

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Academic Year: July 2018 - June 2019



***University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham***

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES
ACADEMIC YEAR: JULY 2018 - JUNE 2019
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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

Graduate medical education programs (residency and subspecialty programs) must operate under the authority and control of one sponsoring institution. The sponsoring institution must be appropriately organized for the conduct of graduate medical education in a scholarly environment and must be committed to excellence in both medical education and patient care in order to fulfill its responsibility for oversight of activities related to patient safety, quality improvement, transitions of care, supervision, clinical and educational work hours, fatigue management and mitigation, and professionalism. Oversight of the residents/fellows' assignments and the quality of the learning and working environment by the Sponsoring Institution 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 of its sponsored ACGME-accredited programs.

A sponsoring institution 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. 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's website at 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.

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 School of Medicine (UASOM), and UAB Health System are committed to excellence in medical education and providing the necessary financial support for administrative, educational, clinical, and human 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.

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 University of Alabama School of Medicine and University of Alabama Hospital and include a Designated Institutional Official, Graduate Medical Education Department, Dean's Council for Graduate Medical Education, and House Staff 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. University of Alabama School of Medicine:** The Dean, UASOM, 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 UASOM. A Senior Associate Dean is appointed by the Dean to oversee all aspects of the UASOM's affairs related to medical education at all University of Alabama campuses. The Associate Dean for Graduate Medical Education serves as DIO and Chair of the Hospital's graduate medical education committee, the Dean's Council for Graduate Medical Education (DCGME).
- 2. University of Alabama Hospital:** The Hospital serves as the primary teaching hospital of the UASOM 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 UASOM 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 Senior Vice President for Inpatient Services of the Hospital appoints the Designated Institutional Official. The DIO works in collaboration with the DCGME and has authority and responsibility for oversight and administration of all ACGME-accredited programs. Responsibilities of the DIO include, but are not limited to:

- a) Ensuring and monitoring compliance with the Institutional Common and specialty/subspecialty-specific Program Requirements,
- b) Serves as Chair for the DCGME and participates in meetings, activities, and program reviews,
- c) Serves as liaison for the Hospital and DCGME with program directors, residents/fellows, medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs.
- d) Reviews and co-signs all program information forms and all correspondence or documents submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including, financial, on the program or institution. In the DIO's absence, the Vice Chair of the DCGME reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME by program directors.
- e) Reports to the medical staffs and the governing bodies of the Hospital and major participating institutions in which the Hospital's GME programs are conducted on issues related to GME, including but not limited to:
 - 1) The activities of the DCGME;
 - 2) Resident/Fellow supervision, responsibilities, evaluation and participation in patient safety and quality of care education;
 - 3) Compliance with the clinical and educational workhour standards by GME programs, the Hospital, and participating institutions;
- f) Reports to the DCGME on concerns related to GME voiced by the officials or medical staff of the Hospital or affiliated institutions; and
- g) Ensures the medical staff and DCGME communicate about the safety and quality of patient care provided by residents/fellows.

4. **Graduate Medical Education Department (GMED):** The GMED is an administrative support unit for the Hospital, UASOM, DCGME, residency programs, residents/fellows, affiliated institutions in the administration, and oversight of all activities related to graduate medical education. The GMED is under the direction of a Director who reports to the Associate Vice President and Chief Compliance Officer for the Hospital. The GMED serves as a liaison with residency 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 GMED include, but are not limited to:

- a) Communication of GME policies, procedures, and requirements to program directors, 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 DCGME;
- 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 DCGME, maintaining the official records of the DCGME, and ensuring the effective oversight of the Sponsoring Institution's accreditation providing administrative support to the House Staff Council and maintaining the official records of the Council;
- g) Coordination and oversight of participation in the National Resident Matching Program by the Hospital and residency 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. Dean's Council for Graduate Medical Education (DCGME): The Associate Dean for Graduate Medical Education, UASOM, serves as the Chair (ex-officio); members of the Executive Committee serves as Vice Chair (ex-officio) and Secretary (ex-officio). Regular members of the DCGME are appointed by the Chair for three-year terms, usually commencing in October of each year. Regular members include program directors and members of the medical staff and teaching faculty. The Chair also appoints Program Coordinators for two-year terms, usually commencing in October of each year. Other Ex-officio members include a representative from the Office of the Chief of Staff, UAB Hospital; a Quality Improvement/Safety Officer; the Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center; the officers of the House Staff Council and peer-selected residents/fellows. Regular and ex-officio members are voting members. The Chair, DCGME, may form subcommittees based on the need to address specific issues relating to graduate medical education. The composition of such subcommittees may include members of the DCGME and/or non-members with expertise in the area under consideration. Each subcommittee has peer-selected resident/fellows that are members. The DCGME meets on a monthly basis, and minutes and detailed records are kept of each meeting and are available for inspection by accreditation personnel. The DCGME will report to the Sr. Vice President of Inpatient Services, UAB Hospital; the Dean, UASOM; and the Chief Executive Officer, UAB Health System. The DCGME works in collaboration with the DIO and has authority and responsibility for the oversight and administration of all ACGME-accredited programs. Responsibilities of the DCGME include, but are not limited to:

a) Oversight of

- 1) ACGME accreditations status of the Sponsoring Institution and its ACGME-accredited programs;
- 2) Quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- 3) Quality of the educational experiences in each ACGME-accredited program that lead to measureable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- 4) ACGME-accredited programs' annual evaluation and self-studies;
- 5) Processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
- 6) The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

- i. Reports will be made available to the Dean's Council and will be documented in the meeting minutes. Reports will then be disseminated to programs to disseminate with residents/fellows, faculty and other clinical staff, as appropriate, within their department.
- b) Review and approval of
 - 1) Institutional GME policies and procedures;
 - 2) Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits to make assure that these are reasonable and fair;
 - 3) Applications for ACGME accreditation of new programs;
 - 4) Requests for permanent changes in resident/fellow complement;
 - 5) Major changes in ACGME-accredited programs' structure or duration of education;
 - 6) Additions and deletions of ACGME-accredited programs' participating sites;
 - 7) Appointment of new program directors;
 - 8) Annual accreditation letters and other correspondence to and from the ACGME,
 - 9) Action plans for corrective areas of noncompliance,
 - 10) Progress reports requested by a Review Committee;
 - 11) Response to Clinical Learning Environment Review (CLER) reports;
 - 12) Requests for exceptions to clinical and educational work hour requirements;
 - 13) Voluntary withdrawal of ACGME program accreditation;
 - 14) Requests for appeal of an adverse action by a Review Committee;
 - 15) Appeal presentations to an ACGME Appeals Panel
- c) Effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
 - 1) The Dean's Council must identify institutional performance indicators for the AIR which includes: results of the most recent ACGME institutional letter of notification; results of the ACGME surveys of residents/fellows/fellows and core faculty; and notification of the ACGME-accredited programs' accreditation information including accreditation statuses and citations;
 - 2) The AIR must include monitoring procedures for actions plans resulting from the review
 - 3) The DIO must annually submit a written annual executive summary of the AIR to the Sponsoring Institution's Governing Body. The executive summary must include a summary of institutional performance on indicators for the AIR and action plans and performance monitoring procedures resulting from the AIR.
- d) Effective oversight of underperforming programs through a Special Review process that includes a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions and the process for Dean's Council monitoring of outcomes.

Based on the below criteria either a focused or full special review may be conducted at the discretion of the DCGME and the Designated Institutional Official. A focused review consists of a special review focusing on a particular issue. A full review is a broader review of all aspects of the program. The DCGME will identify underperformance through the following established criteria:

- 1) If one or more of the below indicators are present then a special review may be conducted. This may include, but is not limited to, the following:
 - a) Resident, faculty, program staff attrition
 - i. Change in program director more than every two years
 - ii. Change in program coordinator more than every two years
 - b) Scholarly activity
 - i. No scholarly activity reported on WebAds by the PD or the APDs for the preceding 24 month period
 - c) Board pass rate: below threshold as defined by each RRC
 - d) Clinical experience
 - i. Loss of a major teaching site
 - ii. Loss of significant number of faculty
 - e) Results of ACGME resident and faculty surveys
 - i. By having multiple questions below the national average for the respective training program
 - ii. Below average performance in questions related to duty hours
 - f) Complaints or communication against a program
 - i. From communication through our confidential phone line
 - ii. All programs on probation or continued accreditation with warning status
 - g) Inability of a program to submit APE and CLER documents to the GME office in a timely manner
 - h) If the program has a low submission rate (below 80%) of duty hours in MedHub during the required February month or during quarterly reporting periods
- 2) Programs will be identified for a full special review if one of the following circumstances are noted:
 - a) Program placed on probation
 - b) Egregious clinical and educational workhour violations
 - c) Major concerns raised from confidential phone line
 - d) If a program has submitted two consecutive years of DCGME progress reports following the results of the program's ACGME surveys.
- 3) When a program has shown to meet the established criteria above, the DCGME will schedule a Special Review within 30 days of being identified as underperforming.
- 4) If a program is scheduled for a full review, both the core clinical faculty and residents/fellows will be administered the Maslach Burnout Inventory prior to the special review interviews. The Maslach Burnout Inventory will be included as part of a focused review at the determination of the DIO, depending on the issue(s) being reviewed.
- 5) A sub-committee consisting of at least one member of the DCGME, one Program Coordinator, one member of the House Staff Council, and any other member deemed necessary by the DCGME will conduct the Special Review.
- 6) The Special Review Committee will request materials and data to be used during the Special Review.
 - a) List of documents required for a focused special review: Based on the nature of the review, the DIO will send a memo to the Program Director and Special Review Committee members detailing the areas to be reviewed and the documents to submit for review.

- b) List of documents required for a full special review: The Program Director will be asked to submit the same documents required for a full ACGME site visit. The list of documents consists of the following:

Sponsoring and Participating Requirements

1. Current Program Letters of Agreement (PLAs)

Resident Appointment

2. Files of current residents/fellows and most recent program graduates
3. If applicable, files of current residents/fellows who have transferred into the program including documentation of previous experiences and competency-based performance evaluations
4. If applicable, files of residents/fellows who have transferred out of this program into another program

Educational Program

5. Overall Education goals for the program
6. Competency-based goals and objectives for each assignment at each educational level
7. Didactic and conference schedule for each year of training

Evaluation (print summary reports, rather than individual reports)

8. Evaluations of residents/fellows at the completion of each assignment
9. Evaluations showing use of multiple evaluations (e.g., faculty, peers, patients, self, and other professional staff)
10. Documentation of residents'/fellows' semiannual evaluations of performance with feedback
11. Final (summative) evaluation of residents/fellows, documenting performance during the final period of education and verifying that the resident/fellow has demonstrated sufficient competence to enter practice without direct supervision
12. Complete annual written confidential evaluations of faculty by the residents/fellows
13. Documentation of program evaluation and written improvement plan
14. Documentation of duty hours for residents/fellows in this program
15. Written description of the Clinical Competency Committee (CCC) for this program including structure, membership, and semi-annual resident evaluation process, semi-annual reporting of resident Milestones evaluation to ACGME, and protocols for the CCC advising the program director regarding resident progress including promotion, remediation, and dismissal.
16. Written description of the Program Evaluation Committee (PEC) for this program including structure, membership, evaluation and tracking protocols, development and monitoring of improvement action plans resulting from the Annual Program Evaluation. In addition, copies of the last three (3) PEC meeting minutes should be available for review.

Duty Hours and the Learning Environment

17. Policy for supervision of residents/fellows (addressing progressive responsibilities for patient care, and faculty responsibility for supervision) including protocols defining common circumstances requiring faculty involvement.
 18. Program policies and procedures for residents'/fellows' duty hours and work environment including moonlighting policy
 19. Sample documents for episodes when residents/fellows remain on duty beyond scheduled hours
 20. Sample documents offering evidence of resident/fellow participating in Quality Improvement and Safety Projects
- 7) The Special Review Committee will conduct the special review through review of materials, data and other information provided by the program and through interviews with the following individuals:

- i. Program Director and Associate Program Director
 - ii. Program Coordinator
 - iii. On trainee per year of training (peer selected). Chief residents not eligible for participation.
- 8) The Special Review Committee will prepare a written report to be presented to the DCGME for review and approval. At a minimum, the report will contain:
 - i. A description of the quality improvement goals to address identified concerns
 - ii. A description of the corrective actions to address identified concerns
 - iii. The process for DCGME monitoring outcomes of corrective actions taken by the program
- 9) The DCGME will monitor outcomes of the Special Review via the following mechanisms:
 - i. Progress reports
 - ii. Review of procedural data if indicated
 - iii. Review of duty hours if indicated
- 6. **House Staff Council:** The House Staff Council consists of a President, Vice President, Secretary-Treasurer, and representatives from each residency program sponsored by the Hospital. Resident/fellow representatives are appointed by the program directors and officers are elected by the Council annually. All programs (including subspecialty residency programs) are invited to appoint a representative. The House Staff Council provides residents/fellows with a system to communicate and exchange information with each other relevant to their learning and work environment and their programs. The Council meets on a monthly basis, and the meetings are attended by the Director of the Graduate Medical Education Department. The Graduate Medical Education Department provides administrative support to the Council. The House Staff Council can request to conduct their meeting without the DIO, faculty members, or other administrators present. The officers of the Council serve as voting members of the Dean's Council for Graduate Medical Education. Responsibilities of the House Staff Council include, but are not limited to:
 - a) To serve as the resident/fellow advocate and the resident/fellow voice throughout UAB Hospital, the UAB campus, the Birmingham community, and the state of Alabama.
 - b) To provide house staff representation as it pertains to UAB affairs.
 - c) To promote educational resources for residents/fellows, education of GME policies and procedures, and interaction among both medical staff and hospital administration.
 - d) To re-evaluate/reinforce the policies and procedures of GME at UAB.
 - e) To allow the residents/fellows an opportunity to communicate and exchange information about their various working environments and corresponding educational programs.
 - f) To establish and implement fair institutional policies and procedures for academic or other disciplinary actions taken against residents/fellows.

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 DCGME prior to initiation of the rotation. It is the responsibility of the program

director to notify the Hospital, through the DIO and/or GMED, and the appropriate ACGME Residency Review Committee of the addition or deletion of institutions utilized by the program for resident/fellow education.

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 GMED. 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's supervising physician at the affiliate, and the DIO.

D. ACCREDITATION FOR PATIENT CARE

All institutions participating in ACGME-accredited programs should be accredited by the Joint Commission, if such institutions are eligible.

1. If a participating institution is eligible for Joint Commission accreditation and chooses not to undergo such accreditation, then the institution should be reviewed by and meet the standards of another recognized body with reasonably equivalent standards.
2. If a participating institution is not accredited by the Joint Commission, it must be accredited by another entity with reasonably equivalent standards; accredited by another entity granted "deeming authority" for participation in Medicare under federal regulations; certified as complying with the conditions of participation in Medicare set forth in federal regulations; or provide a satisfactory explanation of why accreditation has not either been granted or sought.
3. 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, provides for communication of priorities, allocates resources for quality initiatives and ensures training of the hospital staff. Residents/Fellows receive an overview during new resident/fellow orientation.

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. In addition, the Hospital will ensure that residents/fellows have access to 1) systems for reporting errors, adverse events, unsafe conditions and near misses in a protected manner free from reprisal and 2) to data to improve systems of care, reduce health care disparities and improve patient outcomes.

SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS/FELLOWS

A. RESIDENT/FELLOW ELIGIBILITY AND REQUIREMENTS FOR RESIDENCY TRAINING

It is the responsibility of the program director to ensure all applicants under consideration for residency training in the program meet the eligibility requirements of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME) detailed below. The enrollment of non-eligible residents/fellows may be cause for withdrawal of accreditation of the program by the ACGME. Only applicants who meet the following qualifications are eligible for appointment to accredited residency programs sponsored by the Hospital:

1. **Medical Education:** Only applicants who meet one of the following criteria may be accepted for residency training in accredited programs sponsored by the Hospital:
 - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - c) Graduates of medical schools outside the United States and Canada (foreign medical graduate, FMG) must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or, have a full unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
 - d) Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. **Entry of Foreign-Born Medical Graduates to the United States:** The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the Department of State, and U.S. Citizenship and Immigration Services (USCIS) and approves their work authorization. It is a violation of federal law to provide employment to a non-U.S. citizen who has not received work authorization from USCIS.
 - a) International Scholar and Student Services (ISSS) must be notified of all non-US citizens accepted for residency training. Contact ISSS at 996-0556 as soon as you are considering a non-US citizen for residency or fellowship training. ISSS will strategize with you about processing the candidate's current or future immigration status and will advise on the timing and process of the paperwork required for foreign nationals to participate in residency or fellowship training at UAB. Due to sensitive timing issues around obtaining a Social Security number and applying for an Alabama medical license, an H-1B visa may not always be the best (or even viable) option.
 - b) Program Directors considering applicants born outside of the US should be aware that the current immigration landscape is very different than in the past, and that ISSS is the best resource for determining whether J-1 or H-1B is the best option for your candidate. Please do NOT offer or promise a particular immigration status to a candidate without consulting ISSS.
 - d) c) International medical graduates must hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), which sponsors all residents and fellows in the US for J-1 visas. If a candidate has not received the Step 3 USMLE certificate, an H-1B visa is not an option. After consulting ISSS, program directors may communicate the visa type or immigration status agreed upon with ISSS to the international applicant. Residency program directors may ultimately choose which visa types to accept, after consultation with ISSS and must communicate it to applicants.
3. **Prerequisite Residency Training:** All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty.
 - a) If a program director wishes to recruit an applicant who does not meet the criteria established for prerequisite training, written approval to appoint the applicant as a

resident/fellow must be obtained from the Residency Review Committee and/or certifying board.

4. **Resident/Fellow Transfer:** If a resident/fellow transfers from a residency program at another institution, the following is needed: a) written permission from the Program Director that the resident/fellow has authorization to contact our institution, b) review of competency-based evaluations from the transferring institution, c) verification of the previous educational experiences and a statement regarding the resident/fellow's performance evaluation must be received prior to acceptance into a UAB residency program
5. **Physical Examination:** All newly-appointed residents/fellows must complete and pass an employment physical examination, as required by the State Health Department, within 30 days of the date of employment (see Section V.D. for details).
6. **United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** All residents/fellows must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3 as outlined in Section V.K. and V.L. of this manual.
7. **Alabama Medical License:** All residents/fellows must obtain an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners (see Section V.M. for details).

B. SELECTION OF RESIDENTS/FELLOWS

1. Programs should select from among eligible applicants on the basis of residency program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other applicable legally protected status.
2. The program director, in conjunction with the program's Education Committee and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.
3. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents/fellows and their families; and the conditions under which call rooms, meals, laundry services, or their equivalents are to be provided.
4. In selecting from among qualified applicants, it is strongly recommended that all programs participate in an organized matching program when such is available for the specialty.
 - a) Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program.
 - b) The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.
5. An offer for residency training is extended directly to the applicant by the program director or his/her designee, through a letter of offer.
6. Immediately following receipt of the results of the Match, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant's file for the Hospital's permanent record. Each resident/fellow's file must include the following:
 - a) Copy of the completed "Application for Graduate Medical Education",

- b) Documentation of completion of medical school (copy of medical school diploma, dean's letter),
- c) Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director),
- d) Copies of three letters of recommendation,
- e) Copy of Alabama medical or dental license (if applicable),
- f) Current mailing address,
- g) Inclusive dates of appointment,
- h) Postgraduate year of appointment, and
- i) Salary source, if other than Hospital funds.

C. RESTRICTIVE COVENANTS

The Hospital and its sponsored programs cannot require residents/fellows to sign a non-competition guarantee.

D. RESIDENT/FELLOW AGREEMENT OF APPOINTMENT

1. An "Initial Resident/Fellow Agreement" must be completed for all residents/fellows upon entry into a residency program and a "Resident/Fellow Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident/fellow, program director, and Designated Institutional Official and the original agreements maintained as a part of the Hospital's permanent records.
2. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident/fellow and submitted along with the "Initial Resident/Fellow Agreement" and each "Resident/Fellow Renewal Agreement."
3. Any resident/fellow who is not to be reappointed at the end of the contract year should be notified in writing by the program director at least four months in advance. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal. Any resident/fellow receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C.
4. Any resident/fellow who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal.

E. INITIAL RESIDENT/FELLOW APPOINTMENT (Contract)

The following guidelines and procedures shall govern the appointment of physicians to graduate medical education programs sponsored by the Hospital:

1. The appointment of a physician to a residency position shall be for the sole purpose of pursuing postgraduate medical education.
2. The initial appointment shall be for one year and is made upon recommendation of the program director with approval of the Designated Institutional Official.
3. The resident/fellow must be appointed to the postgraduate year for which he/she is qualified as specified by the certifying board of the specialty. Previous postgraduate training in another specialty will not be taken into consideration unless such training is credited by the certifying

board of the specialty of enrollment. The Graduate Medical Education Department must be provided with a letter from the certifying board which indicates the number of months or years credit that will be given before a resident/fellow's postgraduate year can be adjusted.

4. A physician appointed to a residency position without compensation must demonstrate health insurance coverage substantially equivalent to that offered by the institution, obtain professional liability insurance through the UAB Office of Risk Management and Insurance, and comply with all requirements and conditions for employment outlined in this manual. Such appointment must be approved in advance by the Designated Institutional Official of the Hospital.
5. The program director, or his/her designee, is responsible for initiating the personnel form required for the appointment of a resident/fellow. The completed personnel form ("Oracle document"), and resident/Fellow contract ("Initial Resident/Fellow Agreement") must be forwarded to the Graduate Medical Education Department for Hospital review and approval. A resident/fellow's appointment is contingent upon receipt of a completed Resident/fellow Agreement and resident/fellow compliance with requirements outlined in Section III.A. and Section V. of this manual.
6. A foreign medical graduate (FMG) appointed to a residency position must meet all applicable educational requirements, possess a visa which permits participation in a graduate medical education program, possess a valid ECFMG certificate, and meet the licensure requirements of the State of Alabama. These documents must be reviewed and found to be in order by the Graduate Medical Education Department prior to the commencement of any medical activity within the Hospital.
7. Privileges granted to the resident/fellow shall be commensurate with the training, experience, competence, judgment, character, and current capability of the individual. The evaluation shall be determined by the program director of the applicable clinical department. The Executive Director shall confer on the resident/fellow only such privileges as are specified by the director of the program concerned. The curtailment of, or imposition of limitation on existing privileges shall carry with it the right of the individual to petition for a hearing as provided in these policies.
8. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident/fellow and submitted along with the "Initial Resident/Fellow Agreement."

F. PROMOTION/ADVANCEMENT OF RESIDENTS/FELLOWS

1. The promotion/advancement of a resident/fellow from one postgraduate level to another in a graduate medical education program generally occurs following the satisfactory completion of each 12-month period of graduate medical education.
2. Such promotion/advancement is made upon recommendation by the program director and is regarded as the same process as the initial appointment award.
3. For each resident/fellow advanced, the program director is responsible for completing the appropriate personnel form ("Oracle document") indicating the change in postgraduate year, dates of appointment, and adjustment in salary. The personnel form must be routed to the Graduate Medical Education Department for Hospital review and approval.
4. A resident/fellow contract ("Resident/Fellow Renewal Agreement") signed by the resident/fellow and program director must be completed and forwarded to the Graduate Medical Education Department for Hospital review and approval.
5. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident/fellow and submitted along with the "Resident/Fellow Renewal Agreement."
6. As a condition of promotion/advancement, the resident/fellow is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, The Joint Commission education, etc.) and obtaining a TB skin test each year as outlined in Section V. "Resident/Fellow Responsibilities and Conditions of Appointment."

7. The GME Office will verify that the resident/fellow has completed all mandatory education required by the Sponsoring Institution and that current TB skin test results are available in Employee Health before submitting the contract to the DIO for approval.

G. COMPLETION OF RESIDENCY TRAINING

1. The program director, or designated program personnel, is responsible for completing the appropriate personnel form for each resident/fellow completing a program and leaving the employ of the Hospital or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the resident/fellow, and the appropriate personnel form routed to the Graduate Medical Education Department for Hospital review and approval.
2. The program director shall complete and submit to the Graduate Medical Education Department a final, written summary evaluation for each resident/fellow completing the program, which will be maintained in the institution's permanent records.
3. As a condition of completion of residency training, the resident/fellow is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, The Joint Commission education, etc.) and obtaining a TB skin test each year as outlined in Section V. "Resident/Fellow Responsibilities and Conditions of Appointment."
4. The Hospital shall issue a certificate of training to each resident/fellow completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a resident/fellow as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.
5. The Hospital shall issue a certificate of training to each resident/fellow serving as chief resident/fellow.

SECTION IV: FINANCIAL SUPPORT AND BENEFITS**A. ALLOCATED RESIDENCY POSITIONS**

The DCGME imposed a freeze on residency positions at the number enrolled in each program on October 1, 1997. Any request for residency positions in excess of the allocated number must be approved by the Senior Vice President of Inpatient Services. The following policies are to be followed by program directors in the appointment and promotion of residents/fellows:

1. 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.
2. 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.
3. 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.
 - a) Hospital funding for non-University Hospital, non-reimbursed, elective rotations will be limited to one, one-month, non-reimbursed elective rotation per resident/fellow throughout all years of the program.
 - b) 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.
4. 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.
5. 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 program.

B. DOWNSIZING/CLOSURE OF RESIDENCY PROGRAMS

In the event the Sponsoring Institution decides to close or reduce the size of a residency program, the Sponsoring Institution will inform the Dean's Council for Graduate Medical Education, 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. The residents/fellows enrolled in the program will be notified of the decision in writing as soon as possible. Every effort will be made to allow residents/fellows enrolled in the program to complete their training. Should circumstances prevent this, the program director and institution will provide the residents/fellows with assistance in securing positions in ACGME-accredited programs in which they may continue their education.

C. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER

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. Following the declaration of a disaster, the DIO, will determine in conjunction with the Program Directors, whether existing educational and training programs can continue with or without restructuring in the Sponsoring Institution; or whether temporary or permanent transfer of residents/fellows to another institution will be necessary.

In the event, or set of events, causing significant alteration to the residency experience at one or more residency programs, the ACGME Executive Director will make a declaration of a disaster and a notice will be posted on the ACGME website with information relating to the ACGME's response to the disaster.

Within 10 days after the declaration of a disaster, the DIO will contact the ACGME to discuss and establish due dates for the following: a) deadlines to submit program reconfiguration requests to ACGME and b) deadlines to inform each program's residents/fellows of the plans. The deadlines should be no later than 30 days after the disaster, unless other due dates have been approved by the ACGME.

1. Communication

- a) It is the responsibility of every individual (faculty, staff, and residents/fellows) to ensure that his/her personal contact information is current and on-file with the residency program and the GME Office. This includes cell phone number, emergency contact person and outside e-mail address if possible.
- b) In the event of a disaster involving the Sponsoring Institution and its residency programs, each individual has the responsibility to monitor the UAB SOM and GME websites for specific instructions.
- c) The ACGME website will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The ACGME website will provide instructions for changing resident/fellow email information on the ACGME Web Accreditation Data System (ADS).

1. The DIO, should call or email the Institutional Review Committee Executive Director with information and/or requests;

2. The Program Directors should call or email the appropriate RRC Executive Director with information and/or requests;

3. Residents/fellows should call or email the appropriate RRC Director with information and/or requests.

2. Resident/Fellow Transfers

If a program cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster it must arrange either a temporary transfer for each of its residents/fellows, or assist the residents/fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.

a) Temporary Transfer

1. A temporary transfer is defined as an assignment or rotation that will not continue for the duration of the resident/fellow's training.

2. To initiate a temporary transfer, a Program Letter of Agreement for Elective Rotations should be completed for residents/fellows rotating to programs at other institutions with the following signatures: Program Director, DIO and Supervising Physician. The Program Letter of Agreement can either be faxed or e-mailed to the host institution if U. S. mail is significantly delayed in our area. Confirmation from the host institution must be received before the temporary transfer is approved.

3. Residents/fellows who temporarily transfer to other institutions remain employees of the Sponsoring Institution and continue to receive their paycheck through the current electronic deposit mechanism. No interruption is anticipated.

b) Permanent Transfer

1. A permanent transfer is defined as an assignment that will continue for the duration of the resident/fellow's training. The resident/fellow will no longer be enrolled in a residency program at the Sponsoring Institution.
2. To initiate a permanent transfer, the resident/fellow sends a written request for a permanent transfer to the Program Director. The name of the program accepting the resident/fellow should be stated.
3. Residents/fellows who permanently transfer to other institutions will not remain employees of the Sponsoring Institution and will not continue to receive a paycheck from this Sponsoring Institution.

D. SALARIES

Salaries for each postgraduate year are based on the budget of the Hospital, with approval by the DCGME. 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 DCGME, the residency 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, and participation in a TIAA/CREF or VALIC 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 <http://www.hrm.uab.edu/main/benefits/index.html>

1. **Health Insurance:** Residents/Fellows may choose single or family coverage under one of three group medical insurance plans offered by the University: VivaUAB, VivaHealth, or Blue Cross. Residents/fellows are eligible for enrollment during the first thirty-one (31) days of employment. Coverage can begin either on 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 marriage, divorce, legal separation, or becoming ineligible for coverage under a spouse's insurance plan. 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 paying for the current month's coverage. The residents/fellows' cost, effective January 1, 2018, for each of the plans is as follows:

| 2018 Monthly Health Insurance Rates | | | | |
|-------------------------------------|-----------------|------------------------------------|-------------------------------|----------|
| | <u>Employee</u> | <u>Employee + \$Child(ren)</u> | <u>Employee + up to 2</u> | Family |
| Viva Choice | \$76.00 | 257.07 | \$307.07 | \$366.18 |
| Viva UAB | \$88.89 | \$270.66 | \$320.66 | \$408.88 |
| UAB Viva Access | \$153.94 | \$469.34 | \$519.34 | \$663.3 |
| Blue Cross/ Blue Shield | \$182.77 | \$557.24 | \$607.24 | \$843.34 |

2. **Dental Insurance:** Coverage is offered through MetLife. 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, 2018, for the options is as follows:

| 2018 Monthly Dental Insurance Rates | | | | |
|-------------------------------------|-----------------|----------------------------------|-------------------------------|---------|
| | <u>Employee</u> | <u>Employee + Child(ren)</u> | <u>Employee + up to 2</u> | Family |
| BCBS Basic | \$18.78 | \$32.17 | \$36.38 | \$48.05 |
| BCBS Comprehensive | \$35.74 | \$61.12 | \$69.10 | \$91.24 |

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, 2014 is as follows:

| 2018 Monthly Dental Insurance Rates | | | | |
|-------------------------------------|-----------------|------------------------------|---------------------------|---------------|
| | <u>Employee</u> | <u>Employee + Child(ren)</u> | <u>Employee + up to 2</u> | <u>Family</u> |
| Vision Service Plan (VSP) Basic | \$7.84 | \$14.84 | \$19.42 | \$24.94 |
| Vision Service Plan (VSP) Premier | \$13.77 | \$21.43 | \$29.42 | \$44.79 |

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. **Voluntary Retirement Plan:** Residents/Fellows are eligible to participate in the following offered by the University:
 - 403(b) Plan: The 403(b) plan is voluntary, defined-contribution, tax-deferred as well as Roth after-tax plan governed by the Internal Revenue Code 403(b). Eligible employees can choose between both TIAA/CREF and VALIC for investments. Vesting in the 403(b) plan is immediate.
 - 457(b) Plan: UAB also offers a voluntary, defined-contribution, tax deferred as well as Roth after-tax plan governed by Internal Revenue Code 457 (b). Similarly to the 403(b) plan, the 457(b) plan offers the same expanded investment options, convenient payroll deductions, pre-tax contributions, and tax deferred growth through both TIAA-CREF and VALIC.
10. **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 \$2,500 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.
11. **Health Savings Account:** Only employees enrolled in the Viva Choice CDHP are eligible to participate in a Health Savings Account and will be automatically enrolled in the Health Savings account upon enrollment in the Viva Choice plan.

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. Newly-appointed residents/fellows must complete an application for professional liability insurance during the Hospital's orientation for new residents/fellows. This form is submitted to the Graduate Medical Education Department for review and is then forwarded to the Office of Risk Management and Insurance for the permanent record. The resident/fellow will receive a certificate of coverage from Risk Management for his/her permanent record.
2. 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.
3. 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 in regard to a claim, or if they receive a subpoena for court appearance or records.
4. 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 11).

5. 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.
6. 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

All leave taken is at the discretion of the resident/fellow's program director and within FMLA and UAB policies, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents/fellows with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident/fellow may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents/Fellows must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of leave policies established by the Hospital, which generally apply to all residents/fellows, except as modified by the policies established by the individual programs. Please check with your program director to determine if these leave policies affect your ability to satisfy requirements for program completion:

1. **Vacation:** The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.
2. **Sick Leave:** Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.
 - a) **Sick Leave Donation:** Under certain circumstances, a UAB resident/fellow may voluntarily donate to another UAB resident/fellow, or receive from another resident/fellow, sick leave time. A resident/fellow can donate up to one week per academic year to another resident/fellow within the same department. The Program Director, Department Chair, Designated Institution Official and Chair of the DCGME must approve the donation via the GME Sick Leave Donation Request Form (available from the GME Office).
3. **Family and Medical Leave:** The detailed policy may be obtained by contacting Human Resources Management or visiting the website at http://www.hrm.uab.edu/main/records/leave_absence.html.
 - a) **Family-Related Leave of Absence:** A maximum of 12 work weeks leave in a twelve (12) month period is available for the following reasons: 1) birth of a resident/fellow's son or daughter or to care for the baby (entitlement to leave of absence under this policy expires twelve months from the child's date of birth); 2) adoption of a child by the resident/fellow or placement of a child with the resident/fellow for foster care (entitlement to leave of absence under this policy expires twelve months from the date of adoption or foster care placement); and 3) care of a son, daughter, spouse, or parent (but not in-laws) having a serious health condition (children 18 years or older are not included

unless they are incapable of self-care because of mental or physical disabilities). One year of continuous service is required to be eligible for this leave of absence.

- b) **Medical Leave of Absence for Health Condition of the Resident/Fellow:** A maximum of 16 work weeks medical leave in a twelve (12) month period is available to any resident/fellow with a serious health condition that renders the resident/fellow unable to work. One year of continuous service is not required to be eligible for this leave of absence.
 - c) A family-related or medical leave of absence will be approved only for the length of time certified in writing by the person's health-care provider, and the twelve (12) month period in which leave may be taken will begin on the first day approved family-related or medical leave is taken. Any available vacation or sick leave must be taken at the beginning of a leave of absence before entering a non-paid status. Use of available sick leave is limited to eligible medical conditions of the resident/fellow. Use of available vacation and/or sick leave will not extend the length of any leave beyond the maximum time allowed. A leave of absence must be approved in advance by the program director. The resident/fellow must request a leave of absence at least 30 days in advance of beginning such leave (except in the case of emergency leave) and submit a completed "Family and Medical Leave of Absence Request Form". Any resident/fellow taking family and/or medical leave must be placed on a leave of absence, and the appropriate personnel papers must be completed by the department and sent to the Graduate Medical Education Department for approval.
 - d) The National Defense Authorization Act was signed into law by President Bush in January of 2008. The Act expanded the Family Medical Leave Act (FMLA) of 1993 and provides new leave rights related to military service and went into effect on January 16, 2009. The new leave entitlements include **Military Caregiver Leave**, which provides family members of injured service members with up to 26 work weeks of leave in a single 12-month period and **Qualifying Exigency Leave**, which allows family members of the National Guard and Reserves to use up to the normal 12 work weeks of FMLA leave to manage the affairs of a service member while he or she is on active duty in support of a contingency operation
4. **Paid Parental Leave:** UAB/UAB Medicine will provide up to four work weeks (20 days) Paid Parental Leave to an eligible employee during the first six months following birth or adoption. Must be taken continuously or intermittently within the first six months following birth or adoption. Must meet eligibility for FMLA to be eligible for paid parent leave. The detailed policy and FAQ is located here: <http://www.uab.edu/humanresources/home/records-administration/paid-parental-leave>.
5. **Educational Leave:** Educational leave may be provided at the discretion of the program director according to policies established by the individual residency programs.
6. **Military Leave:** Any physician applying for residency training that is, or anticipates becoming, an active or reserve member of the armed forces should clearly state such on his application. Prior to acceptance of an offer of residency training, the program director, or his/her designee, should provide the applicant with a copy of the program's policy on leave and the effect of such leave on the training requirements of the program.
- a) A maximum of 21 working days with pay per calendar year is provided to all employees who are ordered to military duty. This 21 working days per year includes weekend drills as well as summer training and any other type military duty, except that which is noted in Alabama law, Ala. Code Section 31-12-1. Employees will be paid only for the time for which they would ordinarily be scheduled to work for UAB. In no case will employees be paid for a period in excess of the time for which they are ordered to military duty. A copy of the orders or other satisfactory documentation of attendance must be provided to the supervisor as soon as received.

- b) After the first 21 days of military leave per year, any additional military leave, except that which is noted in Alabama law, Ala. Code Section 31-12-1, will be without pay or may be charged to vacation or personal holiday time. Persons requesting military leave must submit a copy of the orders calling them to active duty. Documentation must be attached to the time sheet or Leave of Absence paper. All documentation should be included in the employee's official personnel file. Employees returning from military leave have 90 days following discharge from active duty to reclaim their positions.

In the case of a major military call-up, the UAB President may alter these regulations (such as "calendar" year rule), but any changes must apply to all affected employees, not just to individual cases. Alabama law, Ala. Code Section 31-12-1, et. seq. (the Act), extends military protections and rights under the Soldiers' and Sailors' Civil Relief Act and the Uniformed Services Employment and Reemployment Rights Act to active members of the Alabama National Guard and other military reserve forces called to duty in time of war, armed conflict or emergencies, proclaimed by the Governor or the President of the United States, and called or ordered to state active duty for a period of 30 consecutive days or more or federally funded duty, other than training. This law does not apply to normal National Guard and reserve weekend drills, annual training and required schools.

Retroactive to 9/11/2001, eligible employees, as defined in the Act, are eligible for the difference in pay between lower active duty pay and a higher public salary, for the duration of the active military service. This provision applies only to employees called into active service during the war on terrorism, which commenced on September 11, 2001. Any public employee who was required to use annual or sick leave as a result of being called to active service during the war on terrorism shall have his/her leave restored. Also, health insurance benefits may be continued at the election of the employee called to active military service. Any employee serving in the active military service during the war on terrorism, which commenced on September 11, 2001, shall continue to be considered an active participant in the Retirement System of Alabama throughout such service.

7. **Paid Living Donor Leave:** Supports eligible employees who volunteer as living organ or bone marrow donors. To be eligible for this benefit, residents/fellows must be eligible for Family Medical Leave (1 year of service and 1,250 hours worked in the last 12 months). Paid Living Donor Leave offers the following:
- Up to 4 work weeks of paid time off for living organ donors
 - Up to 1 work week of paid time off for bone marrow donors
 - Any additional leave requires the use of benefit time

SECTION V - RESIDENT/FELLOW RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

- A. Compliance with Institutional Policies and Procedures:** All residents/fellows are subject to the personnel and administrative policies and procedures of the Hospital and the University of Alabama at Birmingham, except as specifically modified by the Dean's Council for Graduate Medical Education. A resident/fellow's appointment is contingent upon compliance with said policies. All Hospital standards and policies are available through the SPP-SCR Website at <https://scr.hs.uab.edu/>. In addition, the University of Alabama at Birmingham's Sexual Harassment Policy and The University of Alabama School of Medicine Harassment Policy are also provided in Appendix 6 of this manual. All residents/fellows are provided with a copy of the Graduate Medical Education Policies and Procedures manual and are expected to read and become familiar with said policies.

As a condition of promotion/advancement, the resident/fellow is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, Joint Commission education, etc.).

- B. Hospital Orientation for New Residents/Fellows:** The orientation session for new residents/fellows is designed to facilitate each resident/fellow's entry into the UAB system, provide education on policies and procedures, and expedite the completion of all required paperwork. Newly-appointed residents/fellows are expected to attend orientation if at all possible. Residents/Fellows unable to attend orientation are required to report to the Graduate Medical Education Department for processing and instructions for completion of the required paperwork.
- C. Contract with the University of Alabama Hospital (Resident/Fellow Agreement):** An "Initial Resident/fellow Agreement" must be completed for all residents/fellows upon entry into a residency program and a "Resident/Fellow Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident/fellow, program director, and the DIO and the original agreements maintained as a part of the Hospital's permanent records.
- D. Physical Examination:** All newly-appointed residents/fellows must undergo a pre-employment physical examination; Residents/Fellows who fail to complete their physical examination within 30 days of the date of employment are subject to suspension. Residents/Fellows should contact Employee Health at (205) 934-3675 to schedule an appointment to have a TB skin test, a urine drug screen, a urine test for nicotine use, and screening for childhood diseases. Reports from examinations conducted by private physicians or at other facilities are not acceptable.
- 1. Tuberculosis Testing:** All residents/fellows are required to have tuberculosis screening, performed initially during the pre-employment physical and annually thereafter by Employee Health, located in Room SW123, Spain Wallace. Additional information on testing may be obtained from Employee Health at (205) 934-3675.
 - 2. Immunization for Hepatitis-B and Childhood Diseases:** Newly-appointed residents/fellows are screened for the need for immunization for hepatitis-B and childhood diseases as a part of the pre-employment physical. Immunizations are provided at no cost to the resident/fellow by Employee Health. Additional information may be obtained from Employee Health at (205) 934-3675.
- E. Tobacco-Free Hiring Policy:** UAB Medicine has a Tobacco-Free Hiring Policy. All newly appointed residents/fellows will be tested for nicotine use as part of the pre-employment drug screening. Any resident/fellow that tests positive for nicotine use will not be hired.
- F. Background Checks** are performed during the orientation process for new residents/fellows.
- G. Advanced Life Support and Basic Life Support Certification:** Residents/fellows are required to maintain certification in life support procedures appropriate for their specialty (Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS) and/or Neonatal Resuscitation Program (NRP) and Basic Life Support (BLS) throughout residency training. Courses for residents/fellows new to UAB are offered in June of each year, and courses are offered throughout the year for residents/fellows requiring recertification. There are two parts of recertification; a didactic portion and skills assessment. Current GME residents/fellows requiring recertification will be assigned a month prior to expiration a learning module in healthstream and will be asked to complete the

skills assessment through the UAB Office of Interprofessional Simulation For Innovative Clinical Practice located in Jefferson Tower Procedural Skills Lab, 2nd Floor. The Sim Lab is open 24/7 and residents/fellows will need their UAB ID badge to access the simulation. Further information may be obtained by contacting the Graduate Medical Education Department at (205) 934-4793.

- H. **Identification Badge:** Newly-appointed residents/fellows must report to HRM/Hospital Support Services to obtain an identification badge bearing their picture. This identification badge should be worn at all times while in the Hospital. A \$10.00 replacement fee is charged for replacement badges. Identification badges must be returned upon completion of residency training or termination of employment at the Hospital. HRM/Hospital Support Services is located in the Russell Wing, Room 165, and telephone (205) 934-2097. Office hours are 8:30 a.m. - 5:00 p.m., Monday through Friday.
- I. **Patient Information and Clinical Tasks System (IMPACT) Training:** Residents/Fellows are required to complete a training course prior to being issued access numbers for the IMPACT system. Courses are offered during orientation and throughout the year. Additional information can be obtained by contacting the IMPACT Scheduling Coordinator at (205) 934-1332, Room 270, General Services Building.
- J. **Professional Liability Insurance:** Newly-appointed residents/fellows must complete an application for professional liability (malpractice) insurance through the UAB Professional Liability Trust Fund (see Section IV.F.). The completed application must be forwarded to the Graduate Medical Education Department for processing. Application forms and forms to process changes are available in the Graduate Medical Education Department, Jefferson Tower, J136.
- K. **United States Medical Licensing Examinations (USMLE)**
 - 1. **USMLE Step 2:** All residents/fellows with M.D. degrees, regardless of postgraduate year, must possess a passing score for both Clinical Skills and Knowledge parts of Step 2 by completion of the third month after entering residency training at UAB. For example, if a residents/fellow begins the PG year on July 1st, the deadline for successful completion of the exam is September 30th of the same year.
 - 2. **USMLE Step 3:** All residents/fellows with M.D. degrees must possess a passing score for the USMLE Step 3 by completion of the sixth month of postgraduate year two. The first attempt at the exam must occur before the end of the PGY1 year. Notwithstanding the foregoing, if a resident/fellow transfers to UAB from a non-UAB program after PG year two, the resident/fellow must possess a passing score for USMLE Step 3 by completion of the sixth month after their transfer to UAB. (For example, if a resident/fellow begins the postgraduate year two on July 1st, the deadline for successful completion of the exam is December 31st of the same year.)
- L. **Comprehensive Osteopathic Medical Licensing Examination (COMLEX)**
 - 1. **COMLEX Level 2:** All residents/fellows with D.O. degrees, regardless of postgraduate year, must possess a passing score for both the Performance Evaluation and the Computerized Cognitive Evaluation parts of the COMLEX Level 2 by completion of the third month after entering residency training at UAB.
 - 2. **COMLEX Level 3:** All residents/fellows with D.O. degrees must possess a passing score for the COMLEX Level 3 by completion of the sixth month of postgraduate year two. Notwithstanding the foregoing, if a resident/fellow transfers to UAB from a non-UAB program after postgraduate year two, the resident/fellow must possess a passing score for COMLEX Level 3 by completion of the sixth month after their transfer to UAB. (For example, if a resident/fellow begins the postgraduate year two on July 1st, the deadline for successful completion of the exam is December 31st of the same year.)
- M. **Licensure:** All residents/fellows (graduates of American and international medical schools) must apply for and obtain an unrestricted Alabama license to practice medicine when they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners. In addition, residents/fellows who are graduates of international medical schools must apply for and obtain a limited Alabama license no later than 18 months from the start of postgraduate training (PGY 1) and this limited license must be maintained until an unrestricted Alabama license is obtained, or they complete the program, whichever occurs first.

All residents/fellows will be required to demonstrate to the Graduate Medical Education Department that they have obtained and maintained a medical license (unrestricted and/or limited) with the Alabama Board of Medical Examiners, after meeting eligibility requirements, but, in no event later than 18 months from the start of their postgraduate training. A copy of the resident/fellow's current unrestricted and /or limited medical license must be submitted to the Graduate Medical Education Department on an annual basis at the time the resident/fellow's contract is renewed for each academic year.

Failure to meet any of these licensing requirements will result in the resident/fellow being placed on administrative probation. Should the resident/fellow fail to meet the terms of the probation period, the resident/fellow's appointment will be revoked. Application forms for licensure may be obtained by contacting:

Alabama Board of Medical Examiners
Medical Licensure Commission
P. O. Box 946
Montgomery, AL 36101
(848 Washington Avenue, Montgomery, AL 36104)
Telephone: (800) 227-2606

N. Alabama Controlled Substances Certificate/DEA Number:

An Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) number is required in order for physicians to write inpatient or outpatient prescriptions for controlled substances. Residents/fellows may rely on the Hospital's institutional DEA number (with a unique suffix assigned to each resident/fellow) for the first 18 months of residency training, but not thereafter.

In clinical training programs where controlled substance are prescribed, each resident/fellow must register with the Drug Enforcement Administration (DEA) and obtain an individual DEA number and with the Alabama Board of Medical Examiners for an Alabama Controlled Substances Certificate (ACSC) when they obtain their Alabama license, but on no event, later than 18 months from the start of their postgraduate training. A copy of the DEA number and ACSC should be sent to the Graduate Medical Education Department. Registration forms for the Alabama Controlled Substances Certificate are included with application materials for licensure, and information on federal DEA registration is found at: <https://www.deadiversion.usdoj.gov/>

Residents/Fellows in a training program where controlled substances are not prescribed are not required to obtain a DEA number or ACSC. Residents/fellows in these programs cannot use another physician's DEA number or ACSC.

A list of residency training programs in which controlled substances are prescribed can be found in Appendix 4.

Failure to meet any of these requirements will result in the resident/fellow being placed on administrative probation. Should the resident/fellow fail to meet the terms of the probation period, the resident/fellow's appointment will be revoked.

Note: If you will utilize your personal DEA number only within the scope of your training program and **will not utilize it for external moonlighting purposes**, you are eligible for a fee exemption for your DEA registration. To request approval for fee exemption, complete and sign the form "Request for Fee Exemption-DEA Registration" and submit it to your Program Director, Department Chair and DIO for approval. Please contact the GME Office for additional information on this process.

O. Moonlighting: Specific policies concerning moonlighting may vary from program to program, and residents/fellows may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs. The following policies apply to moonlighting by residents/fellows in all programs:

1. Residents/Fellows cannot be required to engage in moonlighting activities.
2. PGY-1 residents are not permitted to moonlight.

3. J-1 visa holders are not permitted to moonlight.
4. Any resident/fellow engaged in moonlighting must notify the Program Director of such desired activities and receive approval. The Program Director must acknowledge in writing or electronically that she/he is aware that a resident/fellow is moonlighting and their approval of such activities. This information must be maintained in the resident/fellow's MedHub file.

The GME Moonlighting Policy is in Section VIII.L of this manual and contains detailed information on requirements and specific instructions on how to complete a request to obtain approval to moonlight.

P. Participation in Educational and Professional Activities: The Hospital and its sponsored programs are committed to providing an educational and scholarly environment for the conduct of graduate medical education, which facilitates each resident/fellow's professional and personal development. Each program is required to define, in accordance with the Program Requirements established for the discipline, the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents/fellows to demonstrate the following:

1. Patient care that is compassionate, appropriate, 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 and the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

In addition, residents/fellows are expected to:

1. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
2. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents/fellows and students;
3. Participate in appropriate institutional committees and councils whose actions affect their education and/or patient care;
4. Participate in an educational program regarding physician impairment, including substance abuse.
5. Submit to the program director or the designated institutional official at least annually confidential written evaluations of the faculty and of the educational experience.

SECTION VI: 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, on-call quarters, exercise facilities, dining room, lounge, 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 at these facilities. Residents/Fellows must present their UAB I.D. badge to receive this discount. Additionally, there is Au Bon Pain and a Starbucks in the North Pavilion as well as a Subway 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://www.uab.edu/medicine/home/residents/fellows-fellows/current>

Between the hours of 5:00 pm and 6:00 am, food will be available for residents/fellows on call in the West Pavilion Camellia Pavilion (WP 990 Physician Dining Room).

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

1. Counseling Services: 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.

2. Physician Development Office (PDO) exists in the UAB Health System to provide comprehensive physician health services for physician faculty, residents/fellows and medical students. In addition to prevention and education services, the PDO assists with treatment planning, return to work issues, and monitoring for physicians needing continuing care. Some common reasons residents/fellows visit the PDO are: stress management, depression, anxiety, burnout, family and relationship issues, communication difficulties, substance abuse issues, and career/academic concerns. The office is located in the John N. Whitaker Building, 500 22nd Street South, Suite 504-A. The phone number is (205) 731-9799.

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/residents-fellows/current>, 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. **STARS/TrendTracker:** STARS/TrendTracker 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 DCGME 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 \$30 per month (or, \$360 per year). Discounts are available for limited access a t\$18 per month for either Early Bird Hours (Monday-Friday 5 – 8 a.m., 10 a.m. – 1 p.m., unlimited weekends) or Night Owl Hours (Monday – Friday 8-11 a.m., 8-11 p.m., unlimited weekends) 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.
- E. **International Scholar and Student Services:** International residents/fellows who desire or need assistance with the process of entry into American society 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 extension (205) 934-1252.
- F. **Jefferson County Medical Society Alliance:** The Jefferson County Medical Society Alliance is a group of physician spouses whose goals are educational and charitable. The group promotes health education, encourages participation in the AAMA (National) and AMASA (State) programs and support health-related charitable endeavors. To learn more about this group, contact Chair, Mary Beth Lloyd by email at mbllloyd85@yahoo.com or phone at 205-595-6793.
- G. **Loan Deferments:** The GME Office is available to assist residents/fellows in completing the necessary paperwork for loan deferments.
- H. **Medical Libraries:** UAB Libraries provides comprehensive collections of print and electronic resources to support research, education and patient care to all UAB residents/fellows regardless of location. Library faculty provide a variety of support with resources and services and can visit your location on-campus or at off-campus sites. Lister Hill Library at University Hospital (LHL@UH), located in Room P235 of the West Pavilion, provides residents/fellows with access to librarians, computers, and a broad variety of reference material in print or electronic format in a location convenient to patient care areas. The library is open and staffed Monday through Friday, 7:30 a.m. to 6:00 p.m. A librarian is available Monday through Friday 7:30 a.m. to 5:00 p.m. Residents/fellows may access LHL@UH 24 hours a day by using

their ID badge, upon application with the library. The main Lister Hill Library is located at 1700 8th Avenue South and is available to residents/fellows Monday through Thursday, 7:00 a.m. to 11:00 p.m., Friday from 7:00 a.m. to 7:00 p.m., Saturday, 9:30 a.m. to 5:00 p.m. and Sunday, 12:00 Noon to 10:00 p.m. Electronic point of care tools provided by the library can be accessed at <http://www.uab.edu/lister/>; off-campus access requires the use of a Blazer ID and password Wolters Kluwer's Up to Date 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.

I. Needle Stick Response Team:

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. Notify the immediate **Supervisor** and call **UAB Employee Health** for specific instructions at **934-3675 Mon.-Fri. 7am-4:30pm (closed 12pm – 1 pm for lunch)** or **934-3411** for the “**Needle Stick Team**” member on-call during lunch, after hours, holidays or weekends
2. Identify the source of the exposure
3. If the source of exposure is from a patient, get the patient's name, MR# and send a **STAT Needle Stick Profile (2 Corvacs)** to the main lab. Order labs using the NSPF Powerplan in Power chart (**only for source patients involved in an exposure**)
4. **Employee labs should only be drawn in Employee Health if indicated**
5. Complete a Trend Tracker Report <https://riskmgt.hs.uab.edu/>
6. Go to Employee Health 1st floor Spain Wallace S123 to complete an exposure report. Do not go to the Emergency Department or The Workplace. Going to the Emergency Department will result in hospital and physician bills for the employee (which is ultimately paid by the hospital and thereby incurring additional and unnecessary expenses).
7. Residents/Fellows that sustain an injury that requires medical care should go to The Workplace (located at UAB Highlands) during their operating hours Mon. – Fri.; 7:30 a. - 4:30 pm. If an injury occurs after hours, weekends, or holidays, go to either UAB Urgent Care or the Emergency Department.

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

1. Complete an incident report at both facilities.
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 **934-3675 Mon.-Fri. 7am-4:30pm**. UAB Employee Health will provide long-term follow-up care at no charge

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

K. On-Call Quarters: The Hospital provides on-call quarters 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, the names and key numbers of individuals to whom keys have been issued.

1. Any program requiring additional on-call rooms should direct a request to the Graduate Medical Education Department. Residency 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.
 2. 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.
 3. 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.
 4. Repairs or maintenance work needed in the on-call quarters should be reported to the Graduate Medical Education Department.
 5. On completion of residency training, or change in program, residents/fellows must return to the program coordinator any keys issued to on-call rooms.
- 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 \$50.00 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:
1. **Help Telephones:** There are 200 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.
 2. **Campus Escort Service:** An after dark escort service is available and can be requested by calling 934-8772. 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.
 3. **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
 4. **B-ALERT Emergency Management:** Sign up at uab.edu/balert for alerts from UAB Emergency Management Team.
 5. **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/>.
 6. **Uber to 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:** Any resident/fellow that is too fatigued to safely return home after clinical and educational work should contact the Graduate Medical Education Department at 934-4793. A taxi service will be provided to take the resident/fellow home and return to the hospital if needed. The Graduate Medical Education Department is open Monday – Friday from 8:00 a.m. – 5 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 16th floor of Jefferson Tower for residents/fellows that choose to rest in the hospital prior to returning home.

Q. Uniforms:

1. **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.
2. **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. Residents/Fellows who lose or misplace scrubs may purchase replacements from the Hospital Support Services/Hospital Uniforms department at Hospital cost.

SECTION VII - 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 program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. In addition to any specialty-specific requirements outlined in the relevant Program Requirements, all program directors must possess the following qualifications:

1. Member in good standing of the medical staff of the Hospital,
2. Appointment to the teaching faculty of the UASOM,
3. Requisite specialty expertise as well as documented educational and administrative abilities and experience in his/her field acceptable to the Residency Review Committee,
4. Certified in the specialty by the applicable American Board of Medical Specialties (ABMS) or possess specialty qualifications judged to be acceptable by the Residency Review Committee, and
5. Current medical licensure

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:

1. Overseeing and ensuring the quality of didactic and clinical education in all sites that participate in the program,
2. Approving the selection of the faculty and other program personnel at each participating site; approving a local site director at each participating site who is accountable for resident/fellow

- education; evaluating program faculty and approve the continued participation based on evaluation,
3. Preparing an accurate statistical and narrative description of the program as requested by the Residency Review Committee,
 4. Completing annual updates of the program and resident/fellow records through the ACGME Accreditation Data System (ADS),
 5. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair,
 6. Ensuring 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,
 7. Monitoring resident/fellow stress, fatigue, sleep deprivation, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,
 - a) The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows.
 - b) Situations that demand excessive service or that consistently produce undesirable stress on residents/fellows must be evaluated and modified.
 - c) 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.
 8. Obtaining prior approval of the DCGME 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. See Section II of the Common Program Requirements,
 9. Developing and implementing the academic and clinical program of resident/fellow education by preparing and implementing a written statement outlining the 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,
 - a) The statement of educational goals and objectives must be distributed to residents/fellows and faculty.
 - b) The statement of educational goals and objectives must be reviewed with residents/fellows prior to the assignment.
 10. Providing residents/fellows with direct experience in progressive responsibility for patient management.
 11. Preparing and implementing 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.
 12. Ensuring 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.
 13. Establishing and maintaining 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 IV.B in the Common Program Requirements and Program Requirements.
 14. 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.

15. Developing and implementing policies and procedures for resident/fellow supervision at all participating institutions that are in compliance with Section II.A.4 and VI.D of the Common Program Requirements, relevant Program Requirements, and policies and procedures of the sponsoring and participating institutions.
16. Developing and implementing formal written policies and procedures governing resident/fellow **clinical and educational workhours** that are in compliance with Sections II and VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
17. Developing and implementing policies and procedures for the evaluation of residents/fellows, faculty, and the program that are in compliance with Sections II and V of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
18. Developing and implementing policies and procedures for the learning and work environment that are in compliance with Sections II and VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures (see Section VIII – Resident/fellow Work Environment).
19. Developing and implementing policies and procedures for transitions of care that is in compliance with Section VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
20. Preparing the Annual Program Evaluation.
21. Preparing information from their program for the CLER Dashboard.

B. TEACHING FACULTY

The teaching faculty of the program is appointed on recommendation of the program director, division director and departmental Chair, with approval of the Dean of the University of Alabama School of Medicine or Dentistry, and Hospital Executive Committee. The teaching faculty should include members of the medical staff at each hospital participating in the educational activities of the program. At each institution, there must be a sufficient number of faculty with documented qualifications to instruct and adequately supervise all residents/fellows in the program. In addition to any requirements outlined in the relevant Program Requirements, all teaching faculty should possess the following qualifications:

1. Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
2. Certification in the specialty by the applicable American Board of Medical Specialties (ABMS) or possess qualifications judged by the RRC to be acceptable,
3. Member of the medical staff in good standing at an institution participating in the program,
4. Non-physician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
5. 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 demonstrate a strong interest in the education of residents/fellows, 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.

C. 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 that is compassionate, appropriate, 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 and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, 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.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

D. 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. 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.

SECTION VIII - RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

The Sponsoring Institution and its program directors are responsible for ensuring that residents/fellows are provided with a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate.

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. PROFESSIONALISM

Along with the Sponsoring Institution, the program director is responsible for:

1. Educating residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
 - (a) The Dean's Council for GME provides mandatory resident education annually. As a part of this education, there is a video and learning module on Medical Professionalism for Housestaff.
2. Promoting patient safety and resident/fellow well-being in a supportive educational environment.
3. Ensuring residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Structuring the learning objectives of the program to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and accomplished without excessive reliance on residents/fellows to fulfill non-physician obligations, and ensure manageable patient care responsibilities.
5. Providing a culture of professionalism that supports patient safety and personal responsibility.
6. Providing a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty and staff. A process should be in place for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.
 - (a) Students, residents/fellows, faculty, and staff may reporting concerns confidentially, by completing the "Report It" form located on the GME Website at: <https://www.uab.edu/medicine/home/residents/fellows-fellows/current> or by calling the GME Hotline at: 934-5025.
 - (b) The clinical working and learning environment is monitored through the annual GME Work Environment Survey and the ACGME Resident Survey.
7. Residents/fellows and faculty members must demonstrate an understanding of their personal role in the following:
 - a) Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events
 - b) Provision of patient- and family-centered care
 - c) Assurance of their fitness for work
 - d) Management of their time before, during, and after clinical assignments

- e) Recognition of impairment, including illness, fatigue, and substance abuse in themselves, their peers, and other members of the health care team
- f) Commitment to lifelong learning
- g) The monitoring of their patient care performance improvement indicators
- h) Reporting of clinical and educational work hours, patient outcomes and clinical experience data
- i) Demonstrate responsiveness to patient needs that supersedes self-interests. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Additionally, the Sponsoring Institution must provide systems for education in and monitoring of professional responsibilities including scholarly pursuits and accurate completion of required documentation by residents/fellows.

1. Education of Scholarly Pursuits

- (a) Education is available through UAB Center for Clinical and Transitional Science (CCTS). For more information on support and services offered, CCTS can be contacted at ccts@uab.edu or 205-934-7442.

2. Monitoring of Scholarly Pursuits

- (a) The Dean's Council for GME monitors scholarly pursuits by review of ADS data, program citations and areas for improvement issues on accreditation letters.

3. Education of Required Documentation by Residents/Fellows

- (a) The Dean's Council for GME provides mandatory resident education annually. As a part of this education, there is a video and learning module on Compliance.

4. Monitoring of Required Documentation by Residents/Fellows

- (a) The GME Office in partnership with the programs monitor resident administrative tasks.
- (b) Hospital Medical Records monitors resident's dictations and notifies faculty through the HIM Committee when appropriate.

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.

This responsibility must include:

- 1. Protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- 2. Attention to scheduling, work intensity, and work compression that impacts resident well-being;

3. Evaluating workplace safety data and addressing the safety of the residents/fellows and faculty members;
4. Policies that encourage optimal resident and faculty member well-being; including residents/fellows must be given an opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
5. Educating faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions and education to recognize those symptoms in themselves and how to seek appropriate care.
 - a. The Dean's Council for GME provides mandatory resident education annually. As a part of this education, there is a video and learning module on burnout, depression and substance abuse, including resources provided by the Professional Development Office. Encourage residents/fellows and faculty members to alert the program director or other designated personnel when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
 - b. Provide access to appropriate tools for self-screening; and,

Resource and self-screening tools are available on the GME Website:
<https://www.uab.edu/medicine/home/residents-fellows/current/wellness>
 - c. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
6. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.

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.
3. Patient Safety Events
 - a) Residents/Fellows, faculty members, and other clinical staff members must:
 - i. Know their responsibilities in reporting patient safety events at the clinical site
 - ii. Know how to report patient safety events, including near misses, at the clinical site
 - iii. Be provided with summary information of their institution's patient safety reports

- b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.
- 4. Resident Education and Experience in Disclosure of Adverse Events
 - a) All residents/fellows must receive training in how to disclose adverse events to patients and families
 - b) Residents/Fellows should have the opportunity to participate in the disclosure of patient events, real or simulated.
- 5. Education in Quality Improvement
 - a) Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

All trainees 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 or complete the Institute for Healthcare Improvement modules on Patient Safety and Improvement Capability (thirteen modules). Program Directors can submit other modules or courses to be vetted by the Dean's Council Patient Safety Subcommittee. Programs of one year in length are exempted from this requirement, although enrollment is still encouraged.

- 6. Quality Metrics
 - a) Residents/Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
- 7. Engagement in Quality Improvement Activities
 - a) Residents/Fellows must have the opportunity to participate in interprofessional quality improvement activities.
 - i. They should include activities aimed at reducing health care disparities.

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.

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

Purpose:

This policy will establish the minimum requirements for resident/fellow supervision in teaching hospitals in the University of Alabama Health System and its teaching affiliates. Each of our teaching hospitals, as well as training programs, might have additional requirements that each trainee (resident or fellow) will follow.

Attending Responsibilities:

Residents are supervised by the assigned service attending. During evaluation of patients, supervision can be direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. During performance of bedside procedures supervision is direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. The attending physician reviews the

evaluation and plan with the resident. The attending physician oversees all clinical decisions, is available for the performance of the procedure to ensure patient safety and an optimal educational experience.

Resident/Fellow Responsibilities (for being supervised):

Residents are responsible for evaluation of the patients at the University Hospital, discussion of the patient with the responsible attending physician, contributing to development of the plan, and participating in the bedside procedures. As residents increase in experience they will have increased autonomy and need less assistance in performing bedside procedures, and contribute more significantly to development of the plans. In all situations, the attending physician is responsible for all patient care decisions and will be immediately available to the resident.

Scope:

The following policy applies to all programs and residents/fellows.

Definitions:

1. Resident: a professional post-graduate trainee in a core program (i.e. Pediatrics, General Surgery) or an independent program (i.e. Neurosurgery).
2. Fellow: a professional post-graduate trainee that has completed required training in a core program or independent program and now pursues additional training in a subspecialty (i.e. cardiology, adolescent medicine, forensic pathology).
3. Faculty Attending: the immediate supervisor of a resident/fellow or a fellow who is duly credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising

Policy:

1. The program director must ensure that the teaching staff at all participating institutions and clinical sites provide appropriate supervision of residents/fellows that is consistent with proper patient care and the educational needs of the residents/fellows.
 - a) Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable RRC) who is ultimately responsible for that patient's care at all clinical sites utilized for the education of residents/fellows.
 - i) This information should be available to residents/fellows, faculty members, other members of the health care team, and patients
 - ii) Residents/fellows and faculty members should inform patients of their respective roles in each patient's care
 - b) Faculty attending and call schedules must be structured to provide residents/fellows with continuous supervision and consultation.
 - c) Residents/Fellows and other health care personnel must be provided with rapid, reliable systems for communicating with supervising faculty.
2. To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must define the levels of supervision that is in accordance with the RRC and use the following classification of supervision:
 - a) **Direct Supervision** (Level 1) – the supervising physician is physically present with the resident/fellow while providing patient care
 - b) **Indirect Supervision with direct supervision immediately available** (Level 2) – the supervising physician is physically within the hospital or juxtaposed site of patient care (North Pavilion, West Pavilion, Spain Wallace, Women and Infants Center, VAMC) and is immediately available to provide Direct Supervision
 - c) **Indirect Supervision with direct supervision available** (Level 3) – the supervising physician is not physically present within the hospital or other site of patient care but is

- immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision
- d) **Oversight** (Level 4) – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered
3. Residents/Fellows must be supervised by teaching staff in such a way that the residents/fellows assume progressively increasing responsibility according to their level of education, ability and experience. The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.
- a) The program director is responsible for defining the levels of responsibilities for each year of training through written descriptions of the types of clinical activities residents/fellows may perform and/or teach.
- b) The level of responsibility granted to a resident/fellow is determined by the program director and/or supervising teaching faculty and must be based on documented evaluation of the resident/fellow's clinical experience, judgment, knowledge, technical skill and the needs of the patient.
- c) Senior residents or fellows should serve in a supervisory role of junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow or fellow.
- d) The program director must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members (escalation of care policy).
- e) Residents/Fellows must be aware of their limitations and may not attempt to provide clinical services or perform procedures for which they are not trained.
- f) PGY-1 residents should be supervised at all times either directly (Level 1) or indirectly with direct supervision immediately available. Each Review Committee will describe the achieved competencies under which PGY-1 residents/fellows progress to be supervised indirectly with direct supervision available.
4. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility. The program director is responsible for ensuring that all teaching faculty and residents/fellows are educated to recognize the signs of fatigue and for implementing policies and procedures to prevent and counteract the potential negative effects.
- a) Faculty members and residents/fellows must be educated to recognize the signs of fatigue and sleep deprivation; alertness management and fatigue mitigation processes; and to 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.
- b) A process must be developed to ensure continuity of patient care in the event that a resident/fellow may be unable to perform his/her patient care duties.
5. Each training program will submit their supervision guidelines detailing level of supervision by service and level of training to the GME Office.

Example: (Internal Medicine Core Program) Inpatient Rotations

| | PGY-1 | PGY-2 / PGY-3/ PGY-4 |
|--|--|---|
| Cardiology Service University Hospital | Level 1 or 2*: PGY-2 / PGY-3 (in house) Level 3: fellow and attending Level 4: attending | Level 3: fellow and attending Level 4: attending |
| General Medicine Service VA Hospital | Level 2: PGY-2 / PGY-3 (in house) Level 4: attending | Level 4: attending |
| VA ICU | N / A | Level 3: fellow and attending Level 4: attending |

Outpatient Rotations

| | PGY-1 | PGY-2 / PGY-3 / PGY-4 |
|----------------------------|--|-----------------------|
| Birmingham VAMC Red Clinic | Level 1: first 6 months Level 2: after first 6 months of training | Level 2: attending |
| TKC IM IV | Level 1: first 6 months Level 2: after first 6 months of training | Level 2: attending |
| Subspecialty Clinics | Level 2: attending | Level 2: attending |

E. ATTENDING NOTIFICATION POLICY**Purpose:**

To provide minimal standards to guide residents and fellows with a set of clinical conditions that requires immediate attending notification.

Scope:

The following policy applies to all programs and residents/fellows.

Policy:

Each training program will provide their policy to the GME Office on their staff attending notification (escalation) that contains minimal circumstances in which the attending must be notified. The policy must contain the following minimal elements.

1. Escalation of Care:

Any urgent patient situation should be discussed immediately with the supervising attending. This includes:

- In case of patient death
- Any time there is unexpected deterioration in patient's medical condition
- Patient is in need of invasive operative procedures
- Instances where patient's code status is in question and faculty intervention is needed
- A patient is transferred to or from a more acute care setting (floor to ICU and vice versa)
- A patient's condition changes requiring MET/CHAT team activation
- Any other clinical concern whereby the intern or the resident feels uncertain of the appropriate clinical plan

2. Timeliness of Attending Notification:

It is expected that the resident will notify the attending as soon as possible after an incident has occurred. Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If despite the best efforts, the resident cannot reach the assigned attending, then they should notify the program director, medical director of the service or the chair of the department for guidance.

F. BEDSIDE PROCEDURES

Purpose:

The purpose of this policy is to provide guidance for residents and fellows on when to notify the attending or higher supervisor/trainee when performing bedside invasive procedures.

Scope:

This policy applies to all bedside procedures performed by GME trainees on patients seen at University Hospital. Surgical procedures performed by GME trainees on patients in the operating rooms are not covered by this policy as there are already policies covering these situations.

Bed Side Procedures and Level of Training:

PGY 1 Resident:

Direct supervision by upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated in established quantity, this number can vary by training program.

PGY 2 and Higher Resident:

Direct supervision by peer upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated in established quantity, this number can vary by training program.

Policy:

Performance of Procedure:

1. It is the policy of University Hospital that all GME PGY1 trainees performing a bedside procedure discuss the clinical appropriateness of the procedure with the senior resident, fellow or attending. PGY2 and higher GME trainees should discuss the clinical appropriateness of a bedside procedure with the fellow or attending as needed.
2. The attending physician is responsible for determining the appropriate level of supervision required for performing a bedside procedure, the appropriate indication for the procedures, discussion of risk-benefit with residents and patients (as necessary), assessing the risk of the procedure, determining the qualification of the resident performing the procedure and providing adequate support to the trainee performing the procedure.
3. It is expected that a resident shall inform the faculty member or upper level resident when he/she does not feel capable of performing a bedside procedure.

4. The resident performing a procedure should make sure that there is adequate backup (such as senior resident, fellow, attending, interventional services, surgical services) before performing the procedure.
5. The resident should attempt the procedure no more than three times before stopping and re-evaluating the clinical situation and asking for a senior resident, fellow, attending, interventional service, or surgical service to take over the performance of the procedure.
6. The resident should call the senior resident, fellow or the attending if he/she has attempted the procedure three times unsuccessfully before attempting the procedure again.
7. The procedure should be aborted and alternate plans discussed with the attending when the risk of the procedure including discomfort to the patient outweighs the benefit of repeated attempts beyond three.
8. In case of emergency, greater than three attempts can be made but should be justified with clear documentation of the need to do so in the procedure note.

G. CLINICAL RESPONSIBILITIES, TEAMWORK AND TRANSITIONS OF CARE

1. Clinical Responsibilities

The clinical responsibilities of each resident must be based on PGY level, patient safety, resident 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. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.

3. Transitions of Care

Purpose:

A responsibility of the Institution that sponsors Graduate Medical Education in partnership with its programs is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (Common Program Requirement VI.B.2). The ACGME has charged the institution and the programs with designing clinical assignments to optimize the transitions in patient care, including their safety, frequency, and structure (CPR VI.E.3), ensuring that residents/fellows are competent in communicating with team members in the hand-over process (CPR VI.E.3.d), and maintaining and communicating schedules of attending physicians and residents/fellows currently responsible for each patient's care (CPR VI.E.3.d).

Each program must ensure continuity of patient care, consistent with the program's policies and procedures in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

Scope:

This policy applies to all graduate medical education training programs sponsored by the University of Alabama Hospital

Definitions:

1. Transitions of care constitute the transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.

2. Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

The circumstances for transitions of care may include scheduled and unscheduled changes of assignments, at the conclusion and the commencement of assigned duty periods or call, when the patient is transferred to another site or another team of providers (e.g. transfer within in-patient settings and out-patient settings), and when it is in the best interest of the patient to transfer the care to another qualified or rested provider (e.g. clinical experience and education hours or fatigue).

Policy:

1. Each training program will be responsible for developing a formal policy for hand-offs and transitions of care. This policy must be distributed to all trainees and faculty.
2. Hand-off communication entails direct communication between the off-going provider / team member currently caring for the patient and the upcoming provider / team taking over the care of the patient; face-to-face and phone-to-phone are two such methods of direct communication. We strongly encourage residents/fellows and faculty to identify a quiet area to give report that is conducive to transferring information with few interruptions.
3. Off-going provider will have at hand any required supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy.
5. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed.
6. The patient will be informed of any transfer of care or responsibility, when possible.
7. The effectiveness of the program's hand-off process will be monitored through direct observation and multi-perspective surveys of resident/fellow performance. The program will review hand-off effectiveness at least annually during the annual program evaluation meeting.

Minimal Elements of a Template:

Each residency training program that provides in-patient care is responsible for creating a patient checklist template. At a minimum, key elements of this template should include, but are not limited to:

1. Patient information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
2. Current condition and care plan (pertinent diagnoses, diet, activity, planned operations, significant events during previous shift, current medications)
3. Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, changes in medication, overnight care issues, "to-do" list)
4. Contingency plans (if/then statements)
5. Synthesis of information ("read-back" by receiver to verify)
6. Opportunity to ask questions and review historical information
7. Name and contact number of responsible resident/fellow and attending physician

8. Name and contact number of resident/fellow/attending physician for back up

H. CLINICAL EXPERIENCE AND EDUCATION

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.

The following institutional policy applies to all programs and residents/fellows.

Purpose:

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of the Hospital as the Sponsoring Institution to provide residents/fellows with a sound academic and clinical education.

Scope:

UAB has developed the following Clinical Experience and Education Policies applicable to every resident/fellow in all GME training programs:

Definitions (from ACGME Glossary):

1. At-Home Call: Same as pager call or call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident/fellow's one free day per week (averaged over four weeks).
2. Continuous time clinical and educational work: The period that a resident/fellow or fellow is in the hospital (or other clinical care setting) continuously, counting the resident/fellow's (or fellow's) regular scheduled day, time on call, and the hours a resident/fellow (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.
3. Clinical work and educational hours: Clinical work and educational hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Clinical work and educational hours do not include reading and preparation time spent away from the clinical and educational site.
4. External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident/fellow is in training or at any of its related participating sites.
5. Fatigue management: Recognition by either a resident/fellow or supervisor of a level of resident/fellow fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.
6. In-House Call: Clinical work and education beyond the normal workday when residents/fellows are required to be immediately available in the assigned institution.
7. Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident/fellow is in training or at any of its related participating sites.
8. Night Float: Rotation or educational experience designed to either eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until

morning and do not have daytime assignments. Rotation must have an educational focus.

9. One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.
10. Scheduled clinical work and education period length: Assigned clinical and educational work within the institution encompassing hours, which may be within the normal workday, beyond the normal workday, or a combination of both.
11. Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Policy:

Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents/fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents/fellows' time and energies. Clinical work and education assignments must recognize that faculty and residents/fellows collectively have responsibility for the safety and welfare of patients. The ACGME common program requirements require the following:

Program Director Responsibilities:

The program director must implement policies and procedures consistent with the institutional and program requirements for resident/fellow clinical and educational work hours and the working environment, including moonlighting, and, to that end, must:

1. Be familiar with the ACGME and Review Committee policies as well as institutional policies and procedures governing clinical and educational work hours and the procedures for requesting exceptions.
2. Implement policies and procedures for clinical and educational work hours consistent with the institutional and program requirements for resident/ fellow clinical and educational work hours and the working environment, including moonlighting.
3. Distribute these policies and procedures to the residents/fellows and faculty; (CPR.II.A.4.j) (1)).
4. Monitor honest and accurate reporting of resident/fellow clinical and educational work hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with institutional and ACGME requirements (CPR.II.A.4.j) (2)).
5. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue; (CPR.II.A.4.j) (3)).
6. If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. (CPR.II.A.4.j)(4)).
7. Educate residents/fellows and faculty concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients
8. Encourage residents/fellows to use fatigue mitigation strategies in the context of patient care responsibilities.
9. Comply with any additional requirements as outlined in specialty specific program requirements.

Resident/Fellow Clinical Experience and Education: Programs, in partnership with the Sponsoring Institution, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

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

Clinical work done from home includes: using the electronic health record and taking calls

from home. It does not include reading done in preparation for the following day's cases, studying, and research done from home.

2. **Mandatory Time Free of Clinical Work and Education:** The program must design an effective program a structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities, for rest and personal well-being.
 - a) Residents should have eight hours off between scheduled clinical work and education periods.
 - b) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education, This must occur within the context of the 80-hour and one-day-off-in-seven requirements.
 - c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
3. **Maximum Clinical Work and Education Period Length:** Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
4. **Clinical and Educational Work Hour Exceptions:** In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.
5. **In-House Night Float:** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Programs should be familiar with specialty requirements of the maximum number of consecutive weeks of night float and maximum number of months of night float per year.
6. **Maximum In-House On-Call Frequency:** Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
7. **At-Home Call:** Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

(1) At-home call must not be so frequent of taxing as to preclude rest or reasonable personal time for each resident.

Clinical work done from home includes: using the electronic health record and taking calls from home. It does not include reading done in preparation for the following day's cases, studying, and research done from home.

I. **OVERSIGHT AND MONITORING OF CLINICAL EXPERIENCE AND EDUCATION AND THE WORK ENVIRONMENT**

Program Directors must be aware of resident/fellow clinical and educational work hours and must monitor appropriately to identify and mitigate fatigue during training. The review of clinical and educational work hours in the resident management system has demonstrated that some programs have consistently minimal violations or no violations at all.

1. **Clinical Experience and Education Monitoring**

The GME office requires program directors to submit data to monitor compliance. All residents/fellows in core and subspecialty programs are required to submit clinical and educational work hour data at least quarterly, in the months of August, November, February, and May for a consecutive four week period. clinical and educational work hours must be logged in MedHub.

a) Data Acquisition

- i. It is preferable for trainees to log hours in real time in MedHub (and not log at the end of a week or rotation).
- ii. Data acquisition should expand over a four-week period, a one-month period (28-31 days), or the duration of the rotation if it is shorter than four weeks.

2. **Alternate Reporting Procedure**

Programs unlikely to have clinical and educational work hour violations may request the Alternative Reporting Procedure for select rotations. The program must demonstrate that such rotations have consistently minimum violations, such that quarterly logging may be excessively burdensome (see below for requirements). The Dean's Council will consider an alternative reporting procedure that exempts programs from monitoring **approved rotations** during the quarterly reporting periods. For rotations approved for the Alternate Reporting Procedure, residents/fellows will log only one time a year, in February, for four consecutive weeks.

- a) Your program is not eligible for the Alternate Reporting Procedure and will be required to report clinical and educational work hours quarterly if any of the following apply:
 - i. If one of your program's components of the ACGME Resident Survey duty hour section scores are below 95%.
 - ii. Your program has any "New or Extended Citation(s)" or "Area(s) for Improvement/Concerning Trend" in the area of duty hours on the program's annual accreditation letter from the ACGME.
 - iii. A concern is raised through the confidential phone line or other confidential means for clinical and educational work hour violations, after internal investigation.
- b) To apply for the Alternative Reporting Procedure, your program must demonstrate 80% compliance rate of residents/fellows logging hours for the mandatory February reporting period. In addition, your program must provide proof that 1) exempt rotations average less than 70 hours of work per week, and 2) residents/fellows have an average one day off per week, when averaged over 4 weeks.
- c) A form (below) must be submitted to the GME Office by May 1st each year, indicating which rotation(s) will report standard quarterly clinical and educational work hour reporting, and which rotation(s) will only report one time a year in February for Dean's Council review. Data provided in the application for Alternate Reporting Procedure should be from the prior calendar year.

Tip: To gather data for the below table, you program should pull the "Duty Hours by Service Report" in MedHub.

Example of Form

Program Name: _____

- ☐ None, my program is not requesting alternate reporting and will report all rotations quarterly. You do not need to complete the table below.
- ☐ All, my program is requesting exemption for all rotations. All exempt rotations are listed below in table, along with the average hours worked per week and average number of days off per week.
- ☐ Some, my program is requesting exemption for some rotations. These rotations are listed below in the table. All other rotations will be reporting quarterly.

| Exempt Rotation Name per MedHub Schedule | Avg. Hours per week, inclusive of moonlighting | Avg. Days Off per week, averaged over 4 weeks |
|--|--|---|
| Research | 40 | 2 |
| Informatics | 38 | 2 |
| Consults | 45 | 2 |
| Forensics | 40 | 2 |

3. Moonlighting

In programs that allow any form of moonlighting, the trainee is required to report moonlighting hours in MedHub during the month moonlighting activity takes place (see moonlighting policy). The program also has the option to log the trainees' hours into MedHub on behalf of the resident/fellow.

4. Potential Issues

The Dean's Council will conduct an internal review of the program if any of the following situations arises: 1) a "New or Extended Citation" or "Area for Improvement/Concerning Trend" is issued on a program's annual accreditation letter from the ACGME in the area of duty hours, 2) the ACGME survey data suggests potential issues in the area of duty hours, or 3) a concern is raised through the confidential phone line or other confidential means. The DIO has the discretion to require trainees to submit duty hours into MedHub for three consecutive months following the potential issue, in addition to the quarterly reporting periods.

5. Program Director Authority

Program Directors have the authority to require more stringent clinical and educational work hour reporting by residents/fellows that better suit their program. For example, small programs with limited fellows and rotations may have an "at-risk" rotation that falls outside the quarterly review periods. The Program Director has the authority to require the residents/fellows to record clinical and educational work hours on that rotation (e.g. pediatric nephrology fellow rotating on MICU in April)

6. Resident/Fellow Reporting

Residents/Fellows may report violations of the 80-hour rule through procedures established by each program and/or by calling the Designated Institutional Official, UAB Hospital at 934-4793;

Director, Graduate Medical Education Department at 934-4793; the GME Residents/Fellows' Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education. Additional avenues of reporting provided by the Sponsoring Institution are the Corporate Compliance Office at 975-0585 and the Ethics Hotline 1-866-362-9476, or online www.uab.edu/ethics

7. The Dean's Council for Graduate Medical Education will evaluate each program's compliance and can request that the Program Director describe, develop and implement corrective action for any rotations exceeding the 80 hour rule, or otherwise identified as problematic.

J. REQUESTS FOR APPROVAL OF CLINICAL AND EDUCATIONAL WORK HOURS EXCEPTIONS

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. The program director must submit a written request to the Chair, DCGME, which contains the following information:

1. Educational Rationale: The duration of the exception and the service assignments, rotations, and/or level(s) of training for which the exception is requested should be identified. The request must be based on a sound educational rationale and described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program will be considered the exception, not the rule.
 - i) required case experiences
 - ii) reasonable efforts to limit activities that do not contribute to enhancing resident/fellow education have already been made
2. Patient Safety: A description of how the program and institution will monitor, evaluate, and ensure patient safety with extended resident/fellow work hours.
3. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. Call Schedules: Specific information regarding the resident/fellow call schedules during the times specified for the exception must be provided.
5. Faculty Monitoring: Evidence of faculty development/education activities regarding the effects of resident/fellow fatigue and sleep deprivation must be appended.
6. Current accreditation status of the program and of the sponsoring institution should be provided in the formal request.

The Dean's Council must review and formally endorse the request for an exception, as noted above. The signature of the DIO shall indicate the endorsement of the request.

K. FATIGUE MITIGATION

Programs must educate all faculty members and residents/fellows on the following:

- a) Recognize the signs of fatigue and sleep deprivation;
- b) Alertness management and fatigue mitigation processes
- c) Encourage residents/fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

In accordance to ACGME Common Program Requirement VI.D), the Hospital requires each training program to educate their trainees and faculty in fatigue recognition as well as fatigue mitigation. The following are minimal requirements:

- a) Attendance to trainees to Dean's Council sponsored lecture on fatigue recognition and mitigation. Exception can be granted to a training program if the program delivers a conference(s) on this topic area.
- b) Faculty awareness of fatigue recognition and mitigation. This can be accomplished by viewing of the Dean's Council lecture (available as a Power Point presentation) or an alternate suitable tool delivered by the training program.

Sponsoring Institution Resources:

For residents/fellows too fatigued or perceived to be too fatigued to drive back home safely after clinical and educational work, the GME office provides vouchers for free rides, from and to the hospital, 24 hours a day. During working hours please call the GME Office at 934-4793; on weekends and afterhours, please call Guest Services at 934-3422. Rooms for napping and rest are also offered and are located on the 16th floor of Jefferson Towers.

L. MOONLIGHTING

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

Background and Rationale:

The Dean's Council for Graduate Medical Education (DCGME) believes that graduate medical education should be a fulltime educational experience. Moonlighting activities should not distract trainees from their primary responsibilities including their own educational activities and the management of patients charged to their care. The DCGME believes that moonlighting by graduate medical trainees is generally inconsistent with the educational objectives of their training. In 2011 the ACGME Common Program Requirements (CPR) acknowledged the potential deleterious effects of moonlighting on training with the following statements:

- CPR VI.F.5.a) Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
- CPR VI.F.5.b) Time spent by residents/fellows in Internal and/or External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80 hour Maximum Weekly Limit.
- CPR VI.F.5.c) PGY1 residents are not permitted to moonlight.

General:

1. Each residency and fellowship training program must have a written policy on moonlighting that is approved by the DIO. This policy may include specific circumstances under which these activities are allowed and the procedure for requesting program director and DIO approval. The program's procedure must include a program specific moonlighting request form to become a part of the resident's file. Programs and departments may have policies that are more restrictive than the institutional policy including not allowing for moonlighting to occur.
2. Each department's policy regarding moonlighting activities must be well-publicized to its graduate medical trainees (e.g., handout materials; program portal).
3. Residents/fellows in Dermatology, Radiology, and Pathology programs, where controlled substances are not prescribed are not required to obtain a DEA number or ACSC if the moonlighting duties do not require prescribing controlled substances. These activities must be monitored by the Program Director to insure compliance. To ensure Program Director monitoring of this moonlighting activity, the Program Director must submit a memo to the GME Office of this approval.

4. The Program Director is responsible for monitoring fatigue on all graduate medical trainees participating in **all** moonlighting activities. The trainees' performance must be monitored for the effect of these activities and adverse effects may lead to withdrawal of permission.
5. Time spent by trainees in **moonlighting** must be counted towards the 80 hours Maximum Weekly Limit. All **moonlighting and work hours** must be recorded in the resident management system (MedHub). Moonlighting residents/fellows will be required to log **all** hours for the whole month, regardless if the program is monitoring clinical and educational work hours that month.
6. PGY-1 residents are not permitted to moonlight.
7. J-1 visa holders are not permitted to moonlight.
8. H-1B visa holders are permitted to moonlight only at locations identified to the Department of Labor during the H-1B petition process (see below).
9. Moonlighting outside of the state of Alabama is not permitted.
10. In view of the serious legal implications of graduate medical trainees engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain penalties or severe disciplinary action, including dismissal from the residency or fellowship training program. Specific penalties or disciplinary action will be determined by the appropriate Program Director or DIO.
11. It is the responsibility of the institution (or department if moonlighting and functioning under supervision) hiring the resident/fellow to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident/fellow has the appropriate training and skills to carry out assigned duties.
12. Graduate medical trainees and the hiring institution must be responsible for obtaining clinical privileges at the site where the moonlighting activity occurs.
13. In consideration of clinical and educational workhour restrictions, no graduate medical trainee assigned to an inpatient service requiring in-house overnight call (24 plus four hours of consecutive work) shall engage in any internal moonlighting activity.

International Medical Graduates:

All conditions and requirements included in Section VIII apply to international medical graduates. International medical graduates (as defined by ACGME) may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by U.S. Immigration authorities. The following differences between visas are important:

- a) **J-1 visa holders:** are not permitted to moonlight.
- b) **H-1B visa holders:** moonlighting activities are restricted to physical site(s) identified by the program during the H-1B process and covered by the Department of Labor document filed on behalf of the resident/fellow. For example, if an H-1B resident/fellow will work on-site at University Hospital, Children's Hospital, the VA, The Kirklin Clinic, Children's South, or any other physical location, all of those locations must be provided to the Office of International Student and Scholar Services at the time of preparing the H-1B petition.

Moonlighting and functioning as a licensed independent practitioner (not supervised):

Residents/Fellows participating in moonlighting activities independently must have an unrestricted full license to practice medicine in the State of Alabama, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number. The institutional DEA number cannot be used for moonlighting activities.

Moonlighting and functioning under supervision:

1. Residents/Fellows participating in moonlighting activities under attending supervision must have an unrestricted full license or limited license to practice medicine in the State of Alabama, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number. The institutional DEA number cannot be used for moonlighting activities.
2. At UAB Hospital, residents/fellows who are ineligible for an unrestricted full license in Alabama may moonlight with a limited license at UAB Hospital only when working within the scope of their training program and under attending supervision.
3. In programs located in Huntsville, Montgomery and Selma, residents who are ineligible for an unrestricted full license in Alabama may moonlight with a limited license at their home institution (Huntsville Hospital, Health Care Authority for Baptist Health, and Vaughan Regional Medical Center) only if working within the scope of their training program and under attending supervision.

Professional Liability Insurance:

Malpractice coverage by UAB's Professional Liability Trust Fund (PLTF) will be provided only for moonlighting activities performed at an institution that is a PLTF covered entity See Appendix 11. 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. See Section IV.F for additional information.

Moonlighting Request and Approval Procedure**Step 1. Obtain approval from Program Director and GME**

Note: Please do not start this process until all required license, ACSC and personal fee- paid DEA is obtained.

All residents/fellows who are seeking approval for participation in moonlighting activities must be aware of their program- specific and GME moonlighting policies. If the program allows moonlighting, the first step is to obtain approval from the Program Director and GME Office.

1. The resident/fellow must complete a program specific moonlighting form, sign the form, and upload the form into MedHub, under Moonlighting Requests, as soon as the opportunity to moonlight occurs. In addition, the resident/fellow must indicate in the MedHub moonlighting request the location of the moonlighting, the activity, and the dates of the moonlighting. If the moonlighting is at UAB Hospital, the resident/fellow must indicate whether he/she will be acting as a licensed independent practitioner or supervised by an attending.
 - a. Electronic signatures by residents/fellows are acceptable on the program specific moonlighting form.
 - b. The resident/fellow must attach the program specific form in order for moonlighting to be approved.
 - c. Moonlighting requests are valid for up to one academic year or through June 30th of each year.
2. The Program Director should review the moonlighting request in MedHub and approve if applicable.
3. Once approved by the Program Director in MedHub, the moonlighting form will be routed in MedHub from the Program Director to the GME Office.
4. The GME Office will review the application to ensure appropriate licensure and certifications are in place. The requestor's visa status will also be reviewed to insure no J1 visa holder is approved for moonlighting.

5. The resident/fellow will receive an email from “MedHub Notification” when the moonlighting request has been approved.

Step 2. After Approval from Program Director and DIO, Obtain Appropriate Credentialing at the Moonlighting Site

1. Separate from the GME approval process, the resident/fellow and the hiring department (or institution) should ensure that appropriate credentialing and privileges are in place for the specified moonlighting activity.
 - a) **Residents/Fellows Moonlighting at an Entity Not Participating in the UAB PLTF (NON-UAB Covered Facility)**. It is the responsibility of the institution hiring the resident/fellow to moonlight to ensure the individual is credentialed and privileged according to the requirements of its medical staff bylaws and that adequate liability coverage is provided. The UAB Professional Liability Trust Fund (PLTF) **does not** provide professional liability coverage for moonlighting activities at institutions that are not covered entities under the PLTF (refer to Appendix 11 for a list of facilities covered by the PLTF).
 - b) **Residents/Fellows Moonlighting at an Entity Participating in the UAB PLTF (UAB Covered Facility)**. Resident/Fellow moonlighters approved through the medical staff credentialing and privileging process to provide professional services as an independent practitioner within UAB Medicine Clinical Facilities outside of their training programs will receive a “Professional Staff appointment”, and are subject to all of the requirements, responsibilities and rules outlined in the UAB Health System Medical Staff Bylaws and Rules and Regulations when working as a moonlighter. In this capacity, they are not under direct GME/Program Director supervision, but instead are under the supervision of the appropriate service chief. At UAB Hospital, 1) residents/fellows moonlighting within their training program and under supervision of an attending **are not required** to go through the credentialing and privileging process; 2) residents/fellows moonlighting and functioning as an independent practitioner (not supervised) **are required** to go through the credentialing and privileging process.
2. A resident/fellow may not bill for any services provided, and, similar to required residency rotations, his/her scope of practice is based upon level of training and experience as defined in departmental policies

Step 3. Log Moonlighting Hours

Moonlighting residents/fellows will be required to log moonlighting and work hours in MedHub for the whole month, regardless if the program is monitoring clinical and educational workhours that month.

Oversight Procedure:

1. Audits of moonlighting hours logged will be performed by the GME office.
2. Each Program must review the moonlighting policy every year at the time of the Annual Program Evaluation. A copy of each program’s current moonlighting policy must be uploaded in MedHub under Program Accreditation/Program Detail/Policies.

M. 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:
 - 1) Supervising faculty should complete an evaluation of each resident/fellow's performance at the completion of each rotation.
 - 2) 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.
 - (a) The resident/fellow should review and sign each evaluation completed by a faculty supervisor.
 - (b) Residents/Fellows should be granted access to their files for review of evaluations in the presence of the program director, or his designee.
 - 3) The program director must prepare a written semiannual evaluation of each resident/fellow's performance and communicate this evaluation to the resident/fellow in a timely manner.
 - 4) 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.
 - 5) 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.
 - 6) 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 and verification that the resident/fellow has demonstrated sufficient professional ability to practice competently and independently.
 - 7) The program director must maintain the final evaluation in each resident/fellow's permanent record.
 - 8) 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 frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents/fellows must be included in this process.

3. Program Evaluation: The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

- 1) **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 and at least one resident/Resident/fellow. There must be a written description of the PEC's responsibilities and the group should participate actively in planning, developing, implementing and evaluating educational activities of the program. 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 resident/fellow performance; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality; and progress on the previous year's action plan. 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.
- 2) **Milestone** reporting for programs in Phase I and II of the Next Accreditation System.

N. 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 education accreditation organizations (i.e., ACGME). The DCGME will make final decisions at the time of other similar outbreaks or potentially lethal clinical situations and they will apply to all trainees at University Hospital and its teaching affiliates.

SECTION IX: 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, UASOM, Dean's Council for Graduate Medical Education, 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 he may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of his 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:

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. If a resident/fellow does not accept the demonstration of impairment and accept the plan of action, the program director shall have authority for immediate suspension or revocation of the resident/fellow's appointment.
- F. 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 continuance 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.
- G. 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.
- H. All records concerning impairment of a resident/fellow will be treated with strict confidentiality, in accordance with existing state and federal laws.

SECTION X: DISCIPLINARY PROCEDURES**A. ACADEMIC PROBATION**

The program director shall be authorized to place a resident/fellow on academic probation. Grounds for academic probation include performance judged to be unsatisfactory for the resident/fellow's level of training, unprofessional attitudes or conduct, or failure to comply with institutional and/or departmental policies and procedures. In all such cases, the program director shall provide the resident/fellow and Designated Institutional Official with written notification of such action which delineates specific reasons for the action, any previous counseling provided concerning the deficiency, the period of the probation status, requirements for removal of probationary status, and action to be taken should the resident/fellow fail to meet the requirements for removal of probationary status. Should a resident/fellow fail to comply with the requirements for removal of probationary status, the program director shall have authority to continue the resident/fellow's probationary status, require the resident/fellow to repeat specific portions of the educational program, or suspend or revoke the resident/fellow's appointment.

B. ADMINISTRATIVE PROBATION

The Designated Institutional Official (DIO) shall be authorized to place a resident/fellow on administrative probation for violations of the eligibility standards for becoming and remaining a resident/fellow in the training programs, as outlined in the Graduate Medical Education Policies and Procedures manual. Grounds for administrative probation include, but are not limited to, failure to complete the employment physical, failure to obtain certification in ACLS, failure to meet deadlines for obtaining passing scores for USMLE Steps 2 and 3, failure to meet the deadline for obtaining the appropriate Alabama medical license and/or failure to obtain annual TB skin test. In all such cases, the DIO shall provide the resident/fellow and program director with written notification of such action which delineates specific reasons for the action, the period of the probation status, requirements for removal of probationary status, and action to be taken should the resident/fellow fail to meet the requirements for removal of probationary status. Should a resident/fellow fail to comply with the requirements for removal of probationary status, the DIO shall have authority to suspend the resident/fellow's appointment or revoke the resident/fellow's appointment.

C. SUSPENSION OR REVOCATION OF APPOINTMENT

- 1. Temporary Suspension:** The program director shall be authorized to suspend a resident/fellow's privileges for disciplinary purposes that are less urgent than those warranting permanent recall of privileges. Grounds for temporary suspension of privileges include violations of the Rules and Regulations of the Hospital, unprofessional conduct, and violations of medical records requirements. In all such cases, the resident/fellow and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident/fellow concerned to have a hearing shall be afforded as provided in these policies. The Designated Institutional Official shall so notify the resident/fellow in writing. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.
- 2. Revocation of Resident/Fellow Appointment:** In all cases in which revocation of a resident/fellow's appointment has been recommended by the program director of a clinical department, the resident/fellow and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident/fellow concerned to have a hearing shall be afforded as provided in these policies. If the resident/fellow wishes a hearing, he/she must submit a written request to the Secretary, Dean's Council for Graduate Medical Education within ten days after receipt of the notification letter. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.

SECTION XI: GRIEVANCE PROCEDURES

A. GENERAL

Residents/fellows and Program Directors are encouraged to work within their departments to address and resolve any issues of concern to the residents/fellows, including concerns related to the work environment, faculty, or the resident/fellow's performance in the program. All such concerns should be presented by the residents/fellows to their Program Directors for resolution. As set forth in Section X and Section XI, there are additional procedures for residents/fellows to request review of certain academic or other disciplinary actions taken against residents/fellows that could result in dismissal, nonrenewal of a resident/fellow's agreement or other actions that could significantly threaten a resident/fellow's intended career development.

B. INFORMAL ADJUDICATION

1. **Request for Informal Adjudication:** Informal Adjudication may be requested by a resident/fellow if a Program Director initiates an action (other than the actions that are subject to administrative probation in Section X.B or to review pursuant to Section XI.C below) that could significantly threaten a resident/fellow's intended career development, as determined solely by UAB. These actions include imposition of academic probation and requirements to repeat rotations or academic years. These actions do not include performance evaluations, which are in the sole discretion of the faculty completing the evaluations. To request Informal Adjudication, the resident/fellow must submit a written request to the Designated Institutional Official/Chair of Dean's Council for Graduate Medical Education ("Chair"), no later than five (5) days after imposition of the action. Failure to submit a written request within this time-period shall constitute a waiver of the resident/fellow's right to request an Informal Adjudication.
2. **Informal Adjudication:** The Informal Adjudication will be conducted by the DIO/Chair and will consist of a record review of the file and any materials submitted by the Program Director and resident/fellow. The DIO/Chair may, in her/his sole discretion, choose to interview the resident/fellow and Program Director and to consult with any other individual deemed appropriate. The DIO/Chair will issue a written decision that will constitute UAB's final decision and is not subject to appeal.

C. HEARING PROCESS

1. **Request for Hearing:** A hearing may be requested by a resident/fellow when any of the following actions are imposed: a) nonrenewal of the resident/fellow's contract, b) temporary suspension, or c) revocation/termination of the resident/fellow's appointment. To request a hearing, the resident/fellow must submit a written request to the DIO within ten days of the date of the written notice of the recommendation.
2. **Judicial Review Committee:** The DIO shall appoint a Judicial Review Committee consisting of three members of the active medical and dental staff and two members of the housestaff who have not taken active part in consideration of the matter contested. The DIO shall determine the time and place of the hearing and send a notice of same to the resident/fellow. Prior to the hearing, the resident/fellow and Program Director may submit material to the DIO for the Judicial Review Committee's consideration. The resident/fellow, Program Director and Judicial Review Committee will be furnished with relevant material prior to the hearing.
3. **Conduct of the Hearing:** The hearing need not be conducted according to technical rules relating to evidence and witnesses. The Judicial Review Committee shall conduct the hearing in a manner it deems impartial to both parties. Any party shall be given a reasonable opportunity, on request, to refute matters of record by evidence or by written or oral presentation, or by reference to expert testimony by individuals having experience with the matter under review, or by reference to recognized articles and literature dealing with the matter.

4. **Hearing Decision**: The Judicial Review Committee may affirm, modify or reject the Program Director's recommendation. The Judicial Review Committee shall issue a written decision to the Program Director and to the resident/fellow. In the event of an adverse decision, the resident/fellow may choose to appeal the decision to the Dean's Council for Graduate Medical Education.

D. APPEAL PROCESS

1. **Request for Appeal**: An appeal may be requested by submitting a written request for appeal to the DIO no later than ten days after the date of the written decision by the Judicial Review Committee. If an appeal is not requested within the ten-day period, the requesting party waives any right to an appeal by the Dean's Council for Graduate Medical Education. The DIO may then act upon the decision of the Judicial Review Committee.
2. **Dean's Council for Graduate Medical Education**: The Dean's Council for Graduate Medical Education will meet to review the record and report of the Judicial Review Committee. No new evidence will be accepted or reviewed by the Dean's Council for Graduate Medical Education. The Dean's Council for Graduate Medical Education may, at its discretion, interview the program director and/or resident/fellow.
3. **Decision**: If the Dean's Council for Graduate Medical Education proposes to modify or reject a decision by the Judicial Review Committee, the Dean's Council for Graduate Medical Education will meet with the Judicial Review Committee to discuss the matter prior to issuing a final decision. A final written decision of the Dean's Council for Graduate Medical Education will be rendered after the meeting with the Judicial Review Committee and the decision shall constitute the final decision of UAB.

APPENDICES
for
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Academic Year: July 2018 - June 2019

University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham

APPENDIX 1

ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE

| | | <u>Location</u> | <u>Telephone</u> |
|------|----------------------|------------------------|-------------------------|
| Dean | Selwyn Vickers, M.D. | FOT 1203 | 934-1997 |

| | | | |
|------------------------------------|----------------------|------------|----------|
| Designated Institutional Official/ | Alice Goepfert, M.D. | WIC 10270N | 934-4793 |
|------------------------------------|----------------------|------------|----------|

Chair of Dean's Council

UNIVERSITY OF ALABAMA HOSPITAL

| | | | |
|----------------------------|----------------|--------|----------|
| Graduate Medical Education | Jennie Craft | JT 136 | 934-4793 |
| Department | Jason Bains | | |
| | David Bailey | | |
| | Joseph Daniels | | |
| | Robyn Fleming | | |
| | Karley Nemeth | | |

DEAN'S COUNCIL FOR GRADUATE MEDICAL EDUCATION

CHAIR: ALICE GOEPFERT, M.D., Designated Institutional Official; Assistant Dean for Medical Education and Professor, Professor, Department of Obstetrics and Gynecology, Division of Maternal & Fetal Medicine, University of Alabama School of Medicine

VICE-CHAIR: ANDREW R. EDWARDS, M.D., Professor, Department of Emergency Medicine, University of Alabama School of Medicine

SECRETARY: SUSAN BLACK, M.D., Professor, Department of Anesthesiology, University of Alabama School of Medicine

REGULAR MEMBERS

JON BALDWIN, D.O., Associate Professor, Department of Radiology, Division of Molecular Imaging and Therapeutics, University of Alabama School of Medicine

KHURRAM BASHIR, M.D., MPH, Professor, Department of Neurology, University of Alabama School of Medicine

MELLISA BEHRINGER, M.D., Associate Professor, Selma Family Medicine, UAB Selma Campus

NANCY BLEVINS, M.D., Assistant Professor of Family Medicine, UAB Huntsville Campus

OMER BURNETT III, M.D., Assistant Professor, Department of Radiation Oncology, University of Alabama School of Medicine

RONDA CHANDLER, Program Coordinator Pediatric Subspecialty Programs, Department of Pediatrics

JORGE DE LA TORRE, M.D., Professor and Division Director, Department of Surgery, Division of Plastic Surgery University of Alabama School of Medicine

Graduate Medical Education Policies and Procedures

DANIEL DYE, M.D., Assistant Professor, Department of Pathology, University of Alabama School of Medicine

LATESHA ELOPRE, M.D., Assistant Professor, Department of Internal Medicine, Division of Infectious Disease, University of Alabama School of Medicine and Co-Chair of the DCGME Subcommittee on Diversity, Multicultural Affairs, and Inclusion

BENJAMIN J. GREENE, M.D., Assistant Professor, Department of Otolaryngology, University of Alabama School of Medicine

JAMES R. HACKNEY, M.D., Assistant Professor, Department of Pathology, University of Alabama School of Medicine

JEWELL HALANYCH, M.D., Associate Professor, Montgomery Internal Medicine Program, UAB Montgomery Campus

JASON R. HARTIG, M.D., Associate Professor, Department of Medicine and Pediatrics, University of Alabama School of Medicine

GUSTAVO R. HEUDEBERT, M.D., Professor, Department of Medicine, Division of Internal Medicine, University of Alabama School of Medicine and Professor, University of Alabama School of Public Health, Immediate Past Chair

MARQUITA HICKS, M.D., Associate Professor, Department of Emergency Medicine, University of Alabama School of Medicine and Co-Chair of the DCGME Subcommittee on Diversity, Multicultural Affairs, and Inclusion

FARRAH IBRAHIM, M.D., Assistant Professor, Huntsville Internal Medicine Program, UAB Huntsville Campus

KENESHIA M. KIRKSEY, M.D., Associate Professor, Department of Physical Medicine and Rehabilitation, University of Alabama School of Medicine

ANN KLASNER, M.D., M.P.H., Professor, Department of Pediatrics, Division of Emergency Medicine, University of Alabama School of Medicine

PETER KOLETTIS, M.D., Professor, Department of Urology, University of Alabama School of Medicine

STEVEN LLOYD, M.D., Ph.D., Professor, Department of Medicine, Division of Cardiovascular Disease, University of Alabama School of Medicine

LAURA MONTGOMERY-BAREFIELD, M.D., Professor, Department of Psychiatry, University of Alabama School of Medicine

JAMIE MOODY, Program Coordinator, Department of Surgery

MICHELE H. NICHOLS, M.D., Professor, Department of Pediatrics, Division of Emergency Medicine, University of Alabama School of Medicine

TAMMY PICKENS, Program Coordinator, Department of Medicine

JOHN PORTERFIELD, M.D., Associate Professor, Department of Surgery, Division of Gastrointestinal Surgery, University of Alabama School of Medicine

NATHANIEL H. ROBIN, M.D., Professor, Department of Genetics, University of Alabama School of Medicine

NANCY TOFIL, M.D., Associate Professor, Department of Pediatrics, Division of Pediatric Critical Care, University of Alabama School of Medicine

JULIE COVARRUBIAS, M.Ed., Ed. D., Associate Professor, Department of Obstetrics and Gynecology, University of Alabama School of Medicine

LISA L. WILLETT, M.D., Professor, Department of Medicine, Division of Internal Medicine, University of Alabama School of Medicine

EX OFFICIO MEMBERS

CRAIG HOESLEY, MD, Sr. Associate Dean for Medical Education, Professor, Department of Medicine, University of Alabama School of Medicine

SUSAN J. LAING, Ph.D., Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center

ERIN YARBROUGH, Sr. Director Hospital Medicine, GME, and Provider Contracts

Graduate Medical Education Policies and Procedures

President, House Staff Council

Vice-President, House Staff Council

Secretary-Treasurer, House Staff Representative

Four additional House Staff Representatives

APPENDIX 2
ACGME-ACCREDITED PROGRAMS SPONSORED BY UAB HOSPITAL

| ACADEMIC DEPARTMENT | RESIDENCY PROGRAMS | SUBSPECIALTY PROGRAMS | PROGRAM DIRECTOR | CAMPUS ADDRESS |
|---------------------------------|--------------------------|--|--------------------------------|----------------|
| Anesthesiology | Anesthesiology | Allergy/ Immunology | T. Prescott Atkinson, M.D. | CPP, Suite 220 |
| | | | Susan Black, M.D. | JT 920 |
| | | Anesthesiology Cardiothoracic | Michelle Downing, M.D. | JT 823 |
| | | Anesthesiology Critical Care | David Miller, M.D. | JT 823 |
| | | Anesthesiology/ Obstetric | Mark Powell, M.D. | JT 823 |
| | | Anesthesiology/Pediatric | Jack Crawford, M.D. | JT 823 |
| | | Pain Management | Alethia Sellers, M.D. | JT 823 |
| Colon and Rectal Surgery | Colon and Rectal Surgery | | Jamie Cannon, M.D. | KB 428 |
| Dermatology | Dermatology | | Boni Elewski, M.D. | EFH 414 |
| | | Micrographic Surgery & Dermatologic Oncology | Conway C. Huang, M.D. | EFH 414 |
| | | Dermatopathology | Peter Pavlidakey, M.D. | HSB 149 |
| Emergency Medicine | Emergency Medicine | | Andrew Edwards, M.D. | OHB 246 |
| | | | | |
| Human Genetics | Medical Genetics | | Nathaniel Robin, M.D. | Kaul Bldg. 210 |
| | | Medical Biochemical Genetics | Lane Rutledge, M.D. | Kaul Bldg. 210 |
| Medicine | Internal Medicine | | Lisa Willett, M.D. | BDB 321 |
| | | Advanced Heart Failure & Transplant Cardiology | Salpy Pamboukian, M.D. | THT 336 |
| | | Cardiovascular Disease | Steven Lloyd, M.D. | BDB 201 |
| | | Clinical Cardiac Electrophysiology | Harish Doppalapudi, M.D. | FOT 930 |
| | | Interventional Cardiology | Brigitta Brott, M.D. | FOT 907 |
| | | Endocrinology/Metabolism | Fernando Ovalle, M.D. | FOT 702D |
| | | Gastroenterology | Chad Burski, M.D. | BDB 372 |
| | | GI Transplant Hepatology | Brendan McGuire, MD | BDB 372 |
| | | Geriatric Medicine | Katrina Booth, M.D. | CH19 218 |
| | | Hematology/Oncology | Lisle Nabell, M.D. | NP 2540 |
| | | Infectious Diseases | Nicholas Van Wagener, M.D. PhD | THT 229 |
| | | Nephrology | Dan Balkovetz, M.D. | ZRB 624 |
| | | Hospice and Palliative Care Medicine | Michael Barnett, M.D. | CH19 218 |

| ACADEMIC DEPARTMENT | RESIDENCY PROGRAMS | SUBSPECIALTY PROGRAMS | PROGRAM DIRECTOR | CAMPUS ADDRESS |
|------------------------------------|-------------------------|---|-----------------------------------|---|
| | | Pulmonary Disease, Allergy and Critical Care Medicine | Joao de Andrade, M.D. | THT 423 |
| | | Rheumatology | Laura Hughes, M.D. | Shelby 178F |
| Neurology | Neurology | | Khurram Bashir, M.D. | Sparks Center 440 |
| | | Child Neurology | Tony McGrath, M.D. | CHB 314 |
| | | Epilepsy | Ashley Thomas, M.D. | Sparks Center 274 |
| | | Neuromuscular Medicine | Kenkichi Nozaki, M.D. | Sparks Center 274 |
| | | Vascular Neurology | Michael Lyerly, M.D. | Sparks Center 440 |
| Obstetrics & Gynecology | Obstetrics & Gynecology | | Kerri Bevis, M.D. | WIC 5328 |
| | | Female Pelvic Medicine & Reconstructive Surgery | R. Edward Varner, M.D. | WIC 10382 |
| | | Gynecologic Oncology | Michael Straughn, M.D. | WIC 10250 |
| | | Maternal-Fetal Medicine | Lorie Harper, M.D. | WIC 10270 |
| | | Reproductive Endocrinology and Infertility | | WIC 10390 |
| Ophthalmology | Ophthalmology | | Russell W. Read, M.D. | EFH 601 |
| Pathology | Pathology | | Rob Hackney, M.D. | WP P220 |
| | | Blood Banking/ Transfusion Medicine | Marisa Marques, M.D. | WP P230 |
| | | Cytopathology | Frida Rosenblum, M.D. | NP 3545 |
| | | Dermatopathology (See Dermatology) | | |
| | | Forensic Pathology | Daniel Dye, M.D. | CGH 220 |
| | | Hematopathology | Deniz Peker, M.D. | NP3556B |
| | | Molecular Genetic Pathology | Shuko Harada, M.D. | NP3556B |
| | | Neuropathology | Kenneth Fallon, M.D. | PD6A 175E |
| Pediatrics | Pediatrics | | Michele K. Nichols, M.D. | 4 th Floor Dearth Tower/ Sergio Stagno Center |
| | | Adolescent Medicine | Tina Simpson, M.D. | CPP1 310 |
| | | Neonatal/ Perinatal Medicine | Namasivayam Ambalavanan, M.B.B.S. | WIC 9380 |
| | | Pediatric Cardiology | Mark Law, M.D. | WIC 9100 |
| | | Pediatric Critical Care | Priya Prabhakaran, M.D. | CPP1 102 |
| | | Pediatric Emergency Medicine | Ann Klasner, M.D., M.P.H. | CPP1 110 |

| ACADEMIC DEPARTMENT | RESIDENCY PROGRAMS | SUBSPECIALTY PROGRAMS | PROGRAM DIRECTOR | CAMPUS ADDRESS |
|---|------------------------------------|-----------------------------------|-----------------------------------|---|
| | | Pediatric Endocrinology | Michael Stalvey, M.D. | CPP1 230 |
| | | Pediatric Gastroenterology | Jeanine Maclin, M.D. | Lowder 300 |
| | | Pediatric Hematology/Oncology | Kimberly Whelan, M.D. | Lowder 512 |
| | | Pediatric Infectious Disease | Scott James, M.D. | CHB 308 |
| | | Pediatric Nephrology | Daniel Feig, M.D. | Lowder 516 |
| | | Pediatric Pulmonology | Wynton Hoover, M.D. | Lowder 620 |
| | | Pediatric Rheumatology | Randy Cron, M.D. | CPP, Suite 220 |
| | | Medicine/Pediatrics | Jason R. Hartig, M.D. | 4 th Floor Dearth Tower/ Sergio Stagno Center |
| | | Sleep Medicine | Krisztina Harsany-Jilling, M.D. | Lowder 620 |
| Physical Medicine & Rehabilitation | Physical Medicine & Rehabilitation | | Keneshia Kirksey, M.D. | SRC 195 |
| | | | | |
| Psychiatry | Psychiatry | | Laura Montgomery- Barefield, M.D. | VH 802 |
| | | Child & Adolescent Psychiatry | Lee I. Ascherman, M.D. | EFH 305D |
| | | Geriatric Psychiatry | Bates Redwine, M.D. | VH 802 |
| | | Psychosomatic Medicine Psychiatry | Rita Patton, M.D. | VH 802 |
| Radiation Oncology | | | Omer Burnett III, M.D. | WIC 2230 |
| Radiology | Diagnostic Radiology | | Jessica Zarzour, M.D. | JT N338 |
| | | Neuroradiology | Aparna Singhal, M.D. | JT N419 |
| | | Vascular/Interventional Radiology | Rachel Oser, M.D. | JT 263 |
| | Nuclear Medicine | | Jon A. Baldwin, D.O. | JT 263 |
| Surgery | General Surgery | | John Porterfield, Jr., M.D. | KB 321 |
| | | Pediatric Surgery | Scott Anderson, M.D. | Lowder 300 |
| | | Plastic Surgery | Jorge de la Torre, M.D. | FOT 1102 |
| | | Surgical Critical Care | Patrick Bosarge, Jr., M.D. | KB 120 |
| | | Thoracic & Cardiovascular Surgery | David Cleveland, M.D. | THT 760 |
| | | Vascular Surgery | Benjamin Pearce, M.D. | BDB 503 |
| | Neurosurgery | | Curtis Rozelle, M.D. | FOT 1060 |
| | Orthopaedics | | Michael Johnson, M.D. | Orthopaedic Specialties Bldg. |
| | | Orthopaedic/ Hand Surgery | Joseph Sherrill, M.D. | Orthopaedic Specialties Bldg. |

| ACADEMIC DEPARTMENT | RESIDENCY PROGRAMS | SUBSPECIALTY PROGRAMS | PROGRAM DIRECTOR | CAMPUS ADDRESS |
|--|--------------------|-----------------------|--------------------------|---|
| | Otolaryngology | | Bradford Woodworth, M.D. | BDB 563 |
| | Urology | | Peter Kolettis, M.D. | FOT 1105 |
| | | | | |
| ACGME Accredited Programs Located at Other Campuses | | | | |
| Huntsville | Family Practice | | Nancy Blevins, M.D. | UAB Health Center 301 Governors Dr. SW Huntsville, AL 35801 |
| | Internal Medicine | | Farrah Ibrahim, M.D. | UAB Health Center 301 Governors Dr. SW Huntsville, AL 35801 |
| Montgomery | Internal Medicine | | Jewell Halanych, M.D. | 2055 East S Blvd. Suite 202, Montgomery, AL 36116 |
| Selma | Family Practice | | Tiffani Maycock, D.O. | 1023 Medical Center Parkway, Suite 200 Selma, AL 36701 |

OTHER GME PROGRAMS SPONSORED BY UAB HOSPITAL

| ACADEMIC DEPARTMENT | RESIDENCY PROGRAMS | SUBSPECIALTY PROGRAMS | PROGRAM DIRECTOR | CAMPUS ADDRESS |
|---------------------|---------------------------------|-----------------------|--------------------------------|----------------|
| Dentistry | Hospital Dentistry | | James Pignataro, D.D.S. | RWUH B50 |
| | Maxillofacial Prosthetics | | Keith Kinderknecht, D.M.D. | SDB 617 |
| | Oral & Maxillofacial Surgery | | Patrick Louis, D.D.S., M.D. | SDB 419 |

APPENDIX 3

DISTRIBUTION OF SCRUB SUITS and WHITE COATS BY CATEGORY

| | EXEMPT PROGRAMS: RESIDENTS ARE ISSUED 1 SCRUB SUIT EACH AND USE SCRUB SUITS PROVIDED IN O.R. OR L&D. | NON-EXEMPT PROGRAMS: REQUIRE SCRUB SUITS - RESIDENTS ISSUED 5 SCRUB SUITS EACH | NON-EXEMPT PROGRAMS: DO NOT REQUIRE SCRUB SUITS - RESIDENTS ISSUED 2 SCRUB SUITS EACH | SCRUBS ISSUED THROUGH CHILDREN'S HOSPITAL |
|-------------------------|--|---|---|--|
| 4 LAB COATS: | Anesthesiology General Surgery Colon and Rectal Surgery Neurosurgery Obstetrics & Gynecology Oral Surgery Orthopaedics Otolaryngology Urology | Dermatology Diagnostic Radiology Emergency Medicine Medicine/Pediatrics Neurology Pathology Pediatrics Pediatrics/ Medical Genetics | Internal Medicine Medical Genetics Internal Medicine/Medical Genetics Nuclear Medicine Ophthalmology Physical Medicine & Rehabilitation Psychiatry Radiation Oncology | |
| 3 LAB COATS: | Critical Care Anesthesiology Cardiothoracic Anesthesiology Female Pelvic Medicine Gynecologic Oncology Maternal-Fetal Medicine Obstetric Anesthesiology Orthopaedic-Hand Surgery Pain Medicine/Anesthesiology Pediatric Anesthesiology Plastic Surgery Reproductive Endo & Infertility Surgical Critical Care Thoracic & Cardiovascular Surgery Vascular Surgery | Adv. Heart Failure/Transplant Cardiovascular Disease Child Neurology CC Electrophysiology Clinical Neurophysiology Cytopathology Epilepsy Neuroradiology Interventional Cardiology Forensic Pathology Hospital Dentistry Neonatal/Perinatal Medicine Neuropathology Procedural Dermatology Sleep Medicine Vascular Neurology Vascular/Interventional Radiology Neuromuscular Medicine | Allergy and Immunology Blood Banking/Transfusion Med. Child & Adolescent Psychiatry Dermatopathology Endocrinology/Metabolism Gastroenterology Geriatric Medicine Geriatric Psychiatry Hematology/Oncology Hematopathology Infectious Diseases Molecular Genetic Pathology Nephrology Palliative Care Medicine Psychosomatic Psychiatry Pulmonary Disease/Critical Care Medicine Rheumatology Transplant Hepatology | Pediatric Adolescent Medicine Pediatric Cardiology Pediatric Critical Care Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Surgery |

APPENDIX 4
DEA Number/Controlled Substance Permit

| PROGRAMS NOT PRESCRIBING CONTROLLED SUBSTANCES (RESIDENTS NOT REQUIRED TO OBTAIN A DEA NUMBER/ CONTROLLED SUBSTANCE PERMIT). RESIDENTS CANNOT PRESCRIBE CONTROLLED SUBSTANCES USING THE HOSPITAL DEA NUMBER/ CONTROLLED SUBSTANCE PERMIT | PROGRAMS PRESCRIBING CONTROLLED SUBSTANCES (RESIDENTS <u>REQUIRED</u> TO OBTAIN A DEA NUMBER/CONTROLLED SUBSTANCE PERMIT) | | |
|--|---|---|--|
| Blood Banking/Transfusion Medicine Cytopathology Diagnostic Radiology Dermatology Dermatopathology Forensic Pathology Hematopathology Molecular Genetic Pathology Nuclear Medicine Neuropathology Neuroradiology Pathology Procedural Dermatology Vascular Interventional Radiology | Adolescent Medicine Adv. Heart Failure/Transplant Allergy and Immunology Anesthesiology and fellowships Cardiovascular Disease Child Neurology Clinical Cardiac Electrophysiology Clinical Neurophysiology Colon and Rectal Surgery Epilepsy Endocrinology/Metabolism Emergency Medicine Family Practice Female Pelvic Medicine Gastroenterology General Surgery Geriatric Medicine Gynecologic Oncology Hematology/Oncology Infectious Diseases | Internal Medicine Interventional Cardiology Maternal-Fetal Medicine Maxillofacial Prosthetics Medical Genetics Nephrology Neonatal/ Perinatal Medicine Neurology Neuromuscular Medicine Neurosurgery Obstetrics & Gynecology Oral Surgery Orthopaedics Orthopaedics-Hand Surgery Otolaryngology Ophthalmology Pediatrics Physical Medicine & Rehabilitation Plastic Surgery Psychiatry and fellowships | Pulmonary Disease/Critical Care Radiation Oncology Reproductive Endocrinology Rheumatology Sleep Medicine Spinal Cord Injury Medicine Surgical Critical Care Thoracic & Cardiovascular Surgery Urology Vascular Neurology Vascular Surgery Pediatric Cardiology Pediatric Critical Care Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Radiology Pediatric Surgery |

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Pain Medicine Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Pain Medicine training program. Because pain medicine is a multidisciplinary approach to a common problem, the ACGME requires that there be an institutional policy governing the educational resources committed to pain medicine. This policy ensures cooperation of all involved disciplines.

Effective July 2007, there may be only one ACGME-accredited pain medicine program within a sponsoring institution, and a single multidisciplinary pain medicine fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

Purpose

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

Monitoring and compliance

The pain medicine program director is assigned the primary responsibility for organizing the educational program for each pain medicine trainee and to assure cooperation among all involved disciplines.

The pain medicine program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the pain medicine training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to pain medicine training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Pain Medicine Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in pain medicine would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 10/06/2009

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Critical Care Anesthesiology Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Anesthesiology Critical Care training program. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

Purpose

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

Monitoring and compliance

The anesthesiology critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the critical care training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in critical care would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/06/2010

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Adult Cardiothoracic Anesthesiology Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Adult Cardiothoracic Anesthesiology training program. The ACGME requires that there be an institutional policy governing the educational resources committed to the Adult Cardiothoracic Anesthesiology program assuring cooperation of all involved disciplines.

Purpose

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

Monitoring and compliance

The adult cardiothoracic anesthesiology program director is assigned the primary responsibility for organizing the educational program for each adult cardiothoracic anesthesiology trainee and to assure cooperation among all involved disciplines.

The adult cardiothoracic anesthesiology program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the adult cardiothoracic anesthesiology training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to adult cardiothoracic anesthesiology training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in adult cardiothoracic anesthesiology would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/06/2010

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Pediatric Critical Care Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Pediatric Critical Care training program. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

Purpose

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

Monitoring and compliance

The pediatric critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The pediatric critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the critical care training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in critical care would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/03/2012

**The University of Alabama at Birmingham School of Medicine
and UAB Health System
Guidelines for Relationships with Industry
March 2009**

Background

Relationships between academic communities and industry, particularly pharmaceutical firms, have come under increasing scrutiny in large part because of both real and perceived conflict of interest. While this perception is true in some instances, it is not so for all medical care providers. The perception of conflict is a result of a common practice in which some physicians receive gifts, travel, and/or financial support from industry that, in turn, stands to receive financial gain from the physicians' medical care practices, particularly those related to major illnesses. The consequences of this perception have resulted in increased oversight of the activities of employees of industry and medical centers by the government, academic institutions and public.

The current interface between academic medical centers (AMC) and health care industry has resulted in standards of conduct issued by both the AAMC, the pharmaceutical industry and the medical device industry. The pharmaceutical industry standards are effective beginning January 1, 2009. The AAMC and medical device industry guidelines will be enforced by July 1, 2009. Toward this end, the UAB School of Medicine and UAB Health System (collectively "UAB AMC") have developed a set of standards expected of the UAB AMC faculty and staff.

The Relationship between the UAB AMC and Industry

At the outset, it should be recognized that the UAB AMC and industry have a relationship that is mutually interdependent. Many UAB AMC investigators receive grant support for the conduct of clinical trials that enhance the well being of patients receiving clinical care. These clinical trials not only provide monetary support for the institution, but also intellectual insight into improved medical care whether through the development of new therapeutics or interventions. In some circumstances, the knowledge derived from these trials provides data for new research applications.

A primary goal of the UAB AMC is to provide outstanding, state-of-the-art medical care. This care must be as free as possible of both real and perceived conflict of interest and competing interests. As conflicts are identified, they must be managed in a transparent fashion. Public perception is of the utmost importance and mandates transparency between the institution and the community. Only in a transparent environment will the trust that is required for outstanding medical care be generated. Toward this end, the guiding principles for the following document define a relationship with industry for all employees of the UAB AMC that manages 'competing interests' while being totally transparent. These principles are in accord with our goal of continuing to provide patient care of the highest quality.

Recommended Guidelines

The following guidelines are set forth to consciously and actively insulate clinical care decisions from any perceived or actual benefits accrued or expected from industry. They will need to be reviewed regularly and revised appropriately as the law and the expectations of the public and the medical profession evolve.

For the purpose of this document, the following definitions apply:

"UAB AMC employee or trainee" refers to any physician, faculty member, staff member, or other individual who is employed by the UAB School of Medicine ("SOM"), the UAB Health System, University Hospital, UAB Highlands, University of Alabama Health Services Foundation ("HSF"), Ophthalmology Services Foundation, UAB Family Medicine, The Valley Foundation, The Kirklin Clinic, The Kirklin Clinic at Acton Road, UAB Health Centers, the Huntsville, Montgomery and Selma residency program clinics, and any other clinical entity managed by UAB Health System that is exclusively staffed by SOM physicians. The term includes those individuals with either full-time or part-time employee status and those with regular, adjunct, voluntary, visiting, or emeritus status. Trainee includes any individual who is receiving formal education from the SOM, including medical residents employed by University Hospital, medical students, graduate students, post-doctoral scholars, visiting scholars and fellows.

"Industry" refers to pharmaceutical, device, equipment, supply and service providers.

"UAB AMC campus" refers to UAB AMC-owned or UAB AMC-leased buildings and property, including University Hospital, School of Medicine and other UAB-owned/leased clinical facilities. In addition, for purposes of this document, UAB AMC campus includes all clinical facilities owned or leased by HSF, including, but not limited to, The Kirklin Clinic, The Kirklin Clinic at Acton Road and UAB Health Centers.

These guidelines are operable in any clinical facilities in which "UAB AMC employees and trainees" practice and/or work, including, but not limited to, Children's Hospital, Cooper Green Hospital, and the VA Hospital, among other facilities.

1. PROVISION OF COMPENSATION OR GIFTS FROM INDUSTRY TO UAB AMC EMPLOYEES OR TRAINEES

a. UAB AMC employees and trainees shall not accept any form of personal gift from industry or its representatives, regardless of the value or nature of the gift,

b. **With the exception of food provided in connection with an ACCME-accredited program and in compliance with ACCME guidelines**, meals directly funded by industry shall not be provided on the UAB AMC campus. Industry-supplied food and meals are considered personal gifts and thus shall not be permitted or accepted on the UAB AMC campus. Similarly, UAB AMC employees and trainees are strongly discouraged from participating in non-ACCME accredited industry-sponsored meals off-campus.

c. UAB AMC employees and trainees shall not use or display industry paraphernalia in patient care areas (i.e., pens, notepads, clipboards, etc), with the single exception of educational materials. These materials may be used at the discretion of the UAB AMC employee or trainee as needed within the clinical setting, but should not be on general display.

d. With the exception of settings in which academic investigators are presenting results of their industry-sponsored studies to peers where there is opportunity for critical exchange of ideas, UAB AMC employees and trainees are strongly discouraged from participating in industry-sponsored Speakers' Bureaus. If a UAB AMC faculty member chooses to participate in an industry-sponsored, FDA-regulated program, this participation is considered external consulting and is governed by the UAB Faculty Handbook and Policies external consulting policy (3.5.1).

More than one presentation or seminar to a for-profit business per year requires the faculty member to seek approval for this activity.

- External consulting is allowed if it
 - a) does not interfere with faculty member responsibilities,
 - b) is limited in time,
 - c) is compatible with UAB interests, and
 - d) requires no significant use of UAB resources or facilities.

Prior approval must be received before external consulting services for a non-UAB entity may be performed. Faculty should complete the Faculty/Staff Disclosure for External or Internal Activity/Sponsored Research Submission that can be accessed through the UAB CIRB website (www.uab.edu/cirb). Faculty also are responsible for ensuring that consulting activities are conducted in accordance with UAB policies on conflicts of commitment and conflicts of interest, as well as UAB policies on disclosure of discoveries and inventions, patents, and computer software. When participating in consulting activities outside of UAB, the faculty member should not allow the name of the University of Alabama at Birmingham or UAB Health System to appear in any such manner as to indicate that UAB is participating in, or in any way is sponsoring, the activity or the project.

- The Conflicts of Commitment Policy requires written disclosure of the conflict to the appropriate UAB administrative officials, resolution of the conflict, and management of the conflict if permission to participate in the activity is granted.
- The Conflicts of Interest Policy requires written disclosure of the conflict to the appropriate UAB administrative officials, a determination of the conflict, resolution of the conflict, and a management plan.

e. UAB AMC employees or trainees who are simply attending a CME or other instructional activity and are not speaking or otherwise actively participating or presenting at the meeting may not accept compensation for attending the event; may not accept compensation for defraying costs related to attending the event; and may not accept personal gifts from industry at such events.

Relevant References and Policies

- UAB Conflicts of Interest Policy
- UAB Conflicts of Commitment Policy
- FDA Guidance for Industry: Industry Supported Scientific and Educational Activities
- UAB Hospital Interdisciplinary Standard: Gifts and Gratuities
- UAB Health System Administrative Standard: Interaction with Vendors
- UAB Health System Administrative Standard: Conflict of Interest

2. INVOLVEMENT IN PURCHASING DECISIONS

UAB AMC believes the management of potential conflicts of interest in purchasing decisions is best managed on a case-by-case basis. Therefore, to facilitate individual review of these cases, UAB AMC employees and trainees will: 1) complete annual disclosure statements listing their financial interests (e.g., equity ownership, compensated positions on advisory boards, a paid consultancy or other forms of a compensated relationship) with industry, and 2) when involved in evaluating or recommending the purchase of products or services to a UAB AMC entity, affirmatively disclose their financial interests with all potential vendors in the manner set forth by that UAB AMC entity. For purposes of this provision, financial relationship does not include the indirect ownership, through mutual funds or other investment vehicles, of equities in publicly

traded companies. UAB AMC purchasing entities will have access to the annual disclosure statements for purposes of working with the UAB AMC employee and trainee involved to review each case and take appropriate action with respect to evaluations or recommendations for the purchase of products or services from industry that involve potential conflicts of interest. The actions may range from recusal of the UAB AMC employee and/or trainee from the procurement decision altogether to a request for additional opinions from physicians who do not have a financial interest in the vendor. Participation in UAB AMC committees, such as the UAB Health System Infection Control Committee, and the UAB Health System Pharmacy and Therapeutics Committee, which recommends specific vendor products, will also be subject to annual disclosure statements and case-by-case review for potential conflicts of interest.

Relevant References and Policies

- UAB Health Administrative Standard: Conflict of Interest
- UAB Conflicts of Interest Policy
- UAB Conflicts of Commitment Policy

3. ACCESS TO CLINICAL FACILITIES BY VENDORS

UAB AMC employees and trainees shall request vendors to comply with the UAB Health System clinical facility standards for vendor access to the clinical facilities, which include registration and issuance of a UABHS ID badge. Vendor representatives should come to the clinical facilities only by appointment with a physician and no trainee should meet with a vendor representative unless a faculty representative is also present. Vendor representatives should not be present in patient care areas except that vendor representatives, such as device manufacturer representatives, who are appropriately credentialed by the UAB Health System clinical facility, may be present in patient care areas to provide in-service training or assistance on devices and equipment.

Relevant References and Policies

- UAB Health System Administrative Standard – Interactions with Vendors
- UAB Hospital Interdisciplinary Standard – Vendor Representatives
- UAB Hospital Interdisciplinary Standard – Vendor Representatives in the Perioperative Division
- UAB Hospital Laboratory Standard – Outside Vendors
- UAB Hospital Interdisciplinary Standard – Activities of Pharmaceutical Vendor Representatives
- The Kirklin Clinic/Affiliated Clinics: Vendor Regulations

4. PROVISION OF FREE DRUG SAMPLES TO UAB AMC EMPLOYEES AND TRAINEES FOR PERSONAL USE

- a. Free drug samples or vouchers for free drug samples shall be considered personal gifts, and shall not be accepted or used by individual UAB AMC employees and trainees or their family members. However, free drug samples for patients may be accepted and distributed in accordance with policies (see below) of the UAB Health System clinical entities.
- b. UAB AMC employees and trainees shall not sell or bill drug samples to patients or third-party payers.

Relevant References and Policies

- The Kirklin Clinic / Affiliated Clinics Interdisciplinary Standard: Medication Samples
- UAB Hospital Interdisciplinary Standard: Medication Samples

5. INDUSTRY SUPPORT FOR EDUCATIONAL EVENTS ON THE UAB AMC CAMPUS

UAB AMC employees and trainees should be aware of the Standards for Commercial Support established by the Accreditation Council for Continuing Medical Education (ACCME). The UAB Division of Continuing Medical Education (CME) has established policies and procedures that address educational programs for practicing clinicians, including residents and fellows. These policies are available at <http://www.cme.uab.edu>.

All educational events sponsored by industry on the UAB AMC campus must be fully compliant with ACCME guidelines, regardless of whether formal CME credit is awarded or not. In addition, all events sponsored by UAB AMC, including those in an off-campus setting, must comply with ACCME guidelines and policy established by the UAB Division of CME. The ACCME guidelines now require that, if an event is to qualify for CME credit, its provider must ensure the following:

- a. All decisions concerning educational needs, objectives, content, methods, evaluation and speaker are made free of a commercial interest (ACCME Standard 1.1);
- b. A commercial interest is not taking the role of non-accredited partner in a joint sponsorship relationship (ACCME Standard 1.2);
- c. All persons in a position to control the content of an educational activity have disclosed all relevant financial relationships to the provider of the CME. A relevant financial relationship is defined as one which an individual (or spouse or partner) has with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interest. Failure to disclose these relationships will result in disqualification of the individual from participating in the CME activity or its planning or evaluation (ACCME Standards 1.1, 1.2);
- d. The lecturer explicitly describes all his or her related financial relationships to the audience at the beginning of the educational activity in accordance with national ACCME standards. If an individual has no relevant financial relationship, the learners should be informed that no relevant financial relationship exists (ACCME Standard 6.1, 6.2);
- e. All conflicts of interest should be identified and resolved prior to the educational activity being delivered to learners (ACCME Standard 2.3). Examples of strategies to resolve conflicts of interest include severing the financial ties with the commercial entity that gives rise to the conflict, having a third party without a conflict conduct the educational event, or having the content of the educational materials reviewed and endorsed by a peer expert who does not have a conflict of interest;
- f. Written policies and procedures that govern honoraria and reimbursement of out of pocket expenses for planners, teachers, and authors are in place (ACCME Standard 3.7);
- g. Product-promotion material or product-specific advertisements of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same

products or subjects must be avoided. Live (staffed exhibits, presentation) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME (ACCME Standard 4.2);

h. A commercial interest is not used as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities (ACCME Standard 4.5);

i. The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest (ACCME Standard 5.1);

j. Attendees in the audience are not compensated or otherwise materially rewarded for attendance (e.g., through payment of travel expenses, lodging, honoraria, or personal expenses) (ACCME Standard 3.12);

In addition to the aforementioned ACCME Standards and consistent with Guideline 1 of this policy, educational events sponsored by industry on UAB AMC campus shall comply with the following provisions:

a. Personal gifts of any type shall not be distributed to attendees or participants before, during, or after the meeting or lecture, other than educational materials as set forth in #1;

b. Funds for educational activities shall be provided to a central fund managed by a department or division administrative office and not to individuals for specific educational activities.

Relevant Policies and References

- ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities
- UAB Continuing Medical Education

6. GUIDELINES FOR DELIVERING AND PARTICIPATING IN INDUSTRY-SPONSORED LECTURES AND CONFERENCES AND MEETINGS OF UAB AMC EMPLOYEES AND TRAINEES OFF OF THE UAB AMC CAMPUS

Clinical meetings and scientific meetings sponsored by professional societies frequently derive a portion of their support from industry. Such sponsorship may give rise to inappropriate industry influence on the content of the conference or its attendees. Grants for meetings and conferences that originate from the company's marketing division may be particularly problematic. UAB AMC employees or trainees should actively participate (e.g., as a lecturer or organizer) only if:

a. Financial support by industry is fully disclosed at the meeting by the sponsor;

b. The meeting or lecture's content, including slides and written materials, are directly created by and/or approved by the UAB AMC employee or trainee;

c. The lecturer is expected to provide a balanced assessment of therapeutic options and should promote objective scientific and educational activities and discourse;

- d. The UAB AMC employee or trainee is not required by the company sponsor to accept advice or services concerning teachers, authors, or other educational matters including content as a condition of the sponsor's contribution of funds or services;
- e. The UAB AMC employee or trainee receives compensation only for the services provided and the compensation is at a reasonable rate.
- f. The lecturer explicitly describes all his or her related financial interests (past, existing, or planned) to the audience;
- g. The UAB AMC employee should not facilitate the participation of UAB AMC trainees in industry-sponsored events that fail to comply with these standards.

7. DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

- a. UAB AMC employees and trainees must disclose all of their related financial interests, including past (prior year), existing or expected interests (e.g., grants and sponsored research, compensation from consulting, advisory boards; investments and ownership interests) to journal editors in manuscripts submitted for publication, and audiences at lectures or presentations;
- b. UAB AMC employees and trainees must provide specific written information on financial interests with industry in accordance with all UAB policies, including, but not limited to, the outside consulting policy, and Conflict of Interest Review Board policies.
- c. UAB AMC employees with supervisory responsibilities for trainees or staff must ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the activities or responsibilities of the trainee or staff member.

8. EDUCATION OF UAB AMC EMPLOYEES AND TRAINEES REGARDING INDUSTRY RELATIONSHIPS

The policies outlined in this document apply to the full spectrum of education, beginning with students and continuing into the post-graduate years, residency, and beyond.

- a. Individual departments must provide education to trainees and appropriate staff regarding potential conflicts of interest inherent in industry interactions. This education should include data interpretation techniques as well as an emphasis on evidence-based medicine. Appropriate venues for such education include departmental grand rounds, regularly occurring clinical teaching conferences.
- b. Medical student education must include techniques to minimize conflict of interest and bias in clinical decision making when interacting with industry representatives. Appropriate venues for such education include courses and special topics such as, Doctor Patient and Society, Introduction to Clinical Medicine, and Evidence-Based Medicine. In addition, such education should be formally incorporated into the didactic portion of the clinical clerkships.
- b.1. Medical students have multiple opportunities to work with the clinical (formally "voluntary") faculty during their clinical training, especially in outpatient settings. While engaged in teaching medical students, these clinicians should be given copies of these Guidelines so that they understand and respect the conduct expected of the medical students.

- b.2. Individual departments are responsible for educating their respective clinical faculty on these policies, and reminding them that when medical students are working with them, they should be adhering to these guidelines.
- b.3. At the end of each rotation, students should evaluate compliance with these guidelines by their clinical faculty preceptors; this will require the addition of an additional item to their current evaluation screen online.
- b.4. Department chairs should be provided with the above feedback and given pooled data for consideration during the process of periodic reappointment of clinical faculty in their respective departments.
- c. Any scholarships or other educational funds from industry or professional societies must be managed by the UAB AMC and not by the recipient of the award. These funds will only be accepted if there are not conditions or requirements for the use of these funds other than to support the work of the trainee or faculty member scientifically and educationally. The management of these funds will be at the discretion of the UAB AMC.

9. GHOSTWRITING

UAB AMC employees and trainees may not allow their professional presentations of any kind, to be ghostwritten by any party. UAB AMC employees and trainees who serve as authors should comply with the standards listed in the Uniform Requirements for the conduct and reporting of research.

Relevant Policies and References

- Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, Updated October 2007.

10. ENFORCEMENT

As clearly stated in the UAB Faculty Handbook "a key strategic goal of UAB is to create and maintain a positive, supportive, and diverse work/study environment where faculty, staff, and students can excel." To fulfill this goal, UAB expects that faculty, staff, and administrators will display professionalism as applicable to teaching, research and institutional service. Violation of the "The University of Alabama at Birmingham School of Medicine and UAB Health System Guidelines for Relationships with Industry" is a violation of professional behavior and may result in the taking of disciplinary action up to, and including, discharge.

References:

The following references were utilized in the compilation of these Guidelines:

1. American Medical Association. Opinion of the Council on Ethical and Judicial Affairs, E-8.061 <<http://www.ama-assn.org/ama/pub/category/4001.html>> Accessed January 20, 2005.
2. Department of Health and Human Services, Office of Inspector General. OIG Compliance Program Guidance for Pharmaceutical Manufacturers. Fed Regist2003;68:23731-43. Page 25

3. Pharmaceutical Research and Manufacturers of America. PhRMA Code on Interactions with Healthcare Professionals. Wash D.C., PhRMA, 2002.
4. Accreditation Council for Continuing Medical Education Report on Standards for Commercial Support accessed March 12, 2005 at http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf
5. Moses, H, et.al. Collaborating with Industry-Choices for the Academic Medical Center. N Engl J Med 347:1371-5, 2002.
6. Yale University Faculty Handbook, Section X. University Policies Concerning Teaching and Research
(http://www.yale.edu/provost/handbook/handbook_x__university_policies_concerni.html)
7. Yale University Policy on Conflict of Interest and Conflict of Commitment
(<http://www.yale.edu/provost/html/coi.html>)
8. Yale-New Haven Hospital and Yale-New Haven Health System Policies on Interactions with Pharmaceutical Representatives.
9. Association of American Medical Colleges. Industry Funding of Medical Education, Report of an AAMC Task Force, June, 2008

Appendix A Task Force Members

Rich Whitley, MD
Chair, Task Force
Professor, Department of Pediatrics

Thomas Hunt III, MD
Professor and Director,
Division of Orthopaedic Surgery
Department of Surgery

Jeroan Allison, MD
Professor, Division of Preventive Medicine,
Department of Medicine

Kathleen Kauffmann, JD
Office of Counsel

Michael Bertram, PhD
Executive Administrator,
Comprehensive Cancer Center

James Meador-Woodruff, MD
Professor and Chair,
Department of Psychiatry

Pam Bounelis, PhD
Assistant Dean for Biomedical Research

Barry Rayburn, MD
Professor,
Division of Cardiovascular Biology
Department of Medicine

Joel Cure, MD
Professor, Department of Radiology

Kenneth Saag, MD
Professor,
Division of Immunology/Rheumatology
Department of Medicine

Seemal Desai, MD
Resident
Department of Dermatology

Michael Saag, MD
Professor and Director,
Division of Infectious Diseases
Department of Medicine

Boni Elewski, MD
Professor
Department of Dermatology

Rebecca Wylie
Medical Student

Other Important Task Force Contributors:

Amitha L. Ananth - Medical Student

Terry Justice – Executive Director of Procurement

Harlan Sands – Associate Provost, Administration and Finance

Reesha C. Shah - Medical Student

Robert Taylor – UAB Health System, Assistant Vice President Supply Chain

Chris Thrash – Medical Student

Sara Davis – Program Coordinator II, Department of Pediatrics



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Equal Opportunity and Discriminatory Harassment Policy

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Abstract: UAB is committed to equal opportunity in education, and employment, and the maintenance and promotion of nondiscrimination and prevention of discriminatory harassment in all aspects of education, recruitment and employment of individuals throughout the university.

Effective Date: 11/22/2016
Responsible Party: Vice President for Financial Affairs and Administration
Contacts: None Assigned
Administrative Category: Board of Trustees
Applies To: Faculty, Staff, Students
Keyword(s): Equal Opportunity, Sexual Harassment, Harassment, Nondiscrimination, Absence
Material Original Source:

University of Alabama at Birmingham

EQUAL OPPORTUNITY and DISCRIMINATORY HARASSMENT POLICY

November 22, 2016

(Replaces policy dated November 8, 2011)

Related Policies

[Policy Concerning Consensual Romantic Relationships](#)
[Title IX Sexual Violence and Sexual Misconduct Policy](#)

Policy Statement

The University of Alabama at Birmingham (UAB) hereby reaffirms its policy of equal opportunity in education and employment.

Equal Employment Opportunity

The University of Alabama at Birmingham is expressly committed to maintaining and promoting nondiscrimination in all aspects of recruitment and employment of individuals at all levels throughout UAB. UAB policies, in addition to state and federal law, prohibit, and will not tolerate, discrimination in any personnel actions, UAB programs, and UAB facilities on the basis of race, color, religion, sex, national origin, disability unrelated to job performance, veteran status, or genetic or family medical history. In addition, UAB prohibits, and will not tolerate, discrimination against individuals on the basis of their sexual orientation, gender identity or gender expression. UAB also complies with the Age Discrimination in Employment Act which prohibits employment discrimination against persons 40 years of age or older. UAB will not tolerate any conduct by an administrator, supervisor, faculty, or staff member which constitutes any form of prohibited discrimination. All personnel actions, programs, and facilities are administered in accordance with UAB's equal opportunity commitment and affirmative action plan. UAB will state its position as an equal opportunity/affirmative action employer in all solicitations and advertisements for employment vacancies placed by, or on behalf of, UAB. UAB will broadly publish and circulate its policy of equal employment opportunity by including a statement in all media communication and printed matter for employment purposes. Further, UAB will consider, through appropriate established procedures, complaints of any individual who has reason to believe that he or she has been affected by prohibited discrimination. See also the "Complaints" section below.

Equal Education Opportunity

As an institution of higher education and in the spirit of its policies of equal employment opportunity, UAB hereby reaffirms its policy of equal educational opportunity. UAB prohibits, and will not tolerate, discrimination in admission, educational programs, and other student matters on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history. Complaints by any applicant or student who has reason to think he or she has been affected by discrimination will be considered through appropriate established procedures. See also the "Complaints" section below. This policy must be included in all student handbooks and catalogs. The following summary statement may be printed in other UAB publications:

The University of Alabama at Birmingham prohibits discrimination in admission, educational programs, and other student matters on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status or genetic or family medical history.

Discriminatory Harassment Policy

In keeping with its commitment to maintaining an environment that is free of unlawful discrimination and in keeping with its legal obligations, UAB prohibits unlawful harassment based on any of the identified protected classes (and discourages conduct that, while not unlawful, could reasonably be considered unwelcome). Discriminatory harassment of any kind is not appropriate at UAB, whether it is sexual harassment or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, genetic or family medical history, or any factor that is a prohibited consideration under applicable law. At the same time, UAB recognizes the centrality of academic freedom and its determination to protect the full and frank discussion of ideas consistent with the subject matter of the course. Thus, discriminatory harassment does not refer to the use of materials about or discussion of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history for scholarly purposes appropriate to the academic context, such as class discussions, academic conferences, or meetings.

A: Definitions and Description of Prohibited Conduct

1: Sexual Harassment

Sexual Harassment is any unwelcome sexual advance, request for sexual favors, or other unwanted conduct of a sexual nature, whether verbal, non-verbal, graphic, physical, or otherwise, when the conditions outlined in (a) and/or (b), below, are present.

Gender-Based Harassment includes harassment based on gender, sexual orientation, gender identity, or gender expression, which may include acts of aggression, intimidation, or hostility; whether verbal or non-verbal, graphic, physical, or otherwise, even if the acts do not involve conduct of a sexual nature, when the conditions outlined in (a) and/or (b), below, are present:

a) Submission to or rejection of such conduct is made, either explicitly or implicitly, a term or condition of a person's employment, academic standing, or participation in any University programs and/or activities or is used as the basis for University decisions affecting the individual (often referred to as "quid pro quo" harassment); or

b) Such conduct creates a hostile environment. A "hostile environment" exists when the conduct is sufficiently severe, persistent, or pervasive that it unreasonably interferes with, limits, or deprives an individual from participating in or benefiting from the University's education or employment programs and/or activities. Conduct must be deemed severe, persistent, or pervasive from both a subjective and an objective perspective. In evaluating whether a hostile environment exists, the University will consider the totality of known circumstances, including, but not limited to:

- o The frequency, nature and severity of the conduct;
- o Whether the conduct was physically threatening;
- o The effect of the conduct on the Complainant's mental or emotional state;
- o Whether the conduct was directed at more than one person;
- o Whether the conduct arose in the context of other discriminatory conduct;
- o Whether the conduct unreasonably interfered with the Complainant's educational or work performance and/or University programs or activities; and
- o Whether the conduct implicates concerns related to academic freedom or protected speech.

A hostile environment can be created by persistent or pervasive conduct or by a single or isolated incident, if sufficiently severe. The more severe the conduct, the less need there is to show a repetitive series of incidents to prove a hostile environment, particularly if the conduct is physical. A single incident of Sexual Assault, for example, may be sufficiently severe to constitute a hostile environment. In contrast, the perceived offensiveness of a single verbal or written expression, standing alone, is typically not sufficient to constitute a hostile environment.

See: UAB's Guide for Victims of Sexual Assault and UAB's Sexual Harassment Guide.

2: Discriminatory Harassment of a Non-Sexual Nature

The same principles related to sexual harassment also apply to harassment on the basis of any characteristic that is protected by law. Thus, UAB's policy prohibits discriminatory harassment of a non-sexual nature, which includes verbal, physical, or graphic conduct that denigrates or shows hostility or aversion toward an individual or group on the basis of race, color, religion, sex, national origin, disability unrelated to job performance, veteran status, genetic or family medical history, or other status protected by applicable law and that:

- Has the effect of creating an intimidating, hostile, or offensive employment, educational, or living environment; or
- Has the effect of unreasonably interfering with an individual's work performance or a student's academic performance.

UAB also adopts these principles with regard to discrimination or discriminatory harassment on the basis of sexual orientation, gender identity and gender expression.

Prohibited behavior includes non-academic remarks or actions of a non-sexual nature that are severe or persistent or pervasive and objectively offensive sufficient to limit or deny an individual of their rights to employment or educational opportunities or access to activities or benefits of the institution.

3: Applicability of Policy

In determining whether the conduct at issue is sufficient to constitute discriminatory harassment in violation of this policy, the conduct will be analyzed from the objective standpoint of a "reasonable person" under similar circumstances. No violation of the policy should be found if the challenged conduct would not create a hostile environment (i.e., substantially affect the work environment of a "reasonable person.") See EEOC Policy Guidance on Current Issues of Sexual Harassment at www.eeoc.gov and OCR 2001 Guidance Document on Sexual Harassment.

All harassing conduct prohibited by this policy, whether committed by faculty, staff, administrators, or students, is strictly prohibited and will bring prompt and appropriate disciplinary action, including possible termination of employment or permanent exclusion from UAB. This policy shall apply to any UAB-sponsored event or program, whether on or off campus, or other situations in which an individual is acting as a member of the UAB community.

The level of discipline imposed will depend upon the severity and pervasiveness of the conduct, which may be determined by the existence of prior incidents of harassment or discrimination. Depending upon the severity of the offense, however, a single violation of this policy may be sufficient for termination of employment or expulsion from an academic program.

B. Prohibition Against Retaliation.

Retaliation against an individual who, in good faith, complains about or participates in an investigation of an allegation of discrimination or harassment is prohibited. Any individual who feels he or she has been retaliated against, or has been threatened with retaliation, should report that allegation immediately to the Office of the Vice President for Diversity, Equity and Inclusion or to the Office of the Chief Human Resources Officer.

C. False Accusations.

Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions. However, failure to prove a claim of discrimination, harassment, or retaliation by a preponderance of the evidence standard following a good faith investigation does not, in and of itself, constitute proof of a knowing, false accusation.

Complaints

Prior to seeking a formal resolution, an individual is strongly encouraged to resolve an allegation of discrimination or harassment through an informal process. Allegations of sexual assault should always be resolved through formal resolution. For staff, faculty, and students, the procedure for resolving allegations of discrimination or harassment when both the individual making the complaint and the person against whom the complaint is made are employed or enrolled at UAB is described in the sections entitled "Informal Resolution Procedure" and "Formal Complaint and Resolution Procedure." Others (visitors, patients, alumni or former students, applicants for admission or employment, or former employees) who believe they have been discriminated against or harassed by someone employed or enrolled at UAB should utilize the "Informal Resolution Procedure".

A. Informal Resolution Procedure

(NOTE: Procedures similar to the following informal process are also included in UAB's "Problem Resolution Procedure for Nonfaculty Employees" and in the UAB Faculty Handbook and Policies.)

Although none of the actions set forth below is required before an individual is eligible to file a formal complaint, UAB encourages use of these mechanisms for informal resolution of the complaint. This list is not exhaustive. Actions taken using any of these mechanisms do not necessarily constitute a finding of discrimination or harassment.

1. **One-on-one Meeting:** The person making the complaint is encouraged to meet with the person whose behavior is considered discriminatory to discuss the situation and to seek resolution.
2. **Intervention by Supervisor, Manager, or Department/Unit Head.** The person making the complaint is encouraged to contact his/her supervisor to request assistance with resolving the allegation of discrimination or harassment.
3. **Facilitated Conversation:** If one-on-one meetings or intervention by departmental officials as indicated above do not resolve the discrimination or harassment allegation, the individual making the complaint may contact the appropriate office to request the assistance of a "facilitator." Facilitated conversations allow the parties involved to discuss the relevant issues in order to seek mutually agreeable solutions.

Individuals may contact the following for assistance with any aspect of the Informal Resolution Procedure:

Employees may contact their assigned HR Consultant or HR Employee Relations.

Faculty employees may contact the Office of the Provost or Employee Relations.

Students may contact the Office of the Vice Provost for Student and Faculty Success.

Disability Support Services is available for consultation in any instances involving disabilities.

The Office of the Vice President for Diversity, Equity and Inclusion is also available for consultation.

Should the above mechanisms fail to resolve the matter satisfactorily, a complaint may be filed by Staff, Faculty and Students through the formal complaint process.

B. Formal Complaint and Resolution Procedure

Before filing a formal complaint of alleged discrimination or harassment, the relevant parties are encouraged to use one or more of the options outlined above for informal resolution of the allegation. If one chooses to proceed with a complaint, the complaint may be submitted in writing to one of the following, as appropriate:

Staff and Faculty

- HR Consultant/HR Employee Relations
- Office of the Chief Human Resources Officer
- Office of the Provost
- Office of the Vice President for Diversity, Equity and Inclusion

Students

- Non-academic Conduct Officer
Disability Support Services (for disability discrimination)
Office of the Vice Provost for Student and Faculty Success

To the extent possible, all complaints will be handled confidentially and addressed in accordance with UAB policy. The complaints will be referred to the appropriate area for review and investigations will be conducted in a timely manner. In instances where staff, faculty and student issues overlap, the areas listed above will confer and/or work collaboratively to resolve the issue.

All individuals may use the procedures without penalty or fear of retaliation.

Also, any inquiries or complaints concerning the application of the Americans with Disabilities Act (ADA); Title VII of the Civil Rights Act of 1964; Executive Order 11246, as amended; Title IX of the Education Amendments of 1972; the Rehabilitation Act of 1973; or other legislation and its implementing regulations as they relate to the University of Alabama at Birmingham should be directed to one of the officials listed above.

Potential Disciplinary Action

A violation of this policy may result in disciplinary action up to and including discharge.

Overall Implementation

The Office of the Vice President for Financial Affairs and Administration and the Office of the Provost are responsible for submitting revisions to be considered for this policy.

**THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
PROFESSIONAL LIABILITY TRUST FUND
Statement on Moonlighting**

Clinical Entities Covered Under the Trust

As of April 1, 2017

University of Alabama Health Services Foundation, P.C. including all clinics owned and operated by the Foundation.

UAB Health System

University of Alabama at Birmingham (UAB) including all campuses of UAB Hospital,

The Kirklin Clinic and all other clinics operated by UAB Hospital

University of Alabama Ophthalmology Services Foundation

University of Alabama at Birmingham Research Foundation

Gorgas Memorial Institute of Tropical and Preventative Medicine, Inc.

The Workplace, Inc.

Eye Foundation, Inc.

Callahan Eye Hospital Health Care Authority

University of Alabama Student Health Center

University of Alabama

University of Alabama in Huntsville

Central Alabama Cancer Center, LLC (the interest of University of Alabama Health Services Foundation as member of the LLC)

UAB Hospital Management, LLC

NOTE: The Health Care Authority for Medical West, an Affiliate of the UAB Health System and the Health Care Authority for Baptist Health, an Affiliate of UAB Health System are NOT covered entities under the UAB Professional Liability Trust Fund.

The UAB Professional Liability Trust Fund coverage does not extend to moonlighting activities. For the purposes of the Trust Fund coverage, moonlighting is defined as professional services provided by residents that are not a direct and integral part of their training and not provided under a written agreement with an entity covered by the Trust (as noted above) and for which the resident is compensated directly by an entity that is not a Trust participant.