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INTRODUCTION
This manual contains general standards, policies and procedures that govern all programs in graduate medical education (GME) at the University of Kentucky (UK). The term, “GME,” as used in this document encompasses residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education (ACGME), other non-ACGME physician training programs overseen through the GME office, programs in dentistry, oral and maxillofacial surgery, optometry, medical physics, pastoral care, pharmacy and health administration. In addition to the standards outlined in this document individual training programs have program specific standards, policies and procedures created and maintained by the individual programs. GME is also governed by relevant sections of the University Administrative Regulations (AR), relevant sections of the University Human Resource Policy and Procedure and Behavioral Standards in Patient Care, Commitments to Performance, and the University of Kentucky/UK HealthCare Behavioral Expectations for Service Excellence: Commitments to Performance.

The term, “resident” as used in this document includes interns (aka first year residents), residents, and fellows. The term ‘resident’ is also synonymous with the term ‘house staff’ as defined in University of Kentucky Administrative Regulations.

I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES
I.A. Sponsoring Institution
In accordance with UK Administrative Regulation 5:4 the Graduate Medical Education Committee (GMEC) oversee all UK GME programs. As outlined in AR 5:4 and the Statement of Commitment to GME, UK’s GME programs are supported by the respective Dean of the College, the Executive Vice President for Health Affairs (EVPHA) for the UK HealthCare Enterprise, the Provost, and the President of the University of Kentucky. The Deans of the Healthcare Colleges report both to the EVPHA for clinical activities and to the Provost for academic activities. The GMEC reports to the University of Kentucky Board of Trustees (BOT) through the BOT Health Care Committee. The Senior Associate Dean for Graduate Medical Education, who also serves as the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO) reports to the Dean of the College of Medicine/Vice President for Clinical Affairs through the Vice-Dean for Education. The Senior Associate Dean for GME/ACGME DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of UK’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements. The DIO also oversees all other GME programs under GME oversight in collaboration with the respective health colleges and clinical units involved in administration of each program.
The Senior Associate Dean for GME/ACGME DIO is an ex officio member of the UK Healthcare organized medical staff committee. GME Program Directors report jointly to their department/division chairperson (or equivalent) but also to the DIO for purposes of their Program Director role.

I.B. Participating Sites
A participating site is an organization (or entity) providing educational experiences or educational assignments/rotations for residents/fellows. GMEC oversight of all educational assignments and of the quality of the learning and working environment for GME extends to all participating sites. House staff must only be assigned to learning and working environments that facilitate patient safety and health care quality. There must be a program letter of agreement (PLA) between the program and each participating site providing an assignment. The PLA should identify the individual who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents; outline the goals and objectives for the rotation; specify the duration and content of the educational experience; and state the policies and procedures that will govern resident education during the assignment. The PLA must be renewed at least every ten years or be addended with any substantial leadership changes (such as a change in Program Director or site director). The program director must submit any additions or deletions of participating sites routinely providing a required educational experience for all house staff in the program through the ACGME Accreditation Data System (ADS) after review and approval by the GME Office/DIO, GMEC, and after establishment of appropriate PLA(s). All other participating sites must be approved by the GME office via the PLA request process prior to residents’ rotations at the facility.

I.C. Statement of Commitment to Graduate Medical Education (GME)
The University of Kentucky provides graduate medical education that facilitates resident professional, ethical, and personal development. The University of Kentucky and its programs support safe and appropriate patient care through curricula, evaluation, and house staff supervision. A written statement of commitment to provide the necessary educational, financial, clinical, and human resources to support GME is reviewed, dated, and signed by representatives of the governing body, senior administration and GME leadership including the UK Healthcare Enterprise, the Dean of the College of Medicine, a representative of the Sponsoring Institution Governing Body and the DIO at least once every five years or upon substantial changes in leadership (see Appendix).

I.D. Accreditation for Patient Care for Hospitals
Any participating sites that is a hospital must maintain accreditation to provide patient care by an entity granted “deeming authority” for participation in Medicare under federal regulations, certified as complying with the conditions of participation in Medicare set forth in federal regulations. In the event a hospital loses its accreditation and/or licensure, the Sponsoring Institution must notify and provide a plan of response to the Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious or catastrophic events.
II. INSTITUTIONAL RESOURCES

II.A. The University of Kentucky provides sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty specific program or other accreditation requirements. The University of Kentucky provides sufficient financial support and protected time to the DIO to effectively carry out educational, administrative and leadership responsibilities to the sponsoring institution. The DIO assumes responsibility for and is supported to engage in professional development applicable to the responsibilities of an educational leader. The University of Kentucky and the programs ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs.

II.B. Program Administration

II.B.1. Program Director
For every program there is a single program director with authority and accountability for the operation of the program. The Program Director meets the qualifications as outlined in the specialty/subspecialty program requirements or has been otherwise approved by the applicable accrediting body. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. Each program director must have sufficient financial support and protected time to effectively carry out his/her educational, administrative, and leadership responsibilities, as described in the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements or other accreditation body guidelines.

Requests for change in program director must be submitted to the GMEC Compliance Subcommittee for review via the following link: http://gme.med.uky.edu/new-program-director-request-form. Such requests must include appropriate documentation of qualifications that are in compliance with the requirements as outlined by the applicable ACGME Review Committee or accreditation body. The Compliance Subcommittee, after review of the documentation and program requirements submits a recommendation to the GMEC. The GMEC must approve a change in program director. After approval, the DIO will submit the change to the ACGME via the ACGME ADS.

Each program director is responsible for the organization and implementation of the program not only to the department chairperson, but also to the GMEC, the DIO, and the associated ACGME review committee. The program director must administer and maintain an educational environment conducive to educating the house staff in each of the ACGME competency areas or relevant accreditation body guidelines. Specific tasks may be delegated, but the program director is responsible for the program as a whole and for the timely and accurate completion of all required tasks. A complete list of program director duties is outlined in the document Responsibilities of the Residency and Fellowship Program Director (see Appendix).

II.B.2. Faculty
The program must ensure that for each educational assignment, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all house staff at that location.
Each program must receive adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education. The faculty must:

- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;
- Demonstrate a strong interest in the education of house staff;
- Administer and maintain an educational environment conducive to educating house staff in each of the ACGME competency areas;
- Establish and maintain an environment of inquiry and scholarship with an active research component;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and,
- Encourage and support house staff in scholarly activities.

The physician faculty must have current board certification in the specialty/subspecialty or possess qualifications acceptable to the Review Committee. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

Non-physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

II.B.3. Other Administrative Staff

The University of Kentucky and the program jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program including a designated Program Coordinator(s) who, in conjunction with the Program Director is held accountable to the GME Office for all sponsoring institution and program accreditation requirements.

The University of Kentucky in collaboration with each accredited program, also ensures that program coordinators have sufficient support and time to effectively carry out their responsibilities; and, resources, including space, technology, and supplies, are available to provide effective support for all accredited programs.

II.C. Resident/Fellow Forum

The University of Kentucky ensures the availability of a Resident/Fellow Forum (see Appendix) that allows all residents/fellows from within and across the Sponsoring Institution’s ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. Any resident/fellow from one of the Sponsoring Institution’s ACGME accredited programs has the opportunity to directly raise a concern through the House Staff Forum or through their peer selected representative GMEC members. Residents/fellows have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present.

Concerns raised during the Forum are able to be brought to the DIO and the GMEC through either the
standing GMEC Resident/Fellow Forum agenda item, local House Staff Council meetings/reports or via
directly communicating concerns to the DIO and/or GME office. Any method of communication is
acceptable.

Each GME site also facilitates a local House Staff meeting. UK Lexington, Hazard and Morehead programs
participate in a monthly House Staff Council meeting. UK Bowling Green programs participate in a
monthly GME resident meeting. Each meeting provides an opportunity for all residents at the location to
share concerns/ideas. Further information regarding each sites’ resident meeting is available in relevant
appendix materials.

II.D. Educational Tools
The University of Kentucky is committed to providing faculty and house staff ready access to adequate
communication resources and technological support. House staff have ready access to
specialty/subspecialty-specific and other appropriate reference material in print or electronic format in
individual program libraries and/or the Medical Center Library. Electronic medical literature databases
with search capabilities are available on the library web site.

II.E. Support Services and Systems
The Sponsoring Institution is committed to oversight of the learning and working environment at
participating sites to ensure that work that is extraneous to House Staff GME programs’ educational goals
and objectives is minimized, and to ensure that house staff educational experience is not compromised by
excessive reliance on house staff to fulfill non-physician service obligations. Support services and systems
that are provided include peripheral intravenous access placement, phlebotomy, laboratory, pathology and
radiology services and patient transportation services provided in a manner appropriate to and consistent
with educational objectives and to support high quality and safe patient care. Medical records are
available at all participating sites to support high quality and safe patient care, residents'/fellows’
education, quality improvement and scholarly activities. Provisions are also made for a healthy and safe
work environment with access to food during clinical/educational assignments, safe/quiet sleep facilities,
and safety/security measures appropriate to the participating site.

III. HOUSE STAFF LEARNING AND WORKING ENVIRONMENT
III.A. How to Raise and Resolve Issues
The University of Kentucky is committed to having a positive learning and working environment for its
house staff. All individuals have the right to enjoy an environment free from all forms of conduct that can
be considered abusive, harassing, threatening or intimidating. Every individual must be allowed to raise
concerns or express opinions in a non-threatening atmosphere of mutual respect and in a confidential
manner as appropriate. The University of Kentucky is committed to providing options for house staff to
raise and resolve concerns involving patient safety, programs, attending/staff, personal or other issues
without intimidation or fear of retaliation. The University of Kentucky, under the Associate Dean for GME
will adjudicate those house staff complaints and grievances related to the work environment, the program,
or the faculty.
Each program is required to provide its house staff with guidelines on how to raise and resolve issues. Participating sites also provide additional mechanisms and processes for raising and resolving site specific concerns, in particular those related to patient care at that site. Most concerns should be dealt with at an individual program level in consultation with the chief resident/fellow, program director, faculty or chairperson. In the event that those efforts do not bring resolution to the concerns or if a house officer is not comfortable bringing forth issues within their own program then the following points of contact/resources are also available:

**GME Office**
The GME Office, including the Associate Dean for GME, has an open door policy and is available to assist with any/all house staff concerns regarding the learning and working environment. Any member of the house staff with a concern may request assistance at any time. The house officer can also raise a concern using the MedHub Messaging function to anonymously submit a message to the GME Associate Dean or access the GME website at [http://gme.med.uky.edu/](http://gme.med.uky.edu/) and use the *Ideas and Suggestions* button.

**Human Resources**
The GME Office administers house staff stipends/benefits. Specific concerns/questions should be directed to Human Resources at the University of Kentucky via (859) 257-9555 or through the HR website at [http://www.uky.edu/HR/](http://www.uky.edu/HR/).

**Risk Management**
All house staff are covered by malpractice insurance for clinical activities performed as part of their training experience regardless of the location of health care delivery. UK Risk Management can be contacted at (859) 257-6212.

**Compliance**
If you have concerns you believe relates to a violation of UK’s Corporate Compliance policies, or have any questions, in addition to consulting with your supervisor, UK Corporate Compliance is available to assist. Further information including mechanisms to contact Compliance and report concerns are available at: [https://ukhealthcare.uky.edu/staff/corporate-compliance](https://ukhealthcare.uky.edu/staff/corporate-compliance)

**Institutional Equity and Equal Opportunity (IEEO)**
The University of Kentucky values the contribution of all students including house staff, faculty, staff and visitors in our community. Discrimination and harassment create a harmful atmosphere that denies house staff the right to an education. The University of Kentucky will absolutely not tolerate discrimination or harassment of any student, house officer, faculty, staff or visitor. Information regarding the University of Kentucky policy and procedures for handling allegations of discrimination and harassment can be found at [http://www.uky.edu/eeo/discrimination-harassment](http://www.uky.edu/eeo/discrimination-harassment) or Administrative Regulation AR 6:1. House staff may contact the GME office or the Office of Institutional Equity and Equal Opportunity at (859) 257-8927 with any questions or concerns. Additional information may be found at this website [http://www.uky.edu/eeo/discrimination-harassment](http://www.uky.edu/eeo/discrimination-harassment)
III.B. UK Commitment to House Staff Engagement
The University of Kentucky is committed to house staff engagement in and oversight of:

III.B.1. Patient safety, including access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and opportunities to contribute to root cause analysis or other similar risk-reduction processes.

III.B.2. Quality improvement, including access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and opportunities to participate in quality improvement initiatives.

III.B.3. Transitions of care, including facilitating professional development for Program Directors, core faculty members and house staff regarding effective transitions of care; and ensuring a standardized transition of care consistent with the setting and type of patient care.

III.B.4. Supervision of house staff that is consistent with institutional and program-specific policies and mechanisms by which house staff can report inadequate supervision in a protected manner that is free from reprisal.

III.B.5. Clinical and educational assignments, fatigue management, and use of mitigation strategies consistent with the Common and specialty/subspecialty-specific Program Requirements; addressing areas of non-compliance in a timely manner; promoting systems of care and learning in working environments that facilitate fatigue management and mitigation for house staff; and educational programs for house staff and faculty members in fatigue management and mitigation.

III.B.6. Professionalism through provision of systems for education in and monitoring of house staff and core faculty members’ fulfillment of educational and professional responsibilities, including scholarly pursuits; accurate completion of required documentation by house staff. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

IV. INSTITUTIONAL GME POLICIES AND PROCEDURES
IV.A. House Staff Recruitment, Eligibility, and Selection Policy
Recruitment and selection of house staff is the responsibility of each GME program. Each program must follow a standard process, appropriate to the specialty, to guide recruitment and selection. The recruitment and selection processes, including the solicitation for applicants, screening of applications, and invitation for interview, interview, applicant evaluation and ranking must be conducted in an ethical manner and in accordance with University of Kentucky standards and other applicable regulations such as the Electronic Residency Verification System (ERAS) and National Residency Matching Program (NRMP) policies, as applicable.
Selection from eligible applicants must be based on training program-related criteria such as applicant preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status. All trainees must meet the minimum selection criteria as described by the relevant program accrediting body (ACGME, American Board of Specialties (ABMS), CODA, etc.) as described below:

Requirements for appointment in an ACGME Accredited GME Training Program:
Applicants are eligible for appointment in an ACGME accredited program if meeting one of the following qualifications:
- graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME)
- graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- graduation from a medical school outside of the United States or Canada and meeting one of the following additional qualifications:
  - possess a currently-valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certificate
  - holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in the applicant’s current ACGME specialty/subspecialty practice area
  - has graduated from a medical school outside of the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school

Requirements for appointment in a Commission on Dental Accreditation (CODA) accredited residency program:
Applicants appointed to adult dental residency positions must hold a DDS or DMD degree from a school approved by the Commission on Dental Accreditation (CODA).

Applicants appointed to pediatric dental residency positions must hold a DDS or DMD degree from a U.S. or Canadian school approved by the Commission on Dental Accreditation (CODA)

Requirements for appointment in an (American Society of Health-System Pharmacists?) accredited pharmacy program:
Applicants appointed to pharmacy positions at the University of Kentucky must successfully obtain pharmacist licensure in the state of Kentucky.

VISA Sponsorship:
House staff who require visas are sponsored on J-1 visas through the Educational Commission for Foreign Medical Graduates (ECFMG). House staff are sponsored on H-1B visas only in rare cases with extenuating circumstances. H-1B visas require justification from the applicant and program director and approval from the Provost’s office. Non-physician house staff can train on the Optional Practical
Training (OPT) visa. Visa issues or questions should be referred to the GME office.

**Recruitment and Selection:**

All programs offering positions must participate in the National Resident Matching Program, or program-specific equivalent (if available), and abide by its ethical and procedural rules. The GMEC has approved a process for ACGME accredited fellowships to recruit outside of the NRMP match when allowed by NRMP policies/procedures. Approval requires submission of intent to the GMEC Compliance Subcommittee and must occur in advance of candidate recruitment. The request should include the following: (1) specific information regarding the number of positions being recruited in total, (2) number requested for recruitment outside of the match process, and (3) justification for pursuing recruitment outside the match process. Compliance Sub-committee shall review the request with regard to educational rationale and potential impact upon candidates. Compliance subcommittee may approve an out of match recruitment request for only the upcoming recruitment cycle or for a longer period of time. If the request is approved by Compliance Sub-committee, the Program Director shall be notified of the decision and will work with the Associate Dean for GME and the GME Director to ensure accurate accounting of positions recruited through and outside of the match and adherence to relevant recruitment and match policies, timelines, and procedures. Positions unfilled in the match may be offered to qualified applicants by program directors, but such offers must be made with a clear communication to the applicant, both verbally and in writing, that appointment is contingent on the applicant meeting program and institutional requirements and passing a credential review by the program, the GME Office and the DIO. A template offer letter is available via contacting the GME office and must be used for any offer of a GME position. The GME Registrar must review and approve each offer provided to a candidate. The program director may not appoint more house staff than approved by the applicable Review Committee unless otherwise stated in the specialty-specific requirements and approved by the GMEC through a complement increase request. The sponsoring institution and programs educational resources must be adequate to support the number of house staff appointed to the program. Appointment is effected through execution of a contract between the applicant and the sponsoring institution which is processed by the GME office and signed by the DIO or designee.

**IV.B. House Staff Transfers Policy**

The GME Office must be notified prior to initiating the acceptance of a transferring house staff member. The transferring house staff member must sign a *GME Authorization and Release of Applicant Information Form* before information is exchanged between institutions/programs.

Before accepting a house staff member who has prior graduate medical education training, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring house staff member including an assessment of competence in the following areas:

1. Patient Care including procedural data
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
For residents/fellows transferring from/into ACGME accredited programs, the program accepting the transferring resident must obtain and review the transferring resident’s milestone scores. The GMEC also recommends that program directors of programs with training prerequisites whose entry level is at the PGY-2 level or higher also make personal contact with the program director or other individuals able to evaluate the resident’s performance.

UK program directors are required to provide timely verification of education and summative performance evaluations for house staff in likewise fashion to other requesting programs for any house staff who may leave the program prior to completion of their education.

IV.C. Program or Institutional Closure and Reduction Policy
Economic or other conditions may force the closures of a sponsoring institution, a program, or a reduction in the size of a program. The University of Kentucky, through the Senior Associate Dean for GME/DIO will give as much notice as possible to the Graduate Medical Education Committee, affiliate clinical sites, and all affected residents in the event of reduction in size or closure of a program.

In the event that the University of Kentucky or program is anticipated to close, the program must allow residents already in the program to complete their education or assist the residents in enrolling in another ACGME accredited program (or commiserate accreditation for non-ACGME programs) in which they can continue their education.

IV.D. House Staff Appointments and Reappointments Policy
All house staff new to the University of Kentucky are given a conditional offer of appointment. The offer is contingent upon the successful completion of a background check and drug screen, as well as upon primary source verification of credentials to confirm that the individual possesses the basic requisite education, training, skills, personal characteristics, and professionalism to make the experience as house staff a successful one for the individual and for the program. Failure by house staff to meet all conditions of appointment will result in revocation of the offer of appointment. This action is not appealable through the University. Should the applicant feel that a Match violation has occurred; he/she may contact the National Residency Match Program (NRMP) or other applicable Match program.

The program director may not appoint more house staff than approved by their specialty Review Committee, unless otherwise stated in the specialty-specific requirements and approved by the DIO. The program’s educational resources must be adequate to support the number of house staff appointed to the program.

All written agreements of appointment/contracts are for one year and each house staff member must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year and assurance that all requirements are met for progression. House staff
are provided with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational program. Terms and conditions of appointment to a program are outlined in the contract. The sponsoring institution will honor the full term of the contract except when a house staff member’s performance justifies termination.

Recommendations for the appointment and reappointment of house staff are initiated by programs. The appointment and reappointment of house staff is the responsibility of the DIO, based on the recommendation of the program director and is contingent upon review of credentials of the applicant, assurance of GME requirements met when applicable and acceptable progress in the program. No house staff member will be asked to sign a non-competition guarantee or restrictive covenant.

A decision regarding reappointment should be reached by the program director no later than 4 months prior to the end of the current appointment unless the house staff member is on notice of concern, suspension or probation. For most house staff who are on a July 1 – June 30 contract year, this decision should be made prior to March 1.

Appointment and/or reappointment does not constitute an assurance of successful completion of a training program or post-graduate year. Successful completion is based on performance as measured by individual program standards. Reappointment is the usual expectation if the house staff member is making normal progress toward attainment of the learning objectives of the program and board eligibility (if applicable). House staff are expected to notify their department sufficiently in advance (preferably by March 1st) if they do not intend to return the following year.

In instances where a house staff member’s contract will not be renewed, or when a house staff member will not be promoted to the next level of training, the program director, after review with and concurrence by the DIO, must provide the house staff member with a written notice of intent. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the contract or the house staff member is on suspension or probation, the program director must ensure that it provides the house staff member with as much written notice of the intent not to renew or not to promote as circumstances reasonably allow, prior to the end of the contract. Nonrenewal and non-promotion are both grieveable actions. See Disciplinary Procedures as outlined in this manual and AR 5.5; Grievance Procedure for House Officers for additional information.

**ACGME Program House Staff Eligibility for specialty board examinations:**

House staff attainment of eligibility to sit for a specialty board examination is dependent upon specialty specific requirements for each ACGME training program. Programs will provide guidance to house staff regarding specialty specific board eligibility, as applicable to the training program/if a specialty board exam exists. For some programs/specialties, both American Osteopathic Association (AOA) and American Board of Medical Specialties (ABMS) board certification is available. House staff eligibility for both versus only one board certification may be predetermined by whether the individual took USMLE
versus COMLEX examinations, prior GME training experience, and for fellows, prior attainment of specialty board eligibility/certification. Questions regarding factors impacting board eligibility should be discussed with the program director as soon as possible upon matriculation into the program.

IV.E. Discrimination and Harassment Policy
The University of Kentucky values the contribution of all students including house staff, faculty, staff and visitors in our community. Discrimination and harassment create a harmful atmosphere that denies house staff the right to an education. The University of Kentucky will absolutely not tolerate discrimination or harassment of any student, house officer, faculty, staff or visitor. Information regarding the University of Kentucky policy and procedures for handling allegations of discrimination and harassment can be found at [http://www.uky.edu/eeo/discrimination-harassment](http://www.uky.edu/eeo/discrimination-harassment) or [Administrative Regulation AR 6:1](http://www.uky.edu/eeo/discrimination-harassment).

House staff may contact the GME office or the Office of Institutional Equity and Equal Opportunity at (859) 257-8927 with any questions or concerns. Additional information may be found at this website [http://www.uky.edu/eeo/discrimination-harassment](http://www.uky.edu/eeo/discrimination-harassment).

IV.F. Disability and Accommodations Policy
In accordance with the University of Kentucky Equal Opportunity Employment policy, programs do not discriminate in its admissions or selection of house staff. The University of Kentucky is committed to providing quality educational and occupational opportunities for everyone, including qualified individuals with disabilities. The University is dedicated to providing reasonable accommodation to qualified students, house staff, employees, and all those with disabilities participating in its programs and services.

Applicants to University of Kentucky programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current house staff who may require reasonable accommodations may consult with the GME office or the [Office of Institutional Equity and Equal Opportunity](http://www.uky.edu/eeo/discrimination-harassment).

Requests for accommodations due to job related pregnancy restrictions should be submitted to the Program Director. The Program Director will review the request with the UK Office of Institutional Equity and Equal Opportunity and the DIO to determine if the requested accommodations can be met with the program.

Requests for accommodations are evaluated on a case-by-case basis. House staff may also contact the Disability Resources Center, for concerns related to academic accommodations including educational testing services at: [http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/](http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/).
IV.G. Grievance Procedures and Due Process
It is the intention of the University of Kentucky to deal fairly with house officers. In the normal course of working together on a day-to-day basis, problems in connection with the working relationship can be expected to arise. In most cases, the problem can and should be resolved at the first level of supervision. However, when a mutually satisfactory solution cannot be worked out at the first level, the house officer should be given an opportunity to appeal the decision without fear of prejudice. The Grievance Procedure for House Officers outlines the method of dealing with house officer grievance of academic / promotional actions in a prompt and equitable manner without placing an unreasonable burden on the University’s resources and personnel (see Appendix).

IV.H. Off-Site Rotations Policy
Definitions:
ACGME Required/Suggested Experience: Reference to the educational activity is listed in the ACGME (or equivalent for non-physician programs) program requirements and indicated as being a required or suggested experience.

With few exceptions, the institution (University Hospital, College of Medicine) does not pay for off-site rotations. The following guidelines are in place:

Educational Activity is ACGME Required/Suggested Experience:
- If educational activity is required and available at UK – off-site rotation not permitted*
- If educational activity is required and not available at UK – off-site rotation permitted
- If educational activity is suggested elective and available at UK – off-site rotation not permitted*
- If educational activity is suggested elective and not available at UK – off-site rotation permitted with approved justification

Educational Activity is Not ACGME Required/Suggested Experience:
- Must count toward required training
- Must be funded by the off-site provider or individual program

All off-site rotations must be approved by the DIO and require that a fully executed agreement be in place before the beginning of the rotation. It is the responsibility of the program to initiate a Program Letter of Agreement (PLA) between the University and the site no later than four months before the rotation is to begin. Forms necessary for this purpose are available on the GME website: http://gme.med.uky.edu/gme-resources. In doing this, the PLA:
- Identifies the faculty who assume both the educational and supervisory responsibilities for house staff. If the rotation is to a US facility other than an ACGME accredited training site, the supervisor must be a member of the UK Community-Based Faculty, or have similar credentials at another ACGME accredited training program;
- Specifies the faculty responsibilities for teaching, supervision, and formal evaluation of house staff, as specified later in this document;
- Specifies the duration and content of the educational experience;
• States the policies and procedures governing house staff education during the assignment; and
• Outlines the goals and objectives for the rotation.

In addition, the program must identify the payment source for the house officer’s stipend and benefits while he/she is on rotation, if applicable. If necessary the program must secure agreement of the site to which the house officer is to rotate to pay for stipend and benefits, or identify that costs are to be covered using departmental funds.

Faculty at sites to which house officers rotate must provide training that is consistent with both the general and program specific academic standards that govern GME at UK.

*May request an exception or be funded by off-site provider or program

IV.I. International Rotations Policy
House staff are eligible to request participation in an international rotation experience during their training program. House staff may participate in international rotations under the following conditions:

1) The activity is part of the training program in that it meets an ACGME requirement and is counted toward assuring the graduate’s board eligibility.

2) The activity represents a significant educational opportunity that cannot be achieved at UK.

3) Participation in the activity does not negatively affect the training of other house staff in the program.

4) Participation in the activity does not negatively affect delivery of care at UK.

5) Justification submitted by the Program Director has been approved by the Designated Institutional Official.

6) An Educational Site Agreement and Program Letter of Agreement has been approved and signed by all necessary parties prior to the start of the rotation. The web form (must be completed 9 months in advance of the rotation) to begin this process is here: https://gme.med.uky.edu/pla-development-tool.

7) If required, the Board of the trainee’s program has approved the written request for approval.

8) If required, ACGME has approved the written request for approval of the rotation.

9) If the learner is on a visa the necessary ECFMG paperwork has been completed.


10) The trainee has completed the necessary registration with the International Center.

11) The trainee must complete the required GME approval form and return to the GME office with their Program Director’s signature on the GME International Rotation Application.

Programs will be surveyed quarterly to determine which residents plan to participate in an international rotation. For all residents who are identified as participating in an international rotation, including residents participating in the Global Health Tract, program coordinators will be provided with specific directions to ensure that all necessary items are completed before the rotation.
begins (see Appendix).

IV.J. Vendor Relations Policy
The UK Healthcare Clinical Code of Conduct Addendum addresses interactions between vendor representatives/corporations and house staff/GME programs (see Appendix). House staff wishing to participate in vendor sponsored educational activities must complete the Alternative Educational Funding request form and receive approval prior to the activity date (see Appendix).

IV.K. Extreme Emergent Situation or Disaster Emergency Delays and Closures

In the event of an extreme emergent situation or disaster emergency delay or closure, the processes outlined in this policy are intended to:

- Minimize the impact of an extreme event on house staff and to protect their well-being, safety and educational experience.
- Provide policy and procedures for addressing continued administrative support for the University of Kentucky (UK) Graduate Medical Education (GME) programs and house staff in the event of an extreme event.
- Provide guidelines for communication with program directors and house staff regarding reconstitution or restructuring of a house officer’s educational experience as rapidly as possible after an extreme event, or determining the need for transfer or closure in the event of that normal program activity cannot be reconstituted.

For purposes of this policy an extreme event can be either:

- A disaster—defined as an event or set of events causing significant alteration to the house officer experience at one or more training program in an entire community or region. These may include but are not limited to natural disasters (tornado, external flood, earthquake, etc.) or terrorism. The ACGME Executive Director makes the declaration of a disaster; or
- An extreme emergent situation—defined as a local event (such as a hospital-declared disaster for an epidemic) that affects house staff education or the work environment but does not rise to the level of an ACGME-declared disaster.

All house officers are also encouraged to sign up for the UK emergency notification system, UK Alert. The primary source for communication regarding an extreme event and recovery plan for program directors, program coordinators, and house staff will be the UK GME web page.

House staff are, first and foremost, healthcare providers, whether they are acting under normal circumstances or in extreme events as defined above. House staff must be expected to perform according to society’s expectations of healthcare providers as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. Many house staff at an advanced level of training may even be fully licensed in their state, and, therefore, they may be able to provide patient care independent of supervision.

House staff are students who should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a house officer is working under a training certificate from a state licensing board, they must work under supervision. House officer performance during extreme events should not exceed expectations for their scope of
competence as judged by program directors and other supervisors. House officers should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a house officer must not be expected to perform in any situations outside of the scope of their individual license.

During and/or immediately after an extreme event house staff will be allowed and encouraged to continue their roles as possible, and to participate in the response and recovery efforts.

**DIO/GME Office Process for an Extreme Emergent Situation:**
The program directors should consult with Director of GME and/or the DIO concerning the impact of a local emergent situation will have on house staff education and work environment.

The DIO will contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution’s or any of its programs’ ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements.

The DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the extreme event. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs).

Only upon receipt of this confirmation by the DIO may the program directors contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment. Program directors are expected to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues.

The DIO will notify the ED-IRC when the institutional extreme emergent situation has been resolved.

**DIO/GME Office Process for a Disaster:**
The DIO will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. The DIO or designee will call or email the Institutional Review Committee Executive Director with information and/or requests for information. Similarly, the Program Directors will contact the appropriate Review Committee Executive Director with information and/or requests for information. House staff can call or email the appropriate Review Committee Executive Director with information and/or requests for information.

The DIO or designee will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs:

- a) maintain functionality and integrity of program(s);
- b) arrange temporary transfers of house staff to other programs/institutions until such time as the training program(s) can provide an adequate educational experience for each of its house officers;
- c) assist the house staff in permanent transfers to other programs/institutions, as necessitated by program or institution closure.
If more than one program/institution is available for temporary or permanent transfer of a particular house officer, the transfer preferences of each house officer will be considered. Decisions to keep/transfer will be made expeditiously so as to maximize the likelihood that each house officer will timely complete the training year.

Within ten days after the declaration of a disaster by the ACGME, the DIO or his/her designee will contact ACGME to discuss due dates that ACGME will establish for the programs: (a) to submit program reconfigurations to ACGME, and (b) to inform each program’s house officers of transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

Every effort will be made to ensure that house staff continue to receive their salary and fringe benefits during disaster event response and recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

House staff should frequently refer to the University of Kentucky GME web page to keep informed regarding the status of programs affected by the extreme event.

**IV.L. Weather Related University of Kentucky Opening Delays or Closures**

The University of Kentucky may be impacted by weather-related opening delays or closures. Such changes will result in "Plan B"/non-essential scheduling changes for the University that may not impact resident/fellow clinical activities. While “Plan B” scheduling occurs relatively infrequently, typically related to severe weather, it is important that all house staff and training programs be aware of responsibilities and processes related to unexpected delays or closures. **House staff are required to follow the “essential employees” scheduling and must report to work on a normal schedule even in the event of an announced delay, closure or cancellation. In the event the clinical site schedule is different from that of the University, house staff must follow the clinical site schedule.** If the clinical responsibility for a house officer is delayed or canceled by the clinical site they must contact their Program Director for alternative scheduling. These policies apply whether house staff are rotating at the primary clinical site for their training program or other outside facilities.

**IV.M. Lactation Policy**

House staff who need lactation related resources are protected by Kentucky Revised Statute 1. GME is committed to providing resources consistent with the University of Kentucky’s policies which can be found at: [https://www.uky.edu/hr/work-life/resources-for-parents/uk-lactation-guidelines](https://www.uky.edu/hr/work-life/resources-for-parents/uk-lactation-guidelines)

House staff may request information regarding resources/accommodations available at their program’s primary clinical site in addition to off-site rotation locations.
IV.N. Dress Code
House Staff are expected to abide by the dress code of the participating site/rotational site for which they are assigned.

V. HOUSE STAFF BENEFITS
House Staff benefits structure is governed by 5:4 UK Administrative Regulation (AR) 5:4 with additional detail about specific benefits outlined below:

V.A. Professional Liability Insurance
Professional liability insurance for house staff in the form of occurrence coverage is provided by the University of Kentucky's self-insured professional liability insurance plan for activities that are an approved component of the training program. Risks incurred within UK Healthcare Enterprise, at outside clinics and hospitals as part of an approved rotation are covered under this plan. Risks incurred while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

Coverage for UK and UK Affiliate moonlighting is provided. There is no coverage under the University of Kentucky’s program for external moonlighting.

Occurrence coverage provides liability coverage for any claim resulting from an injury that occurred during the time the house staff was acting within the scope of his or her duties and responsibilities with the University of Kentucky, regardless of when the claim is filed. This means that even if a house officer is no longer with the University of Kentucky when the claim is filed, the coverage provided by the self-insured plan remains in force. Therefore, it is not necessary for house staff to purchase tail coverage for their duties on behalf of this institution. However, if risks were incurred elsewhere where the University of Kentucky Malpractice Insurance plan does not apply (e.g., during medical school or while external moonlighting) where the applicable policy only provided claims-made coverage, then a tail would be necessary to protect those individuals. The house officer must cooperate in the institution’s defense of the claim for the University’s self-insured coverage. The University will pay for all costs associated with defense of the claim, as well as the cost of any settlement or judgment.

The reference number for house staff coverage under the University of Kentucky Malpractice Insurance plan is KRS 164.939. Insuring limits are in excess of $1,000,000 per occurrence and $3,000,000 in the aggregate. Requests for certificates of insurance (documenting malpractice coverage) should be directed to the GME office. Additional questions about the scope of professional liability coverage should be directed to the Department of Risk Management.

V.B. House Staff Health Insurance Benefits
House staff, their spouses, approved domestic partners, and dependent minor children are eligible for health, dental, vision, life and accidental death and dismemberment insurance at the University of Kentucky. House staff are eligible to receive the University of Kentucky health credit for these benefits
under the regular full-time employee category. Insurance coverage for these benefits begins on the house staff’s program start date and ends on the last day of the separation month (i.e. June 30th for most house staff).

House staff may also participate in health care and dependent care flexible spending account plans. House Staff sponsored on a J1 Visa must ensure adequate coverage is purchased for their dependents sponsored on a J2 Visa. Further details are available via consultation with the GME office.

V.C. Long Term Disability Program
The University of Kentucky provides Long Term Disability (LTD) to all house staff at no additional cost. House staff are eligible for LTD plans effective the first day of the month following twelve (12) consecutive months of regular full-time appointment. For additional information concerning benefits under the Long-Term Disability Program and/or for options available during the first 12 months of appointment, consult Human Resources Policy and Procedure Number 95.0: http://www.uky.edu/hr/benefits/more-great-benefits/long-term-disability

V.C.1. Short Term Disability
Participation in voluntary short-term disability plans is available. Contact the Benefits Office at 859-257-9519 to obtain information about these options. http://www.uky.edu/hr/benefits/more-great-benefits/voluntary-insurance

V.D. Workers Compensation
The University of Kentucky provides Workers Compensation to all house staff who incur job-related injury or illness. House officers must file a report of injury with UK Workers’ Care by calling 1-800-440-6285. This must be done no matter where the job-related injury or illness occurred (for example, even when rotating at a participating site outside of the University of Kentucky, the report of injury is filed with UK Workers’ Care). For additional information concerning benefits under the Workers’ Compensation Act, contact the GME office or consult Human Resources Policy and Procedure Number 96.0: http://www.uky.edu/hr/more-great-benefits/workers-compensation

V.E. Leave Benefits
Leave requests must be approved through appropriate program and (when applicable) department channels prior to the leave being taken. Total leave time provided per academic year must be balanced with specialty board leave requirements. When leave is taken for any reason, specialty board requirements supersede university policy with regard to the impact of leave upon successful completion of the training program. Specialty boards have differing thresholds for the amount of leave that necessitates extension of training required to complete a post graduate year of training and/or to complete the program. Forgoing available leave time including vacation cannot be used to make up required training time unless permitted by the specialty/subspecialty board. Specific board requirements regarding leave may be found on the applicable specialty board websites, also accessible here. The Program Director is responsible for monitoring leave and specialty board requirements. It is the resident’s responsibility to be aware of specialty requirements through
proactive consultation with their program director. Each program director must ensure their program process for determining when leave days may be utilized is equitable within the program and facilitates house staff wellness.

V.E.1 Vacation, Holiday, and Bonus Leave
Vacation and holiday leave are outlined in the house staff contract.

**Vacation Leave:**
House staff at the PGY1 level receive 10 days of vacation for their PGY1 contract year. House staff at the PGY2 and above levels receive 15 days of vacation per year. Vacation leave is provided in full at the beginning of each contract year and may be used throughout the academic year as per the program’s leave scheduling process, but may not be rolled over to the next contract/academic year. For house staff with an extension of training, vacation is accrued on a monthly basis at the beginning of each month of the extension. For example, a house staff member with a 1-month extension of training will accrue 1 day of vacation at the beginning of the month. For less than 1 month of extension, vacation is prorated for the number of days of the extension (e.g.-a 15-day extension will result in 0.5 additional vacation days). Vacation days provided due to extension of training must still be used prior to the end of the contract year.

In most cases, vacation time should be taken while training with the “home” program. If the house officer is “off service”/rotating with another program and desires to take vacation during that rotation, the time must be requested of, and approved by, both program directors (rotating program and home program). Arrangements should be made in advance of the rotation start through the GME community’s annual ‘off service agreement’ process.

**Holidays:**
House staff also receive 9 holidays (10 during a presidential election year). University of Kentucky holidays are outlined [here and include Independence Day, Labor Day, Election Day (only in presidential election year), Thanksgiving Day, Day after Thanksgiving, Christmas Day, Four Special Holiday bonus days, New Year’s Day, Martin Luther King Jr. Day, Memorial Day, and Juneteenth](https://example.com). Insofar as possible, house staff are to be given the 9 defined holidays off on the day of the holiday. However, if a house staff member is assigned to a clinical site that remains in operation on the holiday, patient care demands and educational requirements may necessitate that a house officer work on the holiday. Should that occur, the house officer should be given a floating day and allowed to take the holiday on another day. Given the timing of the Juneteenth holiday and potential impact on clinical care, house staff may use the Juneteenth holiday as a floating day between January 1, 2021 and June 30, 2021. Floating days must be utilized prior to the end of the contract/academic year.

Holidays and bonus days are not typically counted when determining allowed time off for board eligibility.
Vacations, holidays and bonus days are to be scheduled with the appropriate individual(s) in the program; and are to be approved by that individual(s).

House staff are provided with 4 “Special Holiday” bonus days each year. Bonus days normally occur between Christmas and New Year’s Day. Additional information is available here. If a house staff member is assigned to a clinical site that remains in operation during bonus days, patient care demands and educational requirements may require that a house officer work on any or all of those days. Should that occur, the house officer is to be given a floating day (or days) and allowed to take the “bonus day (or days)” on another day (or days). Floating days must be utilized prior to the end of the contract/academic year.

The degree to which programs are able to allow house staff to take bonus days between Christmas and New Year’s Day versus provide them at a different time is managed at the program level commiserate with patient care responsibilities and educational structure of each training program. Each program director must ensure their program process for determining when house staff may utilize bonus days is equitable within the program.

**Terminal Leave for Graduating House Staff:**
Unused vacation and floating days for bonus days and holidays may be taken at the end of a house staff training contract in their terminal year of training to allow the ‘last working day’ to predate the end of the house staff contract. Decisions regarding whether terminal leave is allowable are made by the program director of each program and differ across training programs due to the differences in educational structure and patient care responsibilities of each specialty. Each program director must ensure their program process for determining whether and when house staff may schedule terminal leave is equitable across trainees exiting the program and takes into account not only the needs of existing trainees but also wellness of continuing trainees but avoids a negative impact on patient care. Terminal leave must be scheduled in advance with each program communicating exiting house staff last working day information to the GME Office to facilitate efficient clearance/exit processes.

**V.E.2 Temporary Disability (Sick) Leave and Wellness Days**
House staff earn one day per month temporary disability (TDL) sick leave. The TDL leave must be earned before it can be used. Unused TDL leave carries over into the next contract year for house staff.

For house staff with an extension of training, TDL is accrued on a monthly basis at the beginning of each month of the extension. For example, a house staff member with a 1-month extension of training will accrue 1 day of TDL at the beginning of the month. For less than 1 month of extension, TDL is prorated for the number of days of the extension (e.g.-a 15-day extension will result in 0.5 additional TDL days).

TDL leave requests must be submitted and approved through appropriate program channels in advance of the leave being taken to the degree possible given each situation necessitating TDL use.
TDL leave may be used to provide care for eligible family members including adult and child dependents. Programs may require submission of ‘excused from work’ note from a health care provider to support use of TDL as relevant/appropriate to the situation. Each program director must ensure their program process for requesting and documenting TDL use is equitable within the program and facilitates house staff wellness. House staff concerned about the need to regularly utilize TDL to support their wellness (e.g.-to ensure continuity of care for chronic medical and/or mental health conditions are encouraged to arrange TDL in advance with their program to avoid negative impacts upon patient care assignments. House Staff and Program Directors are encouraged to consider submission of documentation to support intermittent FML concurrent with TDL leave for any situations requiring significant recurrent treatment, expected or unexpected repetitive TDL related absences from work that could pose a risk to the continuity of patient care and/or training experience. Submission of documentation to support intermittent FML must be done through the GME office—please refer to additional information below).

Total TDL taken per academic year must be balanced with specialty board leave requirements. When leave is taken for any reason, specialty board requirements supersede university policy with regard to the impact of leave upon successful completion of the training program.

Unused TDL leave allowances will not be paid upon completion of the residency/fellowship, termination or resignation. The use of 5 consecutive TDL days requires FML documentation. TDL may run concurrently with FML, if applicable, please refer to more detailed information below regarding FML.

For additional information concerning benefits under the Temporary Disability (Sick) Leave Program, contact the GME office.

Wellness Days:
In January 2020, the University of Kentucky established ability for employees to utilize two TDL days per year to support personal health and wellness. Wellness days are NOT provided as additional TDL days but rather must be taken from each individual’s accrued TDL. Requests to take a wellness day must be submitted and approved through appropriate program channels in advance of the leave being taken. In general, programs should not require submission of ‘excused from work’ note from a health care provider to support use of a wellness day. However, program directors/programs may decline to allow a house staff member to schedule a wellness day on a particular day if scheduling would result in a negative impact to patient care. Each program director must establish and communicate their program process for house staff to request taking a wellness day. Each program’s process for requesting and documenting wellness day use must be equitable within the program and prioritize house staff wellness.

As wellness days are merely TDL leave, they may not be paid upon completion of residency/fellowship, termination or resignation nor will they roll over to the next contract year. Wellness days may NOT be utilized as part of ‘terminal leave’ for exiting trainees.
V.E.3 Family Medical Leave (FML)
As required by the Federal Family and Medical Leave Act (FMLA), the University allows eligible residents to take up to 12 weeks of leave in a 12 month period for the occurrence(s) of serious health conditions which involve either the University employee or a qualified family member. The 12 month period begins on the first day of the approved FML leave. Both continuous and intermittent FML options are available. Residents are eligible to request FML if they have been employed by UK for at least 12 months and have worked at least 1,250 hours during the previous 12 month period. Eligible residents may take up to 12 weeks of leave for a serious health condition involving the employee or a qualified family member during any 12 month period for any or all of the following reasons:

1. Because of the birth of a child of the employee and in order to care for that child;
2. Because of the placement of a child with the employee for adoption or foster care;
3. In order to care for a spouse, sponsored adult dependent, child, sponsored child dependent, or parent of the employee who has a serious health condition;
4. Because of a serious health condition that makes the employee unable to perform the functions of his/her job; or
5. Because of a qualifying exigency arising out of the fact that the employee's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, or parent is a military member on covered active duty in the Armed Forces.
6. Twenty-six work weeks of leave during a single 12-month period to care for a covered military service member with a serious injury or illness if the eligible employee is the service member's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, parent, or next of kin (military caregiver leave).

Accrued paid leave time (TDL, Holiday, Vacation, and Bonus), will be applied to any approved FML, unless the learner requests that they be used at a later date in the contract year. In the event that all accrued leave time has been exhausted, the remainder of the FML will result in FML without pay status. During FML the status of an employee’s benefits are as follows:

1. The University shall continue the employee’s health plan at the same level and conditions of coverage as if the employee had been in employment continuously for the duration of the leave.
2. The University shall continue to cover the cost of the employer’s credit portion toward the employee’s health insurance plan.
3. The University shall continue to cover the cost of the employee’s basic life insurance.
4. The University shall continue to cover the cost of the employee’s enrollment in the long-term disability plan.

For additional information concerning benefits under the FML, contact the GME office.
**Process for Requesting FML:**

To the extent possible, FML requests must be submitted and approved in advance of the situation necessitating leave. The UK GME Office oversees FML requests in collaboration with each training program. House Staff should contact their Program Director and Program Coordinator to initiate a request for FML. The Program Coordinator, in collaboration with the Program Director, contacts the GME Office Benefits Coordinator to notify regarding the FML request. The Benefits Coordinator will work with the Program Coordinator, Program Director and House staff member to provide FML forms that must be completed. House Staff will be provided with the UK FML form and must obtain necessary signatures/documentation from health care providers as relevant to each situation. The form should be submitted to the GME Benefits Coordinator through gmefinance@uky.edu.

House staff should attempt to submit the FML form in advance of going on FML leave to the extent that the need for FML is able to be anticipated in advance. If FML forms are unable to be submitted in advance of the qualifying event, the GME Office and program will work with the individual house staff to ensure documentation is submitted within a reasonable timeframe.

FML forms submitted are reviewed by the Benefits Coordinator and when necessary, also reviewed by the GME Director and DIO to ensure documentation is adequate to support the leave requested. In cases where health care provider documentation is inconsistent with the FML request (e.g.- continuous FML is requested whereas documentation supports only intermittent FML) the GME Office will request that the house staff member resubmit FML paperwork. If the duration of FML leave extends past the end date on the original documentation to a significant extent (e.g.-by weeks) the house staff member may be asked to resubmit FML paperwork to ensure documentation remains up to date.

In conjunction with FML documentation submitted by the house staff, Program Coordinators must complete and submit a tally of the house staff’s unused vacation, bonus, holiday, and TDL leave to the GME Office using the GME Leave of Absence/Family Medical Leave Request form. Please contact the Benefits Coordinator for additional instructions. The Benefits Coordinator will review the information in conjunction with applicable board requirements and will discuss any potential impact to training duration with the Program Director, Program Coordinator and House Staff member. The House Staff member will also be notified with regard to the number of paid leave days available prior to the need to utilize unpaid leave during FML.

House Staff and Program Directors are encouraged to consider submission of documentation to support intermittent FML concurrent with TDL leave for any situations requiring significant recurrent treatment, expected or unexpected repetitive TDL related absences from work that could pose a risk to the continuity of patient care and/or training experience.

**FML longer than 12 weeks:**
On rare occasions, a house staff member has faced an extenuating circumstance involving their own or a qualified family member’s serious health condition lasting longer than 12 weeks. As house staff are enrolled in and expected to complete a GME training program, it is in the interest of both the house staff and their GME training program to support the house staff successfully completing the training program, even if extension of training is required.

For situations in which a house staff member requests to continue leave past 12 weeks, the program director must consult with the DIO regarding whether supporting additional leave time is feasible for the training program. In most cases, specialty board requirements necessitate the house staff extending their training time for part or all of the leave time taken to ensure successful completion of the program/attainment of eligibility for specialty board certification. In some cases, the disruption of leave (whether continuous or intermittent) upon the house staff training experience may necessitate repeating rotations or even an academic year.

When a house staff member extends their training, the institution and program director must ensure that adequate clinical and educational opportunities are available to all learners in the program. In the case of FML extending past 12 weeks, consideration must be given to whether continuation of leave might result in a negative educational impact to other house staff in the program (e.g.-necessitate overhaul of the call schedule or rotation structure, result in decreased clinical case exposure across the program) during or after the continued leave.

The Program Director and DIO will jointly counsel the house staff member regarding the risks and benefits of continued leave. If the program and DIO determine that the program is unable to support additional leave past 12 weeks due to inability to continue to support the house staff continuing training after extensive absence from the program, the Program Director and DIO will provide the house staff member with documentation in writing of the concerns regarding their continued absence from the program, the date the program expects house staff member return to training, and the consequences of the house staff not returning including the risk of non-renewal of contract and/or immediate termination of contract. If the house staff member declines to return to the program by the specified date, the Program Director and DIO will make every attempt to counsel and support the house staff member to allow continuation of training. If the house staff member is unable to/declines to return to training, the Program Director and DIO will offer the opportunity to the house staff to resign and/or proceed with non-renewal of contract and/or immediate termination. In situations in which a house staff member, the Program Director, and DIO mutually agree on a resignation at the end of the contract year, the GME Office will continue to financially support the house staff member in a ‘no pay’ status (after leave is exhausted) to allow employer support of health, life, etc. benefits through the end of the contract year.

V.E.4 Funeral Leave
House staff are eligible for Funeral leave. For additional information concerning benefits under Funeral Leave, contact the GME office. Funeral Leave guidelines for house staff follow UK Employee Human Resources Policy and Procedure Number 84.0:

1. An employee shall be allowed funeral leave up to five (5) working days for the death of:
a. A mother/father,
b. A brother/sister,
   (Note: a. & b. includes steps or halves of the same relationship; in the case of a step-parent, s/he must have been directly responsible for the employee)
c. A spouse,
d. Sponsored adult dependent
e. A child (step-child if the employee is directly responsible),
f. Sponsored child dependent , or
g. Other persons with whom the employee has a “loco parentis” relationship.

Note: “In loco parentis” means the employee has the day-to-day responsibilities for the care and financial support of a child or persons who had such a responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

In cases required extensive travel time, the employee may be granted an additional two (2) working days off with pay. The total funeral leave with pay shall not exceed seven (7) working days.

Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

2. An employee shall be allowed funeral leave up to two (2) working days for the death of a:
   a. Step-mother/Step-father;
   b. Step-child;
      (Note: a. & b. employee/step-parent is/was not directly responsible for care as child)
   c. Grandparent;
   d. Grandchild;
   e. Aunt/Uncle;
   f. Niece/Nephew;
      Note: c. - f. include steps, halves and in-laws of the same relationship)
   g. Legal dependent of the employee.

   Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

3. An employee shall be allowed funeral leave up to two (2) working days for the death of any of the following relationships created by marriage (in-law) or by a sponsored adult dependent:
   a. Mother /Father;
   b. Brother /Sister;
   c. Son /Daughter;
   d. Child.

   In cases requiring extensive travel time, the employee may be granted an additional two (2) working days off with pay. The total funeral leave with pay shall not exceed four (4) working days. (Applies to #2 and #3 above)
Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

4. An employee may be allowed funeral leave up to one-half a working day, at the discretion of the department head, for other relatives, associates or close friends.

When funeral leave is taken, specialty board requirements supersede university policy with regard to the impact of leave upon successful and on time completion of the training program. Funeral leave requests must be submitted and approved through appropriate program channels in advance of the leave being taken to the degree possible given each situation necessitating funeral leave use.

V.E.5 Educational Leave
Programs may allow house staff to take educational leave for attendance at meetings or conferences or courses that further the education of the house officer. Programs may also choose to allow educational leave to participate in interviews for advanced training or other positions as part of educational leave to further career development. Program policies must outline whether educational leave is provided in excess of other paid leave types (vacation, bonus, and holiday), the amount of educational leave available to each house staff in the program during each contract year and whether the amount of leave differs by PGY, and the process for requesting and documentation of educational leave requests. Each program’s process for requesting and documenting educational leave must be equitable within the program however may differ by PGY and may involve additional criteria (e.g.- acceptance of presentation to be provided with educational leave to attend a professional conference). As educational leave supports the training experience and career development of house staff, it is counted towards the house staff total training time in the program, unless specifically prohibited by the relevant accrediting body or specialty board.

V.E.6 Military Leave
House staff are eligible for military leave as indicated by the University of Kentucky’s Uniformed Services Leave, Policy # 75.0 which can be found at: www.uky.edu/hr/policies/uniformed-services-leave-military-leave House staff requesting leave must submit a written request, along with a copy of the military orders, to GME and the Program Director as soon as the order is received. When military leave is taken, specialty board requirements supersede university policy with regard to the impact of leave upon successful and on time completion of the training program. Extension of training may be required.

V.E.7. Jury Duty Leave
House staff who are called to jury duty must submit a copy of the call to jury duty to the Program Director as soon as possible. If needed, the GME Registrar can provide a letter of support to request temporary postponement of the jury duty service. If the request for postponement is not approved, the Program will be responsible for schedule the learner’s time off. The Program Director is responsible for monitoring leave and specialty board requirements. Extension of training may be required.
V.F. UK House Staff Stipend Scale
Link to most current stipend list: [http://gme.med.uky.edu/gme-stipends](http://gme.med.uky.edu/gme-stipends) (stipends are not approved until one month before the academic year begins) Note: Entering PGY level is assigned at the lowest level eligible for training in that specialty or subspecialty regardless of individual trainee’s prior PGY level or prior number of years in training.

House staff are contracted on a year-to-year basis. Though it is the expectation that you will be contracted each year for the duration of your training program; it is your responsibility to assure you meet the requirements of the training program and the institution(s) (UK and those to which you rotate) for that to occur. Please also reference the section on Policies and Procedures Related to Postgraduate Trainees.

V.G. Pay Systems
All house officers are paid monthly on the last working day of the month from the GME office. A system for direct deposit of payroll checks is mandatory and available for any commercial bank, savings and loan institution, and/or credit union that is a member of the National Automated Clearing House Association (NACHA). To set up direct deposit, visit the myUK Employee Services site: [https://myuk.uky.edu/irj/portal](https://myuk.uky.edu/irj/portal).

V.H. Licensure
All physician PGY2s and above must be licensed by the Kentucky Board of Medical Licensure prior to the start of their training at UK. Any PGY1 who has had prior ACGME or AOA- accredited training must also be licensed before beginning training. Licenses are renewed annually. All renewals must be processed through the GME office in order that the fees may be paid. You will receive notification from both GME and MedHub when your renewal is due.

UK sponsors physician residents for Institutional Practice (IP) licenses, or Residency Training (R) licenses. An IP license is for physician house staff who have not yet passed USMLE Step 3, or for those who have passed USMLE Step 3 but the program director has indicated to the licensure board that he/she is not allowed to moonlight. An R license is granted to those who have passed USMLE Step 3. Should you wish to obtain a full license (after two years of training), that is something you would complete on your own. The financial responsibility is that of the requesting resident.

UK GME pays the Kentucky Board of Medical Licensure (KBML) for renewals of IP and R licenses for residents. Should you be a new resident coming to us who paid yourself for the IP or R license, GME will reimburse you the $75 fee. Please provide either a copy of your cancelled check or a receipt to the GME office.

Fellows are sponsored for a full medical license. GME pays the Kentucky Board of Medical Licensure (KBML) for fellows’ license renewals. If you are a new fellow joining UK and paid for the FT or full license, GME will reimburse you for the cost of the license. GME does not reimburse for associated fees. For reimbursement, provide either a copy of your cancelled check or a receipt to the GME office.
V.I. DEA
You must hold a Kentucky medical or dental license in order to obtain DEA certification. There are two options for DEA licenses, Fee Exempt and Fee Paid. If you intend to externally moonlight, you will need a Fee Paid DEA. The fee is the responsibility of the individual house officer. GME will assist you in processing your DEA.

If you have a DEA, you are required to register for KASPER. KASPER registration requires a DEA number and a Kentucky Online Gateway account. The KASPER application must be notarized. On providing verification of the KASPER registration, GME will update IT for UKHC systems.

V.J. On-Call Quarters
House staff should consult with their program regarding call room/sleep room availability at each of the clinical sites where the program rotates.

V.K. Parking Permits (Lexington based programs)
Upon arrival at Orientation, UK parking permits are issued to Lexington campus trainees. After receiving the initial permit, residents are responsible for renewing their UK parking permit annually. Renewal is completed in the month of June. At the time of renewal, an email is sent from UK Transportation to renew their parking permit online. UK parking permits must be displayed from the rear-view mirror. Permits are assigned to an individual, not a vehicle.

GME adds a monthly Parking Allowance to each learner’s payroll check to cover the expense of the E-parking permit. However, learners are responsible for any citation fees and/or replacement fees. Learners should only park in designated employee lot. Most common citations are issued when parking on yellow lines, parking in any other assigned areas, parking in service area or parking in the emergency zones. Illegally parked vehicles will receive a citation, be booted and/or towed. Should you receive a parking citation and feel that an appeal is in order, you may appeal on-line at www.uky.edu/Parking

V.L. Uniforms
The GME office provides 3 lab coats/scrubs per year. Programs must approve residents to receive scrubs sets (non-surgical) in lieu of lab coats during the annual uniform ordering process. Residents will receive their first order during orientation. Each additional year, residents will be prompted to complete an online order for your uniform needs. Surgical scrubs are available in designated areas of the hospital via the scrub vending systems. If you need access to surgical scrubs and do not have access, please contact the GME office, Benefits Coordinator. To receive access, your program must be listed on the approved list for surgical scrubs. The GME Benefits Coordinator will assist you with this process. All surgical scrubs must be returned to the machine prior to your scheduled Exit Interview in GME.

V.M. E-Mail
All house officers will be issued a UK Exchange/Outlook e-mail address for the duration of their postgraduate training. This e-mail account should be utilized for all UK business. Personal e-mail
accounts will not be used by UK faculty and staff to communicate with you. Your UK e-mail should be checked on a regular basis, as it is a primary method of written communication.

**V.N. Wellness**
The University of Kentucky Graduate Medical Education is devoted to promoting the wellness of our residents and fellows. Our goal is to foster a supportive learning environment where our trainees can achieve their highest potential through the integration of the physical, social, emotional, spiritual and economic dimensions of their lives. A detailed listing of wellness benefits that are available to house staff can be found [here](#).

### VI. HOUSE STAFF RESPONSIBILITIES, DISCIPLINARY ACTION, AND GRIEVANCE PROCEDURES

#### VI.A. House Staff Responsibilities
House staff are expected to conduct themselves in a professional manner regarding achievement of educational objectives, provision of patient care and relations with their colleagues. The appointment contract makes explicit these expectations and makes reference to other relevant documents that govern resident behavior. They are the University Administrative Regulations (AR), the Chandler Medical Center Behavioral Standards in Patient Care, the Behavioral Code and other Medical Center documents, all of which are available via the GME Office. House staff must be informed of these general academic standards at orientation and provided ready access to the relevant documents through the GME Office and/or the program. Should a resident be excused from orientation because of illness, or for any other reason, it is the GME Office's responsibility to assure that the house officer is informed of these general academic requirements.

House Staff must:
- Devote time and interests fully to the welfare of the patients assigned;
- Provide compassionate, efficient and cost-effective care commensurate with level of training and responsibility;
- Assume responsibility in the teaching or professional direction of students and other interns/residents/fellows;
- Be responsive to the supervision and direction of professional staff involved in educational and patient care activities;
- Take advantage of all opportunities offered to improve my knowledge and skills in the profession; and
- For additional information see Professionalism, Personal Responsibility, and Patient Safety as outlined below.

House staff are also bound to and must abide by Behavioral Standards, and agree to abide by the policies, regulations and procedures of any hospital or institution to which they are assigned for any part of training and other responsibilities as assigned by the program. Any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate revocation of appointment or denial of appointment. House staff contract may be terminated for any serious or repeated breach of ethics or discipline.
All house staff are required to apply for a Kentucky license at the earliest date for which he/she is eligible. House staff are responsible for the completion of all examination and licensure requirements. Fellows must apply for a full Kentucky license which requires successful completion of USMLE Step 3. Fellows cannot be appointed without successful completion of USMLE Step 3 and a full Kentucky license prior to the appointment date. Appointment and/or stipend and benefits as a PGY-2 or above (PGY-1 for pharmacists and dentists) will be contingent upon having a valid state of Kentucky license. Any incoming medical resident at a PGY1 level with prior GME training must also be licensed.

It is the house officer’s responsibility to ensure all licensure requirements are met prior to the appointment date. Failure to do so may result in loss of appointment.

All residents and fellows (with the exception of Optometry, Pastoral Care, Health Administration, Student Fellows, Medical Physics, and Community-based Pharmacy) must be ACLS certified prior to arrival. Orthopaedic Sports Medicine, Family Medicine – Sports Medicine, Pathology, Preventive Medicine, Ophthalmology, Hand Surgery, Rheumatology, and Infectious Disease residents and fellows may substitute BLS instead of ACLS. Pediatrics residents may substitute Pediatrics Advanced Life Support (PALS), and Neonatology fellows should have completed the Neonatal Resuscitation Program (NRP). The certification must be American Heart Association (AHA) accredited. OMFS upper year residents must be PALS certified after completing their final year in medical school training. Certification must be maintained throughout the duration of training. GME does not reimburse for the first certification obtained or held when beginning your residency or fellowship program. Subsequent re-certifications are reimbursed through the GME Office. Failure to maintain certification will result in disciplinary action in accordance with the GME Professionalism Policy (see Appendix).

All house officers are expected to complete medical records documentation and electronic order signatures on a regular basis. This policy applies to all sites of training. Completion of records should be ensured before going on vacation, scheduled leave, before rotating to another facility and before completion of training. House officers should contact Medical Records regarding any incomplete documentation/records within 7 days of anticipated leave or on an off-site rotation.

All house officers are expected to complete GME Institutional or participating site required tasks in a timely manner as assigned. House officers will be appropriately notified of pending tasks. Failure to comply with timely completion of such required tasks may result in disciplinary action per the GME Professionalism Policy (see Appendix).

In order to assure that documentation is completed in a timely manner that is compliant with Joint Commission and other regulating body requirements, the GME office conducts a notification and suspension process. Any house officer suspended for documentation deficiencies has until midnight on the day following suspension to complete the deficiencies. Failure to complete deficiencies by this time will result in additional disciplinary action as outlined in the GME Professionalism Policy (see Appendix). Suspensions for medical record deficiencies are required to be reported on many state
licensure applications and medical credentialing requests.

In addition to these general standards, individual programs may have specific academic standards to which house staff are held accountable. House staff must be informed of these specific academic standards at departmental orientation and provided ready access to the relevant documents through the program office. In instances in which the house officer does not attend orientation, it is the program director’s responsibility to assure that the resident is informed of these specific academic requirements.

VI.B. Remediation and Discipline Policy
The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. In each program, there must be clearly stated basis for evaluation and advancement. Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for house staff including formative "on-the-spot" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided.

Most concerns should be managed initially with feedback including informal verbal counseling by the program director and faculty. Failure of the house officer to appropriately remediate after such intervention or concerns that should not be addressed with informal verbal counseling alone must be managed with additional intervention. In those situations, one of the actions listed below (Notice of Concern, Non-Promotion, Probation, Suspension, Dismissal or Non-renewal) is taken, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the program director should take into account the house officer’s overall performance, including previous evaluations, results of any informal counseling, etc.

Consultation with the Senior Associate Dean for GME/DIO is required prior to initiation of all actions.

VI.B.1 Preliminary Academic Action/Notice of Concern
Program Directors are encouraged to use a Notice of Concern as a preliminary measure to resolve minor instances of poor performance or misconduct but which do not impact the health or safety of patients or others. Actions that may adversely impact on health or safety of patients or others are addressed by Probation, Suspension and/or Immediate Dismissal.

A Notice of Concern (NOC) may be issued by the Program Director when (1) a house officer’s unsatisfactory performance or conduct is too serious to be dealt with by informal verbal counseling or (2) a house officer’s unsatisfactory performance or conduct continues and does not improve in response to verbal counseling. A Notice of Concern must be in writing, provide an explanation of the unsatisfactory performance or conduct in competency-based language with the expectation of improvement outlined and include a time frame in which the house officer meets these expectations. In most situations the Program Director should use Clinical Competency Committee (CCC) evaluation of the trainee as the basis for initiating a Notice of Concern. If issues necessitating a NOC occur
between scheduled CCC meetings the Program Director should ensure communication with the CCC occurs with agreement regarding proceeding with this informal academic action. The time frame should ideally not be greater than three months without reconsideration of the rationale for continuation and formal documentation regarding extension. In some cases, rotation schedules may necessitate a longer period of time if scheduled vacation or other absences will impact the amount of time available for trainee remediation and assessment of performance. Review of the Notice of Concern by the DIO is required prior to issuing to a trainee. The Program Director or designee will then review the Notice of Concern with the house officer which both must sign. A copy is placed in the house officer’s program file. During or at the end of the Notice of Concern Period the house officer will meet with the program director or designee to determine whether the unsatisfactory performance or conduct has been corrected or whether further corrective action will be taken. If the house officer fails to achieve and/or sustain improvement or a repetition of the conduct occurs, then the program director may take additional action including Non-Promotion, Probation, Immediate Dismissal or Non-renewal actions after consulting with the DIO.

A Notice of Concern need not precede other academic actions described later in this document. For the purposes of this policy and for responses to any inquiries regarding academic records during training, a Notice of Concern does not constitute a disciplinary action.

VI.B.2 Formal Disciplinary Actions
Formal disciplinary action may be taken for any appropriate reason, including but not limited to any of the following examples:
Failure to satisfy the academic or clinical requirements or standards of the training program expected for the level of training;
- Any, deficiency, or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct;
- Violations of professional responsibility, policies and procedures, state or federal law or any other applicable rules and regulations.

Formal disciplinary action may include, but is not limited to:
- Non-promotion
- Probation
- Suspension
- Non-renewal of appointment
- Dismissal/termination

See below for detailed descriptions of each action.

VI.B.2.a). Non-promotion
If a house officer has not met the program standards for their current training level, the program may make a decision not to promote a house officer to the next level of training. The house officer should be notified of non-promotion as soon as circumstances reasonably allow, and in most cases four
months prior to the end of the contract year. Exceptions to this timeframe would include performance issues that primarily arise within the final four months of the contract year. If a house officer has received a notice of concern or is on probation, and the end of the house officer’s remediation period is within four months of the end of the contract year, the fact that the house officer is remediating will serve as notice that the house officer may not be promoted.

The notice of non-promotion should outline the remediation steps to be accomplished prior to the house officer’s advancement to the next level and provide an estimation of the amount of remediation time anticipated. As determined by the applicable specialty/subspecialty board, the total training time in the program may be lengthened by the duration of non-promotion/remediation. The house officer will be paid at their present PGY level stipend until advanced to the next level of training. If the house officer does not successfully complete the remediation plan, the process outlined below for dismissal will apply.

VI.B.2.b). Probation
If a house officer’s academic or clinical performance, attitude, behavior, or interpersonal or communication skills puts him/her in jeopardy of not successfully completing the requirements of the training program or other deficiencies exist which are not corrected by informal verbal counseling or a preliminary academic action, or are of a serious nature such that informal verbal counseling or a preliminary academic action are not appropriate, the house officer is placed on Probation. Probation should be used instead of a Notice of Concern when the underlying deficiency requires a substantial change in house officer oversight.

Probation may include, but is not limited to, special requirements or alterations in scheduling a house officer’s responsibilities, a reduction or limitation in clinical responsibilities or enhanced supervision of the house officer activities. This temporary modification of the house officer’s participation in or responsibilities within the training program are designed to facilitate the house officer’s accomplishment of the program requirements. The house officer will be informed in writing by the Program Director that he/she is being placed on Probation. Written notification should include an explanation of the deficiencies, performance or conduct in competency-based language giving rise to Probation, remediation requirements (what the house officer must accomplish in order to come off of probation), the anticipated length of probation, method of ongoing evaluation, a faculty advisor/supervisor for the probationary period, and the time period of the Probation. The length and conditions of the Probationary Period must be determined by the Program Director, after consultation with the Senior Associate Dean for GME. Probationary periods must be time-limited. Failure to meet the terms of probation may result in dismissal from the training program or nonrenewal of contract. If a house officer is on probation the fact that the house officer is on probation will serve as notice that the house officer contract may not be renewed or he/she may be dismissed from the program if the probation is not remediated successfully.

House staff may appeal being placed on probation using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).
VI.B.2.c). Suspension
In urgent circumstances, a house officer may be administratively suspended from all or part of assigned responsibilities by his/her department chairperson, program director, or the Chief Medical Officer (or designee) of the primary clinical site or affiliated institution or facility for cause, including but not limited to failure to meet general or specific academic standards, failure to provide patient care in a manner consistent with expectations, potential impairment of the house officer, potential misconduct by the house officer or failure to work in a collegial manner with other providers. A house officer may also be suspended pending an investigation of an allegation of any of the above concerns.

A house officer must be notified verbally and in writing as to the reason for suspension. The Senior Associate Dean of GME should be notified prior to suspension. The program shall maintain documentation that the house officer has received written notification and a copy of the notification must be sent to the GME Office. Unless otherwise directed by the program director, a house officer suspended from clinical services may not participate in other program activities. Suspension is generally with pay. Suspensions must be time- limited but can be renewed if appropriate. A suspension may be coupled with or followed by other academic actions or conclude in the house officer being reinstated. If a resident/fellow is suspended, a request for expungement of suspension may be submitted to the Senior Associate Dean for GME with a copy to the Program Director for review/consideration. GME will respond to the request indicating whether the suspension was repealed or upheld.

If a request to expunge a suspension is not approved, house staff may appeal being placed on suspension using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

VI.B.2.d). Non-Renewal of Contract
While house officers are generally granted a renewal of contract annually until they have completed their training program, program directors may determine that continuation in the program is not warranted because of deficiencies in academic progress or for other reasons. A prior period of probation or suspension is not required. The notice of non-renewal of contract must be approved by the Senior Associate Dean for GME. The notification will be made in writing to the house officer with a copy to the official GME file. A decision regarding reappointment must be reached by the program director no later than March 1 (unless the house officer is on suspension or probation) of the year of the current appointment (for house officers on a July 1-June 30 contract year; no later than 4 months prior to end of the current appointment if on an off-cycle contract). If the primary reason for the non-renewal occurs within the four months prior to the end of the contract, the program must provide the house officer with as much written notice of the intent not to renew as the circumstances will reasonably allow. The house officer may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. For those who continue, through the end of the contract period full credit for the year may be given to the house officer at the discretion of the Program Director and guidelines of the individual board. If deficiencies in professional competence
that may endanger patients arise during continued training under a non-renewal status, the house officer may be terminated or suspended immediately after consultation with the Senior Associate Dean for GME. A decision of non-renewal of appointment may be appealed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

VI.B.2.e). Dismissal/Termination
A house officer may be dismissed from a program because of failure to remediate deficiencies during a probationary period; suspension or revocation of the house officer’s license or permit; conduct constituting criminal activity; gross and serious violation of expected standards of patient care; failure to abide by the Behavioral Standards or the applicable regulations of the University of Kentucky, and/or other hospitals and facilities to which the house officer may rotate or other responsibilities as specified by the program; or gross and serious failure to work in a collegial manner with other providers. This decision should involve multiple individuals at the program/departmental level. The program must consult with the Senior Associate Dean of GME prior to finalizing a dismissal decision. Dismissal may, depending upon the situation, be immediate or follow a period of suspension and/or probation. Insofar as is possible, a house officer should be notified in person and in writing about the dismissal decision. This notification must include the reason for the dismissal decision, the date of the dismissal, and method for appeal. Credit for training may be given in the event of any satisfactory performance prior to dismissal, per the guidelines of the individual board.

House staff may appeal being dismissed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

VI.B.2.f). Notice of Formal Disciplinary Action
Before a final decision is made regarding non-promotion, probation, suspension, non-renewal of appointment, or dismissal/termination, the house officer shall receive notice in writing that sets forth the formal disciplinary action being recommended and summarizes the grounds for the formal disciplinary action. The house officer has three (3) calendar days to provide a response to the notice, which will be reviewed and taken in consideration before a final decision is made regarding the formal disciplinary action. If the recommended formal disciplinary action is implemented, the house officer may appeal using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

VI.C. Clearance
Each house staff officer completing training or leaving must clear both the University and other clinical sites where they have rotated (if applicable) before leaving. Programs may have additional program level clearance processes. All debts incurred with the University during training must be paid prior to completing the GME clearance process.

VII. HOUSE STAFF WELL BEING

VII.A. Self-Care
Residents and faculty members are at increased risk for burnout and depression. Psychological,
emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. The institution, in addition to each training program, has the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Programs, in partnership with the institution, must make specific efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships. This responsibility must include paying attention to scheduling, work intensity, and work compression that impacts resident well-being; evaluate workplace safety data and addressing the safety of residents and faculty members; creating policies and programs that encourage optimal resident and faculty member well-being.

Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. The institution and programs must direct attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with the institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with the institution, must encourage residents and faculty members to alert the program director, the GME office, appropriate departmental faculty content, or other programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

VII.B. Coverage of Patient Care
There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core)

VII.C. Counseling and Mental Health Resources

**Non-emergent Counseling and Mental Health Resources:**

Lexington Medical Society Physician Wellness Program: call 1-800-350-6438
- Any UK GME House Staff member can access
- Free and confidential counseling service not connected to UK or your health insurance
- 8 free counseling sessions a year (count based upon calendar year) via The Woodland Group
- Resource is available for any support need whether related to depression or anxiety, work related stressors, relationship concerns or just difficulty coping with the demands of residency or
fellowship. Participants are able and encouraged to bring family members, spouses or significant others as relevant to the situation (example: couples counseling is covered through this service).

- Individuals utilizing this service will remain anonymous to GME and the Lexington Medical Society
- While appointments are generally available from 8-5pm, early morning or evening appointments may be arranged.

**UK Work-Life Counseling:** [http://www.uky.edu/hr/work-life/counseling/worklife-connections-counseling](http://www.uky.edu/hr/work-life/counseling/worklife-connections-counseling)

- Individual Counseling for life stress, work performance, substance abuse concerns, mental health

**UK CRISIS Assistance:** [http://www.uky.edu/staffsenate/crisis](http://www.uky.edu/staffsenate/crisis)

**REFER Program:** [http://www2.ca.uky.edu/hes/familycenter/refer-program.htm](http://www2.ca.uky.edu/hes/familycenter/refer-program.htm) UK Family Center Counseling focused upon personal, couple, or family concerns. REFER is staffed by Marriage and Family Therapist-In-Training, educated with the skills necessary to help work through a variety of personal issues. Contact the UK Family Center at 859-257-1467 or 859-257-7755 for additional information.

**UK Department of Psychiatry Outpatient Clinic:**
Access to confidential consultation is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 859-323-6021. Follow prompts for the Outpatient Clinic.

**Emergent Counseling and Mental Health Resources:**

**The Ridge Behavioral System**
Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for emergency psychiatric services is available to house staff 24 hours per day, seven days a week through the admissions office at The Ridge Behavioral System. The telephone number to call is 859-268-6400. The house officer is to ask for the Assessment Office and identify him/herself as a UK resident/fellow needing immediate evaluation. If admission is required, the caller will be asked to go directly to The Ridge, bypassing evaluation in the UK Emergency Department.

If utilizing the Ridge is not feasible or in a situation where a resident or faculty member is actively suicidal and cannot be safely transported to the Ridge, emergency psychiatric services are also available via the UK emergency room.

**VII.D. Impairment Policy**
Impairment is defined as “the inability to practice medicine with reasonable skill and safety due to physical or mental illness, loss of motor skills or abuse of drugs including alcohol” (American Medical Association). It is professional misconduct to practice medicine while impaired. The University of Kentucky is committed to the provision of support and appropriate referral for house staff whose
performance may be impaired due to psychological stress, psychiatric illness or abuse of drugs and/or alcohol. Accordingly, programs must assure that all house staff are aware of these services and informed of the mechanisms through which they may confidentially access them, either to address problems they are experiencing personally, or to intervene when problems are suspected or observed in a peer. The University of Kentucky will take all reasonable steps to protect the confidentiality of the house officer who seeks voluntary treatment or is referred for treatment subject to applicable legal constraints and the provisions of this policy.

Services available for voluntary self-referral related to mental health concerns that pose a risk of impairment are listed above under ‘Counseling and Mental Health Resources’.

VII.E. Voluntary Self-Referral for Drug/Alcohol Counseling in the Absence of Performance Issues
Services available for voluntary self-referral related to drug/alcohol treatment in the absence of performance issues include:

VII.E.1. Impaired Physicians Program
The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (or equivalent for other specialties) will provide assistance to physicians with mental health or drug/alcohol related illness. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. IPP serves as an advocate for the recovering physician with the Kentucky Board of Medical Licensure and other appropriate agencies. Help for oneself or a peer can be obtained confidentially by calling 502-425-7761.

For house staff who seek treatment or who require further voluntary evaluation and possibly treatment, the program director should notify the Associate Dean for GME who will assist the house officer in contacting the IPP. A house officer who has enrolled in an IPP approved treatment program may be permitted to return to the training program with agreement of the IPP and in accordance with the “Return to Duty Section” of this policy.

VII.E.2. Required Evaluation for Mental Health or Drug/Alcohol Concerns by Others in the Context of Performance Related Concerns Policy
When a house officer is experiencing performance-related problems or engaging in behavior in which impairment is suspected, the institution shall have the right to require the house officer to undergo further evaluation.

Any instance in which another house officer, faculty member, other hospital employee, patient or patient’s family, or other person suspects that a house officer is impaired during the exercise of his/her professional duties, may be reported. These incidents may include, but are not limited to, perceived problems with judgment, behavior, speech, emotional outbursts, depression, alcohol odor or other perceptions of impairment.

Reports of suspected impairment should go to the house officer’s attending physician or program director. Upon receiving such a report, the attending physician or program director should
immediately meet with the house officer to ascertain if there is cause for concern. The attending physician must make the program director aware of the situation. It is recommended that the Associate Dean for GME also be advised.

The program director shall make a reasonable effort to determine whether the report is reasonable for suspected impairment. If the program director determines that the report does not indicate suspected impairment, and that there are no performance concerns with respect to the house officer, no further action will be taken. Documentation of this assessment should be recorded by the program director.

If the program director determines that there is cause for concern, the Associate Dean for GME must be contacted and a course of action shall be determined, which may include but is not limited to further inquiry, suspension, or house officer testing. UK HealthCare Policy # A09-005 Fitness for Duty Evaluations.

VII.F. Return to Work
If treatment or rehabilitation is recommended by the IPP, and the house officer enrolls in an IPP-approved treatment program, the house officer will be required to waive his/her right to confidentiality to the extent that:

- the program director and Senior Associate Dean for GME will be notified as to whether the proposed treatment plan limits the house officer’s ability to work, and if so, will be provided with a description of the limitations,
- the program director and Senior Associate Dean for GME will be notified periodically whether the house officer is participating in the treatment plan and whether treatment has been successful; and
- any other information needed to assess the house officer’s continued fitness for the training program.

Whether a house officer will be allowed to return to duty or complete his/her training will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program; the limitations, if any, on the house officer’s ability to practice and expected duration of the limitations; whether reasonable accommodations can be made by the training program; the circumstances that give rise to the initial report of potential impairment (i.e. whether any serious incidents or violations of law occurred); and whether patient and staff safety can be maintained.

VII.G. Refusal to Cooperate
If a house officer who requires further treatment as determined by the IPP refuses to enroll or remain enrolled with the IPP, the program director will be obligated to report the house officer to the Kentucky Board of Medical Licensure or equivalent board of licensure. In addition, the house officer may be suspended or terminated from the training program. The house officer shall have the right to appeal the suspension and/or termination pursuant to the appeal procedures set forth in AR 5:5, “Grievance Procedure for House Officers.”
VIII. PROGRAM EDUCATIONAL CURRICULUM
(See also II.B. Program Administration)

VIII.A. Curriculum
The program director, in conjunction with the faculty must outline a curriculum that contains the following educational components:

- Overall educational goals for the program, which the program must distribute to house staff and faculty annually;
- Competency-based goals and objectives covering all applicable competencies for each assignment at each educational level, which the program must distribute to house staff and faculty annually, in either written or electronic form. These should be reviewed by the house officer at the start of each rotation;
- Regularly scheduled didactic sessions; and,
- Clear delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of house staff over the continuum of the program.

The training program must require its house staff to develop the competencies as listed below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their house staff to demonstrate the competencies.

PATIENT CARE and PROCEDURAL SKILLS
House staff must be able to: provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health; competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice; and as further specified by the Program Review Committee.

MEDICAL KNOWLEDGE
House staff must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care and as further specified by the Program Review Committee.

PRACTICE-BASED LEARNING AND IMPROVEMENT
House staff must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. House staff are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
• Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
• Incorporate formative evaluation feedback into daily practice;
• Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
• Use information technology to optimize learning;
• Participate in the education of patients, families, students, house staff and other health professionals;
• and [as further specified by the Program Review Committee.]

INTERPERSONAL AND COMMUNICATION SKILLS
House staff must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. House staff are expected to:

• Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
• Communicate effectively with physicians, other health professionals, and health related agencies;
• Work effectively as a member or leader of a health care team or other professional group;
• Act in a consultative role to other physicians and health professionals; and
• Maintain comprehensive, timely, and legible medical records, if applicable; and [as further specified by the Program Review Committee.]

PROFESSIONALISM
House staff must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. House staff are expected to demonstrate:

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

SYSTEMS-BASED PRACTICE
House staff must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. House staff are expected to:

• Work effectively in various health care delivery settings and systems relevant to their clinical
specialty;

- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in inter-professional teams to enhance patient safety and improve patient care quality; and,
- Participate in identifying system errors and implementing potential systems solutions;
- and [as further specified by the Program Review Committee.]

VIII.B. House staff Scholarly Activities
The program director, in conjunction with the faculty must outline a curriculum and allocate adequate educational resources to advance house staff knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. All house staff should participate in scholarly activity. The University of Kentucky is committed to providing educational resources to facilitate house staff involvement in scholarly activities.

VIII.C. Other Learners Policy
The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, medical students and nurse practitioners) in the program must not interfere with the appointed house officers’ education. The program director must report the presence of other learners to the DIO and GMEC upon request and as part of each Annual Program Evaluation.

VIII.D. Experimentation and Innovation
Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee.

Both the sponsoring institution and the program must hold a status of Accreditation or Continued Accreditation. The proposal must include a request for a waiver/variation/suspension of a common, institutional or specialty-specific standard. The request for a waiver/variation/suspension of specialty-specific standard(s) must involve specialty-specific standard(s) overseen by only one RC.

In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. This proposal is first submitted to the Compliance Subcommittee for review with a subsequent recommendation to the GMEC for final decision. Approval from the GMEC and signature by the DIO is required prior to submission to the Executive Director of the appropriate ACGME Review Committee. Once a Review Committee approves a project, the sponsoring institution and program
are jointly responsible for monitoring the quality of education offered to residents for the duration of such a project.

**IX. EVALUATION**

The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. House staff must know and understand the performance criteria on which they will be assessed. The program director must provide the house staff with copies of the assessment tools to be used as part of the evaluation process. The program director and faculty must define the performance standards (i.e., pass/fail mark of a learning experience or ‘how much is enough’ to advance one training level to the next). The goal is that both faculty and house staff share a common understanding of what is expected and how it will be evaluated and that the house staff perceives assessments as a fair and close approximation of actual ability. In each program, there must be clearly stated basis for evaluation and advancement.

Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for house staff including formative "on-the-spot" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided. End of rotation evaluations of the house staff by the faculty must be completed within two weeks of the last day of contact.

**IX. A. House Staff Evaluation/Clinical Competency Committee**

The program director must appoint a Clinical Competency Committee (CCC) for each program. At a minimum the CCC must be composed of three members of the program faculty. Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team who have frequent contact with the house staff. The program must have a policy that describes the responsibilities of the committee. The CCC should: review all resident evaluations semi-annually; prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, advise the program director regarding resident progress, including promotion, remediation, and dismissal. The meeting of the CCC does not substitute for the required documented semiannual evaluation of the house officer by the Program Director.

**IX.A.1. Formative Assessment**

House officer performance must be assessed during each rotation or similar educational assignment in a timely manner. Formative assessments should include both informal ‘on-the-spot’ verbal feedback and written assessments. Examples of assessment methods include: direct observation, global assessment, simulations/models, record/chart review, standardized patient examination, multisource assessment, project assessment, patient survey, in-house written examination, in-training examination, oral exam, objective structured clinical examination, formal oral exam, practice/billing audit, review of case or procedure log, review of patient outcomes, review of drug prescribing, house officer experience narrative and any other applicable assessment method.
Written or electronic formative assessment should be used to provide a mechanism through which programs can document progressive resident performance improvement. Programs should use house officer self-assessment as an important component of formative assessment, both to compare with data from other evaluators and also to help the learner develop important lifelong learning skills.

Programs must use the GMEC approved Medical Student Evaluation of the Resident and Resident Evaluation of the Faculty assessment tool for medical student-house staff/faculty-house staff interactions during rotations. Confidentiality of the evaluator must be assured.

The primary purpose of any formative assessment is to capture the process of developing abilities. This allows house staff to recognize learning gaps in knowledge, skills, and behaviors, to guide planning for further learning and to identify the need for remediation.

As part of the formative assessment process the program must:

- Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as applicable to the educational assignment;
- Use multiple evaluators (e.g., faculty, peers, patients, self, medical students and other professional staff); and,
- Document progressive resident performance improvement
- Document resident performance semiannually

IX.A.2. Semiannual Evaluation

The program director or designee must provide each house officer with a written or electronically documented semiannual evaluation of performance with feedback. The semiannual evaluation must be used to document the current level of house officer performance compared to the performance criteria established for a given post graduate year (PGY). The results of the semiannual evaluation should be used by the programs in decision making for promotion to the next PGY or graduation. Remediation and discipline policies may be applicable. Each semiannual evaluation must include a review of:

- Competency based formative assessments by faculty, peers, patients, self, medical students or other professional staff
- Procedural data, as applicable
- Review of rotation schedule
- Didactic attendance
- Scholarly activity including research
- Individual compliance with work hours requirements
- Performance on in-training examination, as applicable
- Professionalism

All documented formative assessments, semiannual evaluations, and any other assessments of
resident performance must be confidentially maintained in an individual house officer file by the program and accessible for review by the house officer upon request.

**IX.A.3. End-of-Program Final Evaluation Policy**

Program directors of ACGME programs must provide a final evaluation for each house officer upon completion of the program. Completion of the program is applicable to any house officer transferring to another program, graduating at the end of training, or completing a preliminary year of training before entering a specialty program. This evaluation must be reviewed with the house officer, signed by both the Program Director and the house officer, and kept as a permanent record with a copy maintained in the both the program file and the GME resident file. The resident is provided with a copy for their records.

This final evaluation must:

- Document the resident’s performance during the final period of education including an evaluation of competence in the following areas:
  1. Patient Care including procedural data, as applicable
  2. Medical Knowledge
  3. Practice-Based Learning and Improvement
  4. Interpersonal and Communication Skills
  5. Professionalism
  6. Systems-Based Practice;
- Document any formal disciplinary actions that occurred during training;
- Provide a verification statement by documenting in a written format that the resident has “demonstrated sufficient competence to enter autonomous practice”. House staff may not graduate, even if the specified time for residency education has expired, if the program director does not feel comfortable signing such a statement; and,
- Any additional documentation as further specified by the ACGME Review Committee or applicable certifying Board.

*Programs must use the GMEC approved standard templates for Final Evaluations.*

**IX.B. Faculty Evaluation Policy**

Regular evaluation of faculty is critical to maintaining and improving the quality and effectiveness of a program. At least annually, the program must evaluate faculty performance as it relates to the educational program and provide feedback. Faculty should be evaluated on their clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This process must include review of those evaluations completed by house staff. Other quality indicators should also be reviewed.

House staff are to complete electronic confidential evaluations of the faculty after each rotation, educational assignment or no less often than quarterly. House staff should evaluate only those areas on which they have direct knowledge and information on which to judge quality. All house staff evaluations of the faculty are distributed and monitored for compliance by the program. A program
that chooses to do additional faculty evaluations by the house staff must ensure a process that maintains house staff confidentiality.

House staff evaluation of the faculty results are provided to program leadership on an annual basis in a summative format only after meeting a minimal required number of assessments to ensure confidentiality for the house staff. Faculty receive aggregated numerical ratings for each assessment question along with a comparison of the faculty members’ ratings relative to peers in the same department and peers in the College of Medicine. Narrative comments from which all identifying information has been removed are provided.

IX.C. Program Evaluation and Improvement Policy
The program must document formal, systematic evaluation of the educational curriculum at least annually. All programs of training duration greater than one year must precede the annual program evaluation with a confidential written or electronic evaluation of the program by both the house staff and the faculty. The program must use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program.

The annual program evaluation must be completed by a Program Evaluation Committee (PEC) that is appointed by the Program Director. The Program Evaluation Committee: must be composed of at least two program faculty members and should include at least one resident; must have a written description of its responsibilities; and, should participate actively in:

- planning, developing, implementing, and evaluating educational activities of the program;
- reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
- addressing areas of non-compliance with ACGME standards; and,
- reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). The program must monitor and track each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality; and, progress on the previous year’s action plan(s).

Examples of house staff performance indicators include the results of aggregated formative assessments, national comparison data such as in-training exams and scholarly activity including presentations/publications.

Faculty development activities include not only CME-type activities directed toward acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities,
professionalism, and abilities for incorporating the competencies into practice and teaching.

Graduate performance indicators must include the results of performance on board certification examinations. Annual surveys of graduates assessing current professional activities and perceptions on how well prepared graduates are as a result of the program should be completed.

Additional program quality indicators must be reviewed such as assessments of rotations or specific assignments, house staff selection process, graduates’ practice choices, the didactic curriculum, assessment system used for house staff, results of house staff evaluation of faculty, results of the most recent annual ACGME resident/fellow survey, work hours monitoring, and patient outcomes linked to house staff performance.

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. Information generated from the PEC/APE may also be shared with the program’s affiliated training sites. A copy of the annual program evaluation must be forwarded to the GME office for DIO review. The program director must indicate to the DIO any deficiencies that require additional resources for resolution. The Program Director must document the presence of other learners and any negative impact of house staff training.

Programs are encouraged to use the annual program evaluation template provided by the GME office.

**X. THE LEARNING AND WORKING ENVIRONMENT**

**Professionalism, Personal Responsibility, and Patient Safety:**

The University of Kentucky and its programs are committed to and responsible for providing house staff with a blend of supervised patient care responsibilities, clinical teaching, and didactic educational events, which must be carefully planned and balanced with concerns for patient safety and house staff well-being. House staff should not be routinely involved in the provision of patient support services such as peripheral intravenous access placement, phlebotomy, and laboratory and transporter services. Laboratory, pathology, and radiology services must be in place to support timely and quality patient care. A medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, residents’ education, quality assurance activities, and provide a resource for scholarly activity.

These types of support services should not be confused with the service provided by the house staff as part of the patient-physician relationship. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on house staff to fulfill service obligations in the absence of learning. Every patient encounter is an opportunity for the house staff to learn. House staff participating in the care of patients on a busy patient care team should not be misinterpreted as service as long as appropriate teaching and feedback accompany it from the upper
level resident/fellow and/or faculty. Didactic and clinical education must have priority in the allotment of house staff time and energies. Clinical and educational assignments must recognize that faculty and house staff collectively have responsibility for the safety and welfare of patients.

The program director along with the University of Kentucky is committed to ensuring a culture of professionalism that supports patient safety and personal responsibility. House staff and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators;
- honest and accurate reporting of work hours, patient outcomes, and clinical experience data;

All house staff and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest including recognizing that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

The program director must ensure that house staff are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

X.A. Transitions of Care:
Programs must design clinical assignments to minimize the number of transitions in patient care. Programs in conjunction with the University of Kentucky must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The University of Kentucky in conjunction with its participating clinical training sites will ensure the availability of schedules that inform all members of the health care team of attending physicians and house staff currently responsible for each patient’s care through available mechanisms.

X.B. Alertness Management/Fatigue Mitigation:
Faculty and house staff must receive education in alertness, fatigue mitigation, how to recognize signs of fatigue and sleep deprivation. This education occurs through GME Orientation for all house staff, use of available on-line modules, departmental conferences/grand rounds, or any other appropriate educational tool.

All faculty members and house staff must be encouraged to adopt fatigue mitigation processes such as naps, to manage the potential negative effects of fatigue on patient care and learning. In the event
a house officer may be unable to perform his/her patient care duties due to fatigue, illness, or similar issues the program must have a clearly defined back-up plan in place to ensure continuity of patient care.

In the event that a House officer is too fatigued to safely return home from work, House staff have the option to use resources specific to each clinical site to mitigate travel during periods of fatigue. These resources include nap rooms to sleep, or transportation services for a ride home with a return trip back within 24 hours. House staff may request reimbursement for taxi services and in Lexington, transportation is available via Uber Services. Please contact your program for resources available at regional campus sites.

X.C. Supervision of House Staff Policy
All patient care must be supervised by an identifiable, appropriately-credentialed and privileged attending physician who has ultimate responsibility for patient care. The program director should ensure this information is available to house staff, other faculty, and hospital administration as appropriate. House staff and faculty should inform patients of their respective roles in each patient’s care. At all times, the program director must ensure and document an appropriate level of supervision in place for all house staff caring for patients.

House staff must be provided with rapid, reliable systems for communicating with supervising physician while at the same time experiencing graduated responsibility, assuming greater and greater levels of responsibility for aspects of the patient’s care as their competencies increase and are documented. Supervision may be provided by faculty or a more advanced resident or fellow and exercised through a variety of methods including direct and indirect supervision. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each house officer must be assigned by the program director and faculty members based on program specific criteria. Each house officer must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 house staff should be supervised either directly or indirectly with direct supervision immediately available. Programs must set guidelines for circumstances and events in which house staff must communicate with appropriate supervising physician or faculty members. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each house officer and delegate to him/her the appropriate level of patient care authority and responsibility.

Each accredited program must establish a written program-specific supervision policy consistent with this institutional/training site policy and the respective ACGME Common, specialty/subspecialty-specific, or other accrediting body program requirements. This policy must be reviewed annually with the house staff and core faculty and made readily available on MedHub.

X.D. Clinical Responsibilities:
The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident
education, severity and complexity of patient illness/condition and available support services. Optimal clinical workload may be further specified by each program based upon ACGME Specialty Program Requirements or specialty accrediting body.

X.E.  Teamwork:
Programs must provide opportunities for house staff to care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty as defined by each ACGME specialty Program Requirements or specialty accrediting body.

X.F.  Clinical and Educational Experience Guidelines
Clinical and educational experiences are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical and educational experiences do not include reading and preparation time spent away from the training site. All house staff must document hours of participation clinical and educational experiences in the University of Kentucky residency management system (MedHub) at not less than a rolling two-week interval.

Note: Individual ACGME Review Committees or specialty accrediting bodies may have more specific requirements.

X.F.1. Maximum Hours of Work per Week
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

X.F.2. Mandatory Time Free of Clinical Work and Education
Training programs must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

House staff must be provided with a minimum of 1 day in 7 free from all educational and clinical responsibilities, inclusive of both in-house and at-home responsibilities. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. For purposes of counting, all house staff must have four days off within the first 28 days of any rotation regardless of the day of the month on which the rotation starts. For rotations that extend beyond 28 days, additional days off must be provided using the following format: one day off for every additional seven days worked, two days off for every additional 14 days worked and three days off for every additional 21 days worked, etc. Additional days off are not required for partial weeks worked. The counting process starts over every time a house officer changes rotations.

X.F.3. Maximum Length of Clinical and Educational Assignments
Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Programs must encourage house staff to use alertness management strategies in the context of patient care responsibilities. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.

House staff must not be assigned additional patient care responsibilities after 24 hours of continuous clinical and/or educational assignments including but not limited to involvement in continuity clinic, new patient evaluations.

**X.F.4. Clinical and Educational Work Hour Exceptions**
In rare circumstances and only after handing off all other responsibilities house staff, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care for a severely ill or unstable patient,
- to provide humanistic attention to the needs of a patient or family, or,
- to attend unique educational events. These additional hours of care or educational must be counted towards the 80-hour weekly limit.

The program director must track both individual house officer and program-wide episodes of extensions of work. The occurrence of such extensions of work should be rare.

**X.F.5. Minimum Time Off between Scheduled Clinical and Educational Assignments**
Adequate time for rest and personal activities must be provided. House Staff should have eight hours off between scheduled clinical work and education periods. While there may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

**X.F.6. Maximum Frequency of In-House Night Float**
Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the applicable RC.

**X.F.7. Maximum In-House On-Call Frequency**
In-house call must occur no more frequently than every third night, averaged over a four-week period.

**X.F.8. At-Home Call**
At-home call is defined as responsibility for patient care taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. House staff taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical
responsible, when averaged over four weeks.

House staff are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. When house staff are called into the hospital from home, the hours they spend in-house providing patient care must be counted toward the 80-hour maximum weekly limit.

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

X.F.9. Clinical and Educational Work When Travelling
When travel is required due to attending approved educational or clinical conferences, house staff are expected to count this time towards their total work hours. Time spent in actual travel should not be included, instead house staff should log time related to active sessions or trainings.

X.G. Moonlighting Policy
Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities may be inconsistent with sufficient time for rest and restoration to promote the house officer’s educational experience and safe patient care.

PGY1 medical house staff are not allowed to participate in moonlighting activities. No house officer is required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed.

Because house staff education is a full-time endeavor that only full-time trainees can engage in, the program director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the house officer to achieve the goals and objectives of the educational program.

Each house officer must obtain a prospective, written statement of permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked must become part of the house officer’s file and reviewed appropriately by the program director.

Hours devoted to internal, external, and affiliate moonlighting must be added to training program work hours and counted towards the 80-hour weekly limit. At no time should a house officer exceed work hour maximums through a combination of training program plus moonlighting activities.

The program director is responsible for monitoring the effect of moonlighting activities upon performance and withdrawing permission to moonlight if necessary.

For further information, please refer to the University of Kentucky Moonlighting Policy (see Appendix).

X.H. Program Oversight for House Staff Work Hours Policy
Each program must have written policies and procedures regarding house staff supervision and work hours to ensure compliance with the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the house staff and faculty. Monitoring of clinical and educational work assignments and work hours by the program is required with frequency sufficient to ensure appropriate compliance.

Faculty and house staff must be educated to recognize the signs of fatigue and to apply proactive and operational counter measures. The program director and faculty must monitor house staff for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and wellbeing. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create house staff fatigue sufficient to jeopardize patient care.

X.H.1. Reporting Work Hours Violations
House staff are encouraged to first speak with their chief resident/fellow and/or program director and/or chairperson. Should the house officer feel that he/she has exhausted that route or does not feel comfortable in approaching one of those individual, then he/she should contact the Associate Dean for GME directly or use the Residency Management Software (MedHub) Messaging function to anonymously submit a message to the DIO/GME Director.

X.H.2. Institutional Oversight of Work Hours Policy
Institutional oversight of work hours is accomplished by multiple mechanisms. Each program must have written policies and procedures regarding house staff supervision and clinical and educational assignments to ensure compliance with this institutional policy as well as the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the house staff and faculty. Monitoring of work hours by the program is required with frequency sufficient to ensure appropriate compliance, therefore Program Directors should review trainee work hours monthly and must review quarterly and document issues via the MedHub PD Work Hour Review module. All house staff are required to continuously log work hours using MedHub.

As part of each annual program evaluation, the program must assess work hours compliance by review of the program work hours policy, review of logged hours on MedHub, review of the ACGME Resident/Fellow Survey and discussion with house staff and faculty. Compliance with work hours requirements should be recorded in the annual program evaluation report. Oversight for any areas of concern is processed to the GMEC for discussion.

Quarterly the GME Office in conjunction with the GMEC Compliance Subcommittee conducts an internal audit of all house staff work hours logged for compliance. The committee also reviews the prior academic year summary work hours reports during the first quarter of the next academic year. Work Hours Reports will be run from MedHub to review compliance indicators. The report(s) will
include:

• Program Name
• Percent House staff completing logs
• Average hours per week worked
• Number of violations for more than 80 hours per week on average was worked
• Maximum number of continuous hours on work per house officer
• Number of violations where 24+4 hour(s) continuous work was exceeded
• Average number of hours off between work shifts
• Average number of days off

This report summarizes the totals in each of the categories listed above for each program. It is used to evaluate the program's overall compliance and monitor overall institutional compliance.

Programs out of compliance must evaluate their data. If compliance cannot be obtained easily by alteration of trainee schedules, the program director and department chair are asked to meet with the Assistant or Associate Dean for Graduate Medical Education to develop a plan to facilitate compliance.

XI. INSTITUTIONAL OVERSIGHT

XI.A. Graduate Medical Education Committee Functions and Responsibilities

The Sponsoring Institution monitors that each program provides effective educational experiences for house staff that lead to measurable achievement of educational outcomes in the required competencies through the reporting duties of the DIO and the activities of the Graduate Medical Education Committee (GMEC). The GMEC is the entity charged with the oversight of all residency and fellowship programs at the University of Kentucky. Please refer to the GMEC Policy for more information.

GMEC functions and responsibilities include oversight of:

• The accreditation status of the Sponsoring Institution and all its accredited programs;
• The quality of the GME learning and working environment within the Sponsoring Institution, its accredited programs, and its participating sites;
• The quality of educational experiences in each accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements or other accrediting requirements;
• The ACGME-accredited programs’ annual evaluation and improvement activities;
• All processes related to reductions and closures of individual accredited programs, major participating sites, and the Sponsoring Institution; and,
• All phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific program requirements,
including the approval prior to submission to the ACGME and/or respective Review Committee, adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures, and monitoring quality of education provided to residents for the duration of such a project.

GMEC functions and responsibilities include review and approval of:

- Institutional GME policies and procedures;
- Annual recommendations to the Sponsoring Institution’s administration regarding house staff stipends and benefits;
- Applications for accreditation of new programs;
- Requests for permanent changes in house staff complement;
- Major changes in accredited programs’ structure or duration of education;
- Additions and deletions of accredited programs’ participating sites;
- Appointment of new program directors;
- Progress reports requested by an ACGME Review Committee or other accrediting body;
- Responses to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to workhour requirements;
- Voluntary withdrawal of program accreditation;
- Requests for appeal of an adverse action by an ACGME Review Committee or other accrediting body;
- And, appeal presentations to any accrediting body.

GMEC functions and responsibilities are accomplished through a variety of mechanisms including:

- Review of all sponsoring institution and program accreditation letters of notification and monitoring action plans for correction of areas of noncompliance;
- Review of all sponsoring institution and program ACGME annual faculty and house staff surveys;
- Development, implementation, and oversight of compliance with written policies and procedures regarding house staff learning and working environment including work hours, transitions of care, fatigue management, supervision;
- Development, implementation, and oversight of compliance with written policies and procedures regarding quality of educational experiences in each accredited program;
- Development, implementation, and oversight of compliance with written policies and procedures regarding funding for house staff positions;
- Development, implementation, and oversight of compliance with written policies and procedures regarding house staff selection, evaluation, promotion, transfer, discipline, and/or dismissal.

The GMEC demonstrates effective oversight of the Sponsoring Institution’s accreditation through conducting an Annual Institutional Review (AIR). The AIR will be prepared during the first quarter of the
academic year following the year under review with goal of presentation to GMEC in the second quarter. AIR institutional performance indicators include:

- Results of the most recent institutional ACGME accreditation letter of notification;
- Results of ACGME annual surveys of residents/fellows and core faculty
- Each ACGME accredited program’s ACGME accreditation information including accreditation status, citations, and areas for improvement (AFIs)
- Each ACGME accredited program’s graduate performance on board certification examinations
- GME graduate practice location
- For programs with ACGME requirements for case logging, a summary of each program’s case log volume attainment
- Institutional and aggregate ACGME program faculty development activities
- Summary of ACGME Clinical Learning Environment Review (CLER) Site Visit feedback*
- Aggregate ACGME resident/fellow participation in quality improvement and patient safety activities
- Summary of institutional and program level wellness initiatives
- Summary of institutional and program level diversity and inclusion initiatives

*If CLER Site visit occurs during academic year under review

Subsequent to the AIR, the DIO annually submits a written executive summary of the AIR to the University of Kentucky Board of Trustees Health Care Committee (governing body of the Sponsoring Institution). The executive summary includes a summary of institutional performance on AIR indicators and GMEC action plans and performance monitoring procedures resulting from the AIR.

The GMEC demonstrates effective oversight of underperforming programs through a Special Review process. The Special Review process includes a protocol that:

- establishes criteria for identifying underperformance; and,
- results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.(see Appendix).

The GMEC has numerous responsibilities leading to the assurance that individual programs operate in a manner consistent with accrediting institutional requirements, program requirements, and sponsoring institution policy and procedures.

There are standing subcommittees of the GMEC that facilitate its responsibilities:

**XI.B. Compliance Subcommittee**

Membership of the Compliance Subcommittee consists of faculty members who serve on the GMEC, other faculty members, house staff and representatives of the University of Kentucky Hospital and VAMC. Interest in membership is solicited and appointments made from among volunteers by the DIO
who serves on the Subcommittee ex-officio. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the GME Office.

The Subcommittee continuously monitors, on behalf of the GMEC, GME program compliance with Institutional, Common, and specialty/subspecialty-specific Program Requirements of the Accreditation Council for Graduate Medical Education or other accrediting body. In accomplishing this mission, the Subcommittee pursues all of the following strategies and others it deems appropriate:

- Reviews program complement change requests
- Reviews new program requests
- Reviews Annual Program Evaluations of programs and monitor action plans
- Reviews Special reviews of programs and monitor action plans for correction
- Reviews Self-Study reviews of programs and monitor action plans for correction
- Reviews reports of RC site visits and monitor action plans for correction
- Reviews results of ACGME Resident/Fellow Surveys
- Reviews Institutional site visit and monitor action plans for correction
- Reviews institutional data collected by the GME Office
- Reviews GMEC policies
- Reviews appointments of new program directors
- As part of its program oversight function, the Subcommittee reviews all program communications to the various RCs before they are conveyed. Specifically, this requires that all correspondence to and from the ACGME and its RCs go through the GME office to be shared with the Subcommittee. All ACGME site visit letters go to the Compliance Subcommittee, and program responses to such letters are to be routed to the GME Office, preferably via e-mail. They are then forwarded to the Subcommittee members for review before conveyance to the ACGME. Program directors must therefore assure sufficient time to allow Subcommittee review and action. The final correspondence sent to the ACGME by the program director must be copied to the GME office for the file. It is understood that these initial responses may have a very short turnaround time. Such reviews will thus be expedited and facilitated with electronic communication to the extent possible.
- A more complete response that outlines steps to be taken to correct any deficiencies/issues noted by the ACGME must be sent to the Subcommittee and should be prepared within three months of receipt of the initial letter (unless otherwise requested by the Subcommittee). The Subcommittee reviews the response, and will either endorse it and send it forward to the GMEC, or return it to the program director to address questions/concerns raised by the Subcommittee. The program director may ask that the Subcommittee send it forward for GMEC consideration without Subcommittee endorsement if he/she doesn’t agree with the comments of the Subcommittee. The Subcommittee may ask for progress reports on action plans and report them to the GMEC. Work products of the Subcommittee include recommendations to the GMEC for improvement in GME program compliance and/or in compliance monitoring methods.
- The GMEC vests authority in the Compliance Subcommittee for time sensitive responses.
XI.C. Educational Development Subcommittee

Membership of the Educational Development Subcommittee consists of faculty members who serve on the GMEC, other faculty members as nominated by GMEC members, program educational specialists and/or program coordinators and house staff. Membership commitments will be for the entirety of an academic year, and members must commit to attending 70% of meetings over the course of an academic year. Membership will be re-evaluated on an annual basis via review of attendance trends for current members and solicitation for volunteers via GMEC. Membership appointments are made by the DIO who serves on the Subcommittee ex-officio. The Subcommittee chairperson is appointed by the DIO with meetings staffed by a GME Office member.

The Subcommittee functions as the GMEC mechanism for development and assessment of educational programs offered at the institutional level relevant to content areas listed by the ACGME as common to all programs or impacting training of the majority of house staff. The subcommittee defines and develops curricula and training encompassing but not limited to the following: development and education for program directors, associate program directors, program administrative staff, faculty and house staff. When in process of developing a new educational program or approach, the subcommittee solicits input and participation widely involving content experts from disciplines not represented on the committee and requesting feedback from GMEC members. Methods or venues chosen for delivery of training and/or curriculum vary in scope, but in general are designed to be relevant across training programs.

The subcommittee conducts meetings via majority agreement regarding agenda items and decisions regarding subcommittee action. The sub-committee is designed to meet monthly but at a minimum must meet no less than every other month.

XI.D. Program Review Subcommittee

The purpose of the Program Review Subcommittee is to provide educational oversight and peer review to assist programs with preparation for the Annual Program Evaluation, which ultimately guides the ACGME Self-Study.

Membership of the Program Review Subcommittee consists of both GMEC members and non-members including house staff and faculty representatives. There must be a minimum of one resident representative on the committee. Subcommittee members are selected annually through self or peer nomination, and review and approval of membership by GMEC. The subcommittee meets at least six times during the academic year and may further subdivide into workgroups to accommodate the volume of programs due for review. To facilitate information sharing relevant to GMEC Compliance Subcommittee oversight duties, the Program Review Subcommittee must have at least one member of Compliance Subcommittee. Subcommittee members are available to assist the GMEC with Special Reviews of programs on an ad hoc basis. If program review reveals concerns regarding underperformance that could lead to substantial accreditation issues regarding the program’s educational infrastructure or general program operations, the subcommittee will submit a request for a Special Review to the Compliance Subcommittee.
The Program Review Subcommittee will review each ACGME accredited training program annually. Specific ACGME accreditation timelines and accreditation status will influence the order and extent of review performed.

Triggers that prioritize review include the following:
- Any ACGME accreditation status other than Continued Accreditation
- New or continuing program citations on the program’s most recent ACGME annual accreditation letter of notification (LON)
- New or continuing Areas for Improvement (AFI) on the most recent ACGME annual accreditation LON
- Program undergoes a special review within the past academic year
- Program undergoes an ACGME site visit for non-compliance within the past academic year
- Program ACGME resident survey scores meet threshold for mandatory report to Compliance Subcommittee

Programs with the above triggers will be prioritized for review early in the academic year. The Subcommittee will utilize the following to facilitate program review and guide feedback to programs:
- UK GME APE Guide
- UK GME Action Plan Template
- ACGME templates for collating and summarizing an APE/APE action plans:
  [http://www.acgme.org/What-We-Do/Accreditation/Self-Study](http://www.acgme.org/What-We-Do/Accreditation/Self-Study)
- Program’s APE and APE action plans for immediate past and prior past academic years

The subcommittee may also request to review the following supplemental data if not included in the program’s APE/action plan or if relevant questions arise during the review process. This information will be provided by the program or the GMEC office to the subcommittee reviewer(s):
- Elements of the programs’ last ACGME Annual Data System (ADS) update
- ACGME correspondence within the period of time since the program’s APE or Self-Study
- Program’s most recent house staff and faculty ACGME surveys
- Work hours trends across program activities
- ACGME case logs as applicable by specialty

The Subcommittee will utilize the UK GME APE Guide and Action Plan Template to guide each review and provide feedback to the program director. The SMART algorithm (Specific Measurable Achievable Realistic Time-bound) will be used to assess APE Action Plans. The Subcommittee will provide written feedback to programs in a timely manner. Programs are encouraged to review comments and follow-up with the subcommittee for any further feedback. The GME office will maintain records of subcommittee agendas and meeting minutes as part of continuous oversight of program improvement processes. Subcommittee minutes will be shared with GMEC at least quarterly.
XI.E Regional Campus Education Committees
While the majority of ACGME accredited programs are located in Lexington, Kentucky with a primary clinical site of UK Healthcare facilities, UK College of Medicine sponsors ACGME programs located at several other primary clinical sites. To facilitate collaboration and communication between the GMEC and each additional primary clinical site, several reporting relationships are in place with clinical site education committees.

XI.E.1. The Medical Center at Bowling Green Medical Education Leadership Committee
The Medical Center at Bowling Green Medical Education Leadership Committee (TMC MELC) is a standing committee of The Medical Center of Bowling Green. The MELC is not a subcommittee of the GMEC and does not carry out GMEC oversight, review or approval responsibilities. The purpose of the committee is to maintain and improve the quality of all medical education offered at The Medical Center at Bowling Green. Serving as the educational committee at the primary participating clinical site for UK sponsored programs location in Bowling Green Kentucky, the MELC shares responsibility for the continued accreditation of training programs located at The Medical Center at Bowling Green and reviews matters related to medical education across the continuum of undergraduate, graduate and continuing medical education. The TMC MELC establishes, implements, and oversees criteria and processes for the administrative and academic aspects of all training programs at TMC and ensures they are in accordance with University of Kentucky Graduate Medical Education Policies and Procedures. To support these efforts, training programs located at TMC regularly share information with the MELC either through direct reports via program directors who are members of the committee, or through each program’s program evaluation committee (PEC) and/or clinical competency committee (CCC) sharing reports on a regular basis. Sharing information from each program to the MELC serves to ensure that primary clinical training site (TMC) remains updated, engaged, and supportive of the quality of education provided by each training program.

Membership includes the TMC Director of Medical Education (DME) who serves as the chairperson, the TMC Fellowship Director, all Program Directors of each ACGME-accredited residency training program located at TMC, and administrative members including but not limited to the TMC Chief Executive Officer and Executive Vice President.

To facilitate communication, the TMC MELC provides quarterly graduate medical education activity reports to the UK Graduate Medical Education Committee (GMEC).

XI.E.2. St. Claire Regional Medical Center Education Committee
The St. Claire Regional Medical Center Education Committee is not a subcommittee of the GMEC and does not carry out GMEC oversight, review or approval responsibilities but rather is a standing committee of St. Claire Regional Medical Center. Serving as the educational committee at the primary participating clinical site for UK sponsored programs location in Morehead, Kentucky, the St. Claire Education Committee shares responsibility for the continued accreditation of UK’s Morehead Family Medicine residency and reviews matters related to medical education across the continuum of undergraduate, graduate and continuing medical education.
To facilitate communication, the St. Claire Education Committee provides quarterly graduate medical education activity reports to the UK Graduate Medical Education Committee (GMEC) Compliance Subcommittee.

**XI.F. House Staff Complement Increase/Funding Requests**

Request for complement increases and/or funding changes for residents must be anticipated a full year before they are to be effected to allow time for submission to the RC of the ACGME (or equivalent for non-physician specialties/programs) regarding approved positions and changes in the NRMP quota (as applicable). Because the matching program for fellows occurs at various times during the year, requests for complement increases and/or funding changes for fellows must be anticipated a full two years before they are to be effected.

All requests for increase in house staff complement and subsequent funding must be approved by both the GMEC and the RC of the ACGME (or equivalent for non-physician specialties/programs) before implementation. Please contact the GME Office to obtain additional information regarding the process for requesting a complement increase request.

**XI.G. New House Staff Training Program Request**

Request for new residency training programs must be anticipated more than a full year before they are to be started to allow time for an Enterprise funding decision, submission to the RC of the ACGME (or equivalent for non-physician specialties/programs) all necessary documentation needed for program approval and registration for the NRMP as applicable. Because the matching program for fellows occurs at various times during the year, requests for new fellowship programs must be anticipated often a full two years or more before they are to be effected.

All training programs in GME must seek accreditation from the ACGME (or equivalent accreditation body for non-physician specialties/programs) if such accreditation is available. A training program that has chosen not to seek an available accreditation will not be allowed to participate in University of Kentucky GME. All requests for new residency or fellowship training programs must be approved by both the University of Kentucky Enterprise and the RC of the ACGME (or equivalent accreditation body for non-physician specialties/programs) before implementation.

Contact with the Senior Associate Dean of GME for guidance is required 24 months prior to the anticipated start date for residency requests and 24-36 months prior for fellowships due to the impact of accreditation and recruitment timelines upon a projected start date for a new program.

The program directors must prepare a written justification for the new training program. Please contact the GME Office to obtain more information and instructions regarding preparing a New Program request.

**XI.H. Non-ACGME Accredited Training Programs**
Since 1998, the GMEC has had in place a process whereby non-ACGME (or equivalent) training programs can be reviewed and approved for a training certificate upon completion. That process is for the individual who is responsible for the non-accredited program to submit to the GMEC a proposal outlining the training program that includes its duration, clinical duties, competency-based learning objectives, supervisory lines of authority, qualifications of trainee, and evaluation methodology. It must also address how house staff in an accredited training program will be impacted by trainees in the proposed program, and letters of support from all impacting training programs and institutions (if any of training will occur outside UK) must be included with proposal. If approved by the GMEC, the individual appointed into the training program will be issued a certificate upon completion of the training.

XI.I. Policy Modification
All policies may be modified or amended at any time. Updated versions of this manual will be posted periodically on the University of Kentucky GME website and program directors notified when an update has been posted. Updated policies become effective upon posting.

Approved by the GMEC: 12-15-2010

Revisions approved by GMEC:
08-24-2011
09-24-2014
05-27-2015
09-28-2016
06-13-2018
06-12-2019
06-10-2020
01-27-2021
APPENDIX

Education Resources for Pain Medicine Program Policy
Graduate Medical Education Committee Policy
Graduate Medical Education Professionalism Policy
Graduate Medical Education Committee Special Review Policy
Grievance Procedure for House Officers
House Staff Council Policy
International Rotation Process
Moonlighting Policy
New Resident/Fellow Training Program Request Policy
Program Director Protected Time and Support Policy
Responsibilities of the Residency and Fellowship Program Director