

# **GRADUATE MEDICAL EDUCATION**

## **POLICIES AND PROCEDURES**

**Academic Year: July 2026 – June 2027**

# **UAB MEDICINE<sup>®</sup>**



Contents

**SECTION I: INTRODUCTION ..... 4**

A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)..... 4

B. SPONSORING INSTITUTION ..... 4

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES ..... 4

D. WORKFORCE RECRUITMENT AND RETENTION ..... 5

**SECTION II: INSTITUTIONAL RESPONSIBILITIES ..... 5**

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION ..... 5

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION ..... 5

- **GMEC Charter** ..... 6
- **Annual Institutional Review (AIR) Policy** ..... 6
- **Special Review Policy** ..... 6
- **See Resident/Fellow Council Bylaws** ..... 7

C. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS ..... 7

D. ACCREDITATION FOR PATIENT CARE ..... 8

E. QUALITY ASSURANCE AND PATIENT SAFETY ..... 8

**SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS/FELLOWS ..... 9**

A. GME RECRUITMENT, SELECTION, ELIGIBILITY, APPOINTMENT AND PROMOTION POLICY ..... 9

B. RESIDENT/FELLOW RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT ..... 9

C. USMLE, COMLEX & LICENSURE REQUIREMENTS ..... 9

D. RESTRICTIVE COVENANTS ..... 9

**SECTION IV: FINANCIAL SUPPORT AND BENEFITS ..... 9**

A. ALLOCATED RESIDENCY POSITIONS ..... 9

B. CLOSURE OR REDUCTION IN SIZE OF PROGRAMS ..... 10

C. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER OR SUBSTANTIAL DISRUPTION IN PATIENT CARE OR EDUCATION ..... 10

D. SALARIES ..... 10

E. FRINGE BENEFITS ..... 11

F. PROFESSIONAL LIABILITY INSURANCE ..... 14

G. ANNUAL LEAVE (VACATION AND LEAVES OF ABSENCES) ..... 14

**SECTION V: ANCILLARY AND SUPPORT SERVICES ..... 14**

A. Bookstore: ..... 15

B. Cafeterias: ..... 15

C. Working and Learning Environment Resources, Support Services & Systems ..... 15

D. Exercise Facilities: ..... 17

E. International Scholar and Student Services: ..... 17

F. Loan Deferments: ..... 17

G. More Library Resources ..... 17

H. Needle Stick Response Team - Process for Treating and Reporting Needle Sticks/Exposure ..... 17

I. On the Job Injury (OJI) ..... 18

For On the Job Injuries at work (UAB Medicine sites as well as participating sites outside UAB), please follow the steps below: ..... 18

**5.** OJI covers up to 180 days of lost wages for eligible injuries. .... 18

**6.** For questions, contact the UAB OJI Administrator at (205) 934-4458, or visit the ..... 18

J. Notary ..... 19

K. On-Call Rooms ..... 19

L. Parking ..... 19

M. Security and Safety ..... 19

N. Transportation Options for Residents/Fellows Who May Be Too Fatigued to Safely Return Home ..... 20

O. Uniforms: ..... 20

P. Lactation Centers ..... 21

Q. Requests for Reasonable Accommodations under the Americans with Disabilities Act ..... 21

**SECTION VI - EDUCATIONAL PROGRAM ..... 21**

A. PROGRAM DIRECTORS..... 21

B. TEACHING FACULTY ..... 24

C. CORE FACULTY ..... 25

D. ASSOCIATE PROGRAM DIRECTORS..... 25

E. PROGRAM COORDINATOR..... 25

F. ACGME COMPETENCIES ..... 25

G. SCHOLARLY ACTIVITIES ..... 26

**SECTION VII - RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT ..... 27**

A. OTHER LEARNERS AND HEALTH CARE PERSONNEL ..... 27

B. WELL-BEING ..... 27

C. PATIENT SAFETY AND QUALITY IMPROVEMENT ..... 27

D. SUPERVISION AND ACCOUNTABILITY ..... 28

E. CLINICAL RESPONSIBILITIES, TEAMWORK AND TRANSITIONS OF CARE..... 28

F. CLINICAL EXPERIENCE AND EDUCATION WORK HOURS..... 28

G. MOONLIGHTING ..... 28

H. EVALUATION..... 29

I. PARTICIPATION IN THE CARE OF PATIENTS WITH HIGHLY CONTAGIOUS/ POTENTIALLY LETHAL CONDITIONS ..... 31

**SECTION VIII: IMPAIRED PHYSICIANS..... 31**

**SECTION IX: GME DUE PROCESS POLICY..... 32**

**SECTION X: GME PROCEDURES FOR SUBMITTING GRIEVANCES..... 32**

**Appendices**

- Appendix 1 – Administration of Graduate Medical Education
- Appendix 2 – Accredited Graduate Medical Education Programs Sponsored by UAB Hospital
- Appendix 3 – Distribution of Scrub Suits by Program
- Appendix 4 – DEA/Alabama Controlled Substances Permits
- Appendix 5 – Guidelines for Relationships with Industry
- Appendix 6 – UAB Equal Opportunity & Discriminatory Harassment Policy
- Appendix 7 – UAB Professional Liability Trust Fund Statement on Moonlighting
- Appendix 8 – Programs Not Expected to Implement CORES
- Appendix 9 – Navigating Wellness Resources
- Appendix 10 – GME Resident/Fellow Leave Scenarios & Guidelines
- Appendix 11 – Oral and Maxillofacial Surgery GME Policy Clarifications
- Appendix 12 – Trend Tracker Electronic Downtime Form
- Appendix 13 – On the Job Injury Forms
- Appendix 14 - UAB Policy – Definition of a Principal Investigator
- Appendix 15 – CVL Privilege Guide for GME

**The University of Alabama Hospital**  
Graduate Medical Education Policy and Procedure

GMEC Approved Date: May 5, 2026

Next Review Date: Spring 2027

## SECTION I: INTRODUCTION

### A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident/fellow, facilitating the resident/fellow's ethical, professional and personal development while ensuring safe and appropriate care for patients.

### B. SPONSORING INSTITUTION

The University of Alabama Hospital is the Sponsoring Institution for all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the UAB Marnix E. Heersink School of Medicine.

The University of Alabama Hospital is the flagship facility for the UAB Health System and is the primary teaching site for the Heersink School of Medicine serving approximately 55,000 inpatients annually, 146,000 Emergency Department patient visits and 1.99 million medical clinic visits annually. The 1,207-bed facility is the flagship of the UAB Health System and is the fourth largest public hospital in the nation and includes 63 high-tech operating suites. This site is the only ACS-designated Level 1 Trauma Center in Alabama, the only Burn Center in Central Alabama, the only Magnet Designated Hospital in the State of Alabama, and a Level IV Regional Neonatal Intensive Care Unit. Located here is a state of the art Heart and Vascular Center, a Comprehensive Cancer Center, a Comprehensive Stroke Center and a Cardiovascular Institute. The Hospital is located on the University of Alabama at Birmingham campus, among major research centers and clinics. The Hospital provides patients with a complete range of primary and specialty care and hosts an active medical and dental staff of 1,300 members who hold faculty appointments at the Heersink School of Medicine and/or University of Alabama School of Dentistry. The University of Alabama Hospital is a part of the UAB Health System and is governed by an 18-member Board of Directors with the UAB President serving as the chair of the board.

The University of Alabama Hospital maintains oversight of the residents/fellows' assignments and the quality of the learning and working environment and that responsibility extends to all participating sites.

### C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

The University of Alabama Hospital, as Sponsoring Institution, must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME)-Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements. A sponsoring institution's failure to comply substantially with the Institutional Requirements and maintain accreditation will jeopardize the accreditation of all its sponsored ACGME-accredited programs.

The University of Alabama Hospital and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees. Of particular note are

those policies and procedures that govern "Administrative Withdrawal" of accreditation, an action that could result in the closure of a sponsoring institution's ACGME-program(s) and cannot be appealed. Program directors, teaching faculty, and administrative staff should review the ACGME Policies and Procedures located on the ACGME website at [www.acgme.org](http://www.acgme.org). The ACGME Institutional Requirements and Common Program Requirements are also located on the ACGME website. All program directors, teaching faculty, and administrative staff of ACGME-accredited programs should read and become familiar with these requirements. Specialty-specific Program Requirements and the requirements for certification by the various specialty boards are available on the ACGME website at [www.acgme.org](http://www.acgme.org). These accreditation requirements are updated frequently by the ACGME and the ACGME website should be reviewed periodically for the most current requirements in effect.

## D. WORKFORCE RECRUITMENT AND RETENTION

The University of Alabama Hospital, in partnership with the programs, is committed to fostering a respectful, accessible and open campus environment that embraces individual differences and values all community members, regardless of their background. We cultivate access, engagement and opportunity in our research, learning, clinical, and work environments. We engage in the recruitment and retention of individuals from all backgrounds to enhance the learning and work environment and to reflect the communities we serve. The Graduate Medical Education committee (GMEC) Subcommittee for Access and Engagement works in partnership with the Heersink School of Medicine Office of Access and Engagement to focus and implement strategic goals to strengthen pathways to institutional access and success, nurture an environment of belonging and well-being, and enhance excellence through engagement workforce in our academic community.

# SECTION II: INSTITUTIONAL RESPONSIBILITIES

## A. COMMITMENT TO GRADUATE MEDICAL EDUCATION

The administrative staff, teaching faculty, and medical staff of the University of Alabama Hospital (Hospital), the University of Alabama at Birmingham Marnix E. Heersink School of Medicine, and UAB Health System are committed to excellence in medical education and providing the necessary financial support for administrative, educational, financial, human, and clinical resources to support graduate medical education (GME). This commitment is demonstrated through the provision of leadership, an organizational structure and resources necessary for the Hospital to achieve substantial compliance with the ACGME Institutional Requirements, implement and develop sponsored programs, and enable its ACGME-accredited programs to achieve substantial compliance with the ACGME Program Requirements

The Hospital is committed to promoting safe and appropriate patient care and providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents/fellows' work environment, scholarly activity, personal development and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents/fellows, the supervision of its residents/fellows, and the use of outcome assessment results for program improvement are essential components of the institution's commitment to GME. [See Statement of Institutional Commitment here.](#)

## B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

The Institution's system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME-accredited programs. The primary institutional components of this administrative structure are the Heersink School of Medicine and University of Alabama Hospital and include a Designated

Institutional Official, Graduate Medical Education Department, Graduate Medical Education Committee (GMEC), and Resident/Fellow Council.

This administrative system ensures institutional officials, administrators, program directors, faculty and residents/fellows are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents/fellows are provided with administrative support and a mechanism for voice in affairs affecting the residents/fellows and graduate medical education programs.

The administrative staff of each administrative component is provided in Appendix 1 and a listing of sponsored programs can be found in Appendix 2 of this manual.

1. **UAB Marnix E. Heersink School of Medicine:** The Dean, Heersink School of Medicine, has responsibility for the School's affairs and activities related to undergraduate, graduate, and continuing medical education, including the appointment of teaching faculty, in the various disciplines of medicine. All members of the medical staff of the Hospital hold faculty appointments at the Heersink School of Medicine. A Senior Associate Dean is appointed by the Dean to oversee all aspects of the Heersink School of Medicine's affairs related to medical education at all University of Alabama campuses. The Associate Dean for Graduate Medical Education serves as Designated Institutional Official (DIO) and Chair of the Hospital's Graduate Medical Education Committee (GMEC).
2. **University of Alabama Hospital:** The Hospital serves as the primary teaching hospital of the Heersink School of Medicine and as a major academic support unit for other schools dedicated to the training of health care professionals at the University of Alabama at Birmingham. The Hospital is the sponsoring institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham, and the programs located at other campuses of the Heersink School of Medicine sponsoring institution. The Hospital must comply with the ACGME Institutional Requirements and ensure that all ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements established by the ACGME and its Residency Review Committees. All ACGME-accredited programs must operate under the authority and control of the Hospital and the Hospital is responsible for the quality of GME even when resident/fellow education occurs in other institutions.
3. **Designated Institutional Official (DIO):** The CEO of UAB Health System and Dean, Heersink School of Medicine appoint the Designated Institutional Official (DIO). The DIO works in collaboration with the GMEC and has authority and responsibility for oversight and administration of all ACGME-accredited programs.
  - [GMEC Charter](#)
  - [Annual Institutional Review \(AIR\) Policy](#)
  - [Special Review Policy](#)
4. **Graduate Medical Education Office (GME Office):** The GME Office is an administrative support unit for the Hospital, Heersink School of Medicine, GMEC, residency/fellowship programs, residents/fellows, affiliated institutions in the administration, and oversight of all activities related to graduate medical education. The GME Office is under the direction of a Senior Director who reports to the Associate Vice President of Clinical Operations. The GME Office serves as a liaison with residency/fellowship programs, residents/fellows, and affiliated institutions, as well as numerous departments responsible for providing ancillary and support services for the graduate medical education programs. Responsibilities of the GME Office include, but are not limited to:

- a) Communication of GME policies, procedures, and requirements to program directors, program coordinators, residents/fellows and appropriate administrative and support staff;
- b) Providing counsel and monitoring compliance with GME policies and procedures by programs and residents/fellows and reporting on same to the institution and GMEC;
- c) Maintaining appropriate institutional files on all residents/fellows currently in training and those who have completed training in sponsored programs;
- d) Maintaining appropriate institutional records and statistics for each sponsored program;
- e) Oversight of facilities and support services provided for residents/fellows;
- f) Providing administrative support to the GMEC and subcommittees, maintaining the official records of the GMEC, and ensuring the effective oversight of the Sponsoring Institution's accreditation providing administrative support to the Resident/Fellow Council and maintaining the official records of the GMEC;
- g) Coordination and oversight of participation in the National Resident Matching Program by the Hospital and residency/fellowship programs;
- h) Conducting for all new residents/fellows appropriate orientation to the Hospital and the institution's policies governing graduate medical education and insuring each resident/fellow completes the required paperwork for salary, fringe benefits, and professional liability insurance coverage;
- i) Preparation of educational affiliation agreements, letters of agreement, and annual reimbursement agreements with affiliated institutions participating in the education of residents/fellows and maintaining the institutional records on same; and
- j) Preparation and oversight of the expense, capital equipment and revenue budgets for graduate medical education; including timely payment of invoices, monthly billing of affiliated institutions for resident/fellow costs, and completion of the annual report for Medicare reimbursement.

**5. Resident/Fellow Council:** The Resident/Fellow Council provides residents/fellows with a system to communicate and exchange information with each other and report concerns relevant to their learning and work environment and their programs. The Resident/Fellow Council consists of a President, Vice President, Secretary, Wellness Chair and representatives from each residency/fellowship program sponsored by the Hospital. Representatives are peer selected. The Council meets on a monthly basis, and the DIO regularly attends the beginning of meetings. The Graduate Medical Education Department provides administrative support to the Council. A portion of every meeting is conducted without the DIO, faculty members, or other administrators. The officers serve as voting members of the GMEC.

- [See Resident/Fellow Council Bylaws](#)

## C. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS

The Hospital must retain responsibility for the quality of graduate medical education even when resident/fellow education occurs in other institutions. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives, and should provide resources

not otherwise available to the program. Assignments to participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program's goals and objectives and peer activities. All assignments for resident/fellow education at sites other than the Hospital must be reviewed and approved by the DIO and GMEC prior to initiation of the rotation. It is the responsibility of the program director to notify the Hospital, through the DIO and/or GMEC, and the appropriate ACGME Review Committee of the addition or deletion of institutions utilized by the program for resident/fellow education. The program must monitor the clinical learning and working environment at all participating sites. Each participating site must have one faculty member as site director, designated by the program director. The site director is accountable for resident/fellow education at the site, in collaboration with the program director.

The Hospital utilizes a standardized educational affiliation agreement that details the terms, conditions, and responsibilities of the Hospital and affiliated institution, and those that generally apply to all programs and residents/fellows utilizing the affiliate. All educational affiliation agreements and program letters of agreement must be processed by the GME Office and GMEC. Agreements prepared by other entities that are not in the required format and do not contain the required elements are invalid for purposes of resident/fellow education.

Generally, an educational affiliation agreement is required for rotations at sites other than the Hospital if the duration of the rotation is one month or greater and/or is a recurring assignment required as a part of the program's curriculum. In addition to the educational affiliation agreement, a program letter of agreement is required for each program and service assignment at an affiliated institution. This letter meets the requirements for a Program Letter of Agreement as outlined in the ACGME Common Program Requirements. Letters of agreement may be used for elective rotations. Letters of agreement must be signed by the program director, resident/fellow supervising physician at the affiliate, and the DIO.

## D. ACCREDITATION FOR PATIENT CARE

Any institution or participating site that is a hospital must maintain accreditation to provide patient care. Accreditation must be provided by an entity granted "deeming authority" for participation in Medicare under federal regulations or an entity certified as complying with the conditions of participation in Medicare under federal regulations. If an institution loses its Joint Commission accreditation or recognition by another appropriate body, the University of Alabama Hospital will notify the Institutional Review Committee (IRC) in writing with an explanation within thirty days and provide a plan of response.

## E. QUALITY ASSURANCE AND PATIENT SAFETY

The UAB Health System oversees organizational performance improvement and quality assurance activities through the UAB Health System Quality Council. The council maintains current knowledge about quality concepts, sets priorities for hospital-wide performance improvement activities, communicates priorities, allocates resources for quality initiatives and ensures training of the hospital staff.

The Hospital is committed to providing structured processes to facilitate continuity of care and patient safety while minimizing the number of transitions in patient care. The Hospital is committed to its responsibility for oversight and documentation of resident/fellow engagement in patient safety and quality improvement activities. Accordingly, the Hospital will ensure that residents/fellows have 1) access to systems for reporting errors, adverse events, unsafe conditions and near misses in a protected manner free from reprisal, 2) opportunities to contribute to root cause analysis or other similar risk-reduction processes, 3) access to data to improve systems of care, reduce health care disparities and improve patient outcomes,

and 4) opportunities to participate in quality improvement initiatives. This is achieved by the following mechanisms:

- Trend Tracker is provided by the Office of Risk Management as a mechanism to primarily report incidents in the clinical and working environment that may affect patient care. Any incidents related to supervision and accountability and unprofessional behavior may be reported through the system. Reports are investigated by the Chief of Staff Office.
- Patient Safety Open Forum Presentations are held by the Hospital to review and discuss patient safety events and subsequent performance improvement.
- Patient safety, healthcare quality, and disparity data from the institution is provided to program directors to share and incorporate into resident/fellow education.

## SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS/FELLOWS

### A. GME RECRUITMENT, SELECTION, ELIGIBILITY, APPOINTMENT AND PROMOTION POLICY

- [See Attached Policy here](#)

### B. RESIDENT/FELLOW RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

- [See Attached Policy here](#)

### C. USMLE, COMLEX & LICENSURE REQUIREMENTS

- [See Attached Policy here](#)

### D. RESTRICTIVE COVENANTS

- [See Attached Policy here](#)

## SECTION IV: FINANCIAL SUPPORT AND BENEFITS

### A. ALLOCATED RESIDENCY POSITIONS

Any request for residency positions in excess of the current allocated number must be approved by the GME Funding Process. The following policies are to be followed by program directors in the appointment and promotion of residents/fellows:

- A. The number of residents/fellows appointed to an ACGME-accredited program may not exceed the maximum number of residents/fellows established for the program by the Residency Review Committee.
- B. The number of hospital-funded residents/fellows in each program will not exceed the maximum number of positions allocated to the program by the Hospital.

- C. Hospital funding for individual residents/fellows is limited to the number of postgraduate years required for board eligibility in the specialty or subspecialty of enrollment for which board certification is offered.
1. **Hospital funding for non-University Hospital, non-reimbursed, elective rotations will be limited to two, one-month, non-reimbursed elective rotation per resident/fellow throughout all years of the program. For international electives, you must follow the [UAB International Travel Policy](#) and complete the online form: [UAB-Related International Travel Registration](#). Travelers should also review and be familiar with the [University of Alabama System International Travel Assistance](#) . Coverage applies to employees.**
  2. **Hospital funds may not be used to fund research and/or clinical training which exceeds the training required or permitted for Board eligibility. A resident/fellow who completes the training requirements for Board eligibility and remains in a program to complete additional training must be removed from resident/fellow status and Hospital payroll.**
- D. Funding for residency positions is not cumulative. Funds initially allocated for resident/fellow positions that are not used in a given year are not available to fund resident/fellow positions in a subsequent year.
- E. No resident/fellow or program may bill in the resident/fellow's name for any professional service provided by the resident/fellow within the scope of the residency/fellowship program.

## B. CLOSURE OR REDUCTION IN SIZE OF PROGRAMS

In the event the University of Alabama Hospital (Sponsoring Institution) decides to close or reduce the size of a residency or fellowship program, the Sponsoring Institution will inform the GMEC, the DIO and the residents/fellows as soon as possible when it intends to reduce the size of or close one or more programs or when the Sponsoring Institution intends to close. [See Attached Policy here](#).

## C. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER OR SUBSTANTIAL DISRUPTION IN PATIENT CARE OR EDUCATION

The Sponsoring Institution in conjunction with the ACGME is committed to assisting in reconstituting and restructuring residents/fellows' educational experiences as quickly as possible after a disaster or substantial disruption in patient care or education. [See Attached Policy here](#)

## D. SALARIES

Salaries for each postgraduate year are based on the budget of the Hospital, with approval by the GMEC. Periodic analysis of national and regional trends is performed and resident/fellow salaries adjusted, when necessary and in accordance with Hospital policy, to ensure salaries are competitive with those in the region. Following approval by the GMEC, the residency/fellowship programs are notified of the salaries for the academic year beginning July 1. Residents/fellows are paid on the last working day of each month, in accordance with University policy, and receive their checks by direct deposit into their accounts. A statement indicating all deductions, gross and net pay and year-to-date salary information is available electronically to each resident/fellow in the Oracle system. The following policies have been established and should be used as guidelines by program directors in determining the salary level for a resident/fellow:

1. Residents/Fellows in all programs at like levels of training must be paid in accordance with the salary set by the Hospital for the postgraduate year of training.
2. No resident/fellow may be paid less than or in excess of the base salary set by the Hospital for the postgraduate year of training. The program director must submit written justification and obtain prior approval from the Designated Institutional Official for any salary supplement paid to a resident/fellow. A salary supplement must be consistent with extra duties being performed by the resident/fellow and will not be paid by the Hospital.

**E. FRINGE BENEFITS**

A comprehensive benefits program is provided for residents/fellows enrolled in graduate medical education programs. Fringe benefits are funded by the Hospital, or other source of salary support, and provide residents/fellows with health insurance, life insurance, accidental death and dismemberment insurance, flexible spending accounts, long-term disability insurance, unemployment compensation insurance, and an on-the-job injury/illness program. Benefits are paid in full by the institution or provided on a cost-shared basis. Additional optional benefits offered at the residents/fellows' expense include dental insurance, group life insurance, accidental death and dismemberment insurance, short-term disability insurance, and participation in a TIAA 403(b) or 457(b) retirement plan. A brief description of these benefits follows. Residents/fellows requiring more detailed information or those wishing to enroll in a particular plan should contact the UAB Benefits Office at (205) 934-3458, or visit the Benefits website at <https://www.uab.edu/humanresources/home/benefits>

1. **Health Insurance:** Residents/fellows may choose single or family coverage under one of the medical insurance plans offered by the University: Viva Choice, Viva UAB, Viva Health, or Blue Cross/Blue Shield. Residents/fellows are eligible for enrollment during the first thirty-one (31) days of employment. Coverage can begin on either the residents/fellow's hire date or the first of the following month, whichever the resident/fellow chooses. Enrollment or change in coverage thereafter is limited to the period of open enrollment, or within thirty-one (31 days) following a qualifying life event such. Medical insurance is provided on a cost-shared basis, with the Hospital paying the major portion of the premium. Premiums are tax-sheltered, paid monthly, and are paid for the current month's coverage. The residents/fellows' cost, effective January 1, 2026, for each of the plans is as follows:

	<b>Employee</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
Viva Choice	\$89.76	\$301.18	\$406.96
Viva UAB	\$116.17	\$353.78	\$494.84
Blue Cross/ Blue Shield	\$207.43	\$632.00	\$848.00

2. **Dental Insurance:** Coverage is offered through Blue Cross Blue Shield. Residents/Fellows may select from two coverage options: basic and comprehensive. Under the basic plan, diagnostic and preventive services are paid at 90% usual, customary, reasonable (UCR) and are subject to a \$25

deductible. The comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to \$1,000 lifetime maximum per patient. The residents/fellows' cost, effective January 1, 2026, for the options is as follows:

	<u>Employee</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
BCBS Basic	\$18.78	\$32.17	\$44.38
BCBS Comprehensive	\$35.74	\$61.12	\$86.10

- 3. Vision Coverage:** Coverage is offered through Vision Service Plan (VSP). The VSP plan offers coverage for routine eye exams, lenses and frames, contacts and discounts for LASIK eye surgery. VSP is a nationwide plan that offers both in-network and out-of-network coverage. UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Dept. of Ophthalmology- Ophthalmology Services Foundation all participate in the VSP network. The resident/fellows' cost, effective January 1, 2026 is as follows:

	<u>Employee</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Vision Service Plan (VSP) Basic	\$5.68	\$10.74	\$18.05
Vision Service Plan (VSP) Premier	\$9.96	\$15.50	\$32.43

- 4. Life Insurance:** Group term life insurance is provided for salaried residents/fellows throughout residency training. The premiums are paid by the Hospital, and the amount of coverage is determined by the salary level as follows:

<u>Salary</u>	<u>Benefit</u>
Up to - \$23,999	\$30,000
\$24,000 – \$29,999	\$37,500
\$ 30,000 – \$39,999	\$50,000
\$40,000 and above	125% of salary with maximum coverage of \$300,000

- 5. Voluntary Life Insurance Program:** Additional life insurance coverage is available through the University's voluntary life insurance program. A resident/fellow may purchase maximum coverage equal to five times his/her Basic Annual Earnings in \$50,000 increments to a maximum of the lesser of five times Basic Annual Earnings or \$1.4 million with a guaranteed issue for the resident/fellow of three times the Basic Annual Earnings or \$500,000. Must be elected during the first 60 days of employment without evidence of insurability.
- 6. Accidental Death and Dismemberment Insurance (AD&D):** The Hospital provides an accidental death and dismemberment insurance policy for all salaried residents/fellows with a benefit of \$22,500 for accidental death. Dismemberment coverage varies.
- 7. Voluntary Accidental Death and Dismemberment Insurance:** Residents/fellows may purchase up to \$500,000 additional coverage through the University's voluntary AD&D program.
- 8. Long-Term Disability Insurance:** The Hospital provides long-term disability insurance (salary continuation) for salaried residents/fellows. The plan covers disability resulting from either accident or illness, sustained on or off the job, lasting more than 90 days. When a covered employee meets the definition of a disability, there is a 90-day waiting period before benefits can be paid. After the waiting period is met, the disabled employee will receive 66 2/3 % of their monthly salary (not to exceed \$10,000 per month) for the first 90 days. The benefit will then be reduced to 60% of their monthly salary (not to exceed \$ 10,000 per month). This benefit may be further reduced by other benefits to which the employee may be entitled under (1) Social Security, (2) any state disability law, or (3) any other employer-sponsored plan including any disability or early retirement benefits actually received under the state retirement plans(s). You may apply for a conversion policy within 31 days from the date your coverage terminates by contacting the UAB HR Benefits Office.
- 9. Short-Term Disability Insurance:** Short-term disability complements the UAB-sponsored long-term disability benefit. Residents/fellows are eligible to enroll in this post-tax, 100 percent employee-paid benefit.
- 10. Voluntary Retirement Plan:** Residents/Fellows are eligible to participate in the following offered by the University:
  - 403(b) Plan: The 403(b) plan offered by TIAA is voluntary, defined-contribution, tax-deferred as well as Roth after-tax plan governed by the Internal Revenue Code 403(b). There is no University matching contribution under this plan.
  - 457(b) Plan: UAB also offers a voluntary, defined-contribution, pre-tax as well as Roth after-tax plan governed by Internal Revenue Code 457 (b). Similar to the 403(b) plan, the 457(b) plan offered by TIAA includes the same expanded investment options and convenient payroll deductions. There is no University matching contribution under this plan.
- 11. Flexible Spending Accounts:** Residents/Fellows may establish pretax reimbursement accounts for eligible medical and dependent care expenses not covered by your benefit plan. You can set aside up to \$2,650 per year in a health care account. For dependent care accounts, you can set aside \$5,000 or \$2,500 for married taxpayers filing separate returns. Enrollment is direct through the UAB Benefits Office within 31 days from date of hire, qualifying life event, or during an announced Annual Open Enrollment" period.
- 12. UAB Educational Assistance Program:** Effective December 2024, the program extended to GME residents/fellows in either an (07) Resident benefit category or a (21) Post-Doc Employee benefit

category. The benefit is the same as it is for UAB full time regular employees (01) benefit class. Please review the [UAB policy](#) for additional information.

## F. PROFESSIONAL LIABILITY INSURANCE

Residents/Fellows are provided with professional liability (malpractice) coverage throughout residency training, and the premiums are paid by the source of salary support. Coverage is provided through the University of Alabama Professional Liability Trust Fund (PLTF), administered by the UAB Office of Risk Management and Insurance. Coverage, consistent with that provided for other medical and professional practitioners, consists of at least \$1,000,000 per incident and \$3,000,000 annual aggregate. This coverage provides for legal defense and protection during and after completion of residency training against claims and lawsuits occurring during the period of residency training, if the alleged acts or omissions are within the scope of the educational program. All residents/fellows must comply with the following:

1. Any change in the status of a resident/fellow must be reported to the Graduate Medical Education Department to ensure proper change in coverage. Such changes include a change in address, dates of appointment, employment status or title, specialty, scope of privileges granted, or leave of absence. During a leave of absence, the resident/fellow will not be covered by professional liability insurance.
2. Residents/fellows must contact the Office of Risk Management and Insurance immediately to report any incident, which may be construed as professional malpractice, if they are contacted by an attorney concerning a claim, or if they receive a subpoena for court appearance or records.
3. Moonlighting activities are voluntary, compensated medically related work (not part of the training requirements). Resident/Fellows that moonlight will have coverage from UAB's Professional Liability Trust Fund (PLTF) only for moonlighting activities performed at a facility operated by a covered entity under PLTF (see Appendix 7).
4. Moonlighting activities may be covered at a facility not covered under the PLTF under very limited circumstances, if the facility has a written agreement with UAB or HSF for the provision of clinical services. The UAB Director of Insurance and Risk Finance must review any such request for PLTF coverage.
5. Residents/Fellows from other institutions performing rotations on services at UAB must provide the Graduate Medical Education Department with proof of professional liability coverage for their educational activities at UAB. The limits provided must be at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

## G. ANNUAL LEAVE (VACATION AND LEAVES OF ABSENCES)

- [See Attached Policy here](#)

## SECTION V: ANCILLARY AND SUPPORT SERVICES

The University and Hospital are committed to the provision of necessary ancillary and support services and systems for residents/fellows in its graduate medical education programs. Such services include, but are not limited to, the provision of uniforms, payment of parking fees, discounted meals, call rooms exercise facilities, wellness space, an extension library within the Hospital, a health sciences bookstore and discount on purchases, an appropriate medical records system, counseling services, and appropriate security for resident/fellow safety.

- A. Bookstore:** The UAB Bookstore is located in the Hill Student Center at 1400 University Boulevard. Residents/Fellows receive a 10% discount on selected items with proper identification.
- B. Cafeterias:** The Hospital cafeteria is located on the second floor of North Pavilion. With proper identification, residents/fellows receive a 60% discount on meals. Residents/Fellows must present their UAB I.D. badge to receive this discount. Additionally, there is Panera Bread and a Starbucks in the North Pavilion as well as a Subway and Chick-fil-A in Jefferson Tower. Numerous restaurants located within walking distance of the Hospital. A detailed list of food service options for residents/fellows while on duty at the hospital is on the GME website: <https://oneuabmedicine.org/for-faculty-and-staff/campus-resources/cafeterias-restaurants/>

Between the hours of 5:00 pm and 6:00 am, food is available for residents/fellows on call in the GME Wellness Center (WP 235).

### C. Working and Learning Environment Resources, Support Services & Systems

- 1. GME Wellness Resource Center:** A multi-use space designated to enhance compliance with current ACGME requirements addressing well-being in the clinical learning environment and to support available and vibrant medical workforce is located on the second floor of the West Pavilion Building, Room P235. The multi-function space includes areas for quiet study, gathering (breakroom), and exercising and medication. There is also space dedicated for lactation. Meeting space and computers to access the electronic health record and library resources are also provided. The space also contains the Medical Library. Librarians from Lister Hill Library are located in the space. Clinical Librarians are also available on site to provide residents/fellows with research support services, computers, and a broad variety of reference material in print or electronic format in a location convenient to patient care areas. Librarians are available Monday through Friday, 8:00 a.m. to 5:00 p.m.
- 2. Counseling Services at UAB:** Counseling is available at no cost to residents/fellows through UAB Employee Assistance & Counseling Center (EACC), which is a free, confidential and voluntary service provided by the University of Alabama at Birmingham. The professional counseling staff provides confidential, one-on-one counseling. Should a resident/fellow require assistance in an area in which the counselors do not specialize, the counselors will work with the resident/fellow in making an appropriate referral. Every consultation is strictly confidential, and information is not included in personnel records nor revealed to supervisors, coworkers, colleagues, friends or family members (with the exception of life or death situations). The phone number is (205) 934-2281. Detailed information on EACC can be found on their website <https://www.uab.edu/humanresources/home/eacc>.

The EACC offers counseling in the hospital on various Mondays and Saturdays. Please contact EACC at (205) 934-2281 to make an appointment.

EACC also offers **Distance Counseling** for GME's programs in Selma, Montgomery, and Huntsville. For more information, please call the EACC at (205) 934-2281.

#### **Counseling Services at UAB Medicine:**

- a) Office of Wellness** exists in UAB Medicine to provide free of charge confidential consultation and coaching through conversations for faculty, advanced practice

providers, residents and fellows, medical students, biomedical graduate students, and post-doctoral fellows. Services include wellness check-ins, one-on-one assessments and consultations, informal coaching and advising through conversations, group sessions, and referral assistance. Some common reasons residents/fellows visit the Office of Wellness are stress management, depression, anxiety, burnout, family and relationship issues, communication difficulties, substance abuse issues, and career/academic concerns. The office is located at 509 Richard Arrington Jr. Blvd South. To make an appointment, email [UABMedicineOfficeofWellness@uabmc.edu](mailto:UABMedicineOfficeofWellness@uabmc.edu)

3. **National Suicide Prevention Lifeline:** For access to urgent and emergency care 24 hours a day, seven days a week, the National Suicide Prevention Lifeline is a resource to residents/fellows and faculty needing counseling. The lifeline can be reached at 1-800-273-TALK (8255) OR text HELLO to the Crisis Text Line at 741-741. For other emergent care, please go to the Emergency Room or Call 911.
4. **GME Hotline:** A resident/fellow hotline is provided as a mechanism by which individual residents/fellows can address concerns in a confidential and protected manner. The resident/fellow hotline number is 934-5025. Concerns regarding supervision and accountability and unprofessional behavior of faculty and/or residents/fellows may be reported to the GME Hotline. All inquiries will be investigated in a confidential manner and reported to the DIO and monitored to ensure concerns are addressed.
5. **“Report It” button:** Located on the GME webpage, <https://www.uab.edu/medicine/home/graduate-medical-education>, there is a “Report It” button. This tool may be used to confidentially report any concerns regarding supervision and accountability and unprofessional behavior of faculty and/or residents/fellows. All concerns concerning GME are forwarded from the Sr. Assoc. Dean for Medical Education to the DIO for investigation and monitoring.
6. **Trend Tracker:** Trend Tracker is provided by the Office of Risk Management as a mechanism to primarily report incidents in the clinical and working environment that may affect patient care. Any incidents related to supervision and accountability and unprofessional behavior may be reported through the system. Reports are investigated by the Chief of Staff Office.
7. **GME Work Environment Survey:** Annually, the GME Office through support of the GMEC Wellness Subcommittee surveys all residents/fellows. The primary use of the survey is to monitor the learning and working environment as well as to inform training programs and the institution of the clinical learning environment to maximize the wellness of your training program and that of the institution. Professionalism concerns can be addressed through this survey. Institutional action plans are implemented and monitored through the Annual Institutional Review (AIR) to ensure well-being of residents are being addressed in a timely manner.
8. **GME Wellness Webpage:** The GME Wellness Webpage (<https://www.uab.edu/medicine/home/residents-fellows/current/wellness>) has a wealth of information on personal well-being and services provided by UAB Medicine. Information includes education and readings on symptoms of burnout, depression, and substance abuse, as well as means to assist those who experience these conditions. It also includes how to recognize symptoms in yourself and how to seek appropriate care.

- D. Exercise Facilities:** The UAB Campus Recreation Center is available to residents/fellows with proper identification at \$42 per month (or, \$462 per year for paid in full discount). Discounts are available for limited access at \$29 per month during non-prime hours (Monday-Friday 5:00 a.m. – 3:00 p.m. Memberships for spouses or families may also be purchased. The UAB Campus Recreation Center is located at 1501 University Boulevard. Additional information may be obtained by calling the Recreation Center at (205) 934-8224. The GME Wellness Center (located in WP 235) also has limited exercise equipment.
- E. International Scholar and Student Services:** International residents/fellows who desire or need assistance with the process of entry may contact International Scholar and Student Services (ISSS). Services provided include but are not limited to: (1) assistance with visa and immigration requirements; (2) assistance with economic matters such as establishing accounts with local financial institutions; and (3) communication with outside agencies including local and state officials. The ISSS is able to coordinate individual programs to assist residents/fellows in making cultural, social, and personal adaptations. Further information may be obtained by contacting the ISSS at (205) 934-3328 or email [iss@uab.edu](mailto:iss@uab.edu).
- F. Loan Deferments:** The GME Office is available to assist residents/fellows in completing the necessary paperwork for loan deferments.
- G. More Library Resources:** The main Lister Hill Library is located at 1700 University Boulevard. Electronic point of care tools provided by the library can be accessed at [Lister Hill Library | Libraries](#); off-campus access requires the use of a Blazer ID and password. Wolters Kluwer's UpToDate is an online clinical decision support tool provided by UAB Medicine and is available to all faculty and residents/fellows. Additional electronic tools to support clinical practice include McGraw-Hill's Access Medicine, VisualDX, and Clinical Key from Elsevier. These resources, and a variety of others provided via Lister Hill Library, are available on campus and remotely.
- H. Needle Stick Response Team - Process for Treating and Reporting Needle Sticks/Exposure:**

[See UAB Hospital Policy \(linked\)](#)

For exposures to blood/body fluids occurring **on the UAB campus** (UAB Hospital, The Kirklin Clinic, UAB outpatient clinics, non-animal research labs):

**Time** is critical in terms of prophylaxis treatment (**Within 2-4hrs of exposure**). Employees should immediately:

1. Immediate Steps after Exposure:
  - a. Wash area with soap and water
  - b. Flush splashes to nose, mouth or skin with water
  - c. Irrigate eyes with clean water, saline or sterile irrigates
  - d. Report incident to supervisor
2. Source Patient:
  - a. Ensure needle stick profile is drawn and sent to lab (2 Gold tops needed. Do not add on to blood currently in lab if at all possible)
  - b. The primary nurse needs to make the patient aware of exposure and need for blood collection
  - c. If the test results are positive, a clinician from the primary team will inform the patient
3. Reporting:

- a. Complete an incident report in Trend Tracker at the time of the exposure (this step must be done)
- b. Present to Employee Health if exposure occurred during operation hours (M-F 06:30 a.m.– 5:00 p.m.)
- c. Call paging operator (934-4311) and have the needle/stick/exposure team on call paged
4. Employee Health Visit:
  - a. Report to Employee Health as soon as possible
  - b. Evaluated for possible TDap and Hepatitis B vaccine administration
  - c. Schedule routine serologic follow up if needed
  - d. Evaluate risk of exposure. Prophylaxis medication may be offered.
5. DO NOT:
  - a. Do not allow the source patient to leave before blood is collected
  - b. Do not report to the ED unless you are instructed to do so by Employee Health or Occupational Health and Medicine
  - c. Do NOT review source patient results to determine if you need to be seen by Employee Health. All needle sticks and exposures need to be seen by Employee Health

Employee Health is located in Suite 123 of the Spain Wallace Building (205) 934-3675

For exposures occurring at a non-UAB hospital or clinic:

1. Complete an incident report at both facilities.
  - a. If you do not have access to a UAB Hospital computer to complete a Trend Tracker Report, the Trend Tracker “Downtime Incident Report” form (Appendix 12) must be completed and sent by email to [trendtracker@uabmc.edu](mailto:trendtracker@uabmc.edu).
2. Inquire about the institution’s exposure policy. If the hosting institution or physician’s office has a protocol in place to provide medical care and recommended testing, have the initial evaluation and follow-up performed there.
3. If the hosting facility provides initial treatment, but does not provide long-term follow-up care, gather all serologic results from the initial post-exposure evaluation, including the patient’s lab work, and notify UAB Employee Health at (205) **934-3675** Mon.-Fri. **6:30 a.m.-5:00 p.m.** UAB Employee Health will provide long-term follow-up care at no charge.

## I. On the Job Injury (OJI)

For On the Job Injuries at work (UAB Medicine sites as well as participating sites outside UAB), please follow the steps below:

1. **Time is critical.** Report on-the-job injuries to your Program Director immediately and **complete a Trend Tracker incident report within two calendar days.**
2. Seek Treatment at the Workplace (Monday – Friday, 7:00 a.m.– 4:00 p.m.) After hours, go to the UAB Hospital ED or UAB Urgent Care.
3. Initial Evaluation: Program director must provide an Initial Medical Evaluation Authorization for form treatment (Appendix 13) and send it with the resident/fellow to the Workplace.
4. **Apply for Benefits – to have medical bills covered.** Resident/fellow completes the OJI Benefits Application and Release of Information form (Appendix 13) and the employee takes to the Workplace.
5. OJI covers up to 180 days of lost wages for eligible injuries.
6. For questions, contact the UAB OJI Administrator at (205) 934-4458, or visit the [UAB HR OJI webpage](#).

**J. Notary:** The GME Office provides notary services to residents/fellows free of charge.

**K. On-Call Rooms:** The Hospital provides on-call rooms for residents/fellows in the Center for Psychiatric Medicine, Jefferson Tower, Old Hillman Building, Quarterback Tower, Spain Rehabilitation Center, Spain- Wallace, Medical Education Building, North Pavilion, West Pavilion, and the Women and Infants Center. The Hospital assigns each program rooms with a sufficient number of beds for the number and gender of residents/fellows on call that accommodate privacy needs. The Graduate Medical Education Department maintains a master listing of on-call rooms, program assignments and, for security purposes.

- Any program requiring additional on-call rooms should direct a request to the Graduate Medical Education Department. Residency/Fellowship programs and/or residents/fellows may not exchange rooms or give away rooms to residents/fellows of another program without the prior approval of the Graduate Medical Education Department.
- Programs should report to the Graduate Medical Education Department any call room assigned to the program that is not being utilized by the residents/fellows.
- All requests for keys and/or lock work for resident/fellow facilities or on-call rooms maintained by the Hospital must be approved by the Graduate Medical Education Department.
- Repairs or maintenance work needed in the on-call quarters should be reported to the Graduate Medical Education Department.

**L. Parking:** Residents/Fellows are assigned parking by UAB Parking and Transportation Services. Every effort is made to place residents/fellows in parking facilities in close proximity to the Hospital. The monthly parking fee of \$63.10 is paid by the Hospital for residents/fellows funded by the Hospital. Residents/Fellows paid by other than University sources receive direct billing for the fee.

**Residents/Fellows should check**

their payroll statements each month to ensure there are no deductions for parking. Residents/Fellows will be reimbursed for any overcharge, provided the Graduate Medical Education Department is provided with a copy of the payroll statement(s) showing the amount deducted **and the request for reimbursement is made within the year in which the overcharge occurred.**

**M. Security and Safety:** The UAB Police Department is accredited by the Commission for the Accreditation of Law Enforcement Agencies (CALEA) and is responsible for the safety and protection of staff, students and visitors and the prevention of crime on the UAB campus. Police officers and/or security personnel are present in Hospital buildings and the parking decks which are equipped with monitored security cameras. Emergencies may be reported or assistance requested by calling 934-4434. In addition, the following services are provided to enhance safety:

- **Help Telephones:** There are 490+ designated Help Telephones throughout the UAB campus that provide a direct link to the UAB Police Department. The telephones are monitored 24 hours a day and are located in building hallways, elevators, parking lots/decks, between buildings and in remote areas.
- **Campus Escort Service:** An after dark escort service available from 9:00 p.m. to 5:30 a.m. Use the TransLoc app or call (205) 934-3514 to request a ride on campus. The resident/fellow will be met by an escort who will accompany the resident/fellow to his/her campus destination on foot or in a marked vehicle.

- **Blaze Ride:** A daily service available from 7:30 a.m.-7:30 p.m. for employees and students with limited mobility that can be requested by calling (205) 975-7433. A ONE card is required to ride. To use Blaze Ride employees must register with AWARE; students must register with Disability Support Services. Eligible participants may use **TransLoc** app or call (205) 934-3514 to request a ride on campus.
- **Rave Guardian App:** Safety application available to download to your smartphone. Provides instant communications with friends, family, co-workers, UAB Police and 911 in the event of an emergency.
- **B-ALERT Emergency Management:** Sign up at [uab.edu/balert](http://uab.edu/balert) for alerts from UAB Emergency Management Team.
- **Behavioral Threat Assessment and Management (BTAM):** It is essential to identify warning signs of inappropriate behavior and intervene before a person can engage in violent activity toward themselves or others. Situations and behaviors of concern that are not clearly emergencies can be reported to BTAM through an online form. For additional information on BTAM, please visit their website: <https://www.uab.edu/threatassessment/>.
- **Uber to UAB Highlands:** To increase safety and convenience of UAB providers providing care at main campus and Highlands, providers can access a UAB Uber account. For more information, please contact the GME Office at (205) 934-4793.

## N. Transportation Options for Residents/Fellows Who May Be Too Fatigued to Safely Return Home:

Each incoming resident and fellow is sent an email invitation to join the GME Ride Uber account. By clicking the link in the invitation email, residents/fellows will be able to call an Uber when too fatigued to drive home or when dealing with car repairs. Please contact the Graduate Medical Education Department at [gme@uabmc.edu](mailto:gme@uabmc.edu) or (205) 934-4793 with activation issues or questions. The Graduate Medical Education Department is open Monday – Friday from 7:00 a.m.- 5:00 p.m. If this service is needed during hours that GME is not open, pick up any hospital phone and call \*55 (or, 934-3422), identify yourself as a GME resident/fellow and request this service. In addition, the Hospital has designated rooms on the 16<sup>th</sup> floor of Jefferson Tower for residents/fellows that choose to rest in the hospital prior to returning home.

## O. Uniforms:

- **White Coats:** Residents/fellows are issued either three (3) or four (4) white coats during their orientation to the Hospital, based on the chart shown in Appendix 3. If a coat becomes stained, torn or unserviceable, a new coat will be issued on a one-for-one exchange basis. Replacement coats may be ordered by contacting GME at 934-4793.
- **Scrub Suits:** The Hospital will issue scrub suits to residents/fellows based upon the chart shown in Appendix 4. Residents/fellows in programs in the “exempt” category will continue to obtain scrubs through usual means. Codes are required to access the physicians’ changing rooms for residents/fellows in the exempt category and will be distributed to residents/fellows that need them. Residents/Fellows who receive scrubs will be responsible for laundering their scrub suits and having these available when needed. Damaged or permanently stained scrub suits will be exchanged on a one-for-one basis. Should a scrub suit become heavily soiled

during work hours, the scrub suit may be exchanged for a clean scrub suit in designated areas such as the Operating Rooms or Labor and Delivery.

## P. Lactation Centers:

For information on the locations of lactation centers: [Lactation Resources - Title IX](#)

## Q. Requests for Reasonable Accommodations under the Americans with Disabilities Act

UAB's Graduate Medical Education (GME) training programs provide reasonable accommodation to residents/fellows or applicants who have a documented disability that may affect their ability to participate in training activities or to meet the essential functions and program requirements of their position. It is the responsibility of the resident/fellow or applicant to begin the accommodation process. To request a workplace accommodation, residents/fellows must work with UAB's AWARE (Always Working to Advocate, Retain & Employ) program. The AWARE office generally has responsibility to review disability documentation and recommend reasonable workplace accommodation for residents/fellows participating in a GME training program.

Please contact the AWARE Coordinator Sherri Moultrie at (205) 975-9973 or [smoult@uab.edu](mailto:smoult@uab.edu) with any questions. You can also download and print an accommodation request form here: <http://www.uab.edu/humanresources/home/relations/aware/reasonable-accommodation-process>.

Reasonable Accommodations are made on a case-by-case basis. The AWARE Coordinator assists residents/fellows by reviewing documentation of disability conditions, determines whether a resident/fellow is covered under disability laws, and if so, works with the resident/fellow and the training program to engage in the interactive process to help identify and implement reasonable accommodations. When applicable, the AWARE Coordinator may collaborate with UAB's Disability Support Services Office which handles reasonable accommodation made by students and it serves as the university-appointed office charged with providing institution-wide advising, consultation, and training on disability-related topics which include legal and regulatory compliance, universal design, and disability scholarship.

In order to successfully complete a residency or fellowship program, all residents/fellows must meet the essential requirements of their training program; residents/fellows with disabilities must be able to meet the essential requirements, with or without reasonable accommodation.

# SECTION VI - EDUCATIONAL PROGRAM

## A. PROGRAM DIRECTORS

A single program director with authority and responsibility for the operation of the sponsored program must be appointed by the department chair and/or division director. The appointment must be reviewed and approved by the GMEC. The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. Residency/Fellowship directors must be provided with support adequate for administration of the program based on its size and configuration. Review Committees further specify in the specialty-specific requirements the minimum dedicated time for program administration and whether program leadership refers to the program

director or both the program director and associate/assistant program directors. In addition to any specialty-specific requirements outlined in the relevant Program Requirements, all program directors must possess the following qualifications:

1. Specialty expertise and at least three years of documented educational and/or administrative experience in his/her field acceptable to the Residency Review Committee (RRC),
2. Certified in the specialty for which they are the program director by the applicable American Board of Medical Specialties (ABMS) or by the American Osteopathic Board (AOA), or specialty qualifications judged to be acceptable by the Residency Review Committee,
3. Current medical licensure and appropriate medical staff appointment, and
4. Ongoing clinical activity.

In addition to any specialty-specific requirements outlined in the relevant program requirements and ACGME Manual of Policies and Procedures, the responsibilities of the program director include, but are not limited to, the following:

5. Have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; recruitment and selection, evaluation, and promotion of the residents/fellows, and disciplinary action; supervision of residents/fellows and resident/fellow education in the context of patient care,
6. Be a role model of professionalism,
7. Design and conduct the program in a fashion consistent with the needs of the community, mission(s) of the University of Alabama Hospital, and the mission of the program,
8. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program,
9. Develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency/fellowship program education and at least annually thereafter; having the authority to approve and remove program faculty members for participation in the residency/fellowship program at all sites,
10. Remove residents/fellows from supervising interactions and/or learning environments that do not meet the standards of the program,
11. Submit accurate and complete information required and requested by the DIO, GMEC and ACGME,
12. Complete annual updates of the program and resident/fellow records through the ACGME Accreditation Data System (ADS),
13. Obtain prior approval of the GMEC and RRC for changes in the program that may significantly alter the educational experience of the residents/fellows including, but not limited to, the addition or deletion of major participating institutions, change in the approved resident/fellow complement, or change in the format of the educational program,
14. Provide applicants who are offered an interview, with information related to the applicant's eligibility for the relevant specialty board examination,

- 15.** Provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner, as appropriate without fear of intimidation or retaliation;
- 16.** Ensure implementation of fair policies and procedures, as established by the Hospital, to address resident/fellow grievances and due process in compliance with the Institutional Requirements and Common Program Requirements,
- 17.** Ensure implementation of policies and procedures, as established by the Hospital, to address employment and non-discrimination,
- 18.** Monitor resident/fellow stress, fatigue, sleep deprivation, including mental or emotional conditions inhibiting performance or learning, and substance abuse,
- 19.** The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows,
- 20.** Situations that demand excessive service or that consistently produce undesirable stress on residents/fellows must be evaluated and modified,
- 21.** Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning such as naps or back-up call schedules,
- 22.** Develop and implement the academic and clinical program of resident/fellow education by preparing and implementing a written statement outlining the competency based educational goals and objectives of the program, with respect to knowledge, skills, and other attributes of the residents/fellows for each major assignment and each level of the program,
- 23.** The educational goals and objectives must be distributed, reviewed and made available to residents/fellows and faculty,
- 24.** The educational goals and objectives must be reviewed with residents/fellows prior to the assignment,
- 25.** Provide residents/fellows with direct experience in progressive responsibility for patient management,
- 26.** Prepare and implement a comprehensive, well-organized, and effective curriculum, both academic and clinical, this includes the presentation of core specialty knowledge supplemented by the addition of current information,
- 27.** Ensure that residents/fellows are provided with effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competences as outlined in the Common and specialty/subspecialty-specific Program Requirements,
- 28.** Establish and maintain an environment of inquiry and scholarship, including an active research component within the program, and ensuring participation by both residents/fellows and faculty, as defined in Section 4.13 in the Common Program Requirements and Program Requirements,

29. Preparation of written, program-specific criteria and processes for the selection, promotion, transfer, dismissal, and verification of residents/fellows. The program director is responsible for ensuring that the program's criteria are in compliance with the Institutional Requirements, Common Program Requirements, relevant Program Requirements, and institutional policies governing graduate medical education,
30. Develop and implement policies and procedures for resident/fellow supervision at all participating institutions that are in compliance with Section 2.6. and 6.15. of the Common Program Requirements, relevant Program Requirements, and policies and procedures of the sponsoring and participating institutions,
31. Develop and implement formal written policies and procedures governing resident/fellow **clinical and educational work** hours that are in compliance with Section 6 of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures,
32. Develop and implement policies and procedures for the evaluation of residents/fellows, faculty, and the program that are in compliance with Section 5 of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
33. Develop and implement policies and procedures for the learning and work environment that are in compliance with Section 6 of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
34. Prepare the Annual Program Evaluation,
35. Prepare information from their program for the Clinical and Learning Environment Review (CLER) Dashboard, and
36. Document and provide verification of a resident's completion for all graduating residents within 30 days of departure and upon the resident's request within 30 days.

## **B. TEACHING FACULTY**

The teaching faculty of the program is appointed on recommendation of the program director, division director and departmental Chair. The Program Director has authority to approve and remove program faculty, as well as non-physician faculty, from participating in teaching in the residency or fellowship program. The teaching faculty, as well as non-physician faculty, should include members of the medical staff at each hospital participating in the educational activities of the program. At each participating site, there must be a sufficient number of faculty members with competence to instruct and adequately supervise all residents/fellows in the program at the specific location. In addition to any requirements outlined in the relevant Program Requirements, all teaching faculty should possess the following qualifications:

1. Be role models of professionalism.
2. Demonstrate commitment to the delivery of safe, equitable high-quality, cost-effective, patient-centered care, and demonstrate a strong interest in the education of residents.

3. Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
4. Certification in the specialty by the applicable American Board of Medical Specialties (ABMS), American Osteopathic Board or possess qualifications judged by the RRC to be acceptable.
5. Have appropriate qualifications in their field and hold appropriate institutional appointments.
6. The teaching faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including the timely evaluation of the residents/fellows they supervise. The faculty must, support the goals and objectives of the program, demonstrate competence in both clinical care and teaching abilities, and participate in the scholarly activities of the program including but not limited to organized clinical discussions, rounds, journal clubs, and conferences.
7. Pursue faculty development designed to enhance their skills at least annually in education and evaluation, quality improvement, eliminating health inequities, and patient safety, well-being, and in patient care based on their practice-based learning and improvement efforts.

## C. CORE FACULTY

Core Faculty is defined by the ACGME as having a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration. Core faculty must teach, evaluate, and provide formative feedback to residents. Core Faculty must complete the annual ACGME Faculty Survey. Review Committees, as outlined in the Program Requirements are required to specify the minimum number of core faculty and/or the core faculty-resident ratio. Review Committees may also specify dedicated time and support for non-clinical responsibilities related to the program or roles and responsibilities.

## D. ASSOCIATE PROGRAM DIRECTORS

As outlined in the Program Requirements, Review Committees may specify requirements for associate program directors.

## E. PROGRAM COORDINATOR

There must be a program coordinator that is provided with dedicated time and support adequate for administration of the program based upon its size and configuration. Review Committees further specify requirements for Program Coordinators.

## F. ACGME COMPETENCIES

ACGME-accredited programs must require that its residents/fellows obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents/fellows to demonstrate the following:

1. **Patient care and procedural skills** that are patient-and family-centered, compassionate, appropriate, equitable, and effective for the treatment of health problems and the promotion of health.

2. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences, including scientific inquiry and the application of this knowledge to patient care.
3. **Practice-based learning and improvement** that involves investigation and evaluation of their own knowledge and expertise, setting learning and improvement goals, identifying performance learning activities and systematically using quality improvement methods including activities at reducing health care disparities for practice improvement, incorporate feedback into daily practice and appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals including learning to communicate with patients and their families in partnership to assess their care goals and end-of-life goals. Effective communication includes communicating across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, including learning to engage interpretive services as required to provide appropriate care to each patient.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and demonstrate competence in: compassion, integrity, respect for others, responsiveness to patient needs that supersedes self-interest, cultural humility, respect for patient privacy and autonomy, and sensitivity to a diverse patient population as well as the ability to recognize and develop a plan for one's own personal and professional well-being.
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, and the ability to effectively call on system resources to provide care that is of optimal value. It also includes utilizing tools and techniques that promote patient safety and disclosure of patient safety events.

## G. SCHOLARLY ACTIVITIES

The program director and faculty are responsible for establishing and maintaining an environment of inquiry and scholarship and an active research component within each program that is consistent with the program's mission and aims. The program director must ensure that faculty and residents/fellows participate in scholarly activity defined as one of the following:

1. The scholarship as evidenced by peer-reviewed funding or publication of original research or review articles in peer-reviewed journals or chapters in textbooks,
2. Publication or presentation of case report or clinical series at local, regional, or national professional and scientific society meetings,
3. Participation in national committees or educational organizations,
4. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents/fellows involved in research; and provision of support for resident/fellow participation in appropriate scholarly activities.

The program director must ensure that adequate resources for scholarly activities for faculty and residents/fellows are available, including sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services. Residents must be provided with protected time to participate in core didactic activities.

## SECTION VII - RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

The Sponsoring Institution and its program directors are responsible for ensuring that education must occur in an environment that emphasizes excellence in safety and quality of care rendered to patients today and in their future practice. The working and learning environment must emphasize excellence in professionalism including having the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate. Additionally, the environment must emphasize appreciation for the privilege of caring for patients and commitment to the well-being of the students, residents/fellows, faculty members and all members of the health care team.

Each program must have written policies and procedures for resident/fellow clinical and educational work hours, and the working environment that are distributed to all faculty and residents/fellows. Such policies must comply with the ACGME Institutional Requirements, relevant Program Requirements, and the following institutional policies.

### A. OTHER LEARNERS AND HEALTH CARE PERSONNEL

The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, Non-Standard Training trainees and advanced practice providers, must not negatively impact the appointed residents/fellows' education.

### B. WELL-BEING

In partnership with the Sponsoring Institution, programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

- [See Attached Policy here](#)

### C. PATIENT SAFETY AND QUALITY IMPROVEMENT

All physicians share responsibility for promoting patient safety and enhancing quality of patient care.

1. Culture of Safety
  - a. The program, its faculty, residents/fellows must actively participate in patient safety systems and contribute to a culture of safety.
  - b. The program must have a structure that promotes safe, interprofessional, team-based care.
2. Education on Patient Safety
  - a. Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
  - b. Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.
3. Patient Safety Events

Residents/Fellows, faculty members, and other clinical staff members must:

- a. Know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site
- b. Know how to report patient safety events and unsafe conditions, at the clinical site
- c. Be provided with summary information of their institution's patient safety reports

#### 4. Quality Metrics

- a. Residents/Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. The GMEC will review institutional quality data quarterly and information will be shared with Program Directors following the GMEC meeting to share with their residents and fellows. Programs should also share program specific data.

All residents/fellows in ACGME-accredited programs will be required to participate once in their training time at UAB in either the Mini Quality Academy sponsored by UAB Medicine's Quality Education Office, complete the Institute for Healthcare Improvement modules on Patient Safety and Improvement Capability (thirteen modules), or the AMA modules. Program Directors can submit other modules or courses to be vetted by the GMEC Patient Safety Subcommittee. Programs of one year in length are exempted from this requirement, although enrollment is still encouraged.

## D. SUPERVISION AND ACCOUNTABILITY

Each program director must ensure, direct, and document adequate supervision of residents/fellows at all times. There must be program-specific policies and guidelines for resident/fellow supervision and progressive levels of responsibility for each year that are distributed to all residents/fellows and teaching faculty.

- [See Attached Policy here](#)

## E. CLINICAL RESPONSIBILITIES, TEAMWORK AND TRANSITIONS OF CARE

### 1. Clinical Responsibilities

The clinical responsibilities of each resident/fellow must be based on PGY level, patient safety, resident/fellow ability, severity and complexity of patient illness/condition, and available support services.

### 2. Teamwork

Residents/Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system.

### 3. Transitions of Care – [See Attached Policy here](#)

## F. CLINICAL EXPERIENCE AND EDUCATION WORK HOURS

Clinical experience and education is defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical work and education hours do not include reading and preparation time spent away from the clinical and educational site. [See Attached Policy here](#)

## G. MOONLIGHTING

**Definition:** Voluntary, compensated, medically-related work (not related to training requirements) performed.

- [See Attached Policy here](#)

## H. EVALUATION

The program director must develop and implement program-specific policies and procedures for evaluating resident/fellow performance, the performance of faculty, and the educational effectiveness of the program. When available, evaluation should be guided by specific national standards-based criteria. Such policies and procedures must include methods for utilizing the results of evaluations to improve resident/fellow performance, gauge the effectiveness of the teaching faculty and the quality of education provided by the program.

1. **Resident/Fellow Evaluation:** Each resident/fellow's performance must be evaluated throughout the training program, the results of evaluations communicated to each resident/fellow, and the results of evaluations used to improve resident/fellow performance. Each program's evaluation procedures must include:
  - a. Each program must utilize evaluation tools and methods that produce an accurate assessment of each resident/fellow's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
  - b. Each program must establish procedures for providing regular and timely feedback to residents/fellows regarding their performance. The following policies apply to all programs and residents/fellows:
    - i. Supervising faculty must directly observe, evaluate, and frequently provide feedback on performance during each rotation or similar educational assignment.
    - ii. The program director, or his/her designee, must maintain a record of each resident/fellow's evaluations, and the results of evaluations must be made available to each resident/fellow.
      - For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
      - Longitudinal experiences in the context of other clinical responsibilities, must be evaluated at least every three months and at completion of the experience.
      - Residents/Fellows should be granted access to their files for review of evaluations in the presence of the program director, or his designee.
  - c. The program director must provide an objective performance evaluation based on Competencies and use multiple evaluators types (faculty members, peers, patients, self, other professional staff, etc.)
  - d. The program must provide information to the Clinical Competency Committee (CCC) for its synthesis of progressive resident/fellow performance.
  - e. The program director or designee, with input from the CCC must prepare a documented semiannual evaluation of each resident/fellow's performance, including progress along the specialty-specific milestones and communicate this evaluation to the resident/fellow in a timely

manner. Programs must assist in developing individualized learning plans and develop plans for residents/fellows failing to progress.

- f. The program director, or his designee, must meet with each resident/fellow at least twice per year to review evaluations and discuss the resident/fellow's performance and progress in the program.
- g. The program director, in conjunction with the faculty and residents/fellows, must develop a process for use of assessment results to achieve progressive improvement in the residents/fellows' competence and performance.
- h. At least annually, there must be a summative evaluation of each resident/fellow that includes their readiness to progress to the next year of the program, if applicable.
- i. The program director must prepare a final, written evaluation for each resident/fellow completing the program, which includes a review of the resident/fellow's performance during the final period of training, specialty-specific milestones, specialty-specific case logs (when applicable) and verification that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must include considerations from the CCC and be shared with the resident/fellow upon completion of the program.
- j. The program director must maintain the final evaluation in each resident/fellow's permanent record.
- k. The program director must forward a copy of the final evaluation for each resident/fellow to Graduate Medical Education Department for the resident/fellow's permanent institutional record.

- 2. Faculty Evaluation:** The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The performance of the teaching faculty must be evaluated by the program no less than annually. Faculty members must receive feedback at least annually. The evaluations should include a review of clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism and scholarly activities. Annual written confidential evaluations by residents/fellows must be included in this process. Results of evaluations should be incorporated into program-wide faculty development plans.
- 3. Program Evaluation:** The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

**Program Evaluation Committee (PEC):** Program personnel must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The program director must appoint the PEC. The committee must include at a minimum two program faculty members, at least one of whom is a core faculty member and at least one resident/ fellow. There must be a written description of the PEC's responsibilities and the responsibilities must include, review of the program's self-determined goals and progress toward meeting them, guiding ongoing program improvement, including development of new goals, based on outcomes, and review of current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. The PEC advises the Program Director through program oversight. The group must have regular documented meetings at least annually for this purpose and is responsible for rendering a written Annual Program Evaluation (APE).The

program must monitor and track: 1) Program Information including: curriculum, outcomes from prior APEs, ACGME letters of notification including citations and Areas For Improvements, quality and safety of patient care, 2) Resident/Fellow Information including: well-being, recruitment and retention, workforce diversity, engagement in quality improvement and patient safety, scholarly activity, ACGME surveys, written evaluations of the program, achievement of milestones, in-training examinations, and graduate performance, 3) Faculty Information including: well-being, recruitment and retention, workforce diversity, engagement in quality improvement and patient safety, scholarly activity, ACGME surveys, written evaluations of the program and faculty development as educators, in quality improvement and patient safety, in fostering their own and their residents' well-being, and in patient care based on their practice-based learning and improvement efforts. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more areas as well as delineate how they will be measured and monitored. The Annual Program Evaluation and action plan must be distributed and discussed with the members of the teaching faculty and residents/fellows and it must be submitted to the DIO.

## I. PARTICIPATION IN THE CARE OF PATIENTS WITH HIGHLY CONTAGIOUS/ POTENTIALLY LETHAL CONDITIONS

Because of the unusual set of circumstances surrounding the Ebola epidemic in Western Africa, decisions on whether residents/fellows will participate in the care of patients with highly contagious and/or potentially lethal conditions were made based on information from the CDC and other national healthcare organizations as well as educational accreditation organizations (i.e., ACGME). The GMEC will make final decisions at the time of other similar outbreaks or potentially lethal clinical situations and they will apply to all residents/fellows at University Hospital and its teaching affiliates.

## SECTION VIII: IMPAIRED PHYSICIANS

Impairment is defined as the inability of a resident/fellow to physically, mentally or morally meet his/her responsibilities as caused by dependency on alcohol and/or controlled pharmaceuticals, psychiatric disease, physical illness/injury, or dementia as a consequence of age or other conditions.

The Hospital, Heersink School of Medicine, Graduate Medical Education Committee, and program directors recognize their responsibilities to patients, medical staff, residents/fellows, and the community-at-large to ensure that residents/fellows enrolled in graduate medical education programs are physically, mentally and morally competent to meet their designated responsibilities. The Hospital does not assume a punitive role in cases of impairment but recognizes the importance of identifying and facilitating the treatment of any resident/fellow who is incapable of meeting his/her responsibilities because of impairment. Any resident/fellow who feels they may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of their program director. Other avenues of assistance include, but are not limited to, the use of private counseling, the Faculty and Staff Assistance Program, Alcoholics Anonymous, the Jefferson County Committee on Well-Being of Physicians, the Alabama Physician Health Program of the Medical Association of the State of Alabama, and physician rehabilitation programs.

In cases of suspected impairment, the program director, or designated member of the program's faculty, shall follow the procedures indicated below:

1. A discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents/fellows, program faculty, medical staff, patients, Hospital employees, or the resident/fellow's family members.
2. If there is sufficient evidence of impairment, the program director will intervene with the resident/fellow, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated.
3. If the resident/fellow accepts the results of the investigation, the program director will work with the resident/fellow to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.
4. The program director shall facilitate referral of the resident/fellow in accordance with the plan of action developed. The program director should work with the resident/fellow to monitor the rehabilitation process and act as an advocate for the resident/fellow with medical and teaching staff, other residents/fellows, and state review boards.
5. If a resident/fellow does not accept the demonstration of impairment and accepts the plan of action, the program director shall have authority for immediate suspension or revocation of the resident/fellow's appointment.
6. All paid and unpaid leave taken by the resident/fellow will be in accordance with Annual Leave policies. During any period of unpaid leave, the resident/fellow must make arrangements for the payment of premiums for continuation of benefits, including health insurance. The resident/fellow is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under the resident/fellow's health insurance.
7. The Designated Institutional Official must be notified of all cases of resident/fellow impairment, and receive reports on the results of the intervention, the plan for and results of diagnosis, treatment, and/or rehabilitation, the inclusive dates of the leave of absence, the dates of any leave planned as unpaid leave, and arrangements made for continuance of benefits during unpaid leave.
8. All records concerning impairment of a resident/fellow will be treated with strict confidentiality, in accordance with existing state and federal laws.

## SECTION IX: GME DUE PROCESS POLICY

- [See Attached Policy here](#)

## SECTION X: GME PROCEDURES FOR SUBMITTING GRIEVANCES

- [See Attached Policy here](#)