



GME Policy and Procedure Manual

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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 providing 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 Complement Change Request

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 the 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 an 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 comments, 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 Participating Site Change Request

Programs wishing to add a new rotation site must complete the **Participating Site Change 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 Program Director Change Request

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 log in 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 the 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 the 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 and Fellow Forum

All residents and fellows are invited and encouraged to participate in the KCU GME Resident and Fellow Forum, a group that allows residents/fellows 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 and Fellow 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 program's 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/fellows
- Excellence in the safety and quality of care rendered to patients by residents/fellows in their future practice
- Excellence in professionalism
- Appreciation for the privilege of care for patients
- Commitment to the well-being of the students (if applicable), residents, fellows, faculty members, and all 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 program-specific 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 program-specific work hour policies.

4.3 Transitions of Care, Patient Safety, and Quality Improvement

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 transitions of care procedures that maximize effective transitions of care. Please refer to the **Transition of Care Policy #0.20** for more information and guidelines for developing procedures.

Each program must ensure its faculty, residents, and fellows actively participate in patient safety systems and contribute to a culture of safety. Please refer to the **Patient Safety and Quality Improvement Policy #0.22** for more information.

4.4 Fatigue Management and Mitigation

Programs must adopt fatigue mitigation processes, including naps and backup call schedules, to manage the potential negative effects of fatigue on patient care and learning. Each program must have a clearly defined backup plan in place to ensure continuity of patient care if 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, online 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 the 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 **Recruitment, Selection, 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 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 a 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 before 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 before reduction or closure.

If 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 for providing 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 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 residents;
- 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

Residents are not required to sign a non-competition guarantee or restrictive covenant. Please refer to the **Non-Competition or Restrictive Covenant Policy #0.17** for more information.

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 Discrimination and Harassment

The KCU-GME Consortium is committed to maintaining an environment that is free of all forms of discrimination and harassment, including but not limited to, sexual harassment. This includes conduct that 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 **Discrimination and Harassment Policy #0.10** for more information.

5.8 Accommodations for Disabilities

Each program must ensure that all qualified residents are provided accommodations for disabilities consistent with all applicable laws and regulations. Program may assess accommodations on a case-by-case basis; provided that the review of requests for accommodations complies 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** for more information.

5.9 Vendor Interactions

While partnerships between vendors and resident physicians may further mutual interests to improve the 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** for more information.

5.10 Substantial Disruptions in Patient Care or Education

Each program must have a plan in place to address disasters or situations that may interrupt patient care or education of the residents. This plan must be consistent with ACGME Policies and Procedures and the **Substantial Disruptions in Patient Care or Education Policy #0.18** which 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 more information.

5.11 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 **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) 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 can 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 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 Certifications.

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 the 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 must provide health insurance benefits for residents and their eligible dependents. Programs 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 the 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 a license is required for residency training, and make sure all licensure requirements are met before their appointment date;
- Obtain BLS certification before their 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 competently, 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 the 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, patient's families, or other parties;

- Not charge or accept fees for expert testimony in medico-legal proceedings or 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. If 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 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** for more information.

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 training, 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. The resident should review these 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 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 before 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, an 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, before 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 can 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 a 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.