



# Graduate Medical Education Policy Manual

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## Policy 1. Policy on Policies (rev. 10/07/2011)

### 1.01 Definitions of categories of College of Medicine policies:

A. College of Medicine UIC (COM) Policy

A policy that affects more than one regional COM, or a policy that is necessary to ensure overall UIC-COM compliance with statutory, ACGME, University, or COM policies, rules, and/or regulations will be identified as a College of Medicine policy.

B. COM-Regional Policy

A policy that affects a single region of the COM, or is necessary to ensure compliance with statutory, ACGME, University, or COM policies, rules, and/or regulations will be identified as a COM-Region policy. The current regions are COM-Chicago, COM-Peoria, COM-Rockford, and COM-Urbana-Champaign.

C. Department and Program Policy

A policy set by a single Department or Program for an individual residency training program that does not affect other programs or the College of Medicine, and does not conflict with COM or any COM-Region policy, will be identified as department/program policy.

D. GME Committee

Each COM region will establish a committee that follows ACGME General Requirements and advises and monitors all aspects of resident education. For the Chicago region, this committee is called the Committee for Graduate Medical Education (GMEC).

### 1.02 Setting COM-Chicago Policy

A. Any faculty, resident, or University staff member may submit suggestions for addition, deletion, or change to COM-Chicago policy to the Office of Graduate Medical Education.

B. The Associate Dean for GME will review all such submissions and as appropriate include them in the agenda for the GMEC.

C. The GMEC will review policy recommendations, and recommend approval changes by majority vote. The Committee may modify recommended policy as appropriate.

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- D. The GMEC will be responsible for ensuring that all COM-CHICAGO policies are consistent with Accreditation Council for Graduate Medical Education General Requirements, University policy, College of Medicine policy, and applicable state and federal law.

## 1.03 Setting Department/Program Policy

- A. Each Department Head and Residency Program Director may set policies to meet applicable RRC and Specialty Requirements, and other operating policies as they see fit, as long as the policies do not conflict with Specialty Requirements, applicable COM-Chicago policies or University policy.
- B. The GMEC will review department/program policies during each program's Internal Review, and recommend any changes to the Program Director.

Approved: May 11, 1992  
Joint Committee on Graduate Medical Education

Reviewed: February 29, 1997  
February 12, 1999  
October 7, 2011 (Administrative Update)

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## **Policy 1.A. Statement of Assignment**

Until all UIC-COM Graduate Medical Education policies and procedures have been updated, all references to “Senior Associate Dean for Educational Affairs” in policies that have not yet been updated shall be interpreted to refer to the “Associate Dean for Graduate Medical Education.”

Approved:      September 2, 2011  
                    Graduate Medical Education Committee

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## Policy 2. Graduate Medical Education Program Definition and Accreditation (rev. 11/02/2018)

### 2.01 Definition and Types

- A. Program: A structured specialized educational experience in graduate medical education (GME) designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.
- B. Residency: A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.
- C. Fellowship or Subspecialty Program: A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty. Programs approved by the Graduate Medical Education Committee (GMEC) but which are not accredited by the Accreditation Council for Graduate Medical Education (ACGME) will also be termed fellowships.

### 2.02 Program Name

- A. All GME approved programs will be titled University of Illinois (UIC) College of Medicine [at REGION] program in [SPECIALTY NAME]. For instance, Neurology at Chicago would be the University of Illinois (UIC) College of Medicine at Chicago program in Neurology.
- B. If more than one program exists within a single region for a given specialty, the programs will be distinguished by adding a suffix indicating the primary institution which supports each program. For instance, Diagnostic Radiology at Chicago, located at the University of Illinois Hospital would be the University of Illinois (UIC) College of Medicine at Chicago program in Diagnostic Radiology/UIH.
- C. No institution may use the name of University of Illinois (UIC) College of Medicine without a written affiliation agreement authorizing such use.

### 2.03 Administration by GME

- A. The GME Office will administer programs accredited or approved through one of the following:
  - 1. ACGME or Council on Dental Accreditation (CODA)
  - 2. Specialty Board or Agency
  - 3. GMEC
- B. Only residents/fellows in programs administered through the GME Office will receive Resident Agreements and Certificates of Completion.

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## 2.04 Institutional Accreditation

The COM will maintain institutional accreditation with the ACGME.

## 2.05 Approval of New Programs

- A. To obtain recognition of a proposed program, the program director must submit a program description to the GMEC, and request approval of the new program. In addition to obtaining GMEC approval, the program director will be responsible for identifying funding for the new program.
- B. If the specialty is recognized by the ACGME, the program is expected to apply for accreditation as advised by the Designated Institutional Official and GMEC.
- C. If the specialty is recognized by a Specialty Board or Agency, the GMEC must receive evidence of approval.
- D. Resident contracts and certificates of completion are issued by the GME Office only for participants in programs recognized by the GMEC.

Approved: May 11, 1992  
Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
February 12, 1999  
November 2, 2018

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## Policy 3. Program Director Definition and Responsibilities (rev. 09/21/2018)

### 3.01 Definition

The program director is the administrative head designated with authority and accountability for the operation of the residency/fellowship program, as identified by an accrediting body or the Graduate Medical Education Committee (GMEC). The program director will be the authority most directly responsible for the successful implementation and operation of the graduate medical education (GME) program.

### 3.02 Qualifications of the Program Director

- A. The Department Head is responsible for the program director nomination and must ensure that he/she meets all specialty board and/or Accreditation Council and Graduate Medical Education (ACGME) Requirements prior to nomination.
- B. Each program director must obtain and maintain the following credentials:
  - 1. Requisite specialty expertise and documented educational and administrative experience.
  - 2. Current medical licensure to practice medicine in Illinois.
  - 3. Certification by the specialty board in the discipline of the program or suitable equivalent qualifications.
  - 4. Be a member in good standing of the medical staff at UI Health.
- C. Program directors must communicate any changes in credentials that could adversely affect program accreditation to the appropriate Department Head and to the Designated Institutional Official (DIO).

### 3.03 Responsibilities of Program Directors

The program director must:

- A. submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one-month full time equivalent (FTE) or more through the ACGME Accreditation Data System;
- B. administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas;
- C. oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
- D. approve a local director at each participating site who is accountable for resident education;



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- E. approve the selection of program faculty as appropriate;
- F. evaluate program faculty;
- G. approve the continued participation of program faculty based on evaluation;
- H. monitor resident supervision at all participating sites;
- I. prepare and submit all information required and requested by the ACGME.
- J. ensure compliance with grievance and due process procedures as set forth in the ACGME Institutional Requirements and implemented by the University of Illinois at Chicago;
- K. provide verification of residency education for all residents, including those who leave the program prior to completion;
- L. implement policies and procedures consistent with the institutional and program requirements for the resident learning and the working environment, including moonlighting;
- M. monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- N. comply with the GME written policies and procedures, including those specified in the ACGME Institutional Requirements, for selection, evaluation, promotion of residents, disciplinary action, and supervision of residents;
- O. be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- P. obtain review and approval of the GMEC/DIO before submitting information or requests to the ACGME;
- Q. obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses program citations, and/or, request for changes in the program that would have significant impact, including financial, on the program or institution;
- R. report the presence of other learners, including rotators, to the DIO and GMEC in accordance with UIC GME guidelines;
- S. define and implement the goals and objectives of the training program;
  - 1. Program goals will be at a minimum those defined by the specialty board of the program. Written objectives will be routinely provided to residents, fellows, and members of the teaching staff.
- T. ensure that residents and fellows have access to counseling and psychological support for emotional and mental conditions resulting from training-related stress;

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- U. assist the GMEC in integrating the training program with the training programs of all other specialties to enable the University to provide an effective overall graduate medical educational program; and,
- V. participate and assist in Special Reviews scheduled by the GMEC for the program.

### 3.04 Selection

- A. The Department Head(s) responsible for the GME program will nominate to the GMEC a proposed program director for each program. A Department Head may nominate him/herself as program director, but only after consultation with the DIO to review the rationale for the nomination.
  - 1. There must be a single program director with authority and accountability for the operation of the program.
  - 2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.
- B. The Department Head will notify the GME Office and the DIO of any appointments/terminations of program directors. The GMEC must approve a change in program director.
- C. For ACGME-accredited programs, the ACGME has the final decision on program director appointments.

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Joint Committee on Graduate Medical Education

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February 12, 1999  
September 21, 2018

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**Policy 4. *[Page intentionally left blank]***

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**Policy 5. *[Page intentionally left blank]***

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## Policy 6. Resident Health Policies (rev. 07/08/2011)

### 6.01 Health Assessment

- A. Every resident and fellow must have an initial health evaluation performed through University Health Services within the first 10 days of Residency. Evaluations are conducted during resident orientation sessions for the convenience of the residents, but may be scheduled and completed at any time within the 10-day limit. Health evaluations may be scheduled 30 days prior to their start date. (Please note: No resident will be paid without clearance from University Health Services.)
- B. The content of the initial health evaluation is prescribed by the Director, University Health Service. As of March, 2010 this includes:
  - 1. Titer tests for immunity to measles, mumps, rubella, and varicella, and subsequent vaccination if any of these are susceptible
  - 2. Tuberculosis screen and Chest X-Ray when indicated
  - 3. Titers for Hepatitis B Antigen, Core Antibody, and Surface Antibody, and vaccination where indicated
  - 4. Tetanus, Diphtheria, Pertussis (Tdap) Vaccine as needed
  - 5. Color vision testing
  - 6. Drug Screen
- C. Respirator training and fit testing must be completed by all residents and fellows prior to patient contact. The UIMCC's Learning Management System online module must be completed first. Fit testing is done after the health evaluation. Please see 6.05.D below.
- D. Affiliated hospitals can restrict the clinical activities of any resident who has not completed the health assessment.

### 6.02 Personal Illness

- A. Each Program Director will establish procedures for residents calling in ill. The Office of the Program Director will maintain records of resident sick and vacation days.

### 6.03 Standard Precautions

- A. All affiliated hospitals follow rules established to comply with OSHA regulations regarding employee exposure to blood borne pathogens. Each program is responsible for documenting that each resident and fellow has completed a yearly program in OSHA blood borne pathogen precautions.

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- B. New residents and fellows will be offered the OSHA program during COM orientation. The GME Office will provide Program Directors with certification for all residents and fellows who complete the required program. The clinical department that sponsors a program will be responsible for providing the OSHA course to any resident or fellow who misses the session offered during orientation.

### 6.04 Occupational Injuries, Illness, and Exposures

- A. Each Program Director must ensure that any resident who is injured, becomes ill, or is exposed to a toxic or infectious agent as a consequence of performing assigned duties get prompt medical attention at University Health Service during normal working hours. At other times, they should report to the University of Illinois Hospital Emergency Department. Residents at other affiliated hospitals should seek emergency treatment through that hospital's Emergency Department or Employee Health Office. In such cases, the resident must report to University Health Service on the next normal working day for follow-up.
- B. University regulations require the resident's supervisor to complete an Occupational Injury Or Illness form. The resident should bring the completed form to the University Health Services.
- C. Affiliation agreements between the COM and hospitals that provide training sites for residents should include a clause that specifies that the hospital will provide on-site treatment for resident occupational injury. The agreement will also identify the party responsible for paying any charges generated by such treatment.

### 6.05 Inoculations, Referrals, and Surveillance

- A. University Health Service can provide Hepatitis B and influenza vaccinations free of charge to all staff whose duties include patient contact.
- B. University Health Service can also provide confidential referrals for personal health needs, including psychiatric counseling.
- C. Annual or semiannual TB screening is required for all residents. This is coordinated through UHS and the residency coordinator. Resident Agreements for PGY2 through PGY7 residents will not be completed until resident is compliant with annual and/or semiannual TB screening.
- D. Annual respirator training and fit testing is a UIC and Federal requirement which must be completed annually to wear the N95 Respirator. The initial fit testing will be offered after the New Resident Health Evaluation has been completed. The training is offered online through the UIMCC Learning Management System and must be done prior to fit testing.

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## 6.06 Examinations Upon the Request of the Program Director

- A. To ensure the safety of patients and staff, the University reserves the right to request any resident to undergo a medical examination, which may include physical, psychiatric, and/or laboratory procedures. The resident must comply with such a request within the time limit set by the Program Director.
- B. Expenses relating to examinations only (not treatments) that the resident incurs that are not covered by health insurance will be reimbursed through the Office of Graduate Medical Education. Claims for reimbursement must include:
  - 1. Original proof of payment (bills marked "paid", or canceled checks)
  - 2. A letter from the resident's Program Director that shows that the examination was done at the Program Director's request.
  - 3. If the examination is to be done outside of the University of Illinois Medical Center at Chicago, the Program Director must obtain prior approval from the Senior Associate Dean for Medical Education to insure reimbursement through this mechanism.

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Joint Committee on Graduate Medical Education

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March 5, 1999  
April 6, 2001  
October 6, 2007  
March 12, 2010  
July 8, 2011

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## Policy 7. Resident Agreements (rev. 04/06/2018)

### 7.01 Definition

The Resident Agreement, with attachments, is the written contract between The Board of Trustees of the University of Illinois (“University”) and the resident.

### 7.02 Issuance of Agreement

A. The Graduate Medical Education (GME) Office will prepare a written resident agreement, outlining the terms and conditions of the resident’s appointment to a program. The Resident Agreement will directly contain or provide a reference to the following items:

1. resident responsibilities;
2. duration of appointment;
3. financial support for residents;
4. conditions for reappointment and promotion to a subsequent PGY level;
5. grievance and due process;
6. professional liability insurance, including a summary of pertinent information regarding coverage;
7. hospital and health insurance benefits for residents and their eligible dependents;
8. disability insurance for residents;
9. vacation, parental, sick, and other leave(s) for residents, compliant with applicable laws;
10. timely notice of the effect of leave(s) on the ability of residents to satisfy requirements for program completion;
11. information related to eligibility for specialty board examinations; and,
12. institutional policies and procedures regarding resident clinical and educational work hours and moonlighting.

### 7.03 Execution of Agreement

- A. The GME Office will issue all Resident Agreements and monitor the implementation of terms and conditions of appointment.
- B. The Resident Agreement is executed once all of the following signatures are obtained:



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1. The Comptroller of the Board of Trustees of the University of Illinois
2. The Resident candidate
3. The Program Director

## 7.04 Matriculation

- A. Each resident will be considered as enrolled based on the starting date of the Resident Agreement.
- B. If a resident is unable to begin training on the date indicated in the Resident Agreement due to a failure to meet all the preconditions in Section IV of the Resident Agreement, that Agreement will become null and void. If requested by the Program Director, a new Agreement will be issued when the resident has provided documentation that all the preconditions have been met.

## 7.05 Withdrawal of Resident Agreement Offer

- A. Resident Candidates: The Program Director may withdraw an offer at any time prior to the commencement date of that Agreement if the Program Director finds that the resident has misrepresented him/herself in any way during the application/interview process (including without limit, providing false or misleading information or failing to provide relevant information). If the Program Director withdraws an offer before the Agreement has been signed by all parties as described in Policy #7.03 above, the Resident shall have no rights to appeal that decision.
- B. Current Residents: The Program Director may withdraw an offer based on a resident's performance (failure to meet the program standards or requirements) at any time prior to the new agreement date. If the Program Director withdraws an offer before the Agreement has been signed by all parties as described in Policy #7.03 above, the Resident shall be entitled to due process as set forth in the Grievances and Appeals Policy.

## 7.06 Advancement

- A. The program director must determine the criteria for promotion and/or renewal of a resident's appointment.
- B. The program director must provide documentation to the GME Office that a resident on probation has fulfilled the requirements specified in the corrective action plan before he or she will be extended a resident agreement for advancement to the next level of training.

## 7.07 Resident Resignation

- A. Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to their Program Director. The Program Director has the right to delay or specify the actual termination date to ensure coverage of services.

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- B. The resident training will terminate on the date agreed to by the Program Director. The paycheck will be issued at the next regular payday, provided the resident has completed the human resources clearance process.

## 7.08 Declining to Sign the Resident Agreement

A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the Agreement. The resident will remain in good standing during the remainder of the current agreement without prejudice and will perform the usual Resident functions until the end of the term of the agreement.

## 7.09 Non-competition

Neither the sponsoring institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.

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Joint Committee on Graduate Medical Education

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May 14, 1999  
April 6, 2004  
February 3, 2006  
December 7, 2007  
April 6, 2018

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## Policy 8. Chief Residents (rev. 03/16/2018)

### 8.01 Definition

- A. The Chief Resident is a senior resident appointed by the Program Director to supervise junior residents, develop rotation schedules, and perform other administrative duties as assigned by the Program Director.
- B. No program is required to appoint a Chief Resident for the purpose of fulfilling this policy.

### 8.02 Stipends

- A. Chief residents will be paid at or near the stipend level one PG-level higher than they would have otherwise received. The Office of GME will make all stipend adjustments for Chief Residents.
- B. Salary in excess of this rule can only be paid by the department sponsoring the Chief Resident's program, and must be approved in writing by the Associate Dean for GME.

### 8.03 Appointment Procedure

- A. The Program Director will appoint Chief Resident(s) for the program.
- B. Terms may be less than one year, in which case the resident will be paid the Chief's supplement for the period in which he/she is appointed.

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Joint Committee on Graduate Medical Education

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May 14, 1999  
March 16, 2018

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## Policy 9. Appointment of Current Residents to Hospital/Medical Staff (rev. 06/01/2018)

- 9.01 A current resident or fellow may not apply for medical staff privileges at any hospital without the written permission of the resident's program director.
- 9.02 A resident may not apply for attending privileges at any affiliated hospital for the specialty in which he/she is currently training. Privileges will be limited to the specialty in which the resident is already board certified or eligible. Example: A fellow in a surgical subspecialty may apply for general surgery privileges, with the approval of his/her program director, assuming the fellow is board eligible in general surgery. The fellow cannot apply for privileges related to his/her current field of training.
- 9.03 Current residents may be appointed to College of Medicine (COM) faculty status, including paid appointments, at the discretion of the department, within the parameters of the COM faculty appointment process.

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Joint Committee on Graduate Medical Education

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May 14, 1999  
June 1, 2018

# Graduate Medical Education Policy Manual

## Policy 10. Salary and Benefits (rev. 04/06/2018)

### 10.01 Establishment of Stipends and Benefits

- A. Stipends are reviewed by the Graduate Medical Educational Committee each winter for the approaching fiscal year and increase recommendations are made to the hospital leadership.
  - 1. Chief Resident stipends are set in accordance with GME Policy 7, Chief Residents.
- B. All benefits are provided by the State of Illinois and University of Illinois consistent with University policy and applicable State and Federal law. Complete Plan Descriptions are available through the University Benefit Center.

### 10.02 Post Graduate Level

- A. The Post-Graduate (PG) level refers to the number of years of residency training completed following medical school. However, PG levels are not automatically cumulative from one specialty to another, except when preliminary postgraduate training is a requirement for the residency program.
- B. For stipend purposes, residents may receive up to one additional year's credit over the customary starting level for their new program if they have completed additional years of accredited residency training in a different specialty. Credit for more than one year's training not required for specialty board certification will be given only with the written approval of the Associate Dean for Graduate Medical Education.
- C. If the training records indicate that a resident should have received credit for previous training, the credit will be retroactive to the date of the current Resident Agreement only.

### 10.03 Vacations and Holidays

- A. Residents are allowed 20 working days of vacation per year, accruable only within the current residency program. The Program Director retains the right to determine the resident's vacation schedule. There is no terminal payment for unused vacation.
- B. Residents will be allowed the same number of holidays as provided to University of Illinois essential clinical staff; they may not however exceed the number of vacation days and holidays allowed in total per year.
- C. Residents will observe the holidays celebrated by the institution in which they are rotating. If a resident is rotating at a participating site during a holiday not recognized by that institution, the resident will receive compensatory time off by the program. Conversely, a resident who observes a holiday not recognized by the University of Illinois will utilize available benefits time.

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## 10.04 Sick, Maternity, and Parental Leave

- A. Residents are allowed 24 calendar days of sick leave per year, accruable only within the current residency program. Sick leave may be used for illness or injury, or to obtain medical or dental treatment for the resident, spouse, or child.
- B. Paid maternity or paternity leave is available as a combination of sick and vacation leave.
- C. Residents with at least 12 months of University employment can take up to a total of 12 consecutive weeks of unpaid leave for personal or family illness, or for the birth or adoption of a child. Vacation time and/or sick time (as appropriate) can be used for a portion of this leave. Complete details can be found in University Policy 806-02.

## 10.05 Other Leaves

- A. Professional Leave: Residents are allowed reasonable time for paid leave for attendance at conferences, workshops, or other professional activities, scheduled with the approval of the Program Director. Reimbursement of costs for attending functions or for other educational activities is negotiable with the Program Director.
- B. Military Leave: Military leave will be granted consistent with applicable law and University policy.

## 10.06 Additional Considerations

- A. Leave from the program for personal reasons will first be credited as vacation time. Additional unpaid time off must be approved by the Program Director, who may request relevant documentation to substantiate the reason for the leave.
- B. Regardless of the reason for taking leave, the resident's completion date may be delayed in order to fulfill time requirements for the specific Board certification. It is the responsibility of the Program Director to determine if the leave time will affect the requirements of the individual Specialty Board and/or program, and if additional time will be required to advance in or complete the program. It is the responsibility of the Program Director to provide the residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's eligibility to participate in examinations by the relevant certifying board(s).
- C. When a leave results in an extended training period, the department may be responsible for reimbursement of the stipend during the extension.
- D. Each program is responsible for keeping attendance records and ensuring that residents receive the appropriate number of holidays and vacation days each year, and for keeping track of all leave time for each resident.

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## 10.07 Benefits

- A. Insurance:
  - 1. Health Insurance:
    - a) Health and dental insurance is available to the individual resident and dependents. Residents who include dependents on their State/University health insurance will receive an additional stipend as partial reimbursement of the cost of health insurance for dependents.
    - b) J-1 visa holders who have not met substantial presence receive individual and dependent benefits through the University's Campus Care Program. Enrollment in Campus Care is managed by the GME office at the time of the resident's matriculation. Residents are responsible for employee contributions and are billed semiannually for single coverage based on stipend level.
    - c) Residents electing to opt out of University coverage must show proof of alternate coverage.
  - 2. Life Insurance: Life insurance benefit of one year's stipend is provided without cost to the resident.
  - 3. Vision Insurance: The State of Illinois' vision insurance plan is provided to University of Illinois employees receiving benefits and their eligible dependents. The vision plan is automatically provided at no cost to employees and their dependents who are enrolled in one of the health plans.
- B. State Universities Retirement System of Illinois (SURS): Eligibility for participation in SURS is based on State and Federal law. All eligible residents must participate. Employee contributions, plus interest earned, can be withdrawn when the resident leaves the University. All SURS residents must also pay a Medicare tax.
- C. Long-Term Disability: Residents are provided with long-term disability income protection, which covers a portion of the resident's stipend for any period during which the resident cannot work because of illness or accident, following a 90 day waiting period. Participation in the disability income plans is mandatory; optional features are available from the carrier at a reasonable cost. The plan allows conversion to an individual policy upon termination from the residency program.
- D. Professional Liability Insurance: All residents are covered for professional liability insurance through the University Risk Management and Self-Insurance program or through individual participating site plans while performing duties directly related to their educational programs.

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- E. Employee Assistance Services: Residents may use the Employee Assistance Services for counseling and referral services through the Human Resources Office. Residents may receive assistance for psychological, legal, financial, substance abuse or family related problems.
- F. Other benefits not mentioned here, including, but not limited to, dependent care, tax deferred annuities, and tuition waiver, are provided consistent with University plans.

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## Policy 11. Resident Records (rev. 04/04/2004)

### 11.01 GME Office Record

Each GME office will maintain a permanent file for each resident who participates in a COM program. The file contains application materials including letters of reference, medical license applications, routine correspondence, and payroll documents.

### 11.02 Program Director Record

The Office of the resident's Program Director will perpetually keep a permanent file for each individual in the program. Contents of the file can include any of the materials held in the GME Office record, plus copies of all evaluations completed for the resident.

### 11.03 Residency Verification

- A. The GME office will verify residencies to institutions who request information for purposes of credentialing. Verification letters will be restricted to dates of attendance, whether the program was accredited, and whether the resident completed the program. The GME office will forward all requests for additional information on performance or conduct to the appropriate Program Director's office.
- B. The GME office will not provide information on any resident to any outside party without that resident's written release, except where mandated by law or when an agency will use the information only for statistical purposes.

### 11.04 Resident Access to Records

Resident access may be accessed in accordance with the Illinois Personnel Record Review Act (820 ILCS 40/1, et. seq.). A resident may review or request a copy of said records in the manner described in Act. In addition, the University will only release said records in accordance with said Act.

### 11.05 Challenging the Contents of Resident Records

A resident may challenge the contents of his/her records by utilizing the process set forth below:

#### A. Purpose

A resident has the right to challenge the content of his/her record on the ground that he/she believes that it is inaccurate, misleading, or otherwise in violation of his/her privacy or other rights and to have inserted in the record his/her written explanation of its contents.

#### B. Procedure

To initiate a challenge to the resident record, the resident shall, within one year after cessation of his/her participation in the residency program at issue, file with

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the Department Head, a written request for correction. Within thirty (30) days following receipt of such request, the Department Head, or an authorized designee, shall review the record in question with the resident and either order the correction or deletion of such alleged inaccurate, misleading, or otherwise inappropriate data as GME Policy and Procedure specified in the request or notify the resident of the right to a hearing at which the resident and other persons directly involved in the establishment of the record will have an opportunity to present evidence to support or refute the contention that the data specified in the request are inaccurate, misleading, or otherwise inappropriate.

### C. Hearing

1. Within ten (10) days following receipt of notification that the Department Head is not ordering correction of the record in question, the resident shall submit to the Senior Associate Dean for Educational Affairs a written request for a hearing. The resident will be given written notice sent to his/her last known address of the time and place of such hearing not less than ten (10) days in advance. The hearing will be conducted by the Senior Associate Dean for Educational Affairs or his designee. The resident shall have the right to attend the hearing, to be accompanied by an individual of his/her choice at his/her own expense, including an attorney, though said individual shall be present only to advise the resident, and shall not have a speaking part during said hearing. The resident shall have the right to present evidence, and to call witnesses on his/her behalf. The same rights shall be accorded the University representative defending the inclusion of disputed information in the resident's record.
2. The resident shall be notified in writing of the decision within ten (10) days following the hearing. Such decision is final. The decision shall be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the decision. If, as a result of the hearing, the University decides that the record is not inaccurate, misleading or otherwise in violation of his/her privacy or other rights it will inform the resident of the right to place a statement in the record commenting on the contested information or stating why s/he disagrees with the decision of the University, or both. That statement shall be attached to the disputed record and released with said record anytime a proper request is made for the resident's records.

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## Policy 12. Evaluations (rev. 09/21/2018)

### 12.01 Resident Evaluation

- A. The program director must appoint the Clinical Competency Committee (CCC). The CCC is a required body for ACGME-accredited programs, comprising three or more members of the program faculty which advises the program director and reviews the progress of all residents in the program.
  - 1. The program director may appoint additional members of the CCC.
    - a) These additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
    - b) Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC.
    - c) GMEC-approved programs are encouraged to create a CCC for the purpose of resident evaluation
  - 2. Each program must have a written description of the responsibilities of the CCC. The CCC should:
    - a) review all resident evaluations at least semiannually;
    - b) prepare and ensure the reporting of Milestones evaluations of each resident semiannually to ACGME; and,
    - c) advise the program director regarding resident progress, including promotion, remediation, and dismissal.
- B. Formative Evaluation
  - 1. The faculty must evaluate resident performance during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
    - a) Residents will be allowed to submit written addenda to the evaluations, which will be included in the resident's program file.
  - 2. The program must:
    - a) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;

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- b) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
    - c) document progressive resident performance improvement appropriate to the educational level; and,
    - d) provide each resident with documented semiannual evaluation of performance with feedback.
  3. The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.
- C. Summative Evaluation
  1. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.
  2. The program director must provide a summative evaluation for each resident upon completion of the educational experience. This evaluation must:
    - a) become part of the resident's permanent record maintained by the program, and must be accessible for review by the resident in accordance with institutional policy; and,
    - b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

### 12.02 Faculty Evaluation

- A. At least annually, the program must evaluate faculty performance as it relates to the educational program.
- B. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- C. These evaluations must include at least annual written confidential evaluations by the residents, using a process established by the program director.
- D. These evaluations will be forwarded to the Department Head or designee and program director.

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## 12.03 Program Evaluation and Improvement

- A. The program director must appoint the Program Evaluation Committee (PEC).
  - 1. The PEC:
    - a) must be composed of at least two program faculty members and should include at least one resident;
    - b) must have a written description of its responsibilities; and,
    - c) should participate actively in:
      - (1) planning, developing, implementing, and evaluating educational activities of the program;
      - (2) reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
      - (3) addressing areas of non-compliance with ACGME standards; and,
      - (4) reviewing the program annually using evaluations of faculty, residents, and others, as specified below.
- B. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:
  - 1. resident performance;
  - 2. faculty development;
  - 3. graduate performance, including performance of program graduates on the certification examination;
  - 4. program quality; and,
    - a) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.
    - b) The program must use the results of residents' and faculty members' assessments of the program together with other evaluation results to improve the program.
  - 5. progress on the previous year's action plan(s).
- C. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section 12.03 B, as well as delineate how they will be measured and monitored.

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1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
2. The results from the program evaluation meeting will be provided to the GME office as part of the annual program evaluation.

## **12.04 Evaluation of Clinical Rotations by Residents**

- A. Each program director will establish a process for evaluation of each clinical rotation by residents.
- B. The resident will complete an evaluation following each rotation.

## **12.05 Program Responsibility for Maintaining Evaluation Records**

- A. The Program will retain all resident evaluations in the residents' permanent files.
- B. Resident files will be made available to the Designated Institutional Official and GME Office upon request, consistent with University policy on record access (see Policy 11.4).

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## Policy 13. Medical Licensing (rev. 09/03/2016)

### 13.01 Purpose

This policy establishes the processes and expectations for resident/fellows, program coordinators, program directors, and GME Office staff regarding the licensing process. The policy also establishes conditions to help ensure that residents do not engage in medical practice prior to receiving licenses. Throughout this policy, the term “residents” shall refer collectively to residents and fellows.

### 13.02 Definitions

#### A. Valid License

A valid license is defined as: (1) an Illinois temporary license specific to the University of Illinois program and with an effective date not later than the resident's first day of work; (2) an Illinois permanent license; or (3) for any resident who may be assigned to a Veterans Administration Hospital rotation, a permanent license from any U.S. state, as long as the resident is assigned only to the VA rotation. No license is valid past its expiration date.

#### B. Complete Application

A license application will be considered complete if: The resident entered appropriate responses on all forms and attachments as specified in the application instructions; signed the application; and included payment for the application fee. The resident will be encouraged to follow up on forms which require completion by medical school and licensing agencies, but completion of these forms will not be required under this definition.

### 13.03 Notifications

#### A. New Residents

The University of Illinois Office of Graduate Medical Education will notify each physician accepted into a residency program that he/she must be able to document that he/she submitted a complete license application no later than 60 days prior to his/her projected start date in order to begin his/her program on schedule.

#### B. Continuing Residents

Each currently employed resident will receive written notice no later than 120 days prior to temporary license expiration that he/she must be able to document that he/she applied for a renewal or permanent license no later than 60 days prior to the expiration date to ensure that the license will be renewed prior to the beginning of their next appointment year. The program director and program coordinator will be copied on each notification.

# Graduate Medical Education Policy Manual

Program directors and program coordinators will be notified via regular reports as to the status of each incoming and renewing resident's license application.

## 13.04 Responsibility

It is the resident's responsibility to obtain a valid temporary or permanent license for training. The department and GME Office will assist the resident in his/her efforts to obtain a valid license; however, it is the resident's responsibility to apply for the license and to monitor his/her license expiration date.

## 13.05 Requirement For Pay

A Resident must have obtained a valid license prior to the commencement date of his/her Resident Agreement in order for said agreement to remain valid. Having a valid license is a prerequisite to being placed on payroll. If the resident fails to meet these conditions, the Resident Agreement will automatically become null and void and the Resident will not be entitled to participate in his/her program or to receive pay unless and until a new Resident Agreement has been issued and signed by all appropriate parties. A resident may seek to have the requirement waived for a period not to exceed 30 days, as set forth in Section IV of the Resident Agreement.

## 13.06 Resident Letter

Each resident not licensed prior to the commencement date of his/her Resident Agreement will be required to sign a statement which informs him/her that:

- A. He/she is not currently eligible to participate in any way in clinical activities in any institution affiliated with their program. Evidence that the resident examined or treated patients will be cause for non-issuance of a new Resident Agreement.
- B. Unless the licensing precondition has been waived, his/her Resident Agreement is no longer valid and, as such, he/she will not be paid nor receive any benefits unless and until a new Resident Agreement has been issued and signed by all appropriate parties. If the Licensing precondition has been waived, he/she will be paid for up to 30 days of his/her contract, after which time if he/she has not provided a copy of a valid license, he/she will be placed on unpaid leave until he/she provides such a copy. Under those circumstances, the resident must make arrangements for continuation of benefits at his/her own expense during the period of unpaid leave.
- C. If the Licensing precondition has been waived, and all appropriate parties have signed the letter referenced in 13.6.1 and 13.6.2 above, the resident may attend lectures and conferences, but will not be permitted to work in any clinical capacity for the University or in his/her program during the unlicensed period (not to exceed 30 days). The Program Director may count this period as vacation.
- D. If a new Resident Agreement is issued and signed by all appropriate parties, the commencement date indicated therein shall be the correct commencement date of the Resident into the program.



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- E. If the licensing precondition has not been waived, the Program Director may decide not to issue a new Resident Agreement if the resident has failed to obtain a valid license as of the commencement date of the original Agreement. That decision shall not be subject to appeal. If the licensing precondition has been waived and the original Resident Agreement has commenced, the Program Director, after first consulting with the Associate Dean for Graduate Medical Education, may terminate any resident who has not obtained a license thirty days after said commencement date.

### 13.07 Exceptions

All exceptions to this policy will be made in writing by the Associate Dean for Graduate Medical Education.

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# Graduate Medical Education Policy Manual

## Policy 14. Clinical and Educational Work Hours (rev. 10/06/2017) (Formerly Duty Hours)

Note: The term “resident” in this document refers to both specialty residents and subspecialty fellows.

### 14.01 Accreditation Council for Graduate Medical Education (ACGME) Requirements

The following is a summary of the ACGME Common Program Requirements regarding resident clinical and educational work hours. Residency programs will be expected to meet the Common Program Requirements as well as any additional requirements described in the specialty-specific requirements for each specialty.

#### A. Clinical and Educational Work Hours

Didactic and clinical education must have priority in the allotment of residents' time and energies. Work hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Clinical and educational work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the clinical site.
  - a) 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. A Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 clinical and educational work hours to individual programs, based on a sound educational rationale. The 88-hour exception is not allowed for PGY1 residents.
  - b) Residents should have eight hours off between scheduled clinical work and education periods.
  - c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on those free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
  - e) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

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- (1) After 24 hours of continuous scheduled clinical assignments, residents may be allowed to remain on-site for up to four hours 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.
  - (2) 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 to continue to provide care to a single severely ill or unstable patient, or humanistic attention to the needs of a patient or family, or to attend a unique educational event.
2. Night Float is defined as rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.
  - a) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
  - b) The maximum number of consecutive weeks of night float, and maximum number of months of night float per year, may be further specified by each Review Committee.
3. In-House Call is defined as duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
4. At-Home Call (also known as Pager Call) is defined as a call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
  - a) 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.
  - b) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

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- c) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour weekly maximum.
- B. Oversight
  - 1. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
  - 2. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment, including moonlighting, and to that end, must:
    - a) distribute these policies and procedures to the residents and faculty.
    - b) monitor resident clinical and educational work hours with a frequency sufficient to ensure compliance with ACGME requirements;
    - c) adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
    - d) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
    - e) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

## 14.02 College of Medicine Requirements

- A. Program Directors will provide a written copy of their resident working hour policy to the Graduate Medical Education (GME) Office upon request by the office. The Office of GME will provide a summary of individual program policies to the Graduate Medical Education (GMEC) on a periodic basis.
- B. All recommendations by programs for an increase in clinical and educational work hours must receive approval of the GMEC prior to being submitted to the ACGME, and must include the following documentation:
  - 1. Educational rationale for the request, stated in terms of the program's goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested.
  - 2. Information on how the program will monitor, evaluate, and ensure patient safety with the extended work hours.

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3. Specific information regarding the program's moonlighting policies.
  4. Specific information regarding resident call schedules during the times specified for the exception.
  5. Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.
- C. Residents must report their clinical and educational work hours, including clinical work done from home and all moonlighting, at least once per week in the residency management suite (New Innovations). The Program Director will monitor the compliance summary reports and will take necessary corrective action when compliance issues are reported.
- D. Program Special Reviews will include a survey of actual resident assignments to determine compliance with programmatic as well as ACGME requirements on working hours. Discrepancies will be reported to the GMEC for further action.
- E. Residents will be required to complete an anonymous rotation evaluation form for each rotation. That evaluation will include a section regarding clinical and educational work hours. The Program Director and the Office of GME will monitor the summary information and will take necessary corrective action when compliance issues are reported.
- F. The Office of GME will develop additional compliance measures as needed, including but not limited to auditing of call schedules and periodic surveys of residents. Discrepancies will be reported to the GMEC for further action.

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# Graduate Medical Education Policy Manual

## Policy 14.A. Alertness and Fatigue Mitigation (rev. 10/06/2017)

### 14A.01 Purpose

This policy is required in accordance with the 2010 ACGME standards for resident well-being, based on recommendations by the Institute of Medicine (IOM). It is meant to set specific requirements for alertness management and fatigue mitigation to ensure continuity of patient care, patient safety, and resident safety.

### 14A.02 Program Responsibilities

Each program must:

- A. Educate all faculty members, residents and fellows (hereinafter referred to as “residents”) to recognize signs of fatigue and sleep deprivation. This must be done annually as part of the residents- curriculum and faculty development.
- B. Educate all faculty members and residents about alertness management and fatigue mitigation processes.
- C. Encourage residents to use fatigue mitigation processes such as strategic napping or turnover of care via back-up schedules, to manage the potential negative consequences on patient care and learning.
- D. Ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care responsibilities due to fatigue.
- E. Educate residents and faculty members about their professional responsibilities as physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
- F. Ensure that residents and faculty members demonstrate an understanding of their roles in the management of their time before, during, and after assignments; recognize impairment, including illness, fatigue, and substance abuse, in themselves, their peers; and other members of the health care team; and submit accurate clinical and educational work hour reports.
- G. Monitor the demands of at-home call and adjust schedules to mitigate fatigue when applicable.

### 14A.03 Institutional Responsibilities

Each sponsoring institution must provide, at a minimum, adequate sleep areas and/or safe transportation options for residents who may be too fatigued to safely return home.

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Graduate Medical Education Committee

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# Graduate Medical Education Policy Manual

## Policy 15. Eligibility for Employment and Visas (rev. 04/02/2010)

### 15.01 Employment Eligibility of Residents

- A. Federal Law obliges the University of Illinois at Chicago to verify the identification and employment eligibility of all residents and fellows prior to allowing them to begin work. This is performed by the Graduate Medical Education Office according to University policy and is reported to University Academic Personnel. It is a precondition of all Resident Agreements that the Resident provide proof of his/her eligibility to work as of the commencement date of the Agreement. Failure to do so shall result in the nullification of the Resident Agreement unless expressly waived as set forth in Section IV of the Resident Agreement. If a candidate's name appears on any government exclusions/sanctions list, he/she will not be eligible for employment and, as such, the Resident Agreement will automatically become null and void. This condition may not be waived.
- B. Residents whose eligibility lapses for any reason, other than for appearing on any government exclusions/sanctions lists, will be removed from clinical duty and placed on unpaid leave-of-absence until they can provide acceptable documentation to the University. For Residents whose eligibility lapses due to inclusion on any government exclusions/sanctions lists, the Resident Agreement shall immediately terminate and the provisions of GME Policy number XXXIX shall apply.
- C. Residency program personnel will not discriminate against an applicant on the basis of national origin or citizenship.

### 15.02 Sponsorship by Type of Visa

- A. J-1
  - 1. The J-1, Exchange-Visitor visa, is intended for educational purposes. It stipulates that a holder of the visa will return to his/her home country following completion of the program. The COM will support J-1 visa applications for residents and fellows through sponsorship by the Educational Commission for Foreign Medical Graduates (ECFMG).
  - 2. Application fees and other registration costs, as well as reporting changes to the Immigration and Naturalization Service, are the responsibility of the resident or candidate.
- B. H-1
  - 1. The H-1, Temporary Worker visa, allows its holder to work only for a specified employer. It requires substantial additional documentation and sponsorship by the University. No resident who is eligible for a J-1 visa sponsored through the ECFMG will be considered for the H-1 visa or any subcategory. For instance, Dental residents are not eligible for sponsorship through ECFMG, so foreign dental graduates may apply for H-1's. Exceptions are granted only in writing by the Associate Dean for

# Graduate Medical Education Policy Manual

## Graduate Medical Education.

C. Any unusual costs associated with an H-1 visa will be guaranteed by the residency program, such as a return plane ticket if the resident is discharged before the visa expires. Any application fees are the responsibility of the resident.

D. Other Visas

Other visas will be through the University, and subject to the policies of the appropriate University offices. Residents holding tourist or student visas will not be allowed credit for participation in their programs.

### 15.03 Research Fellows

Visa needs for research fellows and other academic staff will be handled through the department office sponsoring the research.

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# Graduate Medical Education Policy Manual

## Policy 16. Dress Code and Uniforms (rev. 10/01/1999)

### 16.01 Appearance

- A. Resident appearance and conduct must at all times reflect the dignity and standards of the medical profession.
- B. At all times while in patient areas, residents must wear lab coats and University identification badges or other badges as required by the institution where they are working.
- C. Residents are expected to adhere to individual institution dress codes and or programs where assigned regarding attire, including restrictions on operating room scrub suits and gowns.

### 16.02 Identification Badges

- A. Residents are issued University of Illinois identification badges during their orientation.
- B. It is the responsibility of all residents, regardless of their rotations, to display or have on their person the University of Illinois identification badge. Individual hospitals may require different identification systems to be worn.

### 16.03 Lab Coats

- A. Residents are issued two lab coats with the College of Medicine emblem. Worn lab coats may be exchanged for new ones in the University of Illinois Hospital Laundry. Residents must replace lost lab coats at their own expense. Other institutions may issue lab coats to residents rotating there.

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# Graduate Medical Education Policy Manual

## Policy 17. Resident Supervision (rev. 10/06/2017)

### 17.01 Responsibility for Supervision

- A. The program director must monitor resident supervision at all participating sites.
- B. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is responsible and accountable for that patient's care
  - 1. This information must be available to residents, faculty members, other members of the health care team, and patients.
  - 2. Residents and faculty members must inform each patient of their respective roles in each patient's care when providing direct patient care.
- C. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.
  - 1. The program must demonstrate that the appropriate level of supervision is in place for all residents 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.
- D. Levels of Supervision: To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision, and implement the supervision as described in the ACGME Common Program Requirements:
  - 1. Direct Supervision - the supervising physician is physically present with the resident and patient.
  - 2. Indirect Supervision - with direct supervision immediately available to provide Direct Supervision, or with the supervising physician immediately available by telephonic or electronic means.
  - 3. Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- E. The program director must ensure that direct or indirect supervision of residents or fellows is in place based on the clinical need of patients and the educational needs of trainees.

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1. Program directors must ensure that all PGY1 residents have direct supervision immediately available at all times.
- F. The supervising physician should be available to provide review and/or oversight of procedures/encounters and provide appropriate feedback after care is delivered.
- G. The program director and faculty members must assign the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident.
1. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
  2. 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.
  3. 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 or fellow.

## 17.02 Assignment of Responsibilities to Residents

- A. Any patient care provided by a resident must be within the context of the training program, except where care is given in emergency situations.
- B. Patient care responsibilities assigned to residents will be commensurate with their level of training and ability, according to ACGME Common Program Requirements, the respective specialty-specific requirements for the program, and the judgment of the Program Director. These decisions will be based on patient safety, patient complexity and acuity, educational needs of the resident or fellow, and available infrastructure of the clinical setting.
- C. Each program will define in writing the expected competencies and degree of responsibility allowed for each level of residency.

## 17.03 GMEC Oversight

The GMEC may request written descriptions of program resident supervision policy at the Committee members' discretion.

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# Graduate Medical Education Policy Manual

## Policy 18. Rotations and Electives (rev. 10/12/2009)

### 18.01 Rotations

- A. Any University of Illinois resident assignments to rotations at other institutions must meet the educational needs of the trainee. It is the responsibility of the Program Director to confirm that an in-force affiliation agreement exists with the other institution, and that ACGME standards including supervision, working hours, and safety are followed. Such assignments, when performed at a formally affiliated hospital on a regular basis, will be referred to here as "rotations".
- B. Program Directors will report rotation assignments in writing to the Office of Graduate Medical Education on a timely basis. The GME Office may prescribe the form of the schedule and the amount of detail to ensure that proper reporting, e.g. for Medicare reimbursement, is accomplished.

### 18.02 Electives

- A. University of Illinois residents may with the Program Director's permission participate in training programs outside of the University of Illinois affiliated hospital system. These assignments, when performed outside the system and on an irregular basis, will be referred to as "electives".
- B. While it is within the Program Director's discretion to allow electives, the appropriate justification should be to provide training experience not available in the University of Illinois system.
- C. Program Directors will report all elective activity to the Office of Graduate Medical Education with detail as to the dates and location of the assignment. This may be done on the rotation schedule.
- D. Program Directors may not certify malpractice coverage for the resident's participation in the elective. This must be done through the University Risk Management Office. The GME Office will handle all requests for malpractice certification.

### 18.03 Outside Participants in UIC GME Programs

- A. Program Directors may at their discretion allow residents from other programs to participate in aspects of the University's program. Rotations into UIC programs must be described in a written affiliation agreement with the resident's originating institution, unless such assignments occur less than once per year. All outside participants must provide appropriate documentation prior to beginning clinical training activities.
- B. Documentation

The following documents must be provided to the GME Office prior to the resident's start:

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1. A residency application or a form issued by the GME Office to collect needed information on the resident.
  2. Copy of in-force Illinois medical license (other state licenses will not be accepted).
  3. Copy of ECFMG certificate, if applicable.
  4. Unless the resident is under contract to an institution holding a major affiliation with the UIC College of Medicine, the resident must provide a letter from the institution guaranteeing salary, health insurance, and professional liability insurance coverage.
- C. Residents from major affiliates need not provide item #4, provided that a signed Program Addendum is in place for the rotation. When regularly scheduled rotations from major affiliates are planned, Program Directors may have the residents complete the "Appointment" form at the beginning of the year, and send the material to the GME Office. In that case, outside resident assignments should be clearly indicated on the Program's rotation schedule.

### 18.04 Observers

- A. An observer is defined as someone who accompanies UIC faculty or residents at a clinical function but does not participate in a patient's care.
- B. No physician trainee under contract anywhere as a resident or fellow may be brought into a UIC-COM sponsored program as an observer. They must be treated as an outside participant in a UIC program, and follow all procedures described above.
- C. Physicians participating in research projects that do not involve human subjects are exempt from this rule.
- D. This policy does not apply to medical students. However, any medical student participating in any clinical program must be registered with the UIC College of Medicine prior to their participation.

### 18.05 Billing for Resident Rotations

- A. Except in circumstances where a written agreement provides, the UIC College of Medicine will not reimburse other institutions for their residents while assigned to a UIC hospital.
- B. All requests for reimbursement for UIC residents rotating to other institutions will be done through the GME Office. No clinical department may bill for residents assigned to other institutions without the written permission of the Senior Associate Dean for Medical Education.

Approved: December 20, 1993  
Joint Committee on Graduate Medical Education

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Reviewed: February 28, 1997  
May 12, 2000  
October 12, 2009

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## Policy 19. Resident Impairment (rev. 04/06/2018)

### 19.01 Introduction

- A. The University of Illinois at Chicago has established a policy committing itself to a drug- and alcohol-free environment. (See SDS-8200-001 and HR 306) All residents sign a statement agreeing to abide by the policy (copy of statement attached as an appendix to this policy).
- B. The University recognizes its obligation to protect other employees, patients, and the resident personally from the effects of substance abuse and/or psychiatric impairment. It is also committed to a positive program of rehabilitation when a resident becomes impaired.

### 19.02 Recognition and Action

It is the responsibility of each Residency Program Director to be aware of resident behavior and conduct at all times. If a Program Director observes physical, mental, or emotional inability on the part of the resident as it affects performance, the Program Director must take steps to verify the impairment and take immediate action. Further, it is the responsibility of the Program Director to investigate all reasonable reports that a resident may be using any substance in an abusive manner, or is using any illegal substance.

### 19.03 Medical Exam

- A. The Program Director, Department Head, or appropriate College of Medicine official may direct a resident to submit to a medical fitness for duty exam at any time. The exam may consist of physical, psychological/psychiatric, or laboratory tests and procedures. (See Policy HR-4103-001)
- B. Refusal on the part of the resident to cooperate with the exam will be grounds for termination of the Resident Agreement.
- C. University Health Services will perform an initial assessment of the impaired resident. Once the assessment occurs, the resident may seek treatment from the provider/facility of their choosing.
- D. The Office of Graduate Medical Education will pay for any portion of the medical exam charges not covered by the resident's insurance, if the conditions in GME Policy 6: Resident Health Policies are followed.

### 19.04 Removal from and Return to Work

- A. A Program Director may relieve a resident from work assignment if impairment is suspected. The resident will continue to be paid under sick leave policy until benefits are exhausted, at which time he/she will be placed on disability leave of absence (as the benefit permits).

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- B. When medical treatment has been completed, the resident must return to University Health Services to be cleared to return to work (fitness for duty). The resident's continued participation in the residency program will be subjected to conditions of behavior and/or performance that the Program Director will describe in writing to the resident, in cooperation with University Health Services (see 19.05).

## 19.05 University Health Services Impaired Resident Evaluation

- A. All resident evaluation, treatment, and rehabilitation will be managed under the auspices of University Health Services. Program Directors should not prescribe or conduct treatment or rehabilitation without consultation with University Health Services. The Director of University Health Services is administratively in charge of all residency training referrals.
- B. Failure of a resident to cooperate with University Health Services oversight and supervision will be grounds for termination.

## 19.06 Statutory Reporting

- A. Illinois law requires that health care institutions report to the Illinois Department of Financial and Professional Regulation (IDFPR) all verified instances of physician conduct that endangers a patient under that physician's care.
- B. Program Directors or other faculty who directly supervise residents will report all instances where, in the judgment of the resident's Program Director, two conditions are met: (1) A resident is behaving in a clearly impaired manner, and (2) the resident's behavior endangers the safety of a patient. Report will be made to the Designated Institutional Official (DIO) and Chief Medical Officer (CMO) of the institution in which the incident took place. The DIO/CMO will instruct the faculty supervisor on the form in which the incident should be reported.
- C. The resident's Program Director and involved faculty will be expected to fully cooperate with the investigation of any reported event.

## 19.07 Accommodation for Disabilities Policy

GME operates under the UIC Employment Accommodation Policy, OAE-1100-002, for providing reasonable accommodations to qualified applicants, candidates, and employees with covered disabilities.

Approved: September 11, 1993  
Joint Committee on Graduate Medical Education

Reviewed: GMEC: February 28, 1997  
May 12, 2000  
November 4, 2011  
April 6, 2018



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## Policy 20. Remediation and Corrective Actions (rev. 09/21/2018)

### 20.01 Remediation

- A. Placing a resident on formal remediation is usually undertaken before probation is considered. However, in some circumstances the deficiencies may be so acute and significant as to warrant more definitive action, including probation, when first noted. Particularly when misconduct is involved, a single event may be the trigger for action, without prior warning or a history of negative feedback.
- B. If a resident is performing below the expectations of the training program, the program director may initiate a formal remediation program, which may include increased teaching/supervision, additional reading, a revised rotation schedule, and/or other measures. Depending on the circumstances, it may be appropriate to initiate remediation either when concerns are first noted, or after concerns have been communicated to the resident and deficiencies continue to be noted.
- C. Program directors must discuss the use of remediation prospectively with the Clinical Competency Committee, the Department Head, and the Designated Institutional Official (DIO) unless there are extenuating circumstances that preclude this. The program director must meet with the resident to explain the planned remediation, the reasons for the remediation, the expectations for improvement, and the next steps/consequences if improvement does not occur. The program director must present a letter, reviewed in advance by the DIO, to the resident that details the above information. The distribution of the letter must be witnessed or signed by all parties and placed in the resident's file. Remediation cannot be appealed.

### 20.02 Corrective Actions

- A. Whenever the behavior of a resident interferes with the discharge of assigned duties or those of other University or affiliated institution employees, or jeopardizes the well-being of patients, the University reserves the right to take corrective action.
- B. The process detailed in the Grievances and Appeals Policy is available to all residents who wish to appeal certain corrective actions which significantly threaten the resident's career development. The decision to reduce clinical privileges is not subject to grievances and appeals procedures.

### 20.03 Causes for Corrective Action

- A. The following list provides examples of resident actions that can be grounds for discipline. It is not intended to be inclusive of all reasons for a corrective action. The program director's response will depend on the severity of the infraction, prior warnings, and efforts on the part of the resident to correct his or her behavior.
  - 1. Behavior that threatens the well-being of patients, medical staff, employees, or the general public.

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2. Other substantial or repeated misconduct which is considered to be professionally or ethically unacceptable, or which is disruptive to the normal and orderly functioning of the institution to which the resident is assigned.
3. Failure to conform to the terms of the Resident Agreement, or established policies and procedures.
4. Failure to comply with federal, state, and local laws whether or not related to the medical profession.
5. Failure to provide patient care of satisfactory quality expected for the resident's training level.
6. Fraud by commission or omission in application for the residency position, or in completing other official University documents.
7. Suspension, revocation, or any other inactivation, voluntary or not, of a resident's license by the State of Illinois for any reason.
8. Continued or lengthy absence from work assignments without reasonable excuse.
9. Failure to perform the normal and customary services of a resident as defined by the accrediting body.
10. Sexual harassment or abuse.

### 20.04 Corrective Action Procedures

Corrective action may or may not be progressive, in that it follows the order of actions listed below. However, if the resident's behavior, in the judgment of the program director and/or College of Medicine or College of Dentistry/Hospital administration, warrants removing the resident from normal duties, suspension or dismissal may be imposed without prior warning.

#### A. Written Warning

A program director may issue a letter of warning to a resident detailing the situation, the remedy required of the resident, and the consequences of not correcting the problem. A copy of the letter will be placed in the resident's file.

#### B. Probation

1. Definition: Probation is a corrective action in which the program director notifies a resident in writing of specific deficiencies that must be corrected in a stated period of time or the resident will not be allowed to continue in the program or will be continued on probationary status. The resident receives credit for training time, and salary and benefits remain in force during probation.

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2. Procedure: Prior to placing the resident on probation, the program director schedules a meeting with the resident to discuss the reasons for probation, the actions required by the resident, and the dates of probation. The program director must present a letter, reviewed in advance by the DIO, to the resident that details the above information. The distribution of the letter must be witnessed or signed by all parties and placed in the resident's file.
3. At the end of the probationary period, the program director meets again with the resident. Depending on the resident's performance, he/she may be:
  - a) Removed from probation;
  - b) Given an additional period of probation; or,
  - c) Entered into the termination process.

The resident shall have the right to appeal the probation in the manner set forth in the Grievances and Appeals Policy.

### C. Suspension

1. Definition: Corrective action that removes the resident from any Program duties.
2. Process:
  - a) The program director must notify the DIO if he/she intends to suspend a resident.
    - (1) Summary Suspension: The program director may at any time summarily suspend a resident with pay. Within 10 days of the date of imposition of such summary suspension the program director must either reinstate the resident or provide the resident with a written notification of his/her general suspension and/or termination. The resident shall not have the right to appeal a summary suspension.
    - (2) General Suspension: The program director may suspend a resident with pay if he/she believes that the resident has failed to comply with the Resident's Duties in the Resident Agreement. The resident must be provided with written notification detailing the reasons for the suspension, its length, and the remedy necessary to remove the suspension. The notice may also indicate under what circumstances the resident may be terminated if the situation is not corrected. Failure to correct the infraction in the period specified may lead to further corrective action. Suspension will be removed when the initiating reason has been corrected to the satisfaction of the program director

## Graduate Medical Education Policy Manual

and DIO. The resident shall have the right to appeal that general suspension in the manner set forth in the Grievances and Appeals Policy.

- b) The resident does not receive credit for training time while on suspension of any kind.

### D. Non-promotion or Non-renewal of Appointment

- 1. The program must determine the criteria for promotion and/or renewal of a resident's appointment.
- 2. In instances when a resident will not be promoted to the next level of training or where a resident's agreement will not be renewed the program director must notify the GME Office and provide the resident with written notice at the earliest reasonable date prior to the end of the current contract.

### E. Termination

- 1. Definition:

Termination is the removal of a resident from a training program even though the resident holds a current Resident Agreement.

- 2. Procedure:

- a) By the University: if this Agreement is terminated by the University before the end of its term, the University shall follow the process for notification and appeal of said termination set forth in the GME Grievances and Appeals Policy. For residents whose Resident Agreement has been terminated due to his/her name appearing on any government exclusions/sanctions list, the process set forth in the GME Exclusions/Sanctions Check and Criminal Background Check Policy shall apply.
- b) By the Resident: If the resident wishes to terminate this Agreement before the end of its term, he/she must provide advance written notice to the program director. The notice must then be forwarded to the GME Office for processing.
- c) By Mutual Agreement: If both parties agree to terminate the Resident Agreement before the end of its term, the notice must be submitted in writing and signed by both parties.

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## 20.05 Appeals

The following corrective actions may only be appealed by using the process set forth in the GME Grievances and Appeals Policy:

- A. Probation
- B. General Suspension
- C. Non-promotion or Non-renewal of Appointment
- D. Termination

## 20.06 Documentation

Prior to any remediation or corrective action(s) taking place, all supporting and related documentation must be reviewed by the GME Office.

Approved: February 8, 1993  
Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
April 25, 1997  
May 12, 2000  
April, 2004  
December, 2006  
May, 2007  
October, 2009  
March 16, 2018  
September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 21. Grievances and Appeals (rev. 03/16/2018)

### 21.01 Introduction

This Procedure to Appeal a Termination, Suspension, Non-renewal of Resident Agreement, and Probation shall be the only means available to all residents of The University of Illinois at Chicago (UIC) College of Medicine or dental residents of the UIC College of Dentistry, whose paid appointments are administered through the UIC Graduate Medical Education Office, to challenge said actions during the course of his/her medical or dental education and clinical training program. The term "resident" shall include any intern or fellow.

### 21.02 Applicability

The procedures provided under this Policy **DO NOT** apply to the following:

- A. Departmental determinations relating to certification and/or evaluation of the resident's academic performance or clinical competence--Such certification shall be handled according to the standards of the various specialty boards.
- B. The nullification of the Resident Agreement as a result of the resident's failure to meet any or all of the pre-conditions set forth in Section IV of the Resident Agreement--Said nullification is not subject to appeal.
- C. Decisions to terminate a resident as a result of his/her name appearing on a federal, state or other mandated governmental exclusions/sanctions listing-- Instead, the procedures set forth in GME Policy Exclusions/Sanctions and Criminal Background Check shall apply.

### 21.03 Request for Hearing

Within 14 days of issuance of written notification of the action, a resident may request a hearing before the Hearing Committee, as more fully described below. The resident's request must be in writing and submitted to the program director.

### 21.04 Hearing Committee

The Hearing Committee shall consist of at least three faculty members from the resident's department. The program director shall not be a member of the Committee. The Committee shall elect a member from the group to preside as Chair at the hearing. Each department may have a standing committee to conduct hearings requested under this Policy. If there is no standing committee, an ad hoc committee shall be appointed by the Associate Dean for Graduate Medical Education for each hearing requested. For dental residents, an ad hoc committee shall be appointed by the Associate Dean for Academic Affairs for each hearing requested.

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## 21.05 Conduct of Hearing:

- A. The Committee shall convene the hearing within 14 days of receipt of the resident's written request and shall notify the resident in writing of the date, time, and place for the hearing as soon as reasonably possible, but no fewer than 72 hours in advance of the hearing.
- B. The resident and the program director or his/her designee shall each present information, witnesses, or materials (oral or written) as he/she wishes to support his/her position. No other representatives shall be present during the hearing, with the exception of attorneys who represent the parties or the Hearing Committee. Attorneys will be allowed to attend only in an advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party, or each other directly.
- C. Each party shall be permitted to review all materials submitted to the Committee during the hearing.
- D. The Hearing Committee shall have the sole right to determine what information, materials and/or witnesses are relevant to the proceedings and shall consider only that which they deem to be relevant.

## 21.06 Hearing Committee Decision:

- A. A majority vote of the Committee shall decide the issue(s) before it and the program shall be bound by the decision.
- B. Regardless of the outcome of the hearing, the Committee will provide the resident and program director with a written statement of its decision and the reason(s) for such decision within 10 days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee's report.

## 21.07 Appeal of Hearing Committee Decision

A resident may appeal the Committee's decision to the Associate Dean for Graduate Medical Education or, for dental residents, the Associate Dean for Academic Affairs, within 10 days of issuance of the Committee's decision. The Associate Dean shall review the Committee's decision and any documentation submitted to the Committee, and may conduct his/her own investigation of the matter. He/she may, but need not appoint another Committee, to review and discuss the matter. He/she shall render his/her decision in writing within a reasonable time, but not later than 30 days after receipt of the request for appeal.

## 21.08 Final Appeal

- A. Medical Residents: The resident may appeal the Associate Dean's decision to the Senior Associate Dean for Educational Affairs of the College of Medicine within 10 days from the date of issuance of the decision. An appeal to the Senior Associate Dean is permitted only on procedural grounds and a review of the record shall be limited only to procedural matters. The Senior Associate Dean

## **Graduate Medical Education Policy Manual**

shall render his/her decision within 10 days after receipt of the request for appeal and such decision shall be final and unappealable.

- B. Dental Residents: The dental resident may appeal the Associate Dean's decision to the Dean of the College of Dentistry within 10 days from the date of issuance of the decision. An appeal to the Dean is permitted only on procedural grounds and a review of the record shall be limited only to procedural matters. The Dean shall render his/her decision within 10 days after receipt of the request for appeal and such decision shall be final and unappealable.

### **21.09 UIC Student Academic Grievance Procedures**

The UIC Student Academic Grievance Procedures may not be used to appeal any corrective action, nor to appeal any decision made in accordance with the procedures outlined above.

### **21.10 General Provisions:**

- A. All notices and decisions which are to be sent to the resident shall be sent by messenger, certified mail (return receipt requested), or by some other means wherein the date of delivery/acceptance/refusal can be determined.
- B. All references in these Procedures to time periods are to calendar days, not working or business days.

Approved: March 16, 2018  
Graduate Medical Education Committee



# Graduate Medical Education Policy Manual

## Policy 22. Certificates of Training (rev. 06/01/2018)

### 22.01 Introduction

- A. Certificate of training for Graduate Medical Education (GME) programs are solely distributed by the GME Office.
- B. Certificates of completion are provided to residents who successfully complete their programs.
- C. Certificates of participation are provided to residents who complete at least one full year of training but leave prior to completion of their training.
- D. Definition of program completion will generally signify that the resident has fulfilled the training requirements for the specialty board as certified by the program director. For fellowship programs where no board requirements are available, the program director will determine whether a fellow has completed the program for certificate purposes.
- E. Residents must complete the clearance process in order to receive their certificates of training. The GME Office will verify that all clearance requirements have been met prior to issuing certificates.

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Joint Committee on Graduate Medical Education

Reviewed: April 25, 1998 GMEC  
May 12, 2000 GMEC  
April, 2004  
June 1, 2018

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## Policy 23. Affiliations (rev. 05/12/2000)

### 23.01 Definition of Affiliations

#### A. Institutional

1. An institutional affiliation is established when either the Health Science Center, or the College of Medicine, as a sponsoring institution, formally affiliates with another hospital or healthcare organization in order to provide training for COM students and/or residents.
2. Institutional affiliations usually include more than one residency program, or graduate and undergraduate training.

#### B. Programmatic Affiliation

An institution may affiliate with the College of Medicine in order to participate in a single training program. In this case, an institutional affiliation does not exist, even if, over the course of time, more than one program participates in training at the affiliated institution.

### 23.02 Written contract

- A. All institutional and programmatic affiliations must be secured by a written document that fulfills University regulation and policy, and the General Requirements of the ACGME for "Institutional Agreements."
- B. Institutional and programmatic affiliation agreements are valid only when approved by the University of Illinois Board of Trustees.
- C. Agreement addenda require University approval (program director and Senior Associate Dean for Medical Education).
- D. Institutional Agreements
  1. Affiliations sponsored by the Health Science Center require a master affiliation agreement that covers all joint educational activities. Each college (i.e. COM) participating in the affiliation will be covered by a subordinate agreement for graduate medical education.
  2. Affiliations sponsored by the College of Medicine will be covered by a single affiliation agreement.
  3. Each participating residency program will be covered by an addendum to the affiliation agreement that describes the program's activities with the affiliate.
- E. Programmatic affiliations will be formalized by written agreements between UIC College of Medicine and the participating institution, designating the graduate medical education program that is participating in the affiliation.

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## 23.03 Notifications

- A. The GME Office will maintain copies of all affiliation agreements, addenda, and correspondence.
- B. The GMEC will be informed of all new affiliations and cancellations of affiliations at its regular meetings.
- C. The COM Dean's Office will be informed of all new affiliations and cancellations of affiliations.

Approved: March 14, 1994  
Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
May 12, 2000

# Graduate Medical Education Policy Manual

## Policy 24. Affiliated Institutional Reimbursement for Resident Rotations (rev. 05/12/2000)

### 24.01 Conditions for Billing

- A. Resident and Fellow rotations are paid by the institution where the resident is assigned. Billing will be for actual stipends, a benefit schedule to be set each UIC fiscal year, and a proportionate share of the GME Office direct expense.
- B. The exception for 1.A is that in instances where a non-affiliated hospital provides training that is not available within the UIC affiliated institutions system, then the program director may request the Senior Associate Dean for Medical Education for permission to send residents to the non-affiliated hospital.
- C. All rotations will be formalized through contract or letter of agreement.

### 24.02 Responsibility for Billing

- A. The Office of Graduate Medical Education will complete all billing for resident rotations to other institutions. Clinical Departments may not, under any circumstances, bill for resident rotations.
- B. The Office of Graduate Medical Education will calculate and apply billing rates based on guidelines provided by the Dean's Operating Committee and the actual affiliation agreement.
- C. When residents are assigned to affiliated hospitals in excess of agreed to numbers, the ultimate responsibility for the stipends and benefits of these residents will be the COM department supporting the program. Affiliated hospitals in this definition includes the University of Illinois Hospital and Clinics.

### 24.03 Verification of Assignments

- A. Program Directors will provide rotation schedules to the GME office upon request. The GME Office may specify format and medium for the schedules to ensure that information is adequate for billing and Medicare reimbursement purposes.

Approved: February 14, 1994  
Joint Committee on Graduate Medical Education

Reviewed: May 9, 1994 (title change)  
February 28, 1997  
May 12, 2000

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## Policy 28. Special Reviews (rev. 09/21/2018)

(Replacement Policy and Procedure for Internal Reviews)

### 28.01 Purpose

To ensure excellence in the educational quality and demonstrate effective oversight and monitoring of underperforming programs through a Special Review process under the auspices of the Graduate Medical Education Committee (GMEC).

### 28.02 Policy

In accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, the GMEC will develop a protocol that establishes the criteria for identifying program underperformance which triggers the Special Review process. The Special Review must result in a report that describes the quality improvement goals, the corrective actions being taken, and the process for GMEC monitoring of outcomes. The Special Review process is an internal quality assurance evaluation and, as such, the reports are considered confidential and not shared with ACGME site visitors.

### 28.03 Procedure

- A. Graduate Medical Education (GME) leadership identifies underperformance through a wide range of mechanisms including:
  1. Program failure to meet established ACGME Common Program Requirements and specialty-specific requirements as evidenced by:
    - a) Multiple citations (issued or extended); or,
    - b) A status of continued accreditation with warning.
  2. An annual program evaluation review with deviations from expected results noted in standard performance indicators, as well as from the evaluation process itself.
  3. ACGME Resident and Faculty Surveys including:
    - a) significant downward category trends since last survey;
    - b) results at or below 80% in any category for two consecutive periods; and/or
    - c) results that necessitate review dependent upon severity.
  4. Program non-compliance with administrative duties, including failure to:
    - a) submit Milestones evaluations or other data required by the ACGME;
    - b) submit an annual program evaluation to GME; or,



# Graduate Medical Education Policy Manual

- c) address other institutional administrative issues.
  - 5. Complaints or problems brought forward to GME leadership regarding learning and working environment issues from residents and/or faculty that have not been successfully addressed by the program.
- B. Requests
- 1. Requests for a Special Review can be generated by program administration.
  - 2. The Designated Institutional Official (DIO), at his or her discretion and based on underperforming data from a program, can request a comprehensive review.
- C. Special Review
- 1. When a program is deemed to have met the established criteria of an underperforming program, GME will schedule a Special Review within 60 days of its identification. (Note: Focused Special Reviews related to a specific area of concern may be scheduled.)
  - 2. The Special Review will be conducted by a team appointed by the Assistant Dean for GME or appropriate designee, in consultation with the DIO.
    - a) At minimum, the team will consist of the Assistant Dean for GME or appropriate designee to function as lead reviewer, a program director or other faculty member, and a resident interviewer.
    - b) The resident interviewer is selected from departmental submissions as well as from volunteers solicited during learning and working environment audits.
    - c) Team members will be selected from within the Sponsoring Institution, but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.
  - 3. GME Office staff provides support to the review team.
    - a) The lead reviewer of the Special Review team will determine the materials and data to be requested of the program. These materials are to be provided to the GME Office a minimum of two weeks in advance for distribution to and review by the Special Review team.
    - b) The Special Review team will conduct interviews with the program director, core faculty, a complement of residents from each level of training in the program, and other key identified individuals.

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- c) The Special Review team will prepare a written report to be presented to the GMEC for review and approval. Prior to GMEC review, the program director will have the opportunity to review the report and provide factual corrections and comments to the lead reviewer. The DIO will then review the report for placement on the agenda of the next available GMEC meeting. At minimum, the report will contain proposed quality improvement goals and corrective actions to address identified concerns.

### D. GMEC Monitoring

1. The GMEC will review the report, make final recommendations for the corrective action plan, and monitor the program's progress.
2. The GMEC will monitor outcomes through all appropriate means including, but not limited to, progress reports, data collection, accreditation results, surveys, and annual program evaluations.
3. The process and follow-up discussion(s) will be documented in GMEC minutes.

Approved: April 7, 2017  
Graduate Medical Education Committee

Reviewed: September 21, 2018

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**Policy 29. *[Page intentionally left blank]***

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## Policy 30. Sexual and Other Forms of Harassment (rev. 03/16/2018)

### 30.01 Introduction

- A. The University of Illinois at Chicago and the College of Medicine are committed to providing an educational and work environment that is free from all forms of sex discrimination, sexual violence, and sexual and gender-based harassment (collectively referred to as “Sexual Misconduct”). UIC prohibits and will not tolerate Sexual Misconduct of or by students, faculty, employees, patients, or visitors.
- B. *Sexual Misconduct*. According to federal Title IX regulations, is defined as unlawful discrimination on the basis of sex includes: (a) sexual harassment, (b) gender-based harassment, which is unwelcome conduct based on actual or perceived sex, or harassment based on gender identity or nonconformity with sex stereotypes, and/or (c) all forms of sexual violence including, but not limited to, sexual assault, sexual battery, sexual abuse, sexual coercion, sexual exploitation, dating violence, domestic violence, and stalking (collectively referred to as “Sexual Misconduct”). Sexual misconduct is the term used in this policy to encompass unwanted or unwelcome conduct of a sexual nature that is committed without valid consent. Also included in this term is any abusive behavior that arises out of an actual or perceived intimate relationship (e.g. domestic or dating violence and stalking). Sexual misconduct may occur between people of the same gender or different gender identifications.
- C. The University of Illinois at Chicago has promulgated a policy on Prohibition of Sex Discrimination, Sexual Harassment, and Sexual Misconduct. For a complete description, procedures, reporting options, and resources see Policy OAE-110-001.

Approved: April 25, 1997  
Graduate Medical Education Committee

Reviewed: May 12, 2000  
April, 2004  
November 4, 2011  
March 16, 2018

# Graduate Medical Education Policy Manual

## Policy 31. Resident Educational Support (rev. 06/03/2018)

### 31.01 Objective

- A. The College of Medicine will provide financial assistance for educational purposes to all PGY2 and above medical and dental residents (whose paid appointments are administered through the University of Illinois at Chicago Graduate Medical Education Office), for the residents' individual use.
- B. Examples of educational expenses include, but are not limited to: travel to conferences, workshops, and professional meetings; registration or tuition fees; hotel, meal, and transportation expenses to educational activities; membership in academic societies; texts and reference books; medical equipment; computer-based educational resources; or electronic devices such as tablet computers for educational use.
- C. For purposes of this policy, the term "Resident" refers to any resident or fellow whose paid appointment is administered through the University of Illinois at Chicago Graduate Medical Education Office.

### 31.02 Distribution of Funds

Each Resident at the PGY2 level and above will receive a stipend of \$750 per appointment year for educational support. This educational stipend will be in addition to the stipend that the resident receives as compensation for his/her residency appointment. No other stipend or reimbursements will be provided to the Resident for educational support/experiences/activities through the Graduate Medical Education Office.

### 31.03 Reporting Requirement

- A. At the end of each appointment year, each Resident who receives educational funds will be required to submit a report to his/her program director regarding the manner in which he/she used his/her educational funds during that appointment year.
- B. The program director may request receipts or other documentation to support the Residents' use of the educational funds.
- C. Failure to supply requested documentation may result in withholding of education funds in future appointment years.

Approved: September 10, 1999  
Graduate Medical Education Committee

Reviewed: June 1, 2001  
June, 2012  
March 8, 2013  
June 3, 2016

# Graduate Medical Education Policy Manual

## Policy 32. Residency Reduction or Closure (rev. 03/16/18)

### 32.01 Objective

- A. The University of Illinois College of Medicine at Chicago is committed to providing residents/fellows with a complete, high-quality educational program. Where circumstances require that a residency program be reduced in size or closed completely, or closure of the Sponsoring Institution, arrangements will be made to enable residents/fellows currently in the program to complete their educational program in the least disruptive manner.

### 32.02 Procedure

- A. Notification: If the sponsoring department intends to reduce the size of a residency program, close a residency program, or when the Sponsoring Institution intends to close, the Sponsoring Institution will inform the Graduate Medical Education Committee, Designated Institutional Official, and affected residents/fellows in the program(s) as early as possible.
- B. Reduction: In the event of reduction in program size, currently enrolled residents/fellows will be allowed to complete the program; reduction is implemented by decreasing the number of residents/fellows recruited in future years.
- C. Closure: In the event of closure of a residency program, residents/fellows enrolled in an affected program(s) will be allowed to complete their education at the Sponsoring Institution, or will be assisted in enrolling in (an)other program(s) in which they can continue their education. If it should become impossible for currently enrolled residents/fellows to complete the program, the program director, in partnership with the Associate Dean for Graduate Medical Education, will:
  - 1. Seek positions within the Medicare GME Affiliated Group, which allows for movement of Medicare-reimbursed positions between member institutions and other University of Illinois at Chicago (UIC) major participating sites.
  - 2. If no positions can be located among the Affiliated Group institutions, seek positions at other UIC participating sites.
  - 3. If no positions are available within the Affiliated Group or at other UIC participating sites, assist the resident/fellow in locating a comparable position elsewhere with guidance from the Accreditation Council for Graduate Medical Education.

Approved: September 5, 2000  
Graduate Medical Education Committee

Reviewed: February 3, 2006  
June 5, 2009  
November 4, 2011  
March 16, 2018

# Graduate Medical Education Policy Manual

## Policy 33. Resident Eligibility and Selection (rev. 09/21/2018)

### 33.01 UIC Non-discrimination Policy Statement

- A. The policy of the University of Illinois at Chicago (UIC) is to comply fully with applicable federal and state nondiscrimination and equal opportunity laws, orders, and regulations. The commitment of the University to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from discrimination in all its forms.
- B. UIC will not discriminate in programs and activities against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as disabled veteran or veteran of the Viet Nam era. UIC will not engage in discrimination or harassment against any person protected under Title VII of the Civil Rights Act. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University's programs and activities.
- C. University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this statement. UIC's Office for Access and Equity is the office charged with reviewing and addressing complaints of harassment and/or discrimination.

### 33.02 Preconditions

- A. In addition to meeting all qualifications for resident/fellow eligibility described below, the resident must:
  - 1. possess a valid State of Illinois medical license as defined by GME Policy #13, the cost of which will be born entirely by the Resident.
  - 2. undergo an exclusions/sanctions check and criminal background check and meet all the requirements of University policies related thereto (See GME Policy #38).
    - a) A resident is not eligible for employment if his/her name appears on a federal, state or other mandated governmental exclusions/sanctions listing.
  - 3. be eligible for employment according to applicable law and University policy. In the event the Resident is not a U.S. citizen, the Resident must provide, upon request of the University, proof of eligibility to participate in the residency program prior to beginning training, as prescribed by applicable immigration law.
  - 4. comply with University policy requiring an initial health evaluation through University Health Services and with all immunizations and tests as outlined in GME Policy #6.

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5. if a renewal of a previous Resident Agreement, meet all the conditions of probation or advancement that may have been imposed on the Resident.
- B. Visa holders should reference GME Policy Eligibility for Employment and Visas.

### 33.03 Eligibility

A. ACGME Accredited Residency Programs

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

1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
2. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
3. Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
  - a) holds a currently -valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
  - b) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
  - c) has graduated from a medical school outside the United States and has completed a Fifth Pathway\*\* program provided by an LCME-accredited medical school. [Fifth Pathway: One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The fifth pathway is a period of supervised clinical training for students who (1) obtained their premedical education in the United States, (2) received undergraduate medical undergraduate abroad, and (3) passed Step 1 of the United States Medical Licensing Examination (USMLE). After these students successfully complete a year of clinical training sponsored by an LCME-accredited United States medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate.]

B. ACGME Accredited Fellowship Programs

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada.



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1. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.
- C. Graduate Medical Education Committee (GMEC) Approved Fellowship Programs
- To maintain uniformity, GMEC-approved fellowship programs are expected to follow the policy and procedures for ACGME Accredited programs
- D. Dental Residents Only
1. Dental Residents: College of Dentistry residents whose paid appointments are administered through the University of Illinois at Chicago (UIC) Graduate Medical Education Office
  2. Eligible applicants to advanced specialty education programs accredited by the Commission on Dental Accreditation must be graduates from:
    - a) Pre-doctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation (DMD or DDS); or,
    - b) Pre-doctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or,
    - c) International dental schools that provide equivalent educational background and standing as determined by the program.
  3. Admission of residents with advanced standing must be based on the same standards of achievement required by residents regularly enrolled in the program.
- E. If there is a question regarding the eligibility of an applicant, the final decision will rest with the Designated Institutional Official (DIO).

### 33.04 Resident/Fellow Transfers

Before accepting a resident/fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident/fellow.

### 33.05 Resident Selection

- A. Programs will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must comply with the University of Illinois policy of non-discrimination, as noted above.

## **Graduate Medical Education Policy Manual**

- B. In selecting from among qualified candidates, the programs will participate in an organized matching program, such as the National Resident Matching Program (NRMP). If a program elects to offer entry level positions through a match program all positions within that program must be filled through the match.
- C. Non-eligible applicants will not be enrolled in accredited programs.

Approved: September 15, 2000 GMEC

Reviewed: April, 2004  
September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 34. Graduate Medical Education Committee (rev. 09/21/2018)

### 34.01 Purpose of the Committee

The Graduate Medical Education Committee (GMEC) has the authority and responsibility for the oversight and administration of each of the Accreditation Council for Graduate Medical Education (ACGME)-accredited programs, as well as ensuring compliance with the ACGME Institutional, Common, and specialty-specific Program Requirements. Where applicable, the Committee will provide comparable oversight and administration to GMEC-approved programs not accredited by the ACGME.

### 34.02 Membership

- A. Voting membership on the committee must include:
  - 1. The Designate Institutional Official (DIO);
  - 2. A representative sample of program directors (minimum of two) from its GME programs;
  - 3. A minimum of two peer-selected residents from its GME programs;
  - 4. A quality improvement or patient safety officer or designee.
- B. One representative is selected to represent each clinical department in the College of Medicine and from each residency program in the College of Dentistry administered through the University of Illinois at Chicago GME Office. The representative is responsible for reporting GMEC activities to all program directors and faculty within that department or area.
- C. A general election is held annually for residents to elect resident representatives from ACGME-accredited and GMEC-approved programs. A resident representative to the GMEC may be asked to continue for an additional year if he/she has attended at least four of the GMEC meetings held during the preceding academic year.

### 34.03 Additional GMEC Members and Subcommittees

- A. In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC.
- B. Subcommittees, including the Resident Work Environment Committee, that address required GMEC responsibilities must include a peer-selected resident.
- C. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

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## 34.04 Meetings and Attendance

- A. The GMEC must meet a minimum of once every quarter during each academic year.
- B. Each meeting of the GMEC must include attendance by at least one resident member.
- C. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

## 34.05 Responsibilities

The GMEC responsibilities must include:

- A. Effective oversight of:
  - 1. the ACGME accreditation status of the Institution and each of its ACGME-accredited programs;
  - 2. the quality of the GME learning and working environment, each of its ACGME-accredited programs, and its participating sites;
  - 3. the quality of educational experiences in each ACGME-accredited programs that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
  - 4. the ACGME-accredited program(s)' annual program evaluations and self-studies;
  - 5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Institution;
  - 6. the provision of summary information of patient safety reports by participating sites to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
  - 7. the Institution's accreditation through an Annual Institutional Review (AIR).
    - a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
      - (1) the most recent ACGME institutional letter of notification;
      - (2) results of ACGME surveys of residents and core faculty members; and,

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- (3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
    - b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:
      - (1) a summary of institutional performance on indicators for the AIR; and,
      - (2) action plans and performance monitoring procedures resulting from the AIR.
  8. underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:
    - a) establishes criteria for identifying underperformance; and,
    - b) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
- B. Review and approval of:
1. institutional GME policies and procedures;
  2. annual recommendations to the Sponsoring Institution's administration regarding resident stipends and benefits;
  3. applications for ACGME accreditation of new programs;
  4. requests for permanent changes in resident/ complement;
  5. major changes in each of its ACGME-accredited programs' structure or duration of education;
  6. additions and deletions of each of its ACGME-accredited programs' participating sites;
  7. appointment of new program directors;
  8. progress reports requested by a Review Committee;
  9. responses to Clinical Learning Environment Review (CLER) reports;
  10. requests for exceptions to clinical and educational work hour requirements;
  11. voluntary withdrawal of ACGME program accreditation;

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12. requests for appeal of an adverse action by a Review Committee; and,
  13. appeal presentations to an ACGME Appeals Panel.
- C. An annual review and recommendation to Hospital leadership regarding resident stipends, benefits, and funding for resident positions.
  - D. Ensuring that communication mechanisms exist between the GMEC and all program directors within the institution, and ensuring that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
  - E. Monitoring programs' supervision of residents and ensuring that supervision is consistent with provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to the residents' level of education, competence, and experience; and other applicable ACGME Common and specialty-specific Program Requirements.
  - F. Communication with leadership of the medical staff regarding the safety and quality of patient care that includes submission of the annual Report to the Organized Medical Staff; description of resident participation in patient safety and quality of care education; and the accreditation status of programs and any citations regarding patient care issues.
  - G. Ensuring that each program provides a GME-approved curriculum and evaluation system that enables residents to demonstrate achievement of the ACGME competencies.

### **34.06 Additional GMEC Resident Representative Responsibilities**

- A. Facilitate the Resident Forums and provide follow-up reports to the GMEC;
- B. Actively participate as a member of the GMEC Resident Work Environment Committee; and,
- C. Participate as a member of other GMEC subcommittees, as assigned.

Approved: September 15, 2000  
Graduate Medical Education Committee

Reviewed: September 9, 2005  
July 9, 2010  
November 4, 2011  
September 21, 2018

# **Graduate Medical Education Policy Manual**

## **Policy 35. Core Curriculum (rev. 09/21/2018)**

### **35.01 Requirement**

The program must integrate the ACGME competencies into the curriculum, including: practice-based learning and improvement, interpersonal communication skills, professionalism, systems-based practice, and scholarly activity.

### **35.02 Training Modules**

The Core Curriculum is a series of online educational modules designed to complement teachings in patient settings and didactic curriculums in residency programs. The Designated Institutional Official designates specific training modules to be completed in PGY1 and PGY2. Additional modules can be assigned by the program director. The modules can be assigned to PGY3s and above at the program director's discretion or if remediation is needed.

### **35.03 Verification of Completion**

Program directors must ensure that each resident has successfully completed the core curriculum courses. Verification of completion will be a part of the GME clearance process.

Approved:     September 15, 2000  
                  Graduate Medical Education Committee

Reviewed:     September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 36. Moonlighting (rev. 12/07/2017)

### 36.01 Definitions

- A. External moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or any of its related participating sites.
- B. Internal moonlighting is defined as voluntary, compensated, medically-related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

### 36.02 Responsibilities of the Institution and Program Director

- A. Residents must not be required to engage in moonlighting.
- B. It is the responsibility of the program director to decide whether or not moonlighting will be allowed.
  - 1. If a program director allows a resident to moonlight, he/she must provide written permission prior to any moonlighting activity. The program director's statement must be retained in the resident's file.
  - 2. The Sponsoring Institution may prohibit moonlighting by residents.
- C. The program director must monitor the effect of moonlighting activities on a resident's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight.
- D. The program director must implement policies and procedures consistent with the ACGME institutional and program requirements regarding moonlighting.
- E. 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. The program director must monitor the resident's performance to ensure that moonlighting time does not adversely affect the resident's ability to function within his/her residency program. Adverse effects may lead to withdrawal of permission to moonlight.
- F. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
  - 1. The program director must ensure that all residents log their moonlighting hours in the residency management suite (New Innovations).
  - 2. The program director will monitor the compliance summary reports and will take necessary corrective action when compliance issues are reported.



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## 36.03 Responsibilities of the Resident

- A. A resident wishing to moonlight must:
  - 1. obtain prior written permission from his/her program director. The program director's statement must be retained in the resident's file.
  - 2. have in their possession a valid permanent medical license in the state where the moonlighting.
  - 3. have in their possession a valid federal DEA number and a valid state DEA (as required) in order to moonlight.
  - 4. obtain his own liability insurance and workers' compensation insurance for the moonlighting activities. University policy will not cover the resident for moonlighting activities.
- B. Residents must report their clinical and educational work hours including all moonlighting, at least once per week, in the New Innovations.
- C. PGY-1 residents are not permitted to moonlight.
- D. Residents on J-1 and O-1 visas may never moonlight. Residents holding other types of visas must provide proof of appropriate employment authorization before engaging in moonlighting.
- E. Violation of the moonlighting policy is subject to disciplinary action.

## 36.04 Responsibilities of the Graduate Medical Education Committee (GMEC)

- A. The GMEC may review instances of non-compliance based on the New Innovations data and request follow-up when warranted

## 36.05 Responsibilities of the Office of Graduate Medical Education (GME)/Designated Institutional Official

- A. The Office of GME may request a formal response from the program director for isolated or extremely rare instances of non-compliance.
- B. The Office of GME may bring to the GMEC any instances of non-compliance when deemed appropriate.

Approved: February 7, 2003  
Graduate Medical Education Committee

Reviewed: November 4, 2011  
December 7, 2017

# Graduate Medical Education Policy Manual

## Policy 37. Resident Work Environment (rev. 09/21/2018)

### 37.01 ACGME Requirements

- A. The Sponsoring Institution (University of Illinois at Chicago {UIC}) and each of its ACGME-accredited programs must provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without fear of intimidation or retaliation. A confidential pathway must be provided as appropriate.
- B. UIC will provide support services and develop health care delivery systems to minimize the work of residents that is extraneous to their graduate medical education (GME) programs' educational goals and objectives. Programs must ensure that residents' educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations. These services and systems must include:
  - 1. Peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services, and transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care.
  - 2. Availability of medical records at all participating sites to support high quality and safe patient care, residents' education, quality improvement, and scholarly activities.
- C. The Institution, in partnership with its GME programs, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to return safely home.
  - 1. Sleep facilities must be safe, quiet, and provide a modicum of privacy. Facilities must be available and accessible for residents to support education and safe patient care.
- D. The institution must ensure a healthy and safe clinical and educational environment that provides for:
  - 1. access to food during clinical and educational assignments.
  - 2. safety and security measures for residents appropriate to the participating site.

### 37.02 Resident Forum

- A. The Resident Forum is a mechanism for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues, in a confidential and protected manner. Resident forum meetings are held approximately quarterly. Resident members of the GMEC serve as facilitators of the meetings. Any and all residents are welcome to attend the meetings. The GME Office staff assists with meeting logistics, but

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does not attend the meetings unless invited. The Resident Forum meets the ACGME requirement for residents to have a pathway to discuss issues pertaining to the learning environment free of oversight by faculty and staff. The purpose of the meetings includes:

1. To help the GMEC resident members better represent the residents' concerns to the GMEC.
  2. To improve communication among residents, between programs, and between departments.
  3. To elicit resident feedback in a peer to peer environment.
  4. To improve morale among residents and to provide a venue for effecting change.
- B. The resident facilitators of the Forum meetings use a standard form to record the date, time, and location of the meetings, the names of the facilitators, and the number of residents who attended the meetings. The form is also used to collect resident comments and concerns, which are reported to the GMEC and the GME Office for follow-up.

### 37.03 Resources for Residents

- A. There are several levels at which residents may address problems and issues. In ascending order, these include:
1. Chief Resident
  2. Program Director
  3. Director of Graduate Medical Education
  4. Designated Institutional Official
- B. Residents who are uncomfortable discussing a problem within the program, or who wish to report a problem in anonymity, may use the GME Resident Hot Line. The Hot Line is checked by only the Director of GME and/or the DIO. Confidentiality is assured.
- C. All Campus resources for students and employees are also open to residents. Information is available from the University's web site or by contacting the GME Office.

### 37.04 Resident Activities

Resident activities are designed to provide the optimal educational experience possible, in an environment of clinical patient care. Resident involvement in patient care must be carefully supervised to ensure that the patient receives the highest quality of care. Any basic or routine technical or administrative work required of a resident must be part of the learning process and should only be related to a patient in whose care the resident is involved.

Approved: February 3, 2006 GMEC

Reviewed: October 27, 2011  
September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 38. Exclusions/Sanctions Check and Criminal Background Check

### 38.01 General Policy:

- A. In an effort to safeguard all those who utilize the University of Illinois Medical Center and other UIC facilities and to comply with applicable University policies, procedures and guidelines, and state and federal laws, rules and regulations, the University of Illinois at Chicago will conduct exclusions/sanctions checks and criminal background checks on all prospective UIC Residents (“applicants”) and will continue to conduct these checks on an annual basis while the resident is on active status. As used in this policy, the term “Resident” shall also include any “intern” or “fellow.”
- B. All applicants for residency positions must undergo an exclusions/sanctions check and criminal background check and meet all the requirements of the University policy related thereto. Any offer extended to a resident for a position in a residency program at UIC is conditioned upon completion of the checks, review of the results thereof, and final approval of the offer relevant to the results of those checks.
- C. A Criminal Background Check & Government Exclusive List Release Form must be completed by all applicants no later than thirty (30) days prior to the commencement date of the Resident Agreement. Failure to do so may result in cancellation of the offer, delay in the commencement date of the Resident Agreement and/or delay in the payment of any salary or benefits earned pursuant to the Resident Agreement.

### 38.02 Results of Criminal Background Check:

Certain criminal convictions may disqualify the resident from earning a position in the program and may, if discovered during the term of an executed Resident Agreement, serve to immediately terminate that agreement. The Resident shall have the right to appeal that termination in the manner set forth in Exhibit B to the Resident Agreement.

### 38.03 Results of Exclusions/Sanctions Checks:

- A. Applicants: An applicant whose name appears on a federal, state or other mandated governmental exclusions/sanctions listing may not be approved for a position in any UIC residency program. This condition may not be waived for any reason. As such, the offer extended to a resident for a position in any UIC residency program will be immediately withdrawn.
- B. Residents: If, during the term of an executed Residency Agreement, the University discovers that a resident has been excluded under one of these listings, his/her Resident Agreement will be immediately terminated and he/she shall be removed from all clinical duties.
- C. Challenge: A resident may challenge the accuracy and completeness of the report by contacting the appropriate federal or state agency.

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- D. Appeal: If a Resident Agreement is terminated under these circumstances, the notice and appeal rights set forth in Exhibit B shall not apply. The resident may submit a written appeal of the termination to the Associate Dean for Graduate Medical Education within 30 days of notification of the termination. That appeal may be granted only if the resident has provided written evidence from the listing agency that his/her name has been removed from the exclusions/sanctions list or that the resident in question is not the person whose name appears on the list (e.g., mistaken identity). If the Resident is reinstated to his/her position after providing that evidence, he/she shall be paid his/her salary and benefits for the time period between termination and reinstatement. A new Resident Agreement will be created and signed and the Department may, at its discretion, extend the term of that Resident Agreement beyond that which was included in the terminated agreement in order to account for any lost experience during the termination.

If the appeal is denied, the Resident shall have no further rights to appeal.

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## Policy 39. The Relationship between GME and the Health Care Industry (rev. 09/21/2018)

### 39.01 Introduction

Employees, including faculty and residents, should not accept gifts and gratuities of any kind, whether merchandise, cash, or services. Particular discretion and caution should be exercised by those involved in the purchase of equipment, commodities, and services as well as those employees who have influence in the selection of types of equipment, commodities, or service or their vendors; the review and acceptance of sponsored programs, projects, or contracts; the awarding of grants, scholarships, and similar awards; and the admission to academic programs.

The University maintains several policies regarding gifts which the UIC College of Medicine has adopted to manage interactions between health care industry and faculty, residents, and students. The term “industry” includes pharmaceutical companies, manufacturers of medical devices, and biotechnology companies. The following references provide complete descriptions and procedures regarding gifts and gratuities:

- Office of Business and Financial Services: Section 11 Gifts and Endowments
- Human Resources: Policy 310 Gifts and Gratuities
- Ethics and Compliance Office: Ethics, Political Activity, and Gifts
- Ethics and Compliance Office: Statements of Economic Interest

### 39.02 ACGME Principles and Requirements

The ACGME's six general competencies provide a framework to guide the conduct of the relationships maintained by sponsoring institution and its residency programs with industry.

#### A. Professionalism Requirements:

1. Ethics curricula must include instruction in and discussion of published guidelines regarding gift-giving to physicians.
2. Full and appropriate disclosure of sponsorship and financial interests is required at all program- and institution-sponsored events, above and beyond those already governed by the Standards for Commercial Support promulgated by the Accreditation Council for Continuing Medical Education (ACCME). Likewise, full disclosure of research interests must be published in keeping with the local policies of institutional review boards and following the recommendation of the Association of American Medical Colleges Task Force on Financial Conflicts of Interest in Research.
3. Programs and sponsoring institutions must determine which contacts, if any, between residents and industry representatives may be suitable, and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

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- B. Practice-Based Learning and Improvement and Medical Knowledge Requirements:
  - 1. Clinical skills and judgment must be learned in an objective and evidence-based learning environment.
  - 2. Residents must learn how promotional activities can influence judgment in prescribing decisions and research through instructional activities.
  - 3. Residents must understand the purpose, development, and application of drug formularies and clinical guidelines. Discussion should include such issues as branding, generic drugs, off-label use, and use of free samples.
- C. Systems-Based Practice Requirements:
  - 1. Sponsoring institutions and program must develop policies to assure that clinical skills and judgment are learned in objective and evidence-based clinical and teaching environments free from inappropriate influence. These policies must clarify the differences between education and promotion.
  - 2. The curriculum must include how to apply appropriate considerations of cost-benefit analysis as a component of prescribing practice.
  - 3. Advocacy for patient rights within health care systems must include attention to pharmaceutical costs.
- D. Interpersonal and Communication Skills Requirements:
  - 1. The curriculum must include discussion and reflection on managing encounters with industry representatives.
  - 2. The curriculum must include illustrative cases of how to handle patient requests for medication, particularly with regard to direct-to-consumer advertising of drugs.

### 39.03 UIC Policy Statement

- A. The UIC College of Medicine has adopted guidelines to manage interactions between health care industry and our faculty, residents, and students. The Guidelines for Management of Potential Conflicts of Interest with Health Care Industry document was approved by the College of Medicine Executive Committee on June 16, 2010 and is included as an appendix to this policy.
- B. Where this policy and the College of Medicine Guidelines for Management of Potential Conflicts of Interest with Health Care Industry may differ, the more restrictive of the two will apply.

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- C. Graduate Medical Education residency and fellowship programs will not participate in any UIC-sponsored events in which commercial and pharmaceutical companies provide meals, other types of food, pens, imprinted paper, or any gifts or other materials.
- D. The program will not be involved in, or sponsor, any events where pharmaceutical companies provide meals, other types of food, pens, imprinted paper, or any gifts or other materials that are not educational in value and do not directly improve patient care. Other than in GME-authorized, planned activities, students, residents, and fellows will not have contact with commercial or pharmaceutical sales representatives during their normal work weeks.
- E. Commercial and pharmaceutical companies may provide educational materials for student or resident use, so long as the company name does not appear on the item.
- F. Companies may provide unrestricted educational grants to departments.
- G. Speakers for any UIC-sponsored event must disclose any links to commercial and pharmaceutical companies.
- H. Graduate Medical Education will provide an educational program for all residents and fellows regarding appropriate interactions with commercial and pharmaceutical companies and the ethics of dealing with possible conflicts of interest, and the rationale behind these. This educational program will include a web-based educational module and approved alternative courses.
- I. Companies may not use official University communication means to advertise or circulate information about events.
- J. There will be a progressive system of corrective action for programs that fail to comply with the policy.

Approved: May 2, 2008

Reviewed: November 4, 2011  
September 21, 2018



# Graduate Medical Education Policy Manual

## Guidelines for Management of Potential Conflicts of Interest with Health Care Industry\*

### I. Introduction

The University of Illinois at Chicago College of Medicine Task Force on Relationships with Industry was established to develop guidelines to manage interactions between health care industry and our faculty, residents and students. The Task Force reviewed the current policies from each regional site, the AMSA PharmFree scoring system, and the AAMC document on Industry Funding of Medical Education June 2008. Topics covered came from the AMSA scoring system and the AAMC document. The task force realizes that there may be some regional differences needed in these guidelines. However, the agreed upon college standards should be adhered to as much as possible at each site. Members of the task force are Janet Jokela (Urbana), Sarah Kilpatrick (Chicago), Mitch King (Rockford), Brian McIntyre (Peoria), Linda Rowe (Peoria), and Mike Warso (Chicago). These guidelines pertain to all salaried faculty, residents, medical students, and graduate students of University of Illinois College of Medicine.

### II. Objectives

II.A. It is recognized that interactions between the health care industry and faculty, residents, and students are multi-layered and complex. No set of rules or policies can cover or anticipate all exigencies. Therefore, each situation should be managed with the aim of ensuring that our educational curriculum, research and patient care decisions are independent of industry influence and that they allow appropriate opportunities for faculty and trainees to interact with industry to foster collaborations in a creative, scientific, and conflict free environment. In summary, each interaction should be managed so as to:

II.A.1. Prevent health care vendors from exercising influence over how faculty, residents and students practice medicine / treat patients, especially when such practice or treatment is delivered under the auspices of the U of I COM;

II.A.2. Prevent health care vendors from influencing how faculty, residents and students conduct research;

II.A.3. Prevent health care vendors from influencing the content of the curriculum of the U of I COM;

II.A.4. Prevent quid pro quo arrangements;

II.A.5. Eliminate the actual or apparent endorsement by the U of I COM of any commercial health care product, service or for-profit corporation.

### III. Compensation or Gifts

III.A. Personal gifts from an industry representative may not be accepted by any faculty, trainee, student or staff at any College of Medicine site, or at any location when participating in any University-related activity.

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- III.B. Individuals may not accept compensation, including reimbursement for expenses associated with attending a CME or other activity in which the attendee has no other role. Reasonable honoraria and payment of expenses may be provided for speakers at accredited educational meetings, consistent with guidelines developed by the Accreditation Council for Continuing Medical Education (ACCME) and University policy.
- III.C. No gifts or compensation may be accepted in exchange for listening to a sales talk or similar presentation for a commercial interest that produces or distributes health care goods and services.
- III.D. Faculty, trainees, students and staff are strongly discouraged from accepting gifts of any kind from industry as part of non-professional activities. Individuals should be aware of and comply with applicable policies, such as the:
  - III.D.1. AMA Statement on Gifts to Physicians from Industry (<https://policysearch.ama-assn.org/policyfinder/search/9.6.2%20Gifts%20to%20Physicians%20from%20Industry/relavant/1/>)
  - III.D.2. Accreditation Council for Continuing Medical education Standards for Commercial Support (<http://www.accme.org>).
  - III.D.3. State of Illinois ethics regulations
- III.E. Meals and other gifts or donations funded directly by industry may not be provided at any UIC College of Medicine location, including any site where UIC educational or social activities occur. Vendors and other industry representatives may provide unrestricted funds to departments or divisions for educational programs. The funds will be managed according to the Standards for Commercial Support of the ACCME and University policy.
- III.F. No gifts may be accepted in exchange for modifying patient care, such as prescribing a specific medication. Support for research and educational programs must be provided without influence on clinical decision making.
- III.G. Free samples, supplies or equipment designated for an individual are considered a gift and are prohibited. Vendors may donate products to a department or division when the intent is for evaluation or education regarding the product, if the University invites the donation, and if there is a formal evaluation process. Sample donations are restricted to the amount necessary to complete the evaluation. Other policies related to the management of samples must comply with the specific policies and procedures of each Medical Center. Faculty must abide by the policies developed at the clinical sites in which they practice.
- IV. Industry Support for Educational Programs
  - IV.A. Commercial support for educational programs must be free of actual or perceived conflict of interest.

## Graduate Medical Education Policy Manual

- IV.B. All educational programs within the College of Medicine must abide by the Standards for Commercial Support established by the ACCME. This requirement applies to all undergraduate, graduate and continuing medical education programs regardless of whether continuing medical education credit is offered.
- IV.C. All funds provided by industry or an industry representative to support educational programs must be given to the University as an unrestricted grant. The funds can be provided to the Department, Program or Division, but cannot be given to an individual faculty member, student or staff. This requirement applies to all funds for meals or refreshments, speaker honoraria, or any other expense related to an educational program and includes noon conference, grand rounds and lectures at all UIC sites. Funds that are provided by educational groups or other entities that act as “intermediaries” for industry must also be provided as unrestricted grants.
- IV.D. No gifts may be accepted in exchange for listening to a lecture or presentation by a representative of a commercial entity that produces health care or medical goods and services.
- IV.E. Vendors may provide educational activities on a UIC site only if they are requested to do so by the department chair or designee. Participants in an educational program may not be required to attend any educational session in which industry representatives disseminate information about their products or services except when such services are provided as part of a contract for in-service or other training as part of an executed purchase decision.
- IV.F. The content of all educational programs will be determined by UIC faculty and, when appropriate, the CME office. Industry sponsors of educational programs may not determine the content or selection of speakers for educational programs.
- IV.G. These requirements do not apply to meetings governed by ACCME Standards or meetings of professional societies and other professional organizations that may receive partial industry support. Individuals who actively participate in meetings or conferences that are supported in whole or in part by industry, including lecturing, organizing the meeting or moderating sessions should abide by the following requirements.
- IV.G.1. Financial support should be fully disclosed by the meeting sponsor.
- IV.G.2. The content of the meeting or session should be determined by the speaker. If the sponsor dictates content of a session or talk, the faculty speaker must clearly delineate what information is so dictated.
- IV.G.3. The speaker must provide a fair and balanced discussion
- IV.G.4. The speaker must make clear that the comments and content reflects the individual views of the speaker and not the University of Illinois, the UIC College of Medicine or the Department

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- IV.H. Faculty, trainees, students and staff should carefully evaluate whether it is appropriate to participate in off-campus meetings or conferences that are fully or partially sponsored by industry because of the high potential for real or perceived conflict of interest.
- V. Provision of Scholarships or Other Educational Funds for Students and Trainees
  - V.A. Industry support for students and trainee participation in education programs must be free of any real or perceived conflict of interest. All educational grants or support of educational programs must be specifically for the purposes of education and must comply with the following requirements.
    - V.A.1. The College of Medicine, Department, Program or Division must select the student(s) or trainee(s) for participation
    - V.A.2. The funds must be provided to the Department, Program or Division and not directly to the student or trainee
    - V.A.3. The Department, Program, or Division must determine that the education conference or program has educational merit
    - V.A.4. There is no implicit or explicit expectation that the participant must provide something in return for participating in the educational program
  - V.B. This provision does not apply to regional, national or international merit-based awards that will be considered on a case-by-case basis.
- VI. Disclosure<sup>#</sup> of Relationships with Industry
  - VI.A. Faculty and staff must disclose all financial interests with outside entities in accordance with UIC and University of Illinois policies. The specific disclosure obligation and method is dependent on the activity. The place of disclosure currently is according to university policy.
    - VI.A.1. Member of the academic staff must complete an annual report disclosing and seeking approval for non-university income producing activity (RUNA). This requires retrospective and prospective disclosure of external activities. Prior written approval from the University is required before undertaking, contracting for, or accepting anything of value in return for consulting or research from any external person or organization. Additional disclosure is necessary whenever a substantial change in external activities occurs or when required by granting agencies. The University Policy on Conflicts of Commitment and Interest is available at: <http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/policy/index.shtml>
    - VI.A.2. All publications must be in compliance with the guidelines of the International Committee of Medical Journal Editors (sss.icmje.org)

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- VI.A.3. Covered individuals must complete situation specific disclosures of potential conflicts of interest when required (e.g. procurement, IRB applications, grant proposals)
- VI.A.4. All continuing medical educational activities must be disclosed and resolved as defined by the Office of Continuing Medical Education and the ACCME (<http://www.accme.org>)
- VI.B. Faculty or staff who serve as consultants, members of a speaker's bureau, have an equity interest in or another relationship with industry for which they receive personal compensation or other support must recuse themselves from deliberations or decision making regarding the selection of products or services to be provided to the Medical Center or College of Medicine (e.g.; selection of drugs to be added to the formulary) by the company. While requests for formulary inclusion of medications can be made by conflicted faculty, these conflicts must be disclosed at the time of the requests. Faculty with such ties to industry shall not participate in decisions regarding the purchase of related items, drugs, procedures in their department unless specifically requested to do so by the purchasing unit and after full disclosure of the faculty member's industry relationship. Under all circumstances the financial relationship must be disclosed and any conflicts resolved prior to participation in any decision making.
- VI.C. Faculty and staff are prohibited from publishing articles that are substantially or completely "ghost" written by industry representatives. Faculty and staff who publish articles with industry representatives must participate in the preparation of the manuscript and shall be listed as authors or otherwise appropriately cited for their contribution. The financial interest of all authors shall be disclosed in accordance with the standards of the journal.
- VI.D. Faculty with financial relationships with industry must ensure that the responsibilities to the company do not affect or appear to affect the ability to properly supervise and educate students, residents, and other trainees, nor influence employment decisions for faculty and staff. All such relationships must be disclosed particularly during educational or research activities pertinent to the industry relationship and resolved as defined by ACCME.
- VII. Access by Sales and Marketing Representatives to Faculty, Trainees, Staff and Students

Faculty, trainees, and staff at each UIC site must abide by the policies and procedures for each institution (VA, Chicago, Peoria and Rockford institutions) with regard to meeting with industry representatives. In general, representatives are permitted in non-patient care areas by appointment only. Company representatives are not permitted in any patient care areas except to provide scheduled and approved in-service training on devices and other equipment for which there is an executed University contract for these services. Involvement of students and trainees in such meetings should occur only for educational purposes and only under supervision of a faculty member.

# Graduate Medical Education Policy Manual

## VIII. Provision of Education by COM to faculty and trainees

Medical school curriculum objectives shall be formulated to train students and residents to understand conflict-of-interest and to recognize how industry promotion can influence clinical judgment. Curricular education on managing the relationship between physicians and industry will be developed for at least two years of medical education. Goal is to have this implemented by 2012.

## IX. CME

For all CME activities UIC COM follows the Accreditation Council for Continuing Medical Education (ACCME) standards available on their website <http://www.accme.org/>.

## X. College Committee on Conflict of Interest

In 2010 the COM will create the COCI which will include at least 5 faculty members with at least one from Peoria, Rockford and Urbana, who are advisory to the Dean. These faculty members will be appointed by the Dean for three year terms. The initial committee will have staggered terms such that the entire committee does not rotate off in a single year. The charge of the committee will be to review potential conflicts of interest referred to them by the dean or a head and develop guidelines for management. The committee will be staffed by an assistant.

## XI. Definition of Significant Financial Interest

XI.A. The current definitions are the same as NIH and are \$10k expected in next 12 months for you and family aggregated OR 5% equity for you and family aggregated regardless of value. Royalties paid through the university are excluded.

XI.B. Because this threshold may change, please refer to the following university website to see the most current definition:  
<http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/policy/index.shtml>  
[http://grants.nih.gov/grants/compliance/42\\_cfr\\_50\\_subpart\\_f.htm](http://grants.nih.gov/grants/compliance/42_cfr_50_subpart_f.htm)

## XII. Relationship to Other University Policies

The guidelines supplement University policies on Conflict of Interest and the requirements of the Department Compensation Plan. Faculty and staff should familiarize themselves with the policies and reporting obligations. If the guidelines and University policies conflict, then the more restrictive of the two will apply. Questions about the policies should be discussed with the department chair and/or administrative staff.

## XIII. Other University documents

<http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/policy/index.shtml>  
[http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/policy/uic\\_coi\\_policy.pdf](http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/policy/uic_coi_policy.pdf)

\* For purposes of these guidelines, industry refers to any proprietary entity that produces health care and medical goods and services.

## **Graduate Medical Education Policy Manual**

# The COM intends to further explore the best sites for disclosure of significant financial relationships with industry.

**UIC COM Task Force on Relationships with Industry final approved by COM Executive Committee on June 16, 2010.**

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## Policy 40. Disaster Plan (rev. 09/21/2018)

### 40.01 Objective

The University of Illinois at Chicago is committed to providing residents/fellows with a complete, high-quality educational program. In the event of a disaster or interruption in patient care that has the potential to interrupt their training, arrangements will be made to enable residents/fellows currently in the program to complete their educational program in the least disruptive manner.

### 40.02 Procedure

- A. In the event of a disaster or interruption in patient care that would cause residents/fellows to be displaced from their scheduled training programs and/or training sites, temporary training sites will be arranged for the displaced residents/fellows.
1. The Designated Institutional Official (DIO) will immediately communicate with the program directors to determine their needs. The residents/fellows will also be informed that an emergency has occurred.
  2. The DIO will communicate with the ACGME Institutional Review Committee's (IRC) Executive Director to inform them of the situation that has occurred and to request assistance in placement of affected residents/fellows for continuation of their training.
  3. The DIO will continue to communicate with the IRC Executive Director to discuss due dates for program reconfigurations and transfer decisions.
  4. Program directors and residents/fellows will be kept informed and will be instructed to contact their respective Review Committees with information or requests for information.
  5. The DIO will work with the program directors of affected programs to identify programs that are willing and able to accept transferred residents/fellows.
  6. Residents/fellows who transfer temporarily will be informed initially and continually by the program director about the estimated duration of the transfer.
  7. The institution will continue to pay resident stipends and benefits through the end of each resident's current Resident Agreement or until the resident has been placed in an alternate training site, whichever comes first.
- B. Documentation of resident/fellow demographics, licensure, ECFMG certification, and other training information is maintained in a comprehensive resident database located on a secure remote server. Any program that accepts a transferring resident/fellow will be asked to submit all evaluations to the GME



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Office to be uploaded through the resident management database to allow continuity for the trainees when they return to UIC.

- C. In the event that the disaster renders UIC incapable of reestablishing the training environment within a reasonable period of time, the DIO and respective program directors will arrange for permanent transfer of the trainees to suitable programs.
- D. UIC will also, to the best of its ability, offer to accept temporary and/or permanent transfers of trainees displaced by disasters at other ACGME-accredited institutions.

Approved: June 5, 2009  
Graduate Medical Education Committee

Reviewed: November 4, 2011  
August 3, 2012  
September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 41. Educational Resources for Pain Medicine Program (rev. 09/21/2018)

### 41.01 Background

- A. The University of Illinois at Chicago College of Medicine, through sponsorship by the Department of Anesthesiology, provides support to one Pain Medicine program. Because pain medicine is a multidisciplinary specialty, the Accreditation Council for Graduate Medical Education (ACGME) requires that there be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.
- B. There may be only one ACGME-accredited pain medicine program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

### 41.02 Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored pain medicine program complies with the ACGME institutional and specialty-specific requirements, and that the allocation of clinical and other resources is monitored.

### 41.03 Monitoring and Compliance

- A. The program will perform an annual review of program effectiveness. The Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC) will monitor educational resources committed to the pain medicine program through the annual program evaluation and ACGME annual resident survey.
- B. If difficulties in the distribution of resources committed to pain medicine training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC, which may meet with the pain medicine program director and other hospital/institutional officials. If an effective remedy is not found, the matter will be referred to hospital and College of Medicine leadership for resolution. If resources cannot be identified the GMEC and program director will need to determine the future of the program.
- C. Any request for program changes in pain medicine will be reviewed through customary GMEC processes.

Approved: December 2, 2011  
Graduate Medical Education Committee

Reviewed: September 21, 2018

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## Policy 42. Professionalism (rev. 09/21/2018)

### 42.01 Introduction

In accordance with the ACGME Core Competency requirement for Professionalism, this policy is written to facilitate programs and their residents in meeting professionalism standards for the practice of medicine. (Throughout this policy, the term "resident" applies equally to residents and fellows.)

### 42.02 Institutional Responsibilities

- A. The Sponsoring Institution, in partnership with the program directors of its ACGME-accredited programs, must provide a culture of professionalism that supports patient safety and personal responsibility.
- B. The Sponsoring Institution, in partnership with its ACGME-accredited programs, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
- C. The Sponsoring Institution must provide systems for education in and monitoring of:
  - 1. residents' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and,
  - 2. accurate completion of required documentation by residents.
- D. The Sponsoring Institution must ensure that its ACGME-accredited programs provide a professional, respectful and civil environment that is free from unprofessional behavior, including mistreatment, abuse and/or coercion of residents, other learners, faculty members, and staff members.
  - 1. The Sponsoring Institution, in partnership with its ACGME-accredited 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.
- E. Each program must have a program-level policy that describes the manner in which the program provides professionalism education to the resident.
- F. Residents are required to fulfill all obligations that the University, GME Office, residency programs, and hospitals deem necessary to begin and continue duties as a resident, including but not limited to:
  - 1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training, and obtaining of badges. Some of these activities may occur prior to the resident appointment start date.

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2. Completing required assignments before established deadlines, including but not limited to: Safe Haven training, Ethics training, Learning Management Suite (LMS) modules, medical records, mandatory online curricula, mandatory surveys, resident work hour logs, procedural logs, or conference attendance.)

## 42.03 Program Responsibilities

Each program must:

- A. Facilitate the development of habits of conduct that demonstrate sensitivity, compassion, integrity, respect, and trust, through the use of an organized curriculum.
- B. Emphasize the importance of maintaining the patient's dignity and confidentiality at all times.
- C. Emphasize the need for residents to commit to carrying out professional responsibilities and to adhere to ethical principles.

## 42.04 Program Director Responsibilities

- A. The program director must be a role model of professionalism.
- B. The program director, as the leader of the program, must serve as a role model to residents in addition to fulfilling the technical aspects of the role. As residents are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director must create an environment where respectful discussion is welcomed, with the goal of continued improvement of the educational experience.

## 42.05 Expected Resident Behaviors

Each resident must:

- A. Demonstrate a commitment to professionalism and an adherence to ethical principles;
- B. Demonstrate competence in:
  1. compassion, integrity, and respect for others;
  2. responsiveness to patient needs that supersedes self-interest;
  3. respect for patient privacy and autonomy;
  4. accountability to patients, society, and the profession;

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5. respect the diversity of opinion, genders, and ethnicities in the workplace;
  6. ability to recognize and develop a plan for one's own personal and professional well-being; and
  7. appropriately disclosing and addressing conflict or duality of interest.
- C. Respect individual patient concerns and perceptions.
- D. Demonstrate respect for peers and other members of the health care team by maintaining open communication at all times.
- E. Respect the systems that are in place to provide and improve the quality and safety of patient care.
- F. Comply with all requirements as set forth in the GME Policy Manual, and all other University requirements.

Approved: December 6, 2013  
Graduate Medical Education Committee

Reviewed: June 6, 2014  
September 21, 2018

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## Policy 43. Transition of Patient Care (rev. 04/04/2014)

### 43.01 Purpose

The purpose of this policy is to establish protocol and standards within the University of Illinois Hospital & Health Sciences System (UI Health), its clinics, residency and fellowship programs for the orderly transfer of responsibility for a patient's care from one physician to another, and to define a safe process to transfer important information, responsibility, and authority from one provider to another.

### 43.02 Definition

- A. A "handoff" or "transition of care" is defined as the communication of information to support the transfer of care and responsibility for a patient or a group of patients from one provider to another. This is best done as a face-to-face encounter between providers, but it can be conducted over the telephone so long as both parties have access to an electronic or printed version of the sign-off sheet or summary. The handoff/transition of care is an interactive communication process for passing specific, essential patient information from one caregiver to another. Throughout this policy, the term "handoff" shall be used to indicate a handoff or transition of care. Handoffs occur regularly in conjunction with (not limited to) the following conditions:
1. Transfer of patient care related to shift change or rotation changes for residents/fellows (hereinafter referred to as "residents")
  2. Transfer of patient care temporarily or long-term for any reason (e.g., cross-coverage for didactics or during vacations)
  3. Changes in level of patient care, including admissions from the Emergency Room to inpatient, outpatient to inpatient admissions, or admissions from a procedural/diagnostic area
  4. Discharge to another institution, facility, care setting, or provider

### 43.03 Policy

All programs must have in place a standardized process that includes both verbal and written/electronic communication of patient care-related information that facilitates continuity of care and promotes patient safety. An essential element must be the opportunity for all parties involved to ask and respond to questions, and to clarify information during these transitions.

### 43.04 Procedure

- A. Handoffs should be carried out in a consistent manner facilitated by a standardized handoff form. The form's content should be specific to the type of patient care being provided. The handoff process should include, at a minimum:
1. Patient's name, date of birth, medical record number and location

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2. Identification of the admitting and supervising physician, along with contact information
  3. Diagnosis, condition and level of acuity of the patient
  4. Hospital course of treatment and pertinent historical data
  5. Medication list and history of any known allergies
  6. Vitals and important or outstanding labs to be monitored during absence or transition
  7. Identification of any specific protocols/resources/treatments in place that need to be completed in the near future
  8. Description of anticipated care plan for next 24 hours of care
  9. Identification of any anticipated problems, or changes in patient's condition that may require intervention, along with suggested actions to be taken, if known
  10. Do Not Resuscitate (DNR status) or health care directives documented in the medical record
  11. Any other clinical information that is considered integral to the provision of evidence- based, effective and safe care
- B. Each program must include handoffs as part of its curriculum. Residents should be shown how to organize and integrate the information listed in 43.4.A. into either the SBAR or I-PASS framework. The Program Director will determine which framework serves the program best.
- C. Each program must ensure that its process includes opportunities to observe both the behavior of the receiving clinician and the reporting clinician, as each has a responsibility to the patient.
1. The process must be facilitated by a supervising attending physician or, at a minimum, a senior resident, until such time as competency is determined for any individual resident.
  2. An opportunity for verification of the received information through repeat back or read back as deemed appropriate for the situation.
  3. An opportunity for the receiving clinician to ask pertinent questions and requisite information from the reporting physician
  4. An opportunity to observe and reinforce that the process is conducted discreetly so as to preserve confidentiality, and in a way that is free from distractions such as telephones, cell phones, hand-held electronic devices, or disruptive third-party conversations

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- D. Each program must ensure that residents demonstrate competency in performance of tasks related to handoffs. Some suggested methods include:
1. Direct observation of a handoff session, with use of a checklist by a supervising clinician skilled in this task, to provide feedback
  2. Direct observation of a handoff session by a more senior supervising resident already certified as competent in performing the process
  3. Evaluation of written handoff materials by either of the above supervisory chains of command
  4. Use of case-based simulation OSCE
  5. Mini-CEX for knowledge and skill assessments
  6. Evaluation of adverse events and root cause analysis to define causal relationship to quality of handoff process (e.g., survey, reporting on MIDAS or hotline, trigger tool, chart review with stimulated recall)

### 43.05 Responsibilities

- A. The transferring resident or attending MUST:
1. Comply with policy and procedures for handoffs
  2. Resolve discrepancies and concerns in a timely manner
  3. Remain in the hospital until an effective handoff has occurred with the attending or resident coming onto the service. Supervision as required must be in attendance
- B. The receiving resident or attending MUST:
1. Review the handoff form or receive verbal handoff (free of distraction)
  2. Resolve any questions with transferring resident or attending prior to acceptance of patient
- C. The Program Director MUST:
1. Ensure that schedules and assignments minimize the number of transitions in caring for patients
  2. Evaluate each resident for competency attainment in performing handoffs through direct observation and documentation in the resident's file
  3. Ensure that a standardized process is in place and familiar to all residents and attending supervisors



## **Graduate Medical Education Policy Manual**

4. Ensure that the learning environment has the requisite materials and infrastructure to support the process (e.g., forms, computers, telephones)
5. Ensure that all are familiar with HIPAA requirements and the need to preserve patient confidentiality and privacy
6. Ensure that a process is in place for any necessary remediation

Approved: April 4, 2014  
Graduate Medical Education Committee

# Graduate Medical Education Policy Manual

## Policy 44. Annual Program Evaluation Committee and Program Evaluation Committee (rev. 09/21/2018)

### 44.01 Purpose

The annual program evaluation process is intended to promote a meaningful way for program leadership to review and analyze program data. The purpose of this policy and procedure is two-fold:

- A. To establish a method for composition and responsibilities related to the requirement for individual Program Evaluation Committees (PEC); and
- B. To define the Graduate Medical Education Committee's (GMEC) responsibilities associated with oversight of Accreditation Council for Graduate Medical Education (ACGME)-accredited programs by establishing a formal, systematic process to annually evaluate the educational effectiveness and monitor improvements as mandated by the ACGME and recommended by the GMEC.

### 44.02 Policy

- A. In accordance with the ACGME Common Program Requirement V.C., Program Evaluation and Improvement, each ACGME-accredited program will establish a PEC. The PEC is required to meet a minimum of one time per year.
- B. In accordance with the ACGME Institutional Requirement I.B.4.a).(4), as well as its overall responsibility to maintain effective oversight, the GMEC will review all annual program evaluation and self-studies. This review will function as a component of the Annual Institutional Review (AIR).

### 44.03 Procedure

- A. Each ACGME-accredited program will retain within its policies a written statement of the PEC's responsibilities that are in agreement with the approved PEC description (see attached). This description outlines the responsibilities, procedures, and membership in accordance with the ACGME and GMEC standards.
- B. Through the PEC, each ACGME-accredited program will conduct an annual formal, systematic evaluation of the curriculum and will render a full report in the format prescribed by the Designated Institutional Official (DIO) for each academic year.

The APE report will address, but not be limited to, the following:

1. Resident/fellow performance;
2. Faculty development;
3. Graduate outcomes, including performance of program graduates on the certification examination;

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4. Program quality; and,
  5. Progress on the previous year's action plan(s).
- C. The annual program report and a written action plan for improvement must be completed and submitted to the Office of Graduate Medical Education by the last business day in August, or in compliance with an alternate date as established by the DIO.
- D. The GMEC and any officially designated subcommittees and/or representatives will review the annual program evaluations and corresponding action plans with respect to program performance and trending. The GMEC will, in addition, conduct an overview across programs.
- E. Summaries of the reviews and recommendations will be provided to the individual Program Directors and Department Heads and presented at the GMEC meetings.

Approved: December 2, 2016  
Graduate Medical Education Committee

Reviewed: September 21, 2018

# Graduate Medical Education Policy Manual

**Name of Committee: Program Evaluation Committee (PEC)**

## **Overall Purpose:**

The Accreditation Council for Graduate Medical Education (ACGME) requires that each ACGME-accredited program has a Program Evaluation Committee (PEC) appointed by its director (Common Program Requirement V.C.). The PEC is to function in compliance with both the common program and specialty-specific requirements with the primary goal of overseeing curriculum development and program evaluations for its respective graduate medical education program. The ACGME mandates that each program has a written description in accordance with the following:

## **Responsibilities and Duties**

1. Actively participates in:
  - a. Planning, developing, implementing, and evaluating educational activities of the program;
  - b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
  - c. Addressing areas of non-compliance with ACGME standards;
  - d. Identifying needs to foster continual quality improvement and program outcomes; and
  - e. Reviewing the program annually using evaluations of faculty, residents, and others.
2. Conducts and documents a formal, systematic evaluation of the curriculum at least annually.
3. Renders a full written report in accordance with the GMEC/DIO established protocol for the relevant academic year and submits to the GME Office.
4. Monitors and tracks each of the following areas:
  - a. Resident performance;
  - b. Faculty development;
  - c. Graduate performance, including performance of program graduates on the certification examination;
  - d. Program quality; and,
  - e. Progress on the previous year's action plan(s).
5. Reviews recommendations from the Clinical Competency Committee (CCC).

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6. Prepares a written plan of action to document initiatives to improve performance in one of more of the areas listed above and delineates how they will be measured and monitored.
7. Documents in writing (meeting minutes) the review and approval of this action plan by teaching faculty.
8. Provides this approved action plan to the GMEC.

## **Meeting Frequency:**

The PEC must meet semiannually. If there are no trainees enrolled in the program the PEC must meet annually.

## **Reporting Relationship and Protocol:**

The PEC, as an ACGME Common Program Requirement mandated committee, reports to the Program Director. Prior to the program review meeting, input from the CCC will be obtained and relevant data and summaries collected and organized by the program's administrative staff in order to facilitate the PEC's evaluation process. Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Each PEC meeting must be conducted as a separate entity with attendance and minutes documented for inclusion in the Annual Program Evaluation.

## **Composition:**

1. Program administrator
2. Two core faculty members, at minimum (with total number appropriate in proportion to size of the program)
3. One resident or fellow, at minimum (unless there are no trainees enrolled in the program)

## **Term of Office:**

Indefinite, with review and re-appointment, as needed.

*Program Evaluation Committee (PEC)*

*Template for Use by Residency Programs - GMEC approved December 2, 2016.*

# Graduate Medical Education Policy Manual

## Policy 45. Accommodation for Disabilities (rev. 01/05/2018)

### 45.01 Summary

- A. The University of Illinois at Chicago (UIC) is committed to the full inclusion and participation of persons with disabilities in all aspects of university life. Consistent with the Illinois Human Rights Act, the American with Disabilities Act, and other state and federal law, UIC will provide reasonable accommodations to qualified applicants, candidates, and employees with known disabilities on an individualized basis and will expand coverage to include requests based on medical conditions that may not meet the legal definitions of “disability” or “handicap.”
- B. UIC will notify all applicants, candidates, and employees of their responsibilities and the procedures the University will follow in processing accommodation requests. It is the responsibility of each and every applicant, candidate, and employee with a disability or handicap to submit a request for an accommodation pursuant to established procedures. UIC has no obligation to accommodate disabilities of which it is unaware or disabilities or handicaps not covered by federal or state law.
- C. Requests based on medical conditions not qualifying as disabilities or handicaps under state or federal law may be granted or denied at UIC’s discretion. By considering a request or granting a requested accommodation based on a medical condition, UIC is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, or a handicap as defined by the Illinois Human Rights Act.
- D. UIC maintains a policy on Americans with Disabilities Act Employee Accommodation. For a complete description, procedures, and forms see Policy OAE-1100-002.

Approved: January 5, 2018  
Graduate Medical Education Committee

# Graduate Medical Education Policy Manual

## Policy 46. Educational Resources for Clinical Informatics Program (rev. 09/21/2018)

### 46.01 Background

- A. The University of Illinois at Chicago College of Medicine, through sponsorship by the Department of Pathology, provides support to one Clinical Informatics program. Because clinical informatics is a multidisciplinary specialty, the Accreditation Council for Graduate Medical Education (ACGME) requires that there be an institutional policy governing the educational resources committed to the fellowship that ensures collaboration among the multiple disciplines and professions involved in educating fellows.
- B. There may be only one ACGME-accredited clinical informatics program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

### 46.02 Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored clinical informatics program complies with the ACGME institutional and specialty-specific requirements, and that the allocation of clinical and other resources is monitored.

### 46.03 Monitoring and Compliance

- A. The program will perform an annual review of program effectiveness. The Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC) will monitor educational resources committed to the clinical informatics program through the annual program evaluation and ACGME annual resident survey.
- B. If difficulties in the distribution of educational resources committed to clinical informatics training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC, which may meet with the clinical informatics program director and other hospital/institutional officials. If an effective remedy is not found, the matter will be referred to hospital and College of Medicine leadership for resolution. If resources cannot be identified the GMEC and program director will need to determine the future of the program.
- C. Any request for program changes in clinical informatics will be reviewed through customary GMEC processes.

Approved: September 21, 2018  
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