The CCC must meet at least semi-annually and may meet more often for larger programs.
- ii. Meetings should be kept to two hours or less.
- iii. The chair serves to guide the committee in its work to provide a consensus decision for Milestones evaluations.
- iv. Committee members must be oriented to each assessment tool and its relationship to the Milestones evaluations.
- v. Committee members should be required to participate in at least 75% of all meetings.
- vi. Committee members are responsible for reviewing all evaluations (e.g., faculty evaluations, multisource assessments, case/clinical experience logs, in-service exam scores) and performance data for the last six months of training.
- vii. The CCC must form a consensus Milestones evaluation based on the committee's discussion of each resident.

## **12.2 Formative Evaluation**

PDs and faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Evaluation must be documented at the completion of the assignment and must appropriately reflect the feedback provided. For rotations greater than three months in duration, evaluation must be documented at least every three months. For longitudinal experiences, such as continuity clinic, evaluation must be documented at least every three months and at completion.

The program must provide objective evaluation based on competencies and Milestones and collect feedback from multiple evaluators, such as faculty, peers, patients, self, and other professionals. Programs are encouraged to gather this feedback at least semi-annually, prior to the CCC meeting.

### **12.3 Semi-Annual and Summative Evaluations**

The PD or designee must meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones. The results of the semi-annual evaluation, along with the findings of the CCC, should be used by the PD to decide if the resident should be promoted to the next level of training or recommended for graduation.

Each semi-annual evaluation must include a review of:

- Assessments by faculty, peers, patients, self, medical students (if applicable), and other professional staff;
- Procedural data;
- Review of rotation schedule;
- Didactic attendance;
- Scholarly activity, including research;
- Compliance with clinical and educational work hour requirements;
- Performance on in-training examination, as applicable; and
- Professionalism.

The semi-annual evaluation conducted at the end of each training year, referred to as a summative evaluation, must include the residents' readiness to progress to the next year of training.

All documented formative assessments, semi-annual evaluations, and any other assessments of resident performance must be maintained in New Innovations and accessible for review by the resident upon request.

### **12.4 Final Evaluation**

The PD must provide a final evaluation for each resident upon completion of the program. The evaluation must:

- Use the specialty-specific Milestones and Case Logs to ensure residents are able to engage in autonomous practice upon completion of the program;
- Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and
- Consider recommendations from the Clinical Competency Committee.

This evaluation must be reviewed with the resident and kept as a permanent record in New Innovations, and accessible for review by the resident.

### **12.5 Faculty Evaluation**

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

performance as it relates to the educational program. The evaluation must include review of their clinical teaching abilities, engagement with the program, participation in faculty development, clinical performance, professionalism, and scholarly activities. This process must include the review of the anonymous evaluations completed by residents. The review should be summarized and reviewed with the faculty, and a copy should be provided to the faculty and saved in their New Innovations record.

### **12.6 Program Evaluation and Improvement**

Programs must follow a systematic process to create a Program Evaluation Committee (PEC), conduct an Annual Program Evaluation (APE), submit an Annual Program Evaluation Review Form to the sponsoring institution, and review the results of the APE and annual ACGME Survey with residents and faculty.

The PD must appoint a PEC and develop, maintain, and share with faculty and residents a written description or policy of the PEC's responsibilities, including charge, membership, and procedures. Please refer to the **Program Evaluation and Improvement Policy #0.03** for more information.

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## **POLICIES**

### **GMEC Composition and Responsibilities Policy #0.01**

- I. **Policy Statement:** The purpose of this policy is to define the committee structure and responsibilities of the Graduate Medical Education Committee (GMEC) for the KCU-GME Consortium.
- II. **Reason for Policy:** This policy is in accordance with the institutional and common program requirements set by the Accreditation Council for Graduate Medical Education (ACGME).
- III. **Frequency of Meetings:** The GMEC is a standing committee that meets a minimum of once every quarter during each academic year.
- IV. **Structure:** The GMEC is the governing body of the consortium and serves to monitor and oversee the accreditation of the sponsoring institution and its ACGME-accredited residency programs. The work of the GMEC is operationalized by a team of subcommittees, each of which addresses specific GMEC responsibilities. The GMEC and its subcommittees conduct business in person and virtually with e-vote if warranted. Refer to the KCU-GME Consortium Committee Handbook, located in the KCU GME Department, for detailed information regarding GMEC and subcommittee responsibilities.

**Membership:** Membership of the GMEC includes at least the DIO; a minimum of two (2) residency program directors from ACGME-accredited programs; a minimum

of two (2) peer-selected residents from the ACGME-accredited programs; and a quality improvement or patient safety officer or designee.

**Quorum:** Greater than 50% of voting members and at least one resident member are needed to achieve quorum.

**Peer-Selected Residents:** Annually, all current and incoming residents are emailed a *call for nominations* for the Resident Forum, GMEC, and GMEC subcommittees. After nominations close, a ballot goes out to all residents to vote on whom they select to be the resident forum chair, resident forum vice-chair, and members of the GMEC and each subcommittee. Residents anonymously cast their votes by completing the ballot. The KCU GME Department tallies the votes and presents the results at the next GMEC meeting. Each selected resident is emailed a congratulatory notice with a committee handbook including responsibilities and dates of meetings. Program directors are responsible for providing protected time for peer-selected residents to participate in committee meetings.

**Meeting Minutes:** The GMEC maintains meeting minutes that document execution of all required GMEC functions and responsibilities.

## V. Responsibilities

### Oversight of:

- ACGME accreditation and recognition statuses of the KCU-GME Consortium and each accredited program through Annual Institutional Review (AIR). This includes identification of institutional performance indicators for the AIR that includes ACGME letters of notification, results of ACGME surveys, and accreditation and recognition statuses and citations;
- The quality of the GME learning and working environment within the KCU-GME Consortium, each program, and participating sites;
- The quality of educational experiences in each program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty or subspecialty-specific Program Requirements;
- The ACGME-accredited programs' annual program evaluations and 10-year self-studies that must be submitted to the DIO;
- ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- All processes related to reductions and closures of ACGME-accredited programs, major participating sites, and the KCU-GME Consortium;
- The provision and summary of information of patient safety reports to residents, faculty, and other clinical staff members. This includes verification that summary information is being provided;
- Resident performance on the Milestones;
- Underperforming program(s) through a Special Review process; and
- Subcommittee items that require GMEC review and approval.



**Review and approval of:**

- KCU-GME Consortium GME policies and procedures;
- Annual recommendations to administration regarding resident stipends and benefits;
- Applications for ACGME accreditation of new programs and osteopathic recognition;
- Requests for changes in residency program complements;
- Major changes in each ACGME-accredited program's structure or duration of education, including any change in the designation of a program's primary clinical site;
- Additions and deletions of each ACGME-accredited program's participating sites;
- Appointment of new program directors;
- Progress reports requested by ACGME RC;
- Responses to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to clinical and educational work hour requirements;
- Voluntary withdrawal of program accreditation or recognition;
- Requests for appeal of an adverse action by an ACGME RC;
- Appeal presentations to an ACGME Appeals Panel; and
- Exceptionally qualified candidates for resident appointments who do not satisfy the Institution's resident eligibility policy and/or resident eligibility requirements in the ACGME Common Program Requirements.

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**Resident Forum Policy #0.02****I. Policy Statement**

All residents participating in an ACGME-accredited residency program sponsored by the KCU-GME Consortium are invited and encouraged to participate in the KCU GME Resident Forum, a group that allows residents to communicate and exchange information regarding their educational and work environments, their programs, and any other issues they may face during residency. The forum is an opportunity to keep residents informed about important issues that affect their careers as well as provide an organized voice to raise and resolve concerns. Any topics discussed by the forum that warrant further discussion are presented to the GMEC. Residents have the opportunity to conduct the forum without the DIO, faculty members, or other administrators present.

In addition, each residency program is encouraged to have a primary clinical site resident council, forum, or other platform where residents can communicate without faculty members or other administrators present.

**II. Membership****a. Representation**

- i. All ACGME-accredited residents sponsored by the KCU-GME Consortium shall be entitled to membership of the Resident Forum.

- ii. The forum shall have a Chair and Vice-Chair who are residents in good academic and professional standing.
- b. The Officers
  - i. Chair
    - Eligibility. The Chair must:
      - a. be a member of an ACGME-accredited residency program sponsored by the KCU-GME Consortium; and
      - b. be in good academic and professional standing.
    - Duties and Responsibilities. The Chair shall:
      - a. maintain regular contact with the KCU DIO or designee;
      - b. conduct meetings of the forum;
      - c. establish discussion topics;
      - d. represent the forum at any KCU GMEC meeting where issues raised by the forum are to be discussed; and
      - e. strive to maintain the decorum of the office, act responsibly in all matters, and perform duties in a fair and unbiased manner.
  - ii. Vice-Chair
    - Eligibility. The Vice-Chair must:
      - a. be a member of an ACGME-accredited residency program sponsored by the KCU-GME Consortium; and
      - b. be in good academic and professional standing.
    - Duties and Responsibilities. The Vice-Chair shall:
      - a. act as Chair in case of absence; and
      - b. assist the Chair as directed.
- c. Succession and Vacancy
  - i. If the office of the Chair becomes vacant through resignation or removal, the Vice-Chair shall take that office.
  - ii. If the office of the Vice-Chair becomes vacant, the collective residents will elect a new peer-selected resident to serve as the Vice-Chair.

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### **Program Evaluation and Improvement Policy #0.03**

#### **I. Policy Statement**

The purpose of this policy is to define a systematic process for program evaluation and improvement, including anonymous evaluation of the program by faculty and residents, establishing a Program Evaluation Committee (PEC), conducting an Annual Program Evaluation (APE), reviewing the APE and annual ACGME Survey results with faculty

and residents, and submitting an Annual Program Evaluation Review Form in New Innovations.

## **II. Reason for Policy**

This policy is in accordance with the institutional and common program requirements set by the Accreditation Council for Graduate Medical Education (ACGME).

## **III. Policy/Procedure**

The PD must appoint a PEC and develop, maintain, and share with faculty and residents a written description or policy of the PEC's responsibilities, including charge, membership, and procedures.

- a. Anonymous Evaluation of the Program: Programs must document, through New Innovations (NI), annual anonymous evaluation of the program by core faculty and residents.
  - i. The Sponsoring Institution will send anonymous evaluations of the program to core faculty and residents through NI in April of each year.
  - ii. Programs need to verify all core faculty and resident email addresses are accurately listed in NI.
- b. Program Evaluation Committee (PEC):
  - i. PEC Membership: The program director appoints the committee, which must be comprised of at least:
    - The Program Director;
    - The Associate Program Director, Co-Program Director, or Assistant Program Director (if applicable);
    - The Program Coordinator or designee;
    - At least two program faculty members, one of whom is a core faculty member; and
    - At least one resident from the program.
  - ii. Meetings and Attendance: The PEC must meet at least once every academic year between the months of May and July. At minimum, the Program Director or Assistant Program Director, two program faculty members, and one resident must attend the meeting to achieve quorum.
  - iii. Meeting Minutes: The PEC must maintain meeting minutes that document the committee's review and consideration of the required elements listed below.
  - iv. PEC Responsibilities: The PEC's responsibilities include:
    - Acting as an advisor to the program director, through program oversight;
    - Reviewing the program's previous APE action items and progress toward meeting them;
    - Guiding ongoing program improvement, including development of new goals, based upon outcomes; and,

- Reviewing the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- v. The PEC should consider the following elements in its annual assessment of the program:
- Curriculum: competency-based goals and objectives for each assignment/rotation for each PGY level; didactic, conference, journal club, and grand rounds schedules; block schedules;
  - Outcomes from prior APEs: progress on action plans;
  - ACGME letters of notification, including citations, areas for improvement, and comments;
  - Quality and safety of patient care;
  - Assess the clinical learning and working environment at each participating site: review results of resident evaluations of rotations and participating sites
  - Aggregate resident and faculty:
    - a. Well-being: review results of most recent KCU-GME Consortium wellness survey and ACGME well-being survey
    - b. Recruitment and retention
    - c. Workforce diversity
    - d. Engagement in quality improvement and patient safety
    - e. Scholarly Activity: are residents and faculty participating in scholarly activity
    - f. ACGME Resident and Faculty Survey results (if available). These results must be distributed to and discussed with residents and core faculty.
    - g. Written evaluations of the program (from New Innovations)
  - Aggregate resident:
    - a. Achievement of the Milestones
    - b. Case log data
    - c. In-Training exam results
    - d. Board pass and certification rates
    - e. Graduate performance
  - Aggregate faculty:
    - a. Evaluations
    - b. Professional development
  - The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.
- c. The annual review, including action plan must be distributed to and discussed with members of the teaching faculty and residents; and, be submitted to the DIO via the APE Review Form in New Innovations. The form must be completed and approved by the PEC no later than August 15<sup>th</sup> of each academic year.

## **Responsibilities of the Program Director Policy #0.04**

### **I. Duties and Responsibilities**

Program directors are required to maintain current knowledge of and compliance with KCU-GME Consortium Policies and Procedures and ACGME Institutional, Common Program, and applicable specialty-specific Program Requirements. In addition, program directors must make good faith efforts to participate in all GMEC meetings, subcommittee meetings for which they are members, and any other discussions as requested by the DIO.

Program Directors are encouraged to reference the KCU-GME Consortium Annual Timeline for Residency Programs located on the New Innovations homepage.

Program directors are responsible for the following:

### **II. Program Administration**

- Devote sufficient time and effort to the program to ensure continuity of leadership and to fulfill all responsibilities necessary to meet the educational goals of the program.
- Participate in the selection and supervision of teaching staff/faculty and other program personnel at each participating site in the program.
- Work effectively with the sponsoring institution's DIO and Institutional Coordinator to ensure the program's compliance with all institutional accreditation expectations.
- Cooperate promptly with requests by the KCU GME Department and/or GMEC for information, documentation, etc.
- Maintain accurate and complete program files in compliance with institutional policies.
- Ensure that residents complete the ACGME Resident Survey during the applicable survey window.
- Ensure that core faculty complete the ACGME Faculty Survey during the applicable survey window.
- Monitor residents' clinical and educational work hours, including moonlighting, and report findings of non-compliance to the KCU GME Department.
- Ensure all interviewed residency applicants are provided a copy of the agreement they will be expected to sign if matched, or the one currently in use.
- Ensure that residents are provided with a written notice of intent when the resident's Agreement of Appointment will not be renewed, when the resident will not be promoted to the next level of training, or when the resident will be dismissed.
- Prior to accepting a transferring resident, obtain written verification of previous educational experiences and a summative competency-based performance evaluation, and a final Milestone evaluation upon matriculation.
- Structure clinical and educational work hours and on-call time periods to focus on the needs of the patient, continuity of care, and the educational needs of the resident, and to comply with requirements set by the institution, ACGME, and the appropriate RC.

### **III. ACGME Accreditation – RC Matters**

- Maintain current knowledge of and compliance with the ACGME Policies and Procedures ([www.acgme.org](http://www.acgme.org)).
- Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to their program, as well as any other program policies and procedures, subspecialty program requirements, etc. (see specific RC webpage for further information).
- Oversee and organize the activities of the educational program. This includes selecting and supervising the faculty and other program personnel at each participating site, appointing a local site director, and monitoring resident supervision at all participating sites.
- Promptly respond to RC requests for information and ensure compliance with RC-stated deadlines.
- Maintain accurate and complete program files in compliance with ACGME requirements.
- Develop action plans to address areas of noncompliance (“citations”) and areas for improvement as identified by the Program Evaluation Committee (PEC), the GMEC or ACGME.
- Update program and resident records in the ACGME’s Accreditation Data System during the Annual Update.
- Maintain a Program Letter of Agreement (PLA) with all participating sites providing a required assignment. PLAs should be renewed at least every ten years or any time there is a change in site director or those who need to sign the agreement.
- Immediately notify the DIO/Chair of the GMEC if any of the following take place:
  - Change in leadership of the program,
  - Substantial change in patient volume or variety available for educational purposes,
  - Change in or addition of rotations to participating sites,
  - Desire to add or delete participating sites,
  - Desire to add or delete rotations,
  - Desire to increase or decrease resident complement, and
  - Major change in the program's educational curriculum or format

### **IV. Educational Curriculum of the Program**

- Develop an educational curriculum as defined in the ACGME Program Requirements for the specialty.
- Provide instruction and experience with quality- improvement.
- In conjunction with the program faculty and PEC, establish overall educational goals for the program, which the program must distribute to residents and faculty annually.
- In conjunction with the program faculty and PEC, establish competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually. These should be reviewed by the resident at the start of each assignment.
- Facilitate residents’ participation in the educational and scholarly activities of the program, and ensure that they assume responsibility for teaching and supervising other residents and students.

- Prepare, design, and implement a comprehensive, well-organized and effective curriculum containing the clinical and academic elements necessary to enable residents to fulfill the program's educational goals and objectives and to achieve clinical and technical competency in all defined and required areas. Among the curricular elements to be considered are:
  - Clinical rotations in all of the disciplines' general and subspecialty areas as outlined in the specialty-specific requirements.
  - Off-service rotations in those clinical areas necessary to augment and complement training.
  - Continuity of care clinic experience.
  - Rotations to faculty and/or private physician practice offices for both clinical and practice management training.
  - Assignments to clinical support and administrative experiences such as legal/professional liability services, quality assessment committees, patient care committees, etc.
  - Teaching and didactic activities such as clinical teaching rounds, educational grand rounds, service-specific clinical conferences, resident protected-time didactic conferences, journal clubs, research conferences/modules, and in-training examination study groups.
  - Ensuring residents are provided protected time to complete required Core Curriculum modules and assignments provided by the sponsoring institution.

## **V. Evaluation and Assessment**

- Develop and use dependable measures to assess residents' competencies in these domains: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- Use dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty.
- Implement a process that links educational outcomes with program improvement.
- Ensure that each resident develops a personal program of learning to foster continued professional growth.
- Ensure residents' attendance at educational offerings required by the sponsoring institution and the program.
- Ensure at least annual review of the educational effectiveness of the program via a formal documented meeting (PEC meeting) for which written minutes are kept.
- Ensure that the program's policies regarding evaluation and performance feedback are followed for all residents within the program, and particularly for non-succeeding residents. When a resident is being considered for placement in a status other than in good standing, the DIO should be consulted prior to this status change.
- Ensure residents are evaluated by teaching faculty and senior level residents, where appropriate, after each clinical rotation and other assigned learning experiences.
- With input from the CCC, meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans; and develop plans for residents failing to progress. The semi-annual evaluation conducted at the end

of each training year, referred to as a summative evaluation, must include the residents' readiness to progress to the next year of training.

- Provide a final evaluation for each resident upon completion of the program. The evaluation must:
  - Use the specialty-specific Milestones and Case Logs to ensure residents are able to engage in autonomous practice upon completion of the program;
  - Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and
  - Consider recommendations from the Clinical Competency Committee.
  - This evaluation must be reviewed with the resident, kept as a permanent record in New Innovations, and accessible for review by the resident.
- Have interim and timely meetings with residents exhibiting poor clinical performance, poor educational achievement or who have behavioral problems as frequently as necessary to provide appropriate counseling and remediation plans.
- Maintain a permanent record of each rotation evaluation completed by residents that is accessible to residents and other authorized personnel, and available for program reviews and RC accreditation visits.
- At least annually, evaluate faculty performance as it relates to the educational program. The evaluation must include review of their clinical teaching abilities, engagement with the program, and participation in faculty development, clinical performance, professionalism, and scholarly activities. This process must include the review of the anonymous evaluations completed by residents. The review should be summarized and reviewed with the faculty, and a copy should be provided to the faculty and saved in their New Innovations record.

## **VI. Resident Supervision**

- Ensure appropriate supervision of residents to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience.
- Structure on-call schedules to provide readily available supervision to residents on duty and ensure that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged.
- Provide for resident supervision through well defined, explicit and agreed upon supervisory lines of patient care responsibility. Such guidelines, as clearly defined in the program's supervision policy, must be distributed and clearly communicated to all residents (through New Innovations and at orientation), teaching faculty, nurses and other involved health care-providing personnel.
- Define criteria and parameters by which residents are able to be given direct and increasing responsibility for patient care and provide such criteria and parameters to the teaching faculty.
- Develop a process, where educationally and clinically appropriate, to credential residents to perform certain tasks or procedures independently in the care of patients.

## **VII. Resident recruitment, selection, appointment renewal and dismissal**

- Be thoroughly knowledgeable of and comply with the ACGME's Institutional Requirements for resident eligibility and selection, particularly as they pertain to



applicant medical school eligibility and to nondiscrimination policies and procedures.

- Practice ongoing recruitment and retention of a diverse workforce.
- Participate in the National Resident Matching Program (NRMP) and be knowledgeable of the NRMP rules, regulations, and violation definitions as described in its "Match Participation Agreement," and of all participation date deadlines and procedures. The same expectation applies to programs using other similarly approved matching programs.
- Register for participation in the Association of American Medical College's (AAMC) Electronic Residency Application Service (ERAS) to allow applicants to apply to the residency program.
- Update AMA (FREIDA)/GME Track Program and Resident Surveys which provide program information for interested applicants.
- Develop, implement and oversee the entire process of application review, interviews, and match rank list determination to include the participation of the PD, faculty, and residency program coordinator.
- Be responsible for all communication with the applicants before and after the "Match," ensuring its timeliness and appropriateness, and for providing all information and material to matched applicants necessary to commence their residency education, e.g. contract, medical license application, housing, orientation, academic year schedules, etc.
- Develop program policies for resident appointment and reappointment, promotion, disciplinary actions, non-renewal of contracts and dismissal that meet all ACGME Institutional Requirements.
- Provide residents with fair and reasonable policies and procedures for grievance and due process. Written notification for promotion, appointment renewal and dismissal of agreement of appointment/contracts must be communicated to the KCU GME Department.

#### **VIII. Resident clinical and educational work hours and work environment**

- Ensure that the program's educational and learning objectives are not compromised by excessive reliance on residents to fulfill clinical service obligations and that residents are supervised at all times by qualified faculty to ensure both patient safety and resident well-being.
- Develop and annually review resident daytime and on-call clinical and educational work hour (duty hour) policies and practices during the Annual Program Evaluation, making programmatic changes as necessary to ensure compliance with ACGME requirements.
- Develop a moonlighting policy, covering both external and internal moonlighting, that, if allowed, ensures that moonlighting does not interfere with a resident's ability to achieve program educational goals, ensures program director approval and oversight, and meets ACGME clinical and educational work hour expectations.
- Monitor resident fatigue and participate in the educational program provided by the sponsoring institution to educate residents and faculty regarding fatigue detection and management.
- Provide for the education and monitoring of resident stress, mental and emotional

- conditions, and substance abuse-related dysfunction that may interfere with performance or learning. If issues are identified, provide timely confidential counseling and psycho-emotional support utilizing available employer and institutional resources for physician well-being.
- Ensure that an organizational system exists within the program for residents to communicate concerns about their clinical and educational working environment to the PD, faculty, and program leadership.
  - Ensure food services, sleep rooms, patient care support services, medical records systems, information services, personal security/safety measures, etc., are provided to residents.
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### **GMEC Protocol for Special Reviews Policy #0.05**

#### **I. Statement of Purpose**

The GMEC is charged with identifying and providing oversight of underperforming programs through a Special Review process. This process uses established criteria to identify program underperformance and results in a timely report that describes the quality improvement goals, the corrective actions, and the process the GMEC will use to monitor outcomes, including timelines.

#### **II. Special Review**

When a residency program is identified as having met the established criteria for underperformance, the DIO/Chair of the GMEC will initiate a Special Review. Special Reviews shall occur within 60 days of a program's designation as "underperforming."

#### **III. Criteria for Initiating a Special Review**

- Program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statues.
- GMEC concerns about underperformance, including but not limited to issues that threaten the accreditation, educational infrastructure, or general operation of the program.
- Significant negative findings from the Annual Program Evaluation (APE) or data used for the APE, including:
  - ACGME resident and faculty surveys;
  - In-training exam results;
  - Board pass and certification rates;
  - Progress addressing previous Special Review findings;
  - Change in clinical learning resources, such as the loss of a major participating site;
  - Resident and/or faculty scholarly activity as defined by the applicable RC;
  - Results of resident evaluations of rotations and participating sites;
  - Aggregate resident and faculty well-being;
  - Clinical and educational work hour (duty hour) violations;
  - Resident responsibility violations;
  - Lack of adequate supervision;

- Resident achievement of the Milestones;
- Reports suggesting concerns with quality and safety of patient care; or
- Confidential program evaluations completed by faculty and residents.

#### **IV. Special Review Subcommittee**

Members of the Special Review Subcommittee are appointed by the DIO. The subcommittee shall include the DIO, one member of the GMEC who will serve as Chair, and at least one additional faculty member and one resident from within the consortium, but not from the program being reviewed. Additional reviewers may be included as determined by the DIO/GMEC. If special circumstances require the expertise of someone from within the program under review, a vote by the GMEC is needed to approve the addition of that person to the subcommittee.

#### **V. Preparation for the Special Review**

The Chair of the Special Review Subcommittee, in consultation with the DIO, shall identify the concern(s) that are to be addressed by the Special Review. Concerns can range from those that broadly affect the operation of the program, to a specific issue. The program being reviewed may be asked to submit documentation or additional information prior to the Special Review.

#### **VI. The Special Review Process and Report**

Materials and data to be used in the review process shall include:

- ACGME Institutional, Common, and specialty-/subspecialty-specific program requirements in effect at the time of the review;
- The most recent ACGME accreditation letter of notification and progress reports sent to the RC;
- Reports from previous reviews of the program (if applicable);
- Previous APE's;
- Results from internal or external resident surveys; and,
- Other materials the Special Review Subcommittee considers necessary and appropriate.

The Special Review Subcommittee may conduct interviews with the program director, faculty members, residents, or other individuals deemed appropriate by the subcommittee.

The Special Review Subcommittee shall submit a written report to the DIO/Chair of GMEC that includes, at a minimum, a description of the circumstances that triggered the review, the process followed, and the findings and recommendations of the subcommittee. The report shall include a description of quality improvement goals, any corrective actions designed to address the identified concerns, and the process and timeline for monitoring outcomes.

The report is due to the DIO/Chair of GMEC 60 days following initiation of the review. The GMEC or its Special Review Subcommittee may vote to extend the deadline if

deemed necessary. The DIO/Chair of GMEC will provide a copy of the report to the program under review.

## **VII. Monitoring Outcomes**

The Chair of the Special Review Subcommittee shall monitor outcomes of the Special Review and report findings at GMEC meetings and upon request from the DIO. The responsibility of monitoring outcomes may be passed to the DIO or another member of the GMEC by vote of the subcommittee. The program will be released from monitoring when the GMEC agrees by vote that the program has achieved the goals and corrective actions.

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## **Resident Physician Impairment Policy #0.06**

### **I. Statement of Purpose**

The KCU-GME Consortium and its programs are committed to the provision of support and appropriate referral for residents whose performance may be impaired due to psychological stress, psychiatric illness, or abuse of drugs and/or alcohol. Accordingly, programs must ensure that all residents are aware of these services and informed of the mechanisms through which they may confidentially access them, either to address problems they are experiencing personally, or to intervene when problems are suspected or observed in a peer. The sponsoring institution and its programs will take all reasonable steps to protect the confidentiality of a resident who seeks voluntary treatment or is referred for treatment, subject to applicable legal constraints and the provisions of accreditation policy.

### **II. Impairment**

Impairment is defined as “the inability to practice medicine with reasonable skill and safety as a result of mental disorder; physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or substance-related disorders including abuse and dependency of drugs and alcohol” (Federation of State Medical Boards, 2011). Practicing medicine while impaired is considered professional misconduct.

### **III. Counseling Services**

Programs must provide access to confidential, affordable mental health assessment, counseling, behavioral health services, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

KCU provides residents with access to two licensed psychologists that can be reached at (816) 654-7219 or (816) 654-7223.

#### Employee Resource System for KCU Residents

In addition, residents have access to the KCU Employee Resource System (ERS). This free confidential benefit provides residents, spouses, and their dependents with the tools, whether online or in person, to tackle life’s challenges. ERS provides confidential solutions to help

residents take charge of their health, work, and life. Up to six (6) visits with a certified, licensed professional are covered by KCU to provide assistance with:

- Depression and anxiety
- Managing emotional and work-related stress
- Couples/relationship issues
- Substance abuse
- Grief and loss
- Parenting
- Legal assistance
- Financial assistance
- Alcohol and drug problems

ERS professionals will help residents resolve problems and offer needed referrals to community and treatment resources in their areas, including legal or financial providers such as attorneys and financial counselors.

Residents can contact ERS directly at (800) 292-2780 or visit their website at [students.mylifeexpert.com](https://students.mylifeexpert.com) for more information.

#### **IV. Policy**

In an effort to maintain community trust and to provide a safe environment for employees, patients, families, visitors, and residents, the sponsoring institution and its programs has zero tolerance of substance misuse.

When a resident's use of alcohol, illegal drugs, or illegal use of drugs affects their ability to perform their job, the program shall attempt to assist the resident with correcting and alleviating the problem. Corrective action plans may include counseling, the KCU ERS, or other treatment programs the employer has in place or requires of the resident.

The following policy is intended to provide guidance regarding resident impairment issues, and to provide procedural guidelines to programs, residents, and other medical education associates in dealing with physician impairment issues.

#### **V. Procedure**

Core curriculum educational modules regarding physician impairment are provided to resident physicians, including the recognition of impairment in physicians, and proper procedure to assist a resident physician when there is a concern for possible impairment.

Concerns of resident impairment should be brought directly to the PD of the impacted resident. Further management of the situation shall be at the discretion of the resident employer and its leadership. The DIO should be immediately informed of the concern(s) and the plan for assisting the impacted resident.

Residents and healthcare institutions have the moral and ethical obligation to report impairment to protect patient safety and the integrity of the institution. Such reporting will

enable the program and GME leadership to address the impairment issue in a timely manner, which may not necessarily result in punitive action against the impaired resident.

KCU GME and its programs will protect the confidentiality of those who bring forward the issues of impairment and of residents who struggle with impairment issues.

## **VI. Mechanism**

Residents who suffer from an impairment that affects their education are encouraged to voluntarily bring the issue to their PD so that appropriate steps can be taken to protect their patients and provide assistance.

If a resident has a concern that another resident has an impairment issue that may affect their education and ability to provide patient care, a confidential notification shall be submitted to the PD, who shall appropriately document the report of impairment. If the concern is that a resident is unable to provide safe patient care, an immediate response is necessary in order to protect the safety of patients.

If the concern is confirmed, the resident shall be relieved of all patient care responsibilities in an appropriate and timely manner. In the case of alcoholism and/or substance use, the immediate suspension of the resident physician's clinic duties shall be warranted.

The PD shall request that a physician specialist or service outside medical education [e.g., Employee Resource System (ERS) or State Physicians Health Program] assess the resident's health status and have the results provided to the PD and the DIO.

When a resident's impairment is confirmed, the PD shall meet with them and discuss the issue as soon as possible but within five (5) working days. After the meeting, the PD shall inform other residency staff who are directly involved in the resident's education, and members of the program's CCC on a need-to-know basis.

Depending on the nature and severity of the impairment, the PD may offer one or more of the following options (but not limited to these options):

- i. Recommend that the resident voluntarily take a leave of absence during which time they shall participate in a rehabilitation program (e.g., State Physician Health Program or ERS) or necessary medical treatment to address the impairment.
- ii. Recommend that limitations be placed on the resident's academic and clinical responsibilities.
- iii. Recommend that the resident be suspended from the program if they do not voluntarily agree to receiving treatment for impairment.

If the impairment involves substance use, the resident shall be required to participate in a rehabilitation or treatment program at the discretion of the employer.

If the resident agrees to abide by the treatment program, the PD will be provided a confidential report. If the resident refuses to participate in a rehabilitation or treatment program, the PD shall refer the matter to the DIO for review and administrative action as soon as possible but within 5 working days. The DIO will confer with the employer and if

the resident refused assessment or treatment, the resident may be terminated from the program.

## **VI. Return to Work**

The PD will evaluate whether a resident will be allowed to return to work or complete their training on a case-by-case basis, taking the following into consideration:

- The recommendations of the treatment program;
- Limitations, if any, on the resident's ability to practice and expected duration of the limitations;
- If reasonable accommodations can be made by the program; and
- Whether patient and staff safety can be maintained.

Upon receiving proper documentation of the resident's satisfactory completion of the required treatment plan and recovery from the impairment, provided by the rehabilitation program or treating specialist(s), the PD shall reinstate the resident to their former position, assuming the rehabilitation has occurred within a reasonable length of time.

The PD may require periodic updates from the treatment program or treating physician regarding the mental and physical status and/or condition(s) of the resident, if deemed necessary.

## **VII. Refusal to Cooperate**

If a resident who requires assessment or treatment as determined by the program or employer refuses to enroll in treatment, the PD will be obligated to terminate the resident and immediately report the resident to the state medical board. The resident does not have the right to appeal the suspension and/or termination.

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## **Clinical and Educational Work Hours and Moonlighting Policy #0.07**

### **I. Purpose**

The purpose of this policy is to define resident clinical and educational work hour restrictions and moonlighting, as well as how the sponsoring institution and its programs provide oversight, ensure compliance, and address areas of non-compliance with said policies.

### **II. Definitions**

Resident clinical and educational work hours are defined as all clinical and academic activities related to the program, including patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

Moonlighting hours are defined as voluntary, compensated, medically-related work performed beyond a resident's clinical and educational hours and additional to the work required for successful completion of the program. External moonlighting is performed outside the site where the resident is in training. Internal moonlighting is performed within the site where the resident is in training.

### **III. Policy**

In partnership with the sponsoring institution, the program and PD must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. PDs must make every attempt to avoid scheduling excessive hours leading to sleep deprivation, fatigue, or inability to conduct personal activities. Each program must have their own policy that incorporates these institutional policies and addresses their specialty-/subspecialty-specific clinical and educational work hour requirements. The following are ACGME's clinical and educational work hour restrictions:

#### Maximum Hours of Clinical and Educational Work per Week

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

#### Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents should have eight (8) 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 (8) 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.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

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.

#### Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.



Up to four (4) 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.

#### Clinical and Educational Work Hour 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:

- To continue to provide care to a single severely ill or unstable patient;
- Humanistic attention to the needs of a patient or family; or
- To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

The resident may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents must not be required to stay.

Programs allowing residents to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident and those residents are not coerced.

#### In-House Night Float

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

- Dermatology – no maximum number of consecutive weeks or months of night float.
- Emergency Medicine - no maximum number of consecutive weeks or months of night float.
- Family Medicine – night float experiences must not exceed 50% of a resident's inpatient experiences.
- Internal Medicine – residents must not be assigned more than one month of consecutive night float, two months of night float during any year of training, or more than four months of night float over the three years of residency training.
- Orthopaedic Surgery – residents must not be assigned more than three months of night float during any year of training.
- Otolaryngology-Head and Neck Surgery – residents must not be assigned more than two consecutive months in duration, and three months of night float during any year of training. There must be at least two months between each night float rotation.
- Psychiatry - residents must not be assigned more than four consecutive weeks of night float or a total of eight weeks of night float during the required one-year, full-time outpatient psychiatry experience.

- Surgery – residents must not be assigned more than two consecutive months of night float or a total of four months of night float during any year of training, not to exceed 12 months for the entire program.

#### Maximum In-House Call Frequency

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

For psychiatry residents, in-house call must occur no more frequently than every fourth night, averaged over a four-week period.

#### At-Home Call

At-home call (pager call) is defined as call taken from outside the assigned participating site.

Time spent in the clinical setting by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

#### Moonlighting

Moonlighting is voluntary, compensated, medically related work performed outside the training program requirements. This could be done within the institution the resident is training or at any other participating site. Residents who want to moonlight must be in good standing academically and have PD approval prior to performing any duties.

Time spent by residents in internal and external moonlighting (as defined in this manual) must be counted toward the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

Residents are specifically not required to moonlight. Programs can prohibit moonlighting by residents if they so choose.

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.

If the PD grants approval, verification of such approval must be part of the resident’s permanent New Innovations file. The PD may withdraw or terminate permission to moonlight if, at any time, moonlighting activities are seen as producing adverse effects on the resident’s performance in the program.

Each training program, must have written policies and procedures consistent with the ACGME Institutional and Common Program Requirements for resident clinical & educational work hours. These policies must be readily available to residents and supervising faculty and should be in New Innovations.

#### **IV. Procedure**

Residents are required to continuously log clinical and educational work hours using New Innovations and should not go more than two weeks without logging. Programs are required to monitor those hours at least monthly to provide oversight and ensure compliance. PDs must review all violations and take appropriate action to mitigate future violations.

The PD and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The sponsoring institution will review clinical and educational work hour and violation reports for compliance prior to each GMEC meeting. Programs out of compliance must provide justification for violations and logging errors. If compliance cannot be obtained by altering trainee schedules, the PD will be asked to meet with the DIO to develop a plan to facilitate compliance.

The sponsoring institution will not accept for review or endorse applications from individual programs seeking exceptions to ACGME clinical & educational work hour rules and regulations.

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### **Resident Recruitment, Eligibility, and Appointment Policy #0.08**

#### **I. Purpose**

This policy is designed to ensure fair and consistent consideration and decision-making regarding all applicants to KCU-GME Consortium-sponsored residency programs. Recruitment and selection of residents is the responsibility of the program. Each program must have a policy with standards, appropriate to the specialty, to guide resident selection. The recruitment and selection processes, including the solicitation for applicants, screening of applications, invitation for interview, interview, applicant evaluation, and ranking must be conducted in an ethical manner.

#### **II. Policy Statement**

Each program must develop a program-specific eligibility and appointment policy that complies with the requirements outlined in this policy and applicable ACGME Requirements.

### III. Policy

Programs must engage in practices that are non-discriminatory and focus on mission-driven, ongoing, systematic recruitment, employment, and retention of a diverse and inclusive workforce of residents, faculty members, senior administrative staff members, and other relevant members of its academic community. This includes recruitment and retention of minorities underrepresented in medicine and medical leadership, in accordance with KCU-GME Consortium's mission and aims.

Programs must select from eligible applicants based on residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must participate in an organized matching program, such as the National Residency Matching Program (NRMP) or other programs where available. The selection process utilized by each program must abide by the following. Individual programs may include additional criteria.

#### Eligibility Requirements – Residency Programs

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

- graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
- graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
  - Holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
  - Holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited, College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be

advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

An ACGME RC may grant an exception to the eligibility requirements for residency programs that require completion of a prerequisite residency program prior to admission.

An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed above, but who does meet all of the following additional qualifications and conditions:

- evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and,
- review and approval of the applicant's exceptional qualifications by the GMEC; and,
- verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

#### Eligibility Requirements – One-Year Fellowship Programs

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.

Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.

Please refer to ACGME specialty-/subspecialty-specific requirements for additional information.

#### Selection

Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

From among the eligible applicants, the program should select a limited number of applicants to be interviewed by faculty, residents, and other applicable staff members.

After review of qualifications and in consultation with those who interviewed the applicants, the PD shall create an applicant rank list in order of preference and submit to

the National Residency Matching Program (NRMP) or other applicable matching program.

Applicants invited to interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment. The information provided must include stipends, benefits, professional liability coverage, disability insurance accessible to residents, institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, and health insurance accessible to residents and their eligible dependents.

It is strongly encouraged that the DIO or the DIO's designee be given the opportunity to review each program's rank list prior to submission to the NRMP or other matching program. The KCU-GME Consortium, as the sponsoring institution, is the organization with ultimate responsibility for each program.

#### Visa Sponsorship

If a program selects or matches with a candidate who needs Visa sponsorship, the program must understand the visa requirements and notify the DIO to avoid common delays and pitfalls with the candidate's anticipated start date.

The KCU-GME Consortium is not in a position to sponsor any other Visa besides a J-1. Programs shall only accept J-1 Visa candidates into a KCU-GME Consortium-sponsored residency program, and will be the primary responsible party to host a J-1 Visa resident physician. As set forth by the ECFMG, programs shall acknowledge and assume all responsibilities as a Training Program Liaison (TPL) to host a J-1 resident physician.

If a program selects or matches a candidate who needs J-1 Visa sponsorship, the DIO will designate the program site as an ECFMG J-1 visa TPL.

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### **Promotion, Appointment Renewal and Dismissal Policy #0.09**

#### **I. Purpose**

The purpose of this policy is to outline the expectation of how all KCU-GME Consortium-sponsored programs determine the criteria for promotion and/or renewal of a resident's appointment, per ACGME Institutional Requirements. Residents may be promoted to the next year of training if their performance is adequate and indicates their ability to perform at the subsequent level of training, as outlined in the conditions for reappointment in their agreement of appointment. Promotion to the next level of training and/or reappointment is determined based on consideration of evaluation results and at the discretion of the Program Director (PD) and the Clinical Competence Committee (CCC).

#### **II. Policy Promotion/Appointment Renewal**

Each program must determine the criteria for promotion and/or renewal of a resident's agreement of appointment. Reappointment and promotion should be dependent upon meeting the academic standards and curricular requirements of the program as well as an assessment of the resident's readiness to advance to the next year of training, including, but not limited to, attainment of the ACGME competencies at the respective level of education, achievement of specialty specific Milestones, experience, demonstrated ability, clinical performance, and professionalism. The PD must also take into account guidelines set by the RC, specialty board guidelines, and the relative merit of the individual compared to other residents.

As the position of resident involves a combination of supervised, progressively more complex and increasing responsibility in the evaluation and management functions of patient care, reappointment and promotion will be dependent upon evaluation by faculty, nursing staff, patients, and peers.

Prior to considering promotion, the PD may offer a resident additional time in any given post graduate year (PGY) to allow the resident to achieve the required level of proficiency for promotion. A resident accepting this condition must be given a written summary of deficiencies, a delineation of the remediation program and the criteria for advancement.

#### **Non-renewal of Appointment or Non-Promotion**

In instances when a resident's agreement will not be renewed, a resident will not be promoted to the next level of training, or a resident will be dismissed, the program must provide the resident with written notice of intent. The program must include a copy of the sponsoring institution's grievance policy with the notification.

Decisions resulting in probation, suspension, non-promotion, non-renewal, or dismissal are subject to the due process procedures. Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal of a resident agreement of appointment, or wrongful renewal of a resident agreement of appointment without promotion.

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### **Sexual and Other Forms of Harassment Policy #0.10**

#### **I. Purpose**

The purpose of this policy is to ensure each GME program provides a professional, equitable, respectful, non-punitive, and civil environment that is free from sexual and other forms of harassment consistent with applicable laws and regulations.

#### **II. Definition**

Harassment is defined as verbal, non-verbal, or physical conduct that degrades or shows hostility or dislike toward an individual because of his/her race, color, religion, national origin, gender, veteran's status, genetic information, age, disability, sexual orientation, or other characteristics protected by law and that has the purpose or effect of creating an

intimidating, hostile, or offensive work environment; or otherwise adversely affecting an individual's employment opportunities.

Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or of creating an intimidating, hostile, or offensive working or training environment.

Many types of behavior may be considered inappropriate, but to fit into the category of harassment, the behavior must be based on legally protected characteristics such as race, color, religion, national origin, gender, veteran's status, genetic information, age, disability, sexual orientation, or other characteristics protected by law or a status to which the sponsoring institution or program wants to extend the scope of protection. The KCU-GME Consortium prohibits harassment based on any characteristic protected by law, including but not limited to sexual harassment.

Harassment can occur between faculty-resident, resident-resident, resident-student, resident-patient, or resident-employee. Harassment may include direct or indirect communication including social media. Harassment can take place in person, in writing, or electronically, such as via social media.

### **III. Policy**

Residents and faculty are expected to conduct themselves in such a way that the work environment remains free from all forms of harassment. Any resident who believes they or any other resident, has been or is being subjected to any form of harassment or retaliation should immediately report their concerns to the PD, human resources department, or DIO in a timely manner, without fear of reprisal.

If deemed necessary, KCU will investigate the allegations and take appropriate corrective action consistent with applicable laws and regulations. An investigation may include interviews with relevant persons including the complainant, the accused, and other potential witnesses. The privacy and confidentiality of all parties involved will be maintained to the extent feasible.

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## **Accommodations for Disabilities Policy #0.11**

### **I. Purpose**

This policy is set forth to ensure that all qualified residents are provided accommodations for disabilities consistent with all applicable laws and regulations.

### **II. Definition**

According to the Americans with Disabilities Act (ADA) of 1990, and amendments, the term "disability" means, with respect to an individual, a person with a physical or mental impairment that substantially limits one or more of the major life activities. Such activities include caring for oneself, performing manual tasks, walking, speaking, seeing,



hearing, breathing, learning or working; has a record of such impairment, even if the individual no longer has the impairment; or is regarded as having a substantially limiting impairment even though that individual is not actually impaired.

### **III. Policy**

Residents who have a disability shall not be excluded from participation in, denied the benefits of, or subjected to discrimination in connection with the KCU-GME Consortium, its programs, or the services they offer. KCU GME, in conjunction with each program, is committed to the fair and equal employment of residents with disabilities. KCU GME programs are committed to providing accessible facilities and reasonable accommodations, compliant with the Americans with Disabilities Act (ADA) of 1990, for qualified residents with verified disabilities, unless such accommodations would impose undue hardship on the institution, the program, or venues of training.

KCU GME and its programs are not required to provide an accommodation that compromises the essential requirements of the relevant training program, imposes an undue financial burden, or poses a direct threat to the health or safety of the resident or others.

Residents with disabilities will be required to satisfactorily meet the program's performance criteria, requirements, and expectations.

All applicants and residents, regardless of whether they have a disability or have received accommodations, must be able to meet the following standards, unless a program has determined that one or more of the following standards does not apply to their specialty. These standards are essential requirements of KCU GME programs and are designed to qualify graduates for competent and independent practice.

1. Observation: Applicants and residents must be able to: (1) observe demonstrations and participate in clinical care; and (2) accurately observe patients.
2. Communication: Applicants and residents must be able to: (1) speak intelligibly, hear adequately, observe patients to elicit and transmit information, describe changes in mood, activity, and posture, and perceive non-verbal communications; (2) communicate effectively and efficiently both orally and in writing with all members of the health care team; (3) possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care; and (4) complete appropriate medical records and other documents in an efficient and timely manner.
3. Sensory and Motor Skills: Applicants and residents must: (1) possess sufficient sensory and motor function to elicit information using various diagnostic procedures; (2) be able to execute motor movements reasonably required to provide care and treatment to patients; and (3) be able to coordinate both gross and fine muscular movements and maintain equilibrium.
4. Intellectual, Conceptual, Integrative, and Quantitative Abilities: Applicants and residents must: (1) be able to identify significant findings from, and make recommendations based upon, a patient's history, physical examination, and laboratory data in an efficient and timely manner; (2) possess the ability to

incorporate new information from peers, supervisors, and medical literature in formulating diagnoses and plans; and (3) possess good judgment in patient assessment and in diagnostic and therapeutic planning.

5. Behavioral and Social Attributes: Applicants and residents must: (1) possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the diagnosis and care of patients; (2) exhibit the development of mature, sensitive, and effective relationships with patients, colleagues, clinical and administrative staff, and all others in the professional or academic setting; (3) be able to tolerate taxing workloads and function effectively under stressful conditions; (4) be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the care of many patients; and (5) be able to accept appropriate suggestions and criticism and, if necessary, respond by modification of behavior.

#### **IV. Procedure**

Applicants and residents who cannot meet the standards outlined above will not be able to fulfill the essential requirements of the training program and may be denied admission to or excluded from the program on that basis.

Residents with disabilities may request reasonable accommodation at any time during residency training, but in order to receive maximum benefit from their residency training time, requests for accommodations should be made as early in the training program as possible.

Residents who wish to seek reasonable accommodation must submit to the PD current documentation from a qualified professional that verifies the existence of a disability by articulating a diagnosis that describes the nature and severity of functional limitations that result from the disability, including how the disability affects the resident's ability to comply with the standards applicable to their program, describes the duration for which such functional limitations are expected to continue, and suggests possible reasonable accommodations that they may consider appropriate in light of the standards needed to competently and independently practice their specialty.

- It is the resident's responsibility to obtain the required documentation in a timely manner, and the program nor KCU GME is not required to pay for any required diagnosis or testing. The type, nature, and extent of documentation required may vary depending on the disability.
- Residents may have to update or augment documentation to ensure that the program has all information necessary to evaluate a request for reasonable accommodation.

#### **Determination of Reasonable Accommodation**

The PD will review the request and determine whether additional information is needed from the resident's health care provider. The resident will be furnished any additional forms or questionnaires needed for their health care provider to complete.

The PD will evaluate the information received from and about the resident to determine the resident's eligibility and to determine whether the requested accommodation would be reasonable, effective, and enable the resident to perform the essential functions of the position and achieve the essential educational goals and program objectives.

The PD may seek input on a confidential basis from other service providers to determine whether the required documentation is adequate or an accommodation is reasonable. Requests for an accommodation that infringe on patient care, require unreasonable faculty support or resources, or infringe on the rights of other resident physicians to maintain a quality education environment, may not be granted.

Once an accommodation has been approved and the resident has subsequently received those accommodations, the resident will be held to the same essential performance standards as all other residents. Focus should be on the resident's performance in all evaluations and written evaluations should not mention disabilities or accommodations for disabilities in any way. The PD must follow up on the resident's status/progress at least annually, or more often if needed.

The PD must notify the DIO of request for accommodation, the determination of requests for accommodation, and provide annual status updates for accommodations currently in place.

#### Confidentiality of Records

All medical-related information related to a disability shall be kept confidential and maintained separately from other resident records. However, supervising faculty may be advised of information necessary to make the determinations they are required to make in connection with the request for an accommodation.

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## **Supervision Policy #0.12**

### **I. Purpose**

This policy is set forth to ensure the appropriate level of supervision is in place for all residents and based on the resident's level of training and ability, as well as patient complexity and acuity.

### **II. Definition**

To promote appropriate 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 or 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.

- 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.

### **III. Policy**

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures 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. Although the attending physician is ultimately responsible for the care of the patient, every physician shares responsibility and accountability for ensuring patient safety and quality patient care.

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and patients. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

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, guided by the Milestones. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). Each resident must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.

Faculty members are responsible for the following:

- Exercise control of the care given a patient through each of the different types of supervision defined above.
- Recognize the importance of enabling the resident to take responsibility for "first decision" making prior to faculty involvement. First decision making by the resident will aid in the maturation of each resident whereas "final decision" making after involvement is the province of the faculty.
- Review progress notes, sign procedural and operative notes and discharge summaries.
- Participate in the evaluation of residents that includes both formative and summative feedback.

- Provide residents with constructive feedback when appropriate.
- Adhere to all RC/ACGME, institutional, and program policies regarding supervision.
- Be familiar with program-specific level of responsibility and teach residents according to the level that is commensurate with training, education, and demonstrated skill. It is the responsibility of the PD to develop program specific levels of responsibility.
- Members of the faculty must supervise operative, invasive, and/or other high-risk procedures. The level of supervision required for performance of a particular procedure by an individual resident is determined by the faculty member, but will include at a minimum, all key portions of the procedure. During non-supervised portions of the procedure, the faculty member remains available for consultation and/or returns to the operating room.
- Be continually present and actively involved when providing supervision in ambulatory settings.
- On-call schedules for faculty must be structured to ensure that supervision is readily available to residents on duty.

Each PD shall establish detailed, written policies for supervision in their respective program. The program supervision policies shall incorporate all ACGME specialty-specific program requirements related to resident supervision. It is the responsibility of the PD to keep an updated version of the program supervision policy on file in New Innovations accessible to residents, faculty, and the KCU GME Department.

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### **Due Process Policy #0.13**

#### **I. Purpose**

This policy provides residents with due process procedures related to the following actions, regardless of when the action takes place during the appointment period: probation, suspension, non-renewal, or dismissal.

#### **II. Policy**

Residents may request due process, as described in this policy, when any of the following corrective actions are proposed:

- Probation
- Suspension
- Non-renewal
- Dismissal

Residents may NOT request due process, as described in this policy, for proposed remediation. Remediation is the process in which the program faculty works with a resident judged to be performing at a less than satisfactory level to identify, understand, and correct the cause(s) for the resident's deficiencies. The process can include the repetition of rotation/educational units or the extension of training.

All corrective actions must comply with the appropriate accrediting body and specialty in question. Criteria for corrective action, probation, suspension, non-renewal, or dismissal may include, but are not limited to:

- a. Academic
  - i. Unsatisfactory performance based on in-service examinations, quizzes, and/or oral/written examinations and evaluations;
  - ii. Failure to show expected rate of improvement in fund of knowledge; or
  - iii. Unsatisfactory participation and/or performance in conferences.
- b. Clinical
  - i. Unsatisfactory acquisition of clinical or technical skills;
  - ii. Unsatisfactory performance in the clinical setting;
  - iii. Deviation from the professional standard of care;
  - iv. Provision of care without appropriate supervision; or
  - v. If the safety of patients is threatened.
- c. Administrative
  - i. Misconduct;
  - ii. Violations of institutional and/or program policies and procedures or those of an affiliate site;
  - iii. Unsatisfactory completion of charts or other deficiencies or delinquencies of the medical record;
  - iv. Unexcused absences;
  - v. If resident is impaired, intoxicated, or shows evidence of substance abuse;
  - vi. If resident is convicted of a felony or a crime that could have an adverse effect on the reputation of the institution, the program, or an affiliated site;
  - vii. If resident demonstrates unethical or unprofessional behavior;
  - viii. If resident demonstrates insubordination;
  - ix. If resident harasses staff or personnel including, but not limited to, sexual harassment or racial/ethnic discrimination; or
  - x. If resident is unable to perform the essential duties regularly required of all trainees in a program.
- d. Unprofessional conduct
  - i. Failure to be truthful in all circumstances;
  - ii. Violation of state and federal rules/laws as standards of practice;
  - iii. Chronic tardiness and/or failure to complete tasks in a timely manner;
  - iv. Disregard for other team members;
  - v. Disrespect for authority;
  - vi. Inappropriate behavior with patients, families or other members of the health care team;
  - vii. Public or physical displays of anger;
  - viii. Failure to follow up on clinical activities;

- ix. Abuse of power; or
- x. Failure to respect/abide by KCU-GME Consortium, program or any hospital affiliates' policies.

Programs can site multiple criteria within a single category and/or deficit in more than one category when dealing with probation, suspension, non-renewal, or dismissal.

The authority to propose or initiate probation, suspension, or dismissal is reserved to specific officials of the program and sponsoring institution. These include:

- a. The PD
- b. The employer's Human Resources Department or CEO;
- c. The DIO; and/or
- d. The Chair of the GMEC.

In the event that the resident jeopardizes patient welfare, the PD is empowered to suspend a resident from clinical activity, pending a hearing. The DIO will be notified immediately of a suspension from clinical activity.

Depending on the situation, the probation, suspension, or dismissal may or may not include mandatory counseling or administrative leave, as determined by the PD.

### **III. Procedure**

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

#### Probation

Placing a resident on probation is a corrective action that may be taken by a program. Probation identifies a resident as requiring more intensive levels of supervision, counseling and/or direction compared to residents at the same training level in the same program. Placement of a resident on probation implies that the program will be responsible for documenting the necessary increase in staff supervision, counseling, and evaluation that will allow the resident to address the deficiencies, if possible. Unlike other corrective actions, which occur at the program level, placement on probation also serves to notify the KCU GME Department that the resident is experiencing difficulty in the training program. A corrective action that includes probation is reviewed by the DIO on behalf of the GMEC.

#### Suspension

Suspension is the revocation of any or all of a resident's clinical, academic, and/or administrative privileges, rights, and/or responsibilities. A period of suspension is intended to:

- Allow a full investigation of an alleged complaint, problem, or incident; or
- Allow the resident an opportunity to definitively address significant, persistent, or recurrent deficits in their performance or behavior that, if uncorrected, would prevent their successful completion of the program.

At the end of the initial period of administrative leave following notice of suspension, during the meeting to review the corrective action with the resident, the resident will be informed of:

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

Once a suspension is imposed, the PD will meet with the resident on the last day of the specified period of suspension and advise them of the resolution of the suspension. There are three possible resolutions:

- The resident is allowed to return to duty;
- The resident will be proposed for dismissal; or
- The resident may be placed on a leave of absence until appropriate treatment or therapy has progressed to the point that they can return to duty. Such leave of absence will commence on the last day of the period of suspension. The program policies with regard to leaves of absence will apply. Should treatment or therapy be incomplete or unsuccessful, the resident may be proposed for dismissal.

#### Limitations

- The maximum cumulative time that any one resident may spend on suspension during their program of training is ninety (90) days.
- The maximum number of suspensions for a given resident is one (1).
- Residents exceeding these limits will be proposed for dismissal.
- A corrective action that includes suspension is reviewed by the GMEC.

#### Dismissal

Dismissal is the severance of an appointment to the resident and of all obligations of and benefits to the parties of the agreement of appointment. Residents who are proposed for dismissal are relieved of all program duties and activities pending final resolution of their status. At the end of the initial period of notice of proposed dismissal, during the meeting to review the proposed corrective action, the resident will be informed, in writing, of:

- The specific deficits in their performance or behavior that are considered the cause(s) for the proposed dismissal;
- The effective date of the proposed dismissal, after the initial notification of the proposed corrective action and initiation of administrative leave;
- The continuation of their administrative leave pending final resolution of the resident's status; and
- The provisions for due process and of the right to appeal and have a fair hearing.



The resident proposed for dismissal will have electronic and clinical access suspended pending review by the GMEC.

If after due process, the dismissal is finalized, the resident will:

- Vacate any and all call rooms, laboratories, and/or office spaces provided by the program, if any, on or before the effective date of the dismissal according to employer policy
- Return all program and participating site property on or before the close of business on the effective date of the dismissal of their appointment according to employer policy;
- Pay any monies owed to the program, institution, and participating sites including, but not limited to, activity fees, tickets and fees, fees for hospital and professional services, and/or library fees and fines.

### **Initiating an Appeal**

In the event the resident disagrees with a grievable corrective action, the resident has the option to appeal the decision. To initiate the appeal process, the resident must submit a written appeal to the DIO ([gme@kansascity.edu](mailto:gme@kansascity.edu)) within five (5) business days of being informed of the grievable corrective action. The appeal should state the facts on which the appeal is based, the reason(s) the resident believes the corrective action was in error, and the remedy requested.

The DIO will appoint an ad hoc review panel from the members of the GMEC to hear the resident's appeal. The Panel shall consist of one program director, acting as the chairperson, and two other GMEC members, one who must be a resident member and none of who are from the resident's program. The Panel will schedule the hearing as soon as possible but no later than 30 days from the DIO's receipt of the resident's appeal. The resident, the resident's program director, and the DIO will be notified of the scheduled hearing. The notice shall contain the names of Panel members, the date, time and location of the hearing, and the deadline to submit evidence. The notice must be sent at least ten (10) days prior to the hearing date.

### **Evidence**

Any evidence the resident or the program director want the Panel to consider must be submitted to KCU GME, at [gme@kansascity.edu](mailto:gme@kansascity.edu), no later than the deadline stated in the hearing notice. Evidence can include witness statements, written, recorded, or electronic material believed to be relevant to the appeal. Failure to submit evidence by the deadline may result in the material not being considered by the Panel.

### **Appeal Hearing**

The Panel chairperson has discretion with respect to conducting the appeal hearing. In general, appeal hearings will proceed according to the following format:

- a. The program director may make a presentation to the Panel up to twenty (20) minutes.
- b. The resident may make a presentation to the Panel up to twenty (20) minutes.

- c. The program director will have up to ten (10) minutes to respond to the statements made by the resident.
- d. The resident will have up to ten (10) minutes to respond to the statements made by the program director.
- e. Panel members may ask questions of the resident and/or the program director.

Witnesses other than the program director and the resident will not be permitted to participate in the appeal hearing unless called by the Panel. In the event the Panel elects to hear from additional witnesses, the program director and the resident may question those witnesses.

The resident may be assisted during the appeal process and accompanied at the appeal hearing by a faculty advocate of the resident's choosing. Faculty advocates may consult with the parties, but shall not actively participate in the appeal hearing. Appeal hearings are confidential. Only participants, faculty advocates, and Panel members may attend. Prior to the hearing, the resident must notify KCU GME of the number of witnesses (if any) the resident requests to be called by the Panel and if the resident will be accompanied by a faculty advocate. The Panel will let the resident know if the witnesses are allowed to be called for the hearing, and notify all parties involved.

#### **Panel Deliberation and Decision**

Following the appeal hearing, the Panel shall deliberate privately. The final decision will be made by a majority vote of the Panel members. The Panel will prepare a written decision setting forth its conclusions and its reasoning in support of those conclusions. The Panel's decision will be sent to the resident, the program director and the DIO within ten (10) business days after the hearing. The decision of the Panel is final and binding.

#### **Burden of Proof**

The appealing resident has the burden to demonstrate, by clear and convincing evidence, that the grievable Corrective Action issued by the program was arbitrary and capricious. "Clear and convincing evidence" means the evidence presented by the resident is highly and substantially more probable to be true than not. "Arbitrary and capricious" means there was no reasonable basis for the Program's decision to take the Corrective Action.

#### **Time Limits**

Time limits set forth in this procedure must be adhered to unless extended for good cause at the discretion of the DIO. A resident who fails to meet the time limits for appealing grievable Corrective Action may be deemed to have withdrawn the appeal.

#### **Voluntary Withdrawal from a Program**

Consistent with program policy and applicable state and federal law, the resident proposed for probation, suspension, non-renewal, or dismissal may voluntarily withdraw from a program at any time after the initial notice of the proposed action, or at any time up to the actual commencement of the hearing.

### Reporting Obligations

The program and sponsoring institution 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. Corrective Action will be reported to various boards when required. Corrective Actions will become part of the permanent record.

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## **Grievance Policy #0.14**

### **I. Purpose**

The purpose of this policy is to set forth a fair, reasonable, and readily accessible process for submitting and processing resident grievances that minimizes conflicts of interest.

### **II. Policy Statement**

Programs must promote the fair, reasonable, efficient, and equitable resolution of concerns submitted by residents. The KCU-GME Consortium prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

A grievance shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used by a resident who believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner. An action may not form the basis of a grievance if the resident challenges the judgement of the faculty as medical educators in evaluating the performance of the resident.

Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal of a resident agreement of appointment, or wrongful renewal of a resident agreement of appointment without promotion that do not align with rules, procedures, or policy in place. **Being placed on probation or being suspended from clinical responsibilities are not grievable matters.** The decision to suspend or place a resident on probation, dismiss, not renew, or renew without promotion is an academic responsibility and is the decision of the program.

Actions on the part of the program or sponsoring institution based solely on administrative and employment policies and procedures are not subject to interpretation and are therefore not grievable.

Grievances alleging discrimination or harassment on the basis of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristic; sexual misconduct, domestic violence, dating violence, or stalking; or that are otherwise within the purview of state and local laws set by a Human Resources Department should be referred to the program's individual Human Resources Department and notify the DIO.

### **III. Policy/Procedure**

Residents are encouraged to seek resolution of grievances related to their appointment or responsibilities, including differences with the sponsoring institution, program, or employer. The sponsoring institution and the program will ensure the availability of procedures for redress of grievances, including complaints of discrimination and harassment, in a manner consistent with the law and with the general policies and procedures of the program.

Residents who feel they have been treated unfairly or have complaints are encouraged to use the following procedure:

- a. Discuss the problem with the appropriate faculty member and/or Chief Resident as soon as possible.
- b. If the problem is not resolved under step a, the resident should submit a written complaint notice to the PD within ten (10) workdays of the event giving rise to the grievance. The grievance notice should include a factual description of the grievance, the policy or procedure that may have been violated, the date in which the grievant first became aware of the alleged violation, and the remedy sought.
- c. The PD will meet with the Resident at a mutually agreeable time within ten (10) workdays of the receipt of the grievance notice.
- d. The PD will provide the resident with a written decision within ten (10) workdays after the meeting.
- e. If the Resident does not believe the grievance has been satisfactorily resolved, the Resident may submit a grievance letter directly to the DIO within five (5) workdays of receipt of the PD's decision. The DIO may meet with the Resident at a mutually agreeable time within ten (10) workdays of receipt of the grievance letter. The DIO will review and consider the case, and within ten (10) workdays, issue a written decision to the Resident regarding the grievance, and provide a copy to the PD. The decision of the DIO is final.

Confidentiality will be maintained to the extent feasible. Residents will not suffer consequences for making a complaint or taking part in the investigation of a complaint. Residents who knowingly allege a false claim shall be subject to correction action, suspension, or termination.

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## **Vacation and Leaves of Absence Policy #0.15**

### **I. Purpose**

This policy is intended to ensure programs provide guidance to residents regarding their employer's policy on vacation and leaves of absence, the effect that a leave may have on their ability to complete the training program, and the impact a leave may have on their eligibility for board certification.

## **II. Policy**

Each program must develop a vacation and leave of absence policy that complies with the requirements outlined in this policy, specialty-specific board eligibility requirements, and applicable laws.

### **Minimum Leave Provided**

ACGME-accredited programs must provide residents with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident is required to report. The program must provide residents with at least the equivalent of 100% of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken, provide residents with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken, and ensure the continuation of health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.

Vacation and leave time are managed at the program level. Vacation and leave requests must be approved by the PD prior to a resident taking vacation or leave. Leave time cannot be used to make up required training time unless permitted by the specialty/subspecialty board. Extensions of training may be required if the leave time exceeds specialty board requirements. The PD, in partnership with the DIO, are responsible for monitoring leave and specialty board requirements and notifying the resident if an extension of training is necessary.

Each program must have specific criteria for residents to satisfactorily complete each level (year) of training as well as the entire program. These criteria must, at a minimum, meet the criteria necessary for certification by the appropriate medical specialty board. The criteria may be more rigorous than the criteria set by the specialty board, at the discretion of the program director. These criteria must be clearly outlined in the policy for leave and must be readily available to all residents in the program.

Each program must inform all applicants invited for an interview, in writing or by electronic means, of their vacation and leaves of absence policy.

## **III. Leave Limits and Eligibility for Board Certification**

Vacation and leaves of absence can impact residents' training years and extend program completion to be eligible to participate in examinations by the relevant certifying boards. The individual specialty boards, as recognized by the American Osteopathic Association (AOA) and American Board of Medical Specialties (ABMS), establish standards for eligibility to participate in specialty board certification exams. These policies are recognized and followed, without exception, by all KCU-GME Consortium-sponsored GME programs.

The AOA Basic Documents for Postdoctoral Training, effective 7/1/2020, states residents who sit for AOA specialty boards cannot miss more than 20 business days per contract year.

The ABMS-recognized specialty boards allow training programs of two or more year's duration a minimum of six (6) weeks away once during training for purposes of parental, caregiver, and medical leave, without exhausting time allowed for vacation or sick leave and without requiring an extension in training. Programs must communicate with the ABMS board for their specific specialty when a resident leave of absence will require an official extension so they can help mitigate the negative impact on a resident's career trajectory that a training extension may have, such as delaying a fellowship or moving into a full, salaried position.

The ABMS-recognized specialty board requirements are outlined below:

- **Dermatology:** Absence from training exceeding 8 weeks (6 weeks leave + 2 weeks vacation) in one given year or 16 weeks over three years should be approved only under exceptional circumstances and may necessitate additional training time to ensure that competency requirements are met. The ABD will rely on the program director to attest when a trainee afforded extra time away from training is competent for initial certification.
- **Emergency Medicine:** Leaves of absence (including vacation and sick time) that exceed six weeks in an academic year require extension of the program. Two additional weeks per year may be granted to accommodate leaves of absence for parental, caregiver, and personal medical leave or vacation time, provided that the program director attests that competency has been achieved without an extension of training.
- **Family Medicine:** Up to twelve (12) weeks of leave per contract year are allowed without extending training, as long as the PD and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to eight (8) weeks total attributable to Family Leave, with any remaining time up to four (4) weeks for Other Leave as allowed by the program. A resident may take up to a maximum of 20 weeks of leave over the three years of residency without requiring an extension of training. If a resident's leave exceeds either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, (e.g. second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks.
- **General Surgery:** Leaves may not exceed four (4) weeks per contract year, which includes time away from the program for non-clinical purposes such as vacation, conferences, interviews, etc. Residents may take an additional four (4) weeks of leave during the first 3 years of residency, and an additional four (4) weeks off during the last 2 years of residency without extending a contract year or delaying graduation. If a circumstance occurs, in which a resident's leave exceeds this time, the resident must make up any time exceeding the limits before they can advance to the next contract year (ultimately delaying their completion date).

- **Internal Medicine and subspecialties:** Leaves may not exceed five (5) weeks or 35 days per contract year. Training must be extended to make up any absences exceeding 5 weeks (35 days) per contract year unless the Deficits in Required Training Time policy is used. If the PD and CCC attest that the trainee has achieved required competence with more than 5 weeks (35 days) of leave, extended training may not be required. PDs may request that ABIM apply the Deficits in Required Training Time policy during the trainee's final year of training when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.
- **Orthopaedic Surgery:** Leaves may not exceed 6 weeks per contract year, averaged over 5 years. Each year of credit must include no more than 50 weeks and at least 46 weeks of full time graduate medical education per year; averaged over five years. If a circumstance occurs, in which a resident's leave exceeds 6 weeks, averaged over 5 years, the resident must make up the additional time before they can advance to the next contract year (ultimately delaying their completion date).
- **Otolaryngology:** Leaves may not exceed 6 weeks per contract year. For one year of training, a resident can take up to 8 weeks of leave if up to 6 weeks were used for parental, caregiver, or medical leave. If a circumstance occurs in which a resident's absence exceeds the allotted time, the PD must submit a plan to the ABOHNS for approval on how the necessary training will be achieved, which may require an extension of the residency
- **Psychiatry:** Residents who take the ABMS Psychiatry or Addiction Psychiatry boards may need to extend their length of training depending on length of absence. Leave time may not be used to reduce the total amount of required residency training or to make up deficiencies in training. It is up to the PD and CCC to determine whether a given resident has met training requirements or must extend their period of training. Fellows who want to sit for the Addiction Psychiatry boards must make up any time and complete all training within 24 months from the time of matriculation to the program.

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## Vendor Interactions Policy #0.16

### I. Purpose

This policy articulates KCU-GME Consortium's expectations related to vendor representatives/corporations and their interactions with residents, faculty, and support personnel acting on behalf of KCU-GME Consortium-sponsored programs.

### II. Scope

This policy applies to all programs sponsored by the KCU-GME Consortium, including residents, faculty, and medical education support personnel acting on behalf of the program. KCU residents rotating to participating sites must abide by that site's policy regarding interactions with industry representatives.

### **III. Policy**

Pharmaceutical or vendor representatives may not interact with residents without a faculty member being present.

Pharmaceutical or vendor representatives may attend, but may not participate in any general educational programs.

Residents are prohibited from accepting pharmaceutical samples for self-use. Residents may not participate as paid presenters or speakers in industry-sponsored programs, such as lectures and panels, without the express permission of the PD. Residents participating in such activity must report the actual time spent in this activity for clinical and educational work hour purposes, and must disclose to the PD the amount of any compensation offered, including non-monetary items.

Programs should provide training to residents on vendor relations and conflicts of interest, including reference to this policy and other relevant institutional policies. Program leadership should be aware of and discuss with residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident in a position of obligation to or influence by the vendor should be explicitly discouraged.

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### **Non-Competition or Restrictive Covenant Policy #0.17**

#### **I. Purpose**

The purpose of this policy is to ensure that KCU-GME Consortium residents will not be asked to sign a non-competition guarantee or restrictive covenant, pursuant to Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements.

#### **II. Policy Statement**

The ACGME specifically prohibits the use of non-competition guarantees or restrictive covenants in resident agreements. Neither the sponsoring institution nor any of its ACGME-accredited training programs may require residents to sign a non-competition guarantee or restrictive covenant.

Residents are advised that it is also improper to sign a non-compete/restrictive covenant clause in conjunction with any agreement of appointment.

#### **III. Procedure**

Program directors must ensure that documentation required for signature by residents does not contain a non-compete or restrictive covenant clause.

Residents must advise the KCU GME Department of any documents that contain language which could be construed as non-compete or restrictive covenant language.

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## **Substantial Disruptions in Patient Care or Education Policy #0.18**

### **I. Purpose**

The KCU-GME Consortium recognizes that disasters or substantial disruptions in patient care or education may occur. These could be the event of a disaster or other substantial disruption that affects training and may interrupt patient care or education of the resident.

### **II. Definition**

For the purpose of this policy, a disaster is defined as an event or set of events that either prevents or significantly disrupts the ability to provide resident education.

### **III. Policy**

Programs are required to have a plan in place to address disasters or situations that may interrupt patient care or education of the residents.

Any program experiencing a disaster or substantial disruption in patient care or education must report the disruption to the DIO and GMEC. The GMEC will then determine whether or not to enact this policy.

### **IV. Procedure**

As soon as possible following declaration of a disaster, the DIO and GMEC will assess its ability to continue to provide adequate educational experiences for its residents.

The GMEC will appoint an ad hoc Disaster Oversight Subcommittee that will gather data about the learning environment, make recommendations about action items with timelines, and report these to the GMEC.

If it is determined that adequate education cannot be provided by the program, the DIO will immediately communicate the disaster or substantial disruption status to the ACGME. The DIO will also communicate institutional decisions as quickly as possible to the GMEC, PDs and residents, and will serve throughout the situation as the primary institutional contact with the ACGME regarding the situation. The ACGME will post the notice on its website and KCU GME will follow all ACGME policies related to disaster notification.

Within ten (10) days after the declaration of a disaster by the ACGME, the DIO will contact the ACGME to discuss any program changes needed because of the disaster. Each program will work with its RC to determine whether any affected residents will require transfer to other programs, either temporarily or permanently.

KCU-GME Consortium will assist in identifying programs willing to accept residents; in providing the required transfer of information and documentation to support the transfer of residents; and ensure primary clinical sites (employers) continue resident salary,

benefits, professional liability coverage, and resident appointment until transfer to another program.

All information will be submitted to the ACGME within 30 days after the declaration. The KCU-GME Consortium and program will work with the ACGME and appropriate accrediting bodies to decide whether any program may need to be temporarily or permanently withdrawn.

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## **Learning and Working Environment Policy #0.19**

### **I. Purpose**

To establish guidelines to ensure a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by residents
- Excellence in the safety and quality of care rendered to patients by residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students (if applicable), residents, faculty members, and all members of the health care team.

### **II. Policy**

The KCU-GME Consortium, in collaboration with each ACGME program, is committed to oversight of the following:

#### Patient Safety

Each program must have a system/process by which residents can report patient safety incidents (errors, adverse events, unsafe conditions and near misses) in a protected manner that is free from reprisal. Also, programs must have opportunities for residents to contribute to root cause analysis or other similar risk-reduction process.

Allegations of patient safety incidents must be made in good faith and not out of malice. Knowingly making a false or frivolous allegation will not be tolerated. Every effort will be made to prevent retaliation directed at a person who filed a complaint or participated in an investigation of an allegation.

Any person found to have engaged in or attempted any form of retaliation is subjected to disciplinary action per the KCU-GME Consortium Due Process Policy.

#### Quality Improvement

Each program must provide residents with access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and opportunities to participate in

quality improvement initiatives. Programs must allow residents to participate, revise, adapt, or refine QI interventions as needed.

#### Transitions of Care

Each program must ensure residents and faculty participate in the sponsoring institution core curriculum and faculty development on effective transitions of care.

Each program must monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety, and each program must have a transitions of care policy in place.

Programs must design clinical assignments to minimize the number of transitions in patient care. Programs, in conjunction with the sponsoring institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. Programs 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.

#### Supervision

Programs must demonstrate that the appropriate level of supervision is in place for all residents and 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. Programs must have mechanisms in place by which residents can report inadequate supervision in a protected manner that is free from reprisal.

#### Clinical Experience and Education

Each program must have policies in place that address clinical and educational work hours and moonlighting, fatigue management, and use of mitigation strategies consistent with the Common and specialty-/subspecialty-specific Program Requirements. In addition, programs must address areas of noncompliance in a timely manner; promoting systems of care and learning in working environments that facilitate fatigue management and mitigation for residents.

Programs must ensure faculty participate in the sponsoring institution faculty development related to fatigue management and mitigation. Programs must educate residents of the importance of assessing fatigue. To assess resident fatigue and well-being, all residents have the option to participate in an annual burnout or wellness survey. The goal of the survey is to learn about the extent of burnout in order to provide interventions that may decrease burnout.

#### Professionalism

Programs must educate residents and faculty members concerning the professional responsibilities of residents, including their obligation to appear for duty appropriately rested and fit to provide the services required by their patients.

PDs must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate:

- Assurance of the safety and welfare of patients entrusted to their care;
- Provision of patient- and family-centered care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Attention to lifelong learning;
- The monitoring of their patient care performance improvement indicators; and,
- Honest and accurate reporting of clinical and educational work hours, moonlighting, patient outcomes, and clinical experience data.

All residents and faculty members must demonstrate responsiveness to patient needs that supersede 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.

Programs must provide a professional, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse and/or coercion of residents, other learners, faculty members, and staff members. Programs must have a process for education of residents and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns.

All residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Specifically, they must demonstrate:

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

### Concerns

Each program, in affiliation with the institution, must provide a learning and working environment in which residents and faculty members have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation.

### Lactation

The program must provide clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for residents to utilize and fulfill their responsibilities as a resident to provide safe patient care.

## **Transitions of Care Policy #0.20**

### **I. Purpose**

To establish guidelines to ensure an environment that maximizes effective transitions of care and the safety of patients.

### **II. Definition**

Transitions in care are defined as the relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting. Transitions of care are necessary in the hospital or healthcare institution setting for various reasons. The transition of care process is an interactive communication process of passing specific, essential patient information from one caregiver or team to another. Transition of care occurs regularly under the following conditions:

- a. Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- b. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
- c. Discharge, including discharge to home or another facility such as skilled nursing care.
- d. Change in provider or service change, including change of shift, resident hand-off, and rotation changes for residents.

### **III. Policy**

Programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety by minimizing the number of transitions in patient care. Programs, in conjunction with the sponsoring institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that resident are competent in communicating with team members in the hand-over process. Programs 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.

### **IV. Procedure**

The transition of care process should involve face-to-face interaction with both verbal and written/computerized communication (when applicable), with opportunity for the receiver of the information to ask questions or clarify specific issues. Transitions of care can be conducted over the phone as long as both parties have access to electronic or hard copies of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality must be observed. The transition process should include, at a minimum, information in a standardized format that is universal across all services for each residency program.

Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition of care procedures to ensure:

- Residents comply with specialty specific/institutional clinical and educational work hour requirements.
  - Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
  - Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
  - Continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.
  - Programs should provide an opportunity for residents to both give and receive feedback from each other or supervising faculty about their handoff skills.
  - Each program must include the transition of care process in its curriculum.
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## **Fatigue, Sleep Deprivation, and Mitigation Policy #0.21**

### **I. Policy**

Programs must educate all residents and teaching faculty members concerning the professional responsibilities of fatigue management, recognizing the signs of fatigue and sleep deprivation, and in fatigue mitigation strategies consistent with the ACGME Common and specialty-/subspecialty-specific Program Requirements. Programs must also adopt fatigue mitigation processes, including naps and back-up call schedules, to manage the potential negative effects of fatigue on patient care and learning. Each program must have a clearly defined back-up plan in place to ensure continuity of patient care in the event that a resident is unable to perform their patient care duties due to fatigue, illness, or similar issues. Each site must provide adequate call room facilities and/or safe transportation options for residents who are too fatigued to safely return home. Programs must address reported concerns in a timely manner and ensure there are no negative consequences or stigma for using fatigue mitigation strategies.

Residents and teaching faculty must be able to recognize the signs of fatigue and sleep deprivation.

Annually, each program director (or designee) must ensure residents complete the fatigue core curriculum modules and other educational materials provided by the sponsoring institution.

### **II. Procedure**

Residents and faculty must stop and acquire rest when fatigued. If a resident or faculty member is fatigued to the extent it could potentially impair their ability to perform:

1. The resident or faculty must transfer clinical responsibilities to another resident or to an attending.

2. If the resident cannot find another qualified person to assume these responsibilities, the supervising faculty must arrange to transfer the responsibilities.
3. The Program Director or their designee must be notified of this transfer of responsibilities.

If a resident is too fatigued to drive home safely, the program must offer a call room or transport the resident from the clinical setting to their home. The resident will be expected to arrange their own transportation back to the clinical site.

### **III. Responsibilities**

#### **Residents and Faculty**

Residents and faculty must monitor themselves for signs of fatigue that usually occur after prolonged periods of sleeplessness such as:

- Sluggish thought patterns, inability to concentrate.
- Inability to maintain wakeful state in the absence of external stimulation.
- Irritability, sudden anger, intolerance.
- Nausea or stomach cramps unassociated with physical illness.
- Tremors, particularly intention tremors while performing delicate procedures.

Residents and faculty who believe they are experiencing excess fatigue and/or stress have the professional responsibility to immediately notify their supervising physician and/or the program director. Self-reporting should be done without fear of scorn, harassment, or reprisal, which will not be tolerated.

Residents and faculty recognizing fatigue in a peer should immediately report their observations and concerns to the supervising physician and/or the program director.

#### **Program Director**

Program directors must make every attempt to avoid scheduling excessive hours leading to sleep deprivation, fatigue, or inability to conduct personal activities. They must be educated in recognizing early fatigue and sleep deprivation and alter schedules and counsel residents as needed.

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## **Quality Improvement/Patient Safety Policy #0.22**

### **I. Purpose**

In accordance with ACGME Common Program Requirements, residents must systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. As such, the program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

### **II. Definition**

ACGME developed the Clinical Learning Environmental Review (CLER) Program designed to provide ACGME-accredited institutions with periodic feedback that addresses the following six Focus Areas: Patient Safety; Health Care Quality; Teaming; Supervision; Well-Being; and Professionalism.

Quality improvement/patient safety (QI/PS) activities include but are not limited to the following:

- Quality improvement/patient safety conferences (e.g., Morbidity and Mortality)
- Participation in institutional quality improvement committees, Grand Rounds, patient satisfaction surveys, core measures; utilization management; and scholarly activity resulting in implementation of initiatives to improve patient quality and safety of care
- Experience in patient safety event investigations and follow-up
- Experience in disclosure of patient safety events
- Provide residents with data on quality metrics
- Engage residents in institutional quality improvement planning process
- Education to eliminate healthcare disparities

### **III. Policy**

Each residency program must ensure each resident participates in QI and PS activities. The level of participation will vary depending on the functional role of the resident in patient care and the QI/PS activities currently underway within the clinical setting and participating sites.

In conjunction with the Annual Program Evaluation (APE), the program will provide a report of QI/PS activities.

Program Directors will ensure submission of a quarterly Quality and Safety Questionnaire that provides information about patient safety events and investigation reports for residents and faculty in compliance with ACGME CLER Program Patient Safety and Health Care Quality areas.

Program Directors will provide a patient safety events and investigations report for residents and faculty.

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## **Well-Being Policy #0.23**

### **I. Purpose of Policy**

The purpose of this policy is to define how KCU-GME Consortium residents and faculty are supported in their efforts to become competent, caring, and resilient physicians.

### **II. Definitions**

Burnout: Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or



success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.

Resilience: The ability to withstand and recover quickly from difficult conditions or situations. Residents and faculty may face difficult patient care, educational or personal events that may negatively affect their well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase resilience.

Well-being: Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping.

### **III. Policy Statement**

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with the Sponsoring Institution, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Resident and faculty members' physical, psychological and emotional well-being is of paramount importance to the KCU-GME Consortium and our ACGME-accredited training programs. Residents and faculty are encouraged to lead healthy lives and make healthy choices that support them in their personal and professional growth.

To accomplish this, KCU GME programs must have policies and procedures in place that encourage optimal resident and faculty well-being and ensures:

- coverage of patient care in the event that a resident is unable to attend work or perform their patient care responsibilities due to fatigue, illness, family emergencies, or other circumstance; these policies must be implemented without negative consequences for the resident who is unable to provide the clinical work;
- residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours; residents must follow the program's procedures for scheduling and notification of these appointment;
- residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a resident colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence;
- transportation options for residents who are too fatigued to drive home; any resident provided transportation to go home because of fatigue is to meet with the program director the next day of work to discuss the nature of the fatigue, as well as future mitigation strategies;
- a healthy and safe clinical and educational environment that provides for:
  - access to food during clinical and educational assignments;

- sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents, with proximity appropriate for safe patient care;
- safe transportation options for residents who may be too fatigued to safely return home on their own;
- clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk;
- safety and security measures appropriate to the clinical learning environment site;
- accommodations for residents with disabilities, consistent with the Sponsoring Institution's policy.

Programs are expected to have schedules in place that:

- are not unduly burdensome with intensity and compression;
- ensures residents have protected time for educational conferences and didactics, including presentation of scholarly pursuits, and;
- have contingency plans for circumstances in which residents may be unable to attend work, including but not limited to fatigue, family emergencies, and illness. These contingencies must ensure coverage of patient care in the event a resident is unable to perform their patient care responsibilities.

Residents must be provided:

- education regarding recognizing the symptoms of burnout, depression, and substance abuse, including recognizing these symptoms in themselves and how to seek appropriate care;
- monitoring for fatigue by faculty and more senior level residents; residents demonstrating signs of fatigue are strongly encouraged to discontinue patient care activities until they have had sufficient rest;
- education regarding stress and time management;
- resources that minimize non-physician obligations and undue administrative burdens;
- programs and resources that encourage optimal well-being;
- dedicated time during didactics for well-being activities, relaxation activities, cultural diversity events, and/or days off for personal well-being time; and
- special efforts to support, encourage, and recognize healthy lifestyles, healthy choices, and healthy living activities to promote the culture of awareness.

All residents are required to complete modules that discuss resident well-being, including education on the signs of burnout; risk factors for sleep deprivation and fatigue; effects of sleep deprivation and fatigue on residents' personal and professional lives; stress and effects on resident health; and wellness tools.

All core faculty members are required to complete annual faculty development to enhance their skills in fostering their own and residents' well-being. This includes

education on how to recognize the signs of fatigue and sleep deprivation and in the use of fatigue mitigation processes.

#### IV. Wellness Resources

ACGME Annual Resident and Faculty Well-being Survey questions	<ul style="list-style-type: none"> <li>• Aggregated, confidential, anonymous tool to assist in program self-assessment</li> </ul>
AWARE App	<ul style="list-style-type: none"> <li>• Introduces users to common cognitive routines that contribute to stress and burnout, and then directs users toward cognitive behavioral therapy practices that may be helpful to undoing those routines and improving well-being</li> <li>• Download the app to a mobile device through the Apple Store or Google Play.</li> </ul>
ACGME AWARE Well-Being Resources	<ul style="list-style-type: none"> <li>• A suite of resources that focus on individual strategies for cognitive skill building, includes a video workshop, podcasts, and the ACGME AWARE app</li> <li>• For Institutions, Programs, Program members, an educational resource for use or integration into local curricula</li> </ul>
ACGME Learn	<ul style="list-style-type: none"> <li>• Faculty Development, on-line learning portal <a href="https://dl.acgme.org/">https://dl.acgme.org/</a></li> </ul>
ACGME's Task Force on Physician Well-Being Tools and Resources	<ul style="list-style-type: none"> <li>• Screening tools, survey instruments, educational modules, selected articles <a href="https://www.acgme.org/What-We-Do/Initiatives/PhysicianWell-Being/Resources">https://www.acgme.org/What-We-Do/Initiatives/PhysicianWell-Being/Resources</a></li> <li>• Toolkit: <a href="https://dl.acgme.org/learn/course/resource-compendium-for-health-care-worker-well-being-toolkit/resource-compendium-for-health-care-worker-well-being/resource-compendium">https://dl.acgme.org/learn/course/resource-compendium-for-health-care-worker-well-being-toolkit/resource-compendium-for-health-care-worker-well-being/resource-compendium</a></li> </ul>
KCU Employee Resource System (ERS)	<ul style="list-style-type: none"> <li>• Residents have access to the KCU ERS that is a free and confidential counseling and behavioral health service available for them and family members. <a href="http://www.mylifeexpert.com">www.mylifeexpert.com</a></li> <li>• Contact ERS at 1-800-292-2780 or <a href="http://students.mylifeexpert.com">http://students.mylifeexpert.com</a></li> </ul>
KCU Counseling Resources	<ul style="list-style-type: none"> <li>• KCU offers residents 24/7 emergency psychiatric and counseling services along with on-campus, full-time psychologists and counselors. KCU psychologists can be reached at (816) 654-7219 or (816) 654-7223.</li> <li>• KCU provides residents with resources, videos, and literature on various mental health and well-being topics, located on Canvas.</li> </ul>
My Life Expert	<ul style="list-style-type: none"> <li>• The daily well-being mobile app and website available at no cost and is listed on the KCU GME website <ul style="list-style-type: none"> <li>• Visit <a href="http://students.mylifeexpert.com">students.mylifeexpert.com</a></li> <li>• Use Code: kcusap</li> <li>• Call the assistance program : 800-292-2780</li> </ul> </li> </ul>
Well-Being Index	<ul style="list-style-type: none"> <li>• Tool to help residents better understand their overall well-being and areas of risk compared to other residents across the nation, as well as provide them access to local and national resources. <a href="https://www.mywellbeingindex.org/signup">https://www.mywellbeingindex.org/signup</a>; Invitation Code: 4330.</li> </ul>
Burnout Survey	<ul style="list-style-type: none"> <li>• AMA Well-Being Assessment</li> </ul>

State Medical Association Physician Assistance Programs	<p>Programs to assist physicians experiencing difficulties in their personal or professional life. State programs include:</p> <ul style="list-style-type: none"> <li>• Arizona: <a href="#">Community Bridges, Inc. Professionals Medical Monitoring Program</a> Gateway Recovery System- <a href="http://gatewayrecoveryinstitute.com">gatewayrecoveryinstitute.com</a></li> <li>• Colorado: Colorado Physician Health Program- <a href="https://cphp.org/">https://cphp.org/</a></li> <li>• Florida: Professionals Resources Network (PRN)- <a href="https://flprn.org/">https://flprn.org/</a></li> <li>• Indiana: Indiana State Medical Association Physician Assistance Program- <a href="https://www.ismanet.org/ISMA/Education/PAP/Physician_Assistance_Program.aspx">https://www.ismanet.org/ISMA/Education/PAP/Physician_Assistance_Program.aspx</a></li> <li>• Missouri: Missouri Association of Osteopathic Physicians &amp; Surgeons (MAOPS) Physician &amp; Health Professional Wellness Program- <a href="https://www.maops.org/page/PhysicianHealth">https://www.maops.org/page/PhysicianHealth</a>, MAOPS Physician Wellness Resources- <a href="https://www.maops.org/page/WellnessResources">https://www.maops.org/page/WellnessResources</a>, or Missouri Physicians Health Program- <a href="https://www.themphp.org/">https://www.themphp.org/</a></li> </ul>
Calm	<ul style="list-style-type: none"> <li>• <a href="https://www.calm.com">https://www.calm.com</a></li> </ul>
Free Yoga Sessions	<ul style="list-style-type: none"> <li>• <a href="https://www.youtube.com/channel/UCFPwRmM-Z3g-6AHYflt-ezw">https://www.youtube.com/channel/UCFPwRmM-Z3g-6AHYflt-ezw</a></li> </ul>
Headspace	<ul style="list-style-type: none"> <li>• <a href="https://www.headspace.com">https://www.headspace.com</a></li> </ul>

## Resident Record Retention Policy #0.24

### I. Purpose of Policy

The purpose of this policy is to delineate the way in which ACGME-accredited programs will maintain resident and applicant records.

### II. Policy Statement

Resident records provide a comprehensive record of trainee activities in a GME training program. Resident records are learner/employee records and are used to verify completion of training requirements.

Programs must maintain resident records in New Innovations. Additional files may be kept in hospital or healthcare institution network files. Resident case/procedure logs must be de-identified of any Protected Health Information (PHI) (e.g. patient names and medical record numbers).

Records may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of a retention period for the record until the completion of the action and the resolution of all issues that arise from it.

Programs are required to obtain and retain resident records for a minimum of seven (7) years after graduation or withdrawal from the program in case of subsequent legal action, if any, unless otherwise noted.

Resident records must be available for review by the ACGME Accreditation Field Representative at the time of a site visit.

**Programs must follow record retention guidelines maintaining minimum content set by the ACGME and KCU-GME Consortium as outlined below:**

- resident agreement of appointments/contracts
- primary and preferred email
- current address
- previous training verification or certificate of completion
- final Milestone report and list of completed rotations for transfer residents
- evaluations from multiple evaluators, including self-evaluations, peer evaluation, patient evaluations, nurse evaluations, and faculty evaluations
- evaluations by the CCC, such as Milestone evaluations
- records of the resident's rotations and other training experiences
- records of the resident's surgical and procedural training as applicable
- medical school graduation documentation, including graduation certificates from any previous GME training completed in another training program
- copy of Education Commission on Foreign Graduate Medical Education (ECFMG) certification for international medical graduates
- a prospective, written statement of permission from the PD or copy of moonlighting approval form for residents engaged in moonlighting
- documentation of current medical licensure
- documentation of life support certifications, such as BLS, ACLS, PALS, etc.
- documentation of scholarly activity and quality improvement projects, including records of presentations, abstracts, and publications
- documentation of any corrective, disciplinary, or remediation actions
- other content as determined by the PD and/or the KCU-GME Consortium

The following files for all residents who successfully complete the program must be retained indefinitely in order to accommodate future requests for verification of program completion:

- a final summative evaluation;
- records of the resident's rotations, training experiences, and procedures, as applicable to the specialty; and,
- documentation of disciplinary action, if any.