

GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Academic Year: July 2020 - June 2021



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

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES
ACADEMIC YEAR: JULY 2020 - JUNE 2021
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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 is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements. 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.

D. DIVERISTY AND INCLUSION

The Sponsoring Institution, in partnership with the programs, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. The DCGME Subcommittee for Diversity and Inclusion works in partnership with the Dean's Office for Diversity and Inclusion to focus and implement strategic goals to ensure a diverse and inclusive GME workforce in our academic community.

SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION

The administrative staff, teaching faculty, and medical staff of the University of Alabama Hospital (Hospital), the University of Alabama 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 Associate DIO for the Clinical Learning Environment or 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 of Clinical Operations. 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 and subcommittees, 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 June 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 June 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 four or more of the below indicators are present then a special review may be conducted at the approval with the DIO, DCGME Executive Committee and DCGME. This may include, but is not limited to, the following:
 - a) ACGME Trends
 - i. Most at Risk: Same issue on the ACGME Survey and Accreditation Letter
 - b) ACGME Resident Survey – Resident’s Overall Evaluation of the Program
 - i. Minimal to No Risk: % answered Very Positive greater than or equal to National Mean
 - ii. Most at Risk: % answered Very Positive less than National Mean
 - c) ACGME Resident Survey – Residents Can Raise Concerns without Fear and Satisfied with Process to Deal with Problems and Concerns
 - i. Minimal to No Risk: Both Questions greater than National Mean
 - ii. Some Risk: One Question less than National Mean
 - iii. Most at Risk: Both Questions less than National Mean
 - d) ACGME Faculty Survey – Faculty’s Overall Evaluation of the Program
 - i. Minimal to No Risk: % answered Very Positive greater than or equal to National Mean
 - ii. Most at Risk: % answered Very Positive less than National Mean
 - e) GME Work Environment Survey – I would recommend my training program to others
 - i. Minimal to No Risk: Greater than 80% answered Strongly Agree or Moderately Agree
 - ii. Some Risk: Less than or equal to 80% answered Strongly Agree or Moderately Agree
 - iii. Most at Risk: Less than or equal to 80% answered Strongly Agree or Moderately Agree and at least one respondent answered Disagree in any Disagree categories
 - f) Citations
 - i. Minimal to No Risk: No New Citations or Resolved Citations
 - ii. Some Risk: New Citation or Area for Improvement
 - iii. Most at Risk: Extended Citation
 - g) Citations related to 80 hour work week
 - i. Minimal to No Risk: No New Citations or Resolved Citations
 - ii. Some Risk: New Citation or Area for Improvement
 - iii. Most at Risk: Extended Citation
 - h) Board Pass Rate
 - i. Minimal to No Risk: 80% pass rate based on provided data in APE for the past three exam cycles [either three or six years depending on certifying exam availability]
 - ii. Most at Risk: Less than 80% pass rate on provided data in APE for the past three exam cycles [either three or six years depending on certifying exam availability] or no data or inconclusive data provided in APE.
 - i) Resident Attrition
 - i. Reviewed on a case by case basis
 - j) Work Hour Logging Compliance (Administrative Oversight)
 - i. Minimal to No Risk: At least 80% of trainees logging per program’s policy
 - ii. Most at Risk: 80% compliance not met per program’s policy
- 2) DCGME requested progress reports from the past three years will be reviewed by the DIO, DCGME Executive Committee, and DCGME when deciding on requesting a special review of the program.
- 3) Programs will be identified for a full special review if one of the following circumstances are noted:
 - 1) Program placed on probation
 - 2) Egregious clinical and educational workhour violations
 - 3) Major concerns raised from confidential phone line

- 4) 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.
- 5) The DIO and DCGME Executive Committee may decide if administration of the Maslach Burnout Inventory prior to the special review interviews is appropriate and beneficial to the cause of the review.
- 6) 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.
- 7) 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 and annual summative evaluation of performance with feedback. Semiannuals are conducted in the fall and Annual Summative evaluations are done in the spring. The Annual Summative needs to have wording that comments on the readiness of the resident/fellow to progress to the next year of training.
11. Final evaluation of residents/fellows, documenting performance during the final period of education and verifying that the resident/fellow has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice.
12. Complete annual written confidential evaluations of faculty by the residents/fellows
13. Documentation of program evaluation and written improvement plan
14. Documentation of work 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.

Work 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' work 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
 21. Program Specific (not institutional) policies for supervision of residents/fellows (addressing progressive responsibilities for patient care and faculty responsibility for supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members.
- 8) 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.
 - 9) 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
 - 10) The DCGME will monitor outcomes of the Special Review via the following mechanisms:
 - i. Progress reports
 - ii. Follow-Up interviews as deemed appropriate by the DIO and Special Review team
 - iii. Review of procedural data if indicated
 - iv. Review of duty hours if indicated

6. **House Staff Council:** The House Staff Council consists of a President, Vice President, Secretary, Wellness Chair and representatives from each residency program sponsored by the Hospital. Resident/fellow representatives are appointed by the program directors and the Council elects officers 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 Director of the Graduate Medical Education Department attends the meetings. 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 program must monitor the clinical learning and working environment at all participating sites. Each participating site must have one faculty member as site director, designed by the program director. The site director is accountable for resident education at the site, in collaboration with the program director.

The Hospital utilizes a standardized educational affiliation agreement that details the terms, conditions, and responsibilities of the Hospital and affiliated institution, and those that generally apply to all programs and residents/fellows utilizing the affiliate. All educational affiliation agreements and program letters of agreement must be processed by the 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 Commission on Osteopathic College Accreditation (AOACOCA).
 - 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) prior to appointment, 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 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 (205) 934-1528 or email iss@uab.edu as soon as you are considering a non-US citizen for residency or fellowship training. ISS 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 from 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.
- 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) **Residency Programs:** All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs, must be completed in:
 - i. ACGME-accredited residency programs,
 - ii. AOA-approved residency programs,
 - iii. Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or
 - iv. College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada
 - v. Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation

b) Fellowship Programs: The ACGME CPRs (Fellowship), include two choices for fellowship eligibility. Program Directors must be familiar with the Resident Review Committee's requirements.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs, must be completed in:	
Option 1	Option 2
ACGME-accredited residency programs,	ACGME-accredited residency programs,
AOA-approved residency programs,	AOA-approved residency programs,
Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation,	
Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or	
College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada	

Residency programs and Fellowship programs (Option 1) must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. Program Directors must review Residency Review Committee and/or certifying board requirements to ensure compliance. Fellowship programs (Option 2) must receive verification of training through ACGME milestones.

Non Accredited Prior Training: A Physician who has completed a residency program that was not accredited by the ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited residency program and with approval by the Dean's Council for GME.

The resident may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision only applies in those specialties for which an initial clinical year is not required for entry.

4. **Eligibility Exception:** Some Residency Review Committees allow exceptions to the eligibility requirements for exceptionally qualified international graduate applicants who does not satisfy the eligibility requirements listed in III.A.1-III.A.3. Program Directors must review their program specific requirements. The Dean's Council for GME must approve exceptional candidates prior to placing the applicants on your rank list. If approved and applicants matriculate the program's CCC must review the resident/fellow within 12 weeks.
 - a) Residency Programs: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission.
 - b) Fellowship Programs: A Review Committee may permit the eligibility exception if the specialty chooses Option 1 in the CPRs (Fellowship) Section III.A.1.
5. **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.
6. **Health Appointment in Employee Health:** All newly appointed residents/fellows must complete and pass a pre-employment health exam, within 30 days of the date of employment (see Section V.D. for details).
7. **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.
8. **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 based on 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; the conditions under which call rooms, meals, laundry services, or their equivalents are to be provided; information related to the applicant's eligibility for the relevant specialty board examination.
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 or restrictive covenant.

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. This must be done within 30 days.
3. The program director shall provide verification of an individual resident's completion upon the resident's request within 30 days.
4. 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."
5. 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.

6. 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 two, one-month, non-reimbursed elective rotation per resident/fellow throughout all years of the program. For international electives, you must follow the [UAB-Related International Travel Policy](#) and complete the online form: [UAB-Related International Travel Registration](#). Travelers should also review and be familiar with the [UAS International Travel Assistance Program](#). Coverage applies to employees.
 - 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 either arrange 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 on either the residents/fellow’s hire date or the first of the following month, whichever the resident/fellow chooses. Enrollment or change in coverage thereafter is limited to the period of open enrollment, or within thirty-one (31 days) following 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, 2020, for each of the plans is as follows:

2020 Monthly Health Insurance Rates				
	<u>Employee</u>	<u>Employee + Child(ren)</u>	<u>Employee + Child+Spouse</u>	Family
Viva Choice	\$76.00	\$257.07	\$327.07	\$366.18
Viva UAB	\$93.93	\$286.04	\$400.07	\$419.31
UAB Viva Access	\$153.94	\$469.34	\$569.34	\$663.73
Blue Cross/ Blue Shield	\$182.77	\$557.24	\$667.24	\$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, 2020, for the options is as follows:

2020 Monthly Dental Insurance Rates				
	<u>Employee</u>	<u>Employee + Child(ren)</u>	<u>Employee + Child + Spouse</u>	Family
BCBS Basic	\$18.78	\$32.17	\$44.38	\$48.05
BCBS Comprehensive	\$35.74	\$61.12	\$79.10	\$86.10

3. **Vision Coverage:** Coverage is offered through Vision Service Plan (VSP). The VSP plan offers coverage for routine eye exams, lenses and frames, contacts and discounts for LASIR 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, 2020 is as follows:

2020 Monthly Vision Insurance Rates				
	<u>Employee</u>	<u>Employee + Child(ren)</u>	<u>Employee + Child + Spouse</u>	Family
Vision Service Plan (VSP) Basic	\$7.84	\$14.84	\$23.42	\$24.94
Vision Service Plan (VSP) Premier	\$13.77	\$21.43	\$41.42	\$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. Any change in the status of a resident/fellow must be reported to the Graduate Medical Education Department to ensure proper change in coverage. Such changes include a change in address, dates of appointment, employment status or title, specialty, scope of privileges granted, or leave of absence. During a leave of absence, the resident/fellow will not be covered by professional liability insurance.
2. Residents/fellows must contact the Office of Risk Management and Insurance immediately to report any incident, which may be construed as professional malpractice, if they are contacted by an attorney concerning a claim, or if they receive a subpoena for court appearance or records.
3. Moonlighting activities are voluntary, compensated medically related work (not part of the training requirements). Resident/Fellows that moonlight will have coverage from UAB's Professional Liability Trust Fund (PLTF) only for moonlighting activities performed at a facility operated by a covered entity under PLTF (see Appendix 11).
4. Moonlighting activities may be covered at a facility not covered under the PLTF under very limited circumstances, if the facility has a written agreement with UAB or HSF for the provision of clinical services. The UAB Director of Insurance and Risk Finance must review any such request for PLTF coverage.
5. Residents/Fellows from other institutions performing rotations on services at UAB must provide the Graduate Medical Education Department with proof of professional liability coverage for their educational activities at UAB. The limits provided must be at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

G. ANNUAL LEAVE

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 12 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. Employee Health Appointment:** All newly-appointed residents/fellows must have an Employee Health Visit; 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 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. Background Checks** are performed during the orientation process for new residents/fellows.
- F. 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 the UAB Learning System 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.
- G. 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.
- H. 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.
- I. Professional Liability Insurance:** Newly appointed 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. See Section IV.F for more details.
- J. 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.)
- K. 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.)
- L. 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

M. 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.dea diversion.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.

N. 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.

O. 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/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 at 509 Richard Arrington Jr. Blvd. 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. TrendTracker: 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 \$35 per month (or, \$420 per year). Discounts are available for limited access at \$22 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) 934-1528 or email iss@uab.edu.
- 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 mblloyd85@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 4:30 p.m. A librarian is available Monday through Friday 7:30 a.m. to 4:00 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 University Boulevard. 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 - Process for Treating and Reporting Needle Sticks/Exposure :

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:

Immediate Steps after Exposure:

1. Wash area with soap and water
2. Flush splashes to nose, mouth or skin with water
3. Irrigate eyes with clean water, saline or sterile irrigates
4. Report incident to supervisor

Source Patient:

1. Ensure needle stick profile is drawn and sent to lab (2 Gold tops needed. Do not add on to blood currently in lab if at all possible)
 - The primary nurse needs to make the patient aware of exposure and need for blood collection
 - If the test results are positive, a clinician from the primary team will inform the patient

Reporting:

- Complete an incident report at the time of the exposure (this step must be done)
- Present to Employee Health if exposure occurred during operation hours (M-F 0630 – 1700)
- Call paging operator (934-4311) and have the needle/stick/exposure team on call paged

Employee Health Visit:

- Report to Employee Health as soon as possible
- Evaluated for possible TDap and Hepatitis B vaccine administration
- Schedule routine serologic follow up if needed
- Evaluate risk of exposure. Prophylaxis medication may be offered.

DO NOT:

- Do not allow the source patient to leave before blood is collected
- Do not report to the ED unless you are instructed to do so by Employee Health or Occupational Health and Medicine
- Do NOT review source patient results to determine if you need to be seen by Employee Health. All needle sticks and exposures need to be seen by Employee Health

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

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

1. Complete an incident report at both facilities.

2. Inquire about the institution's exposure policy. If the hosting institution or physician's office has a protocol in place to provide medical care and recommended testing, have the initial evaluation and follow-up performed there.
 3. If the hosting facility provides initial treatment, but does not provide long-term follow-up care, gather all serologic results from the initial post-exposure evaluation, including the patient's lab work, and notify UAB Employee Health at (205) - **934-3675** Mon.-Fri. **6:30 am-5:00 pm**. UAB Employee Health will provide long-term follow-up care at no charge
- J. COVID-19 Information:** In response to the COVID -19 Pandemic UAB and the UAB Hospital have developed several policies for employees. Please visit the UAB Employee Health Website and the UAB One Site for information related to COVID-19.
- K. Notary:** The GME Office provides notary services to residents/fellows free of charge.
- L. 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.
- M. 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 \$58.00 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 will 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.**
- N. 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 UAB Highlands:** To increase safety and convenience of UAB providers providing care at main campus and Highlands, providers can access a UAB Uber account. For more information, please contact the GME Office at (205) 934-4793.
- O. 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 7:00 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.
- P. 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.
- Q. Lactation Centers:**
- The UAB Commission on the Status of Women has worked to provide lactation centers on campus. For information on the locations of lactation centers: <https://www.uab.edu/women/resources/campus-lactation-centers>
- R: Requests for Reasonable Accommodations under the Americans with Disabilities Act**
- UAB’s Graduate Medical Education (GME) training programs provide reasonable accommodations to residents/fellows or applicants who have a documented disability that may affect their ability to participate

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

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

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

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

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 must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. Residency Directors at minimum must be provided with salary support required to devote 20% FTE (at least eight hours per week) of non-clinical time to the administration of the program. Review Committees may further specificity in the specialty-specific requirements. 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. Specialty expertise and at least three years of documented educational and/or administrative experience in his/her field acceptable to the Residency Review Committee,
4. Certified in the specialty for which they are the program director by the applicable American Board of Medical Specialties (ABMS) or by the American Osteopathic Board (AOA), or specialty qualifications judged to be acceptable by the Residency Review Committee, and
5. Current medical licensure
6. Ongoing clinical activity

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

1. Have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; recruitment and selection, evaluation, and promotion of the residents, and disciplinary action; supervision of residents and resident education in the context of patient care.
2. Be a role model of professionalism

3. Design and conduct the program in a fashion consistent with the needs of the community, mission(s) of UAB Hospital, and the mission of the program
4. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program,
5. Develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education and at least annually thereafter; Having the authority to approve and remove program faculty members for participation in the residency program at all sites;
6. Remove residents from supervising interactions and/or learning environments that do not meet the standards of the program
7. Submit accurate and complete information required and requested by the DIO, Dean's Council for GME and ACGME,
6. Complete annual updates of the program and resident/fellow records through the ACGME Accreditation Data System (ADS),
5. Obtain 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.
5. Provide applicants who are offered an interview, with information related to the applicant's eligibility for the relevant specialty board examination,
6. Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner
7. Ensure implementation of fair policies and procedures, as established by the Hospital, to address resident/fellow grievances and due process in compliance with the Institutional Requirements and Common Program Requirements,
8. Ensure implementation of policies and procedures, as established by the Hospital, to address employment and non-discrimination
9. Monitor 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.
10. Develop and implement the academic and clinical program of resident/fellow education by preparing and implementing a written statement outlining the competency based educational goals and objectives of the program, with respect to knowledge, skills, and other attributes of the residents/fellows for each major assignment and each level of the program,
 - a) The educational goals and objectives must be distributed to residents/fellows and faculty.
 - b) The educational goals and objectives must be reviewed with residents/fellows prior to the assignment.
11. Provide residents/fellows with direct experience in progressive responsibility for patient management.

12. Prepare and implement a comprehensive, well-organized, and effective curriculum, both academic and clinical, this includes the presentation of core specialty knowledge supplemented by the addition of current information.
13. Ensure that residents/fellows are provided with effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competences as outlined in the Common and specialty/subspecialty-specific Program Requirements.
14. Establish and maintain an environment of inquiry and scholarship, including an active research component within the program, and ensuring participation by both residents/fellows and faculty, as defined in Section IV.D in the Common Program Requirements and Program Requirements.
15. 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.
16. Develop and implement 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.
17. Develop and implement formal written policies and procedures governing resident/fellow **clinical and educational work** hours that are in compliance with Sections II and VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
18. Develop and implement 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.
19. Develop and implement 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).
20. Develop and implement 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.
21. Prepare the Annual Program Evaluation.
22. Prepare information from their program for the CLER Dashboard.
23. Document and provide verification of a residents completion for all graduating residents within 30 days and upon the resident's request within 30 days

B. TEACHING FACULTY

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

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

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

Core Faculty

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

Associate Program Directors

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

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 including learning to communicate with patients and their families in partnership to assess their care goals and end-of-life goals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population as well as the ability to recognize and develop a plan for one's own personal and professional well-being.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care 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 that is consistent with the program's mission and aims. The program director must ensure that faculty and residents/fellows participate in scholarly activity defined as one of the following:

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

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

SECTION 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 appropriate supervision immediately available (either through guidance or direct supervision as needed) direct supervision with telecommunication technology, or oversight. During performance of bedside procedures, supervision is with appropriate direct supervision, or 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.

The program must define when physical presence of a supervising physician is required. The RC's will specify if supervision by telecommunication technology will be permitted for the specialty.

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 1a) – the supervising physician is physically present with the resident/fellow during key portions of the patient interaction.
 - b) **Direct Supervision with Telecommunication Technology** (Level 1b) –the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (If permitted by RC)
 - c) **Indirect Supervision** (Level 2) – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow for guidance and is available to provide appropriate direct supervision.
 - d) **Oversight** (Level 3) – 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 must initially be supervised at all times directly (Level 1). 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 2: fellow and attending Level 3: attending	Level 2: fellow and attending Level 3: attending
General Medicine Service VA Hospital	Level 2: PGY-2 / PGY-3 (in house) Level 3: attending	Level 3: attending
VA ICU	N / A	Level 2: fellow and attending Level 3: 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. 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 a report that is conducive to transferring information with few interruptions.
2. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy.
3. Providers will afford each other the opportunity to ask answer questions and read or repeat back information as needed.
4. The 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.
5. The Sponsoring Institution has provided access to a care transition tool (CORES) embedded within the electronic health record (EHR). All training programs are required to use this tool on all services that care for inpatients at University of Alabama Hospital. (Exempt Programs- Appendix 11)
6. For those training programs that are not required to use the CORES platform, or for whom it is not available, they are responsible for determining a standardized process to conduct hand-offs of patient care.
7. 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.
8. The patient will be informed of any transfer of care or responsibility, when possible.
9. 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.
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.
5. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

6. If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. .
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, your 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. Out of state moonlighting is permissible if approved by the Program Director. The Program Director has authority to not allow out of state moonlighting for their training program.
5. 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.
6. 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.
7. PGY-1 residents are not permitted to moonlight.
8. J-1 visa holders are not permitted to moonlight.
9. 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).
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 must directly observe, evaluate, and frequently provide feedback on performance during each rotation or similar educational assignment.
 - 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) For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
 - (b) Longitudinal experiences in the context of other clinical responsibilities, must be evaluated at least every three months and at completion of the experience.
 - (c) 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 provide an objective performance evaluation based on Competencies and use multiple evaluators types (faculty members, peers, patients, self, other professional staff, etc.)
 - 4) The program must provide information to the CCC for its synthesis of progressive resident performance.
 - 5) The program director or designee, with input from the CCC must prepare a documented semiannual evaluation of each resident/fellow's performance,

including progress along the specialty-specific milestones and communicate this evaluation to the resident/fellow in a timely manner. Programs must assist in developing individualized learning plans and develop plans for trainees failing to progress.

- 6) 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.
 - 7) 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.
 - 8) At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.
 - 9) The program director must prepare a final, written evaluation for each resident/fellow completing the program, which includes a review of the resident/fellow's performance during the final period of training, specialty-specific milestones, specialty-specific case logs (when applicable) and verification that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must include considerations from the CCC and be shared with the resident upon completion of the program.
 - 10) The program director must maintain the final evaluation in each resident/fellow's permanent record.
 - 11) The program director must forward a copy of the final evaluation for each resident/fellow to Graduate Medical Education Department for the resident/fellow's permanent institutional record.
2. **Faculty Evaluation:** The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The performance of the teaching faculty must be evaluated by the program no less than annually. Faculty members must receive feedback at least annually. The evaluations should include a review of clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism and scholarly activities. Annual written confidential evaluations by residents/fellows must be included in this process. Results of evaluations should be incorporated into program-wide faculty development plans.
3. **Program Evaluation:** The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
- 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, at least one of whom is a core faculty member and at least one resident/Resident/fellow. There must be a written description of the PEC's responsibilities and the responsibilities must include acting as an advisor to the program director through program oversight, review of the program's self-determined goals and progress toward meeting them, guiding ongoing program improvement, including development of new goals, based on outcomes, and review of current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. The group must have regular documented meetings at least annually for this purpose and is responsible for rendering a written Annual Program Evaluation (APE). The program must monitor and track: 1) Program Information including: curriculum, outcomes from prior APEs, ACGME letters of notification including citations and AFIs, quality and safety of patient care, 2) Resident/Fellow Information including: well-being, recruitment and retention, workforce diversity,

engagement in quality improvement and patient safety, scholarly activity, ACGME surveys, written evaluations of the program, achievement of milestones, in-training examinations, and graduate performance, 3) Faculty Information including: well-being, recruitment and retention, workforce diversity, engagement in quality improvement and patient safety, scholarly activity, ACGME surveys, written evaluations of the program and . faculty development as educators, in quality improvement and patient safety, in fostering their own and their residents' well-being, and in patient care based on their practice-based learning and improvement efforts; The PEC must prepare a written plan of action to document initiatives to improve performance in one or more areas as well as delineate how they will be measured and monitored. The annual review and action plan must be distributed and discussed with the members of the teaching faculty and residents/fellows and it must be submitted to the DIO.

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 with 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.

APPENDIX 1

ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

<u>UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE</u>		<u>Location</u>	<u>Telephone</u>
Dean	Selwyn Vickers, M.D.	FOT 1203	934-1997
Designated Institutional Official/ Chair of Dean's Council	Alice Goepfert, M.D.	WIC 10270N	934-4793
<u>UNIVERSITY OF ALABAMA HOSPITAL</u>			
Graduate Medical Education Department	Jennie Craft Karley Nemeth David Bailey Chloe' Bunn Brittany Burnett Dorothy Collier Gayle Sloan	JT 136	934-4793

DEAN'S COUNCIL FOR GRADUATE MEDICAL EDUCATION

CHAIR: ALICE R. GOEPFERT, M.D., Designated Institutional Official; Associate Dean for Graduate Medical Education and Professor, Department of Obstetrics & 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

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

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

CHAD BURSKI, M.D., Assistant Professor, Department of Medicine, Division of Gastroenterology, University of Alabama School of Medicine

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

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

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

Graduate Medical Education Policies and Procedures

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

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

BRAD MEERS, M.D., Assistant Professor, Department of Anesthesiology, Division of Cardiothoracic, University of Alabama School of Medicine

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

CURTIS ROZZELLE, M.D., Associate Professor, Department of Neurosurgery, 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

ANISHA ATTAWALA, Vice-President, House Staff Council, Fellow in Neonatal-Perinatal

BRIAN BATES, Chief Compliance Officer, UAB Medicine

LATESHA ELOPRE, M.D., Co-Chair of the DCGME Subcommittee on Diversity and Inclusion

BRANDY FREIGER, Program Coordinator, Internal Medicine Subspecialty Programs

LAUREN HANHAUSER, Program Coordinator, Physical Medicine & Rehabilitation Program

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

TERA HOWARD, M.D., Co-Chair of the DCGME Subcommittee on Diversity and Inclusion

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

BRENESSA LINDEMAN, M.D., Associate DIO for the Clinical Learning Environment

MICHAEL STRAUGHN, M.D., Co-Chair, DCGME Patient Safety Subcommittee

ERIN YARBROUGH, Associate Vice President, Clinical Operations (includes GME)

JOHN KILLIAN, M.D., President, House Staff Council, Resident in General Surgery

KENDALL WADDY, M.D., Secretary, House Staff Council, Resident in Internal Medicine

CATHY ZHANG, M.D., Wellness Chair, House Staff Council, Resident in Anesthesiology

Ten additional House Staff Representatives

**APPENDIX 2
ACGME-ACCREDITED PROGRAMS SPONSORED BY UAB HOSPITAL**

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR
		Allergy/ Immunology	T. Prescott Atkinson, M.D.
Anesthesiology	Anesthesiology		Susan Black, M.D.
		Anesthesiology Adult Cardiothoracic	Matthew Townsley, M.D.
		Anesthesiology Critical Care	Andrew Barker, M.D.
		Anesthesiology/ Obstetric	Mark Powell, M.D.
		Anesthesiology/Pediatric	Jack Crawford, M.D.
		Pain Management	Alethia Sellers, M.D.
Colon and Rectal Surgery	Colon and Rectal Surgery		Jamie Cannon, M.D.
Dermatology	Dermatology		Boni Elewski, M.D.
		Micrographic Surgery & Dermatologic Oncology	Conway C. Huang, M.D.
		Dermatopathology	Peter Pavlidakey, M.D.
Emergency Medicine	Emergency Medicine		Andrew Edwards, M.D.
Human Genetics	Medical Genetics		Nathaniel Robin, M.D.
		Medical Biochemical Genetics	Maria Descartes, M.D.
Medicine	Internal Medicine		Lisa Willett, M.D.
		Advanced Heart Failure & Transplant Cardiology	Salpy Pamboukian, M.D.
		Cardiovascular Disease	Steven Lloyd, M.D.
		Clinical Cardiac Electrophysiology	Harish Doppalapudi, M.D.
		Interventional Cardiology	Brigitta Brott, M.D.
		Endocrinology/Metabolism	Amy Warriner, M.D.
		Gastroenterology	Chad Burski, M.D.
		GI Transplant Hepatology	Brendan McGuire, MD
		Geriatric Medicine	Ella Bowman, M.D.
		Hematology/Oncology	Rita Paschal, M.D.
		Infectious Diseases	Todd McCarty, M.D.
		Nephrology	Dan Balkovetz, M.D.
		Hospice and Palliative Care Medicine	Michael Barnett, M.D.

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR
		Pulmonary Disease, Allergy and Critical Care Medicine	Tracy Luckhardt, M.D.
		Rheumatology	Laura Hughes, M.D.
Neurology	Neurology		Khurram Bashir, M.D.
		Child Neurology	Tony McGrath, M.D.
		Epilepsy	Ashley Thomas, M.D.
		Neuromuscular Medicine	Kenkichi Nozaki, M.D.
		Vascular Neurology	Michael Lyerly, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology		Kerri Bevis, M.D.
		Female Pelvic Medicine & Reconstructive Surgery	David Ellington, M.D.
		Gynecologic Oncology	Michael Straughn, M.D.
		Maternal-Fetal Medicine	Lorie Harper, M.D.
Ophthalmology	Ophthalmology		Russell W. Read, M.D.
Pathology	Pathology		Rob Hackney, M.D.
		Blood Banking/ Transfusion Medicine	Marisa Marques, M.D.
		Cytopathology	Frida Rosenblum, M.D.
		Dermatopathology (See Dermatology)	
		Forensic Pathology	Daniel Dye, M.D.
		Hematopathology	Vishnu Reddy, M.D.
		Molecular Genetic Pathology	Shuko Harada, M.D.
		Neuropathology	Kenneth Fallon, M.D.
Pediatrics	Pediatrics		Michele K. Nichols, M.D.
		Adolescent Medicine	Tina Simpson, M.D.
		Neonatal/ Perinatal Medicine	Namasivayam Ambalavanan, M.B.B.S.
		Pediatric Cardiology	Mark Law, M.D.
		Pediatric Critical Care	Priya Prabhakaran, M.D.
		Pediatric Emergency Medicine	Terri Coco, M.D.
		Pediatric Endocrinology	Michael Stalvey, M.D.

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR
		Pediatric Gastroenterology	Jeanine Maclin, M.D.
		Pediatric Hematology/Oncology	Kimberly Whelan, M.D.
		Pediatric Infectious Disease	Scott James, M.D.
		Pediatric Nephrology	Daniel Feig, M.D.
		Pediatric Pulmonology	Wynton Hoover, M.D.
		Pediatric Rheumatology	Randy Cron, M.D.
		Medicine/Pediatrics	Jason R. Hartig, M.D.
		Sleep Medicine	Krisztina Harsany-Jilling, M.D.
Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation		Keneshia Kirksey, M.D.
Psychiatry	Psychiatry		Taylor Preston, M.D.
		Child & Adolescent Psychiatry	James Cullinan, M.D.
		Geriatric Psychiatry	Bates Redwine, M.D.
		Psychosomatic Medicine Psychiatry	Rita Patton, M.D.
Radiation Oncology			Omer Burnett III, M.D.
Radiology	Diagnostic Radiology		Jessica Zarzour, M.D.
		Neuroradiology	Aparna Singhal, M.D.
		Interventional Radiology – Integrated and Independent	Rachel Oser, M.D.
		Pediatric Radiology	Eric Howell, M.D.
	Nuclear Medicine		Jon A. Baldwin, D.O.
Surgery	General Surgery		John Porterfield, Jr., M.D.
		Pediatric Surgery	Scott Anderson, M.D.
		Plastic Surgery	Jorge de la Torre, M.D.
		Surgical Critical Care	Lauren Tanner, M.D.
		Thoracic & Cardiovascular Surgery	Benjamin Wei, M.D.
		Vascular Surgery	Benjamin Pearce, M.D.
	Neurosurgery		Curtis Rozzelle, M.D.
	Orthopaedics		Michael Johnson, M.D.
		Orthopaedic/ Hand Surgery	Joseph Sherrill, M.D.
	Otolaryngology		Benjamin Greene, M.D.

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR
	Urology		Peter Kolettis, M.D.
ACGME Accredited Programs Located at Other Campuses			
Huntsville	Family Practice		Nancy Blevins, M.D.
	Internal Medicine		Farrah Ibrahim, M.D.
Montgomery	Internal Medicine		Jewell Halanych, M.D.
Selma	Family Practice		Tiffani Maycock, D.O.

OTHER GME PROGRAMS SPONSORED BY UAB HOSPITAL

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR
Dentistry	Hospital Dentistry		James Pignataro, D.D.S.
	Maxillofacial Prosthetics		Keith Kinderknecht, D.M.D.
	Oral & Maxillofacial Surgery		Patrick Louis, D.D.S., M.D.

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: <u>REQUIRE</u> SCRUB SUITS - RESIDENTS ISSUED 5 SCRUB SUITS EACH	NON-EXEMPT PROGRAMS: <u>DO NOT REQUIRE</u> SCRUB SUITS - RESIDENTS ISSUED 2 SCRUB SUITS EACH	SCRUBS ISSUED THROUGH CHILDREN'S HOSPITAL
4 LAB COATS:	<p><u>Residency</u> Anesthesiology General Surgery Colon and Rectal Surgery Neurosurgery Obstetrics & Gynecology Oral Surgery Orthopaedics Otolaryngology Urology</p> <p><u>Fellowship</u> 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</p>	<p><u>Residency</u> Dermatology Diagnostic Radiology Emergency Medicine Medicine/Pediatrics Neurology Pathology Pediatrics Pediatrics/ Medical Genetics</p> <p><u>Fellowship</u> Adv. Heart Failure/Transplant Cardiovascular Disease Child Neurology CC Electrophysiology Clinical Neurophysiology Cytopathology Epilepsy Sleep Medicine Vascular Neurology Vascular/Interventional Radiology Neuromuscular Medicine</p>	<p><u>Residency</u> Internal Medicine Medical Genetics Internal Medicine/Medical Genetics Nuclear Medicine Ophthalmology Physical Medicine & Rehabilitation Psychiatry Radiation Oncology</p> <p><u>Fellowship</u> 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</p>	<p>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</p>

**APPENDIX 4
DEA Number/Controlled Substance Permit**

<p>PROGRAMS NOT PRESCRIBING CONTROLLED SUBSTANCES</p> <p>(RESIDENTS <u>NOT REQUIRED TO OBTAIN A DEA NUMBER/CONTROLLED SUBSTANCE PERMIT</u>). RESIDENTS CANNOT PRESCRIBE CONTROLLED SUBSTANCES USING THE HOSPITAL DEA NUMBER/CONTROLLED SUBSTANCE PERMIT</p>	<p>PROGRAMS PRESCRIBING CONTROLLED SUBSTANCES</p> <p>(RESIDENTS <u>REQUIRED TO OBTAIN A DEA NUMBER/CONTROLLED SUBSTANCE PERMIT</u>)</p>		
<p>Blood Banking/Transfusion Medicine Cytopathology Diagnostic Radiology Dermatology Dermatopathology Forensic Pathology Hematopathology Molecular Genetic Pathology Nuclear Medicine Neuropathology Neuroradiology Pathology Procedural Dermatology Interventional Radiology-Independent & Integrated</p>	<p>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</p>	<p>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</p>	<p>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</p>

**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

**UAB MEDICINE
POLICY FOR RELATIONSHIPS WITH INDUSTRY**

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I. BACKGROUND

Relationships between health care providers and industry, particularly pharmaceutical and device manufacturers, continue to come under scrutiny because of both real and perceived conflicts of interest. The perception of conflicts of interest is a result of the previously common practice of physicians receiving gifts, travel, and/or financial support from industry vendors that stood to gain from referrals from the physicians' medical care practices. Although most companies and providers have created policies to prevent conflicts of interest from occurring, the perception continues and has resulted in increased oversight of the relationship between industry and health care providers by the government, the health care community, and the public.

II. PURPOSE

It is important to acknowledge at the outset that UAB Medicine and industry have a relationship that is mutually interdependent. Many UAB investigators receive industry grants to fund clinical trials that enhance the well-being of patients through the development of new therapeutics or interventions. Many activities that provide education and resources to UAB employees and members of our community are also supported by grants from industry. The UAB mission is furthered in these and many other ways by an appropriate and transparent relationship with industry. Toward this end, the guiding principles in this document are focused on managing 'competing interests' while promoting the transparency that is essential to a relationship of trust with our patients and the community we are here to serve.

III. SCOPE

A. Definitions

"UAB Medicine team member" refers to any physician, faculty member, staff member, trainee, or other individual who is employed by or in training with:

- UAB School of Medicine ("SOM"), including the Joint Health Sciences departments;
- UAB Health System;
- University Hospital (including UAB Highlands, Gardendale Freestanding Emergency Department and The Kirklin Clinic and Whitaker Clinics of UAB Hospital);
- University of Alabama Health Services Foundation ("HSF");
- UAB Callahan Eye Hospital;
- Ophthalmology Services Foundation; and
- The Valley Foundation.

The term includes those individuals with either full-time or part-time employee status and those with regular, adjunct, clinical (formerly called voluntary), visiting, or emeritus appointments.

Trainee includes any individual who is (i) receiving formal education from the SOM, including medical residents employed by University Hospital, medical students, graduate students, post-doctoral scholars, visiting scholars, and fellows, or (ii) participating in training activities under the direction or supervision of a UAB team member.

“**Industry**” refers to pharmaceutical, device, equipment, supply, and service manufacturers and providers.

“**UAB Medicine campus**” refers to UAB or HSF-owned or -leased buildings and property, including but not limited to University Hospital, the School of Medicine, The Kirklin Clinic at Acton Road, UAB Health Centers, UAB Medicine Gardendale, Gardendale Freestanding Emergency Department, and Callahan Eye Hospital.

B. Applicability

These guidelines are operable for UAB Medicine team members in any clinical facilities in which they practice and/or work, including, but not limited to UAB Medicine campus facilities, Children’s of Alabama Hospital, Cooper Green, and the VA Hospital, among other facilities.

IV. GIFTS AND MEALS

Gifts, even small gifts, may carry an implied expectation of reciprocity. Gifts are defined as items of value received by a UAB Medicine team member or their spouse or dependent for which the recipient has not provided adequate consideration in return. Examples of gifts under these guidelines would include, but are not limited to: cash or cash equivalents, meals, medication/device samples, promotional items, pens, notepads, entertainment or recreational opportunities, medical or research equipment, text books, software, computer hardware and accessories, and payment and/or travel expenses for attending a meeting where the recipient is not providing a service at the meeting.

A. Gifts from Industry to Individual UAB Medicine Team Members

1. General Rule

The acceptance of gifts by individual UAB Medicine team members from industry is prohibited. The prohibition on industry gifts applies regardless of the gift's nature, purpose, or value. Food and meals are considered personal gifts, and as such, are not permitted. If invited to a meal by an industry representative, UAB Medicine team members must pay for their own food and drink.

Note that UAB Medicine team members that are “public employees” under the Alabama state ethics law are subject to stringent restrictions regarding accepting gifts, including

accepting meals. Any UAB Medicine team member that needs assistance in determining whether they are public employees or what state ethics laws apply to them should contact the UAB Medicine Office of Counsel.

2. Exceptions to General Rule

Food and meals. Food of moderate value may be provided at educational events, either at a UAB Medicine site or off-campus, if the program is certified for continuing education credit by an organization that has been accredited by a national accrediting body (e.g., Accreditation Council for Continuing Medical Education, American Dental Association, Council for Optometric Professional Education, or other similar organization). The cost of provided food and drink should not exceed \$50 per person. A cash gift by industry to provide food at an educational event must be in compliance with Subsection C below, *Gifts from Industry for Specific Educational or Professional Activities*.

Compensation and reimbursement related to services. Fair market value compensation and associated travel and meals for a specific service rendered are not considered gifts because these are payments for a service. A common example is consulting fees associated with an approved external activity. UAB Medicine team members are expected to maintain adequate records to document the services they provide and associated payments they receive. See Section VII below, *Participation in Industry Sponsored Programs Off-Campus*, for additional guidance on this topic.

Competitive grants. Competitive grants made to UAB Medicine are not considered gifts.

Informational materials. Informational materials that have been produced under Accreditation Council for Continuing Medical Education (ACCME) guidelines or published under a peer review process are not considered gifts.

B. Unrestricted Gifts or Educational Grants from Industry to UAB Medicine

Through unrestricted gifts, industry supports the education, research, and patient care missions of UAB Medicine. Cash gifts must be received and managed by the UAB Development Office in accordance with [UAB's Fundraising and Gift Acceptance Policy](#) and procedures. In-kind gifts (e.g., equipment, software) to the institution may be accepted if they are provided in accordance with applicable policies and research administration, development, and hospital requirements and are reviewed by UAB Medicine Office of Counsel. There may be no quid pro quo, nor any limitations or conditions placed on gifts that are inconsistent with UAB Medicine policies and applicable regulations. An unrestricted gift from industry should not originate as part of a vendor's sales and marketing efforts but instead should be part of the vendor's charitable giving or community benefit programs.

Gifts from industry will be allocated for department use by the UAB Development Office and may be used by recipient departments to support faculty and staff education, research, and/or patient education. Distribution of the funds will be at the discretion of the department chair, who will disseminate the criteria for requesting funds to the department and will maintain documentation regarding gifts received from industry in the previous 12 months and specific information as to how the funds were used. Departments may publicly acknowledge the unrestricted support of specific companies as long as the acknowledgement is not tied to a particular activity or program.

C. Gifts from Industry for Specific Educational or Professional Activities

All events that receive industry support and are hosted by UAB Medicine must be certified for continuing education credit by a nationally accredited organization. This includes not only educational events, but also other professional activities such as faculty or staff meetings, regardless of whether these events occur in a UAB Medicine site or off-campus. Funds from industry must be administered by departments or divisions and not by individual faculty. When a company supports a particular lecture or educational event with an unrestricted educational grant in accordance with this policy, the support must be disclosed and acknowledged in connection with the event in accordance with accrediting body standards.

D. Industry Funded Scholarships

Scholarships from industry or not-for-profit organizations substantially supported by industry must be given to a department or division through the UAB Development Office or Office of Sponsored Programs, as applicable. There may be no expressed or implied quid pro quo for the funds. The evaluation and selection of recipients of such funds is the sole responsibility of the School of Medicine, with no involvement by the donor organization or company. When such conditions are met, the financial support and donor may be acknowledged in appropriate settings.

V. INDUSTRY EXHIBITORSHIPS AND VENDOR FAIRS

Exhibitorships are arrangements made with industry supporters that allow certain promotional activities alongside educational events certified for continuing medical education credit. In order not to jeopardize certification of the educational event itself, exhibitorships must follow very specific requirements set forth by the accrediting body, including being separate and apart from the educational space, no influence over the development of the educational content, etc. If a department wishes to allow exhibitors in association with an event that is certified for credit, it must work closely with the Division of CME or other unit certifying for continuing education in advance of the event.

Other promotional activities or event sponsorships that are NOT associated with a CME event, like for example a stand-alone type of vendor fair or corporate “sponsorships” of different events, may be allowed in certain circumstances with written memoranda of understanding or agreements with industry. This

allows the department to set out clearly what the fees associated with acquiring a table, obtaining space in the vendor area, getting promotion, etc. are or what each exhibitor will get for its payment of the different gold, silver, bronze levels. Documentation must also address some basic terms and conditions for participation, including: a) participation is not a condition of current or future business; b) business relationships are evaluated separately and apart from any involvement as an exhibitor; c) the sponsor has no influence over educational content presented to attendees (if any); and d) that the sponsorship/exhibitorship fee(s) charged are reasonable in exchange for the exhibit space/opportunities for interaction offered. All exhibitorships NOT associated with a CME event must be coordinated through Hospital Supply Chain in advance of the event.

VI. PHARMACEUTICAL SAMPLES

Free pharmaceutical samples may not be accepted by individual UAB Medicine team members. The practice of accepting free pharmaceutical samples has the potential to inappropriately influence clinical care of patients. For example, samples may encourage a physician to prescribe a new, expensive brand-name medication when older, less expensive generic medications may have the same or greater proven efficacy and safety.

When samples are necessary for patient education (e.g., instructing patients in the use of inhalers), they may be accepted, provided they do not display the name of the company.

VII. ACCESS TO CLINICAL AND NON-CLINICAL AREAS BY INDUSTRY SALES AND MARKETING REPRESENTATIVES

UAB Medicine is firmly committed to protecting the privacy of our patients. Individuals who are not involved in the care of the patient will not be allowed to be present without the patient's consent while the patient is being examined or otherwise treated. The presence of device vendor representatives in a clinical area such as an operating room or procedure room to assist with device implantation, testing, or settings will be listed as part of the treatment team in the operating room log maintained in the patient's medical record.

Sales and marketing representatives are not permitted in any clinical areas except to provide in-service training on devices and other equipment already purchased, or to provide demonstrations that may be of benefit to patients and where no purchase is required. Appointments are required in the OR.

Sales and marketing representatives are permitted in non-clinical areas by appointment*, with some restrictions. All sales and marketing representatives are required to be credentialed and registered with UAB Medicine. Representatives must sign in at the designated kiosks/computers located throughout the facilities. A badge/ID will be provided to each representative and must be worn while on-site. (*Note – Appointments are not required throughout the facility – this is department dependent.)

While appointments may be made at the discretion of any faculty member, the overall activity of sales and marketing representatives is subject to the oversight of division chiefs, department chairs, medical staff leadership, and other designated officials of UAB Medicine.

Industry sales representatives have the same access to the official educational offerings of UAB Medicine as other members of the general public.

VIII. PARTICIPATION IN INDUSTRY-SPONSORED PROGRAMS OFF-CAMPUS

UAB Medicine team members and trainees should evaluate very carefully their own participation in meetings and conferences that are fully or partially sponsored or run by industry off-campus because of the high potential for perceived or actual conflicts of interest.

A. Speaking for Industry

With advance approval in accordance with the UAB Enterprise Conflict of Interest and Conflict of Commitment Policy, a UAB Medicine team member may speak at an industry-sponsored program only if he/she retains full control and authority over material in the presentation and discussion and does not allow such materials or communications to be subject to prior approval by any commercial interest other than approval for the use of proprietary information. Activities with any of the following characteristics may NOT be undertaken by UAB Medicine team members at any location, whether on-site or off-site:

- Industry has the contractual right to dictate what the UAB Medicine team member says;
- Industry (not the UAB Medicine team member) creates the slide set (or other presentation materials) or has the final approval of all content and edits;
- The UAB Medicine team member receives compensation from the company and acts as industry's employee or spokesperson for the purposes of dissemination of industry-generated presentation materials or promotion of company products;
- The primary purpose of the event is marketing, and industry controls the publicity related to the event; and/or
- The payment received exceeds fair market value for the service provided.

Under this framework, activities traditionally known as "speakers' bureaus" are prohibited. However, it is the circumstances surrounding the speaking engagement – not just what the organizer calls it – that determines whether the activity is allowed under this policy. "Non-branded" or "unbranded" talks may also fall into the prohibited category. These restrictions apply to all UAB Medicine team members at all times, not just when using their academic titles or affiliations.

At any presentation for which the UAB Medicine team member has received industry payment or support, the UAB Medicine team member must fully disclose the name of the company and the nature of the support.

B. Attendance at Industry Sponsored Promotional Events Off-campus

UAB Medicine team members are strongly discouraged from attending promotional speaking events sponsored by Industry. If UAB Medicine team members attend, they must pay for their own expenses, such as food, drink, travel, entertainment, etc.

Because the informational content may not have undergone a process for independent validation (similar to that performed for CME certification), UAB Medicine team members may wish to consider the following prior to attending meetings and conferences sponsored in part or in whole by Industry:

- Has financial support provided by industry been fully disclosed by the meeting planner?
- Is the lecturer solely responsible for the content of the lecture? Is the lecturer expected to provide a fair, balanced, and (where possible) evidence-based assessment of therapeutic options and facilitate balanced discussion of the topic? Has the lecturer prepared his or her slides and other educational materials and not delegated this to industry supporters?
- Is the meeting organizer required by an industry supporter to accept advice or services concerning speakers, content, or meeting organization as a condition of the supporter's contribution of funds or services?

These considerations do not apply to meetings of professional societies that may receive partial industry financial support, or other meetings governed by continuing education certification standards, where outside organizations not associated with industry are responsible for ensuring that presentations are free of commercial influence.

C. Consulting for Industry

A UAB Medicine team member must be thoughtful about engaging in external consulting activity for industry that is related in any way to their research or clinical activity. Even the most principled compensated consulting activities related to research or clinical activity might constitute a conflict of interest and might impose restrictions on a UAB Medicine team member to engage in related areas of research and/or involve students and trainees in areas of conflicted research.

Consistent with the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#), consulting arrangements are subject to prior approval by the chair of the department at all times, including summers and/or other non-academic sessions, and must be documented with a written

contract between the individual UAB Medicine team member and industry. The current official means of obtaining and documenting approval for consulting is through the [UAB Request for External Activity Approval form](#), where the nature and scope of the consulting services and amount of time and remuneration must be included for evaluation by the department and, if applicable, the UAB Conflict of Interest Review Board. UAB Medicine team members will be required to eliminate any conflicts of interest in research or clinical practice that cannot be managed effectively and therefore would compromise or prevent them from carrying out their UAB Medicine obligations.

Examples of private, external consulting with industry that must be approved include, but are not limited to: serving on scientific advisory boards to review research on novel products, developing educational materials advising industry about the structure of clinical trials, and advising industry about the design, appropriate clinical use, or internal research on its products or the direction of its research and development.

UAB Medicine team members who propose to serve as consultants to industry should keep in mind not only the highest ethical and professional standards in conducting these external activities, but also pertinent UAB policies that support the following principles:

- Prior approval of the activity is required through a [UAB Request for External Activity Approval form](#).
- UAB Medicine has ownership rights in intellectual property generated by its employees in the scope of their employment, and UAB Medicine's rights cannot be assigned to other entities without prior written approval obtained through the proper UAB Medicine channels.
- UAB Medicine team members must avoid use of UAB Medicine resources in their personal external professional relationships, including, but not limited to, facilities, personnel, letterhead, equipment, funds, supplies, services, and communication networks. While incidental personal use of resources may not raise concern, it should never limit or interfere with UAB business.
- UAB Medicine team members may not use UAB Medicine's name, logo, or marks in their approved personal external professional relationships for industry and other entities.
- UAB Medicine team members who have personal external financial relationships with industry and other entities that also transact business or compete with UAB (such as companies that are vendors to UAB) must disclose them when relevant. Such relationships may prevent the UAB Medicine team member's participation in UAB Medicine business decisions concerning those entities.
- Payment by industry to UAB Medicine team members for professional services rendered may not exceed fair market value. Relevant ranges for fair market value are generally described in terms of hourly rates consistent with national salary survey data for legitimate work performed and depend on the individual's expertise and leadership in the relevant medical specialty (e.g., specialized training, professional certifications, appointment, research

experience and funding history, invited presentations, publication history, and other leadership or recognition in the community).

- Many of the principles listed here also apply if the UAB Medicine team member's immediate family member or domestic partner has a financial interest in industry or other entities that are related to the UAB Medicine team member's institutional responsibilities.

UAB Medicine team members must disclose all relevant payments from and interests in industry in related presentations and publications and in lectures to students and trainees.

D. Ghost-writing and Ghost-authoring

UAB Medicine team members are responsible for publications listing them as authors. They may not permit their professional publications or presentations of any kind, oral or written, regardless of medium, to be ghost-written by any party. Authorship on the part of UAB Medicine team members and trainees should be offered and accepted in accordance with the standards set forth in the [UAB Authorship Policy](#). UAB Medicine team members and trainees may not participate in ghost-writing or ghost-authoring of professional presentations of any kind, oral or written, regardless of medium.

Similar to speakers' bureau activities, UAB Medicine team members may use slides from industry with proper attribution and acknowledgement to demonstrate particular concepts, but they may not adopt or offer under their name presentations or publications that have been prepared and provided by industry.

IX. TRAVEL

UAB Medicine team members may accept travel funds from industry in the following circumstances:

- for legitimate reimbursement for travel, accommodations, and meals associated with their providing contractual services, such as approved consulting activity or to provide educational services
- to view capital equipment in situ if the equipment has been contracted for and purchased by a UAB Medicine entity;
- to attend professional society meetings or other accredited continuing education conferences when travel grants have been proposed through the Office of Sponsored Programs and managed through Grants Accounting;
- to participate in meetings directly related to ongoing sponsored UAB Medicine research or clinical trials, in which case budget and/or accounting arrangements must be made through the Office of Sponsored Programs; or
- to attend a program or conference which is certified for continuing education credit but supported by industry booths as long as the funds for travel are distributed by the society or conference itself and not received directly from industry.

Unrestricted gifts to the institution (as specified in these guidelines in Section IV. B.) may be used in part to support travel for UAB Medicine personnel attending professional meetings; however, the decision to use gift funds for travel expenses must be made at the sole discretion of the division director or department chair. Students and trainees may accept travel funds from scientific societies, whether or not industry is the source of funds, provided the society controls the selection of the recipient of travel support.

X. CONFLICTS OF INTEREST AND PUBLIC DISCLOSURE

UAB Medicine team members having any personal financial interest or fiduciary role, or whose spouses or dependents have such interests or roles, in companies that might substantially benefit from the decisions made within the scope of their UAB Medicine duties must:

- Fully disclose all industry relationships or other potential conflicts of interest to the department chair or other supervising manager as applicable;
- Refrain from influencing or making any decision that would be to the benefit or detriment of the company with which there is a conflict of interest; and
- Refrain from influencing committees analyzing, contributing to, or making decisions that would be to the benefit or detriment of the company with which there is a conflict of interest.

UAB Medicine team members with supervisory responsibilities for students, residents, trainees, or staff should ensure that conflicts or potential conflicts of interest do not affect or appear to affect his or her supervision of the students, resident, trainee, or staff member.

UAB Medicine team members must disclose all relevant payments from and interests in industry in presentations, publications, and lectures to students and trainees. For scholarly publications or journal submissions in particular, UAB Medicine team members must disclose their related financial interests in accordance with the [UAB Authorship Policy](#) and management plans authorized by the UAB Conflict of Interest Review Board.

XI. ENFORCEMENT

Confirmed violations of these guidelines will result in consequences from UAB Medicine commensurate with the offense. Less severe consequences will be imposed when the violations are found to be unintentional, minor, and/or inadvertent and are not part of a pattern of disregard for the spirit of the guidelines. Severe consequences will be imposed when the violation is found to be deliberate and/or major.

Depending on the nature of the violation and whether the individual is faculty, staff, student, or trainee, various departments may be involved in the inquiry or investigation. These might include but are not limited to the UAB Medicine Compliance Office, University Compliance Office, Human Resources, Department Leadership, CIRB, Institutional Review Board, or UAB Medicine Office of Counsel.

Examples of consequences include, but are not limited to:

- Education of the UAB Medicine team member about the guidelines and its principles;
- Written reprimand, placed in the UAB Medicine team member's personnel file or record;
- Payback of remuneration received by the individual to industry or other external entity;
- Further training in aspects of conflict of interest and commitment;
- Revocation of clinical privileges;
- Removal from administrative positions;
- Fines and/or salary reductions or denial of merit pay; and
- Suspension, non-renewal of the faculty appointment, or termination.

XII. OTHER APPLICABLE LAWS AND POLICIES

These guidelines support standards of behavior expected of all UAB community members outlined in the [UAB Enterprise Code of Conduct](#). UAB Medicine team members should also be familiar with the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#).

A. Alabama Ethics Law

UAB Medicine employees who are considered "public employees" should be aware that the Alabama Ethics Law may further restrict interactions and relationships with Industry, regardless of whether those interactions occur on or off-campus. For additional information, see <http://www.uab.edu/compliance/areas-of-focus/alabama-ethics-law>.

B. Open Payments Law

UAB Medicine physicians, optometrists, dentists, and certain other clinical care providers should also be aware that applicable manufacturers must report transfers of value over \$10 they make to these types of healthcare providers to the Centers for Medicare and Medicaid on an annual basis and that this information is then made publicly available. For more information, see <https://www.uab.edu/compliance/areas-of-focus/federal-open-payments-law>.

C. Anti-kickback Statute

UAB Medicine team members' relationships with industry – whether in terms of meals, gifts, external activities, travel support, or grants – must comply with the federal Anti-Kickback

requirements. The Anti-Kickback Statute prohibits providers from soliciting or receiving remuneration in return for referrals of items or services covered by Medicare, Medicaid, and other federally funded programs. The Anti-Kickback Statute is intended to ensure that providers' clinical judgments are based on the best interests of their patients, not on improper financial incentives. If even one purpose of an arrangement is to improperly induce referrals, both parties may be criminally prosecuted, with potential penalties including imprisonment and fines.

UAB Medicine team members should make sure direct and indirect benefits they receive are consistent with the Anti-Kickback Statute or fall squarely into one of its safe harbor exceptions. For example, vendors may not furnish free goods to a UAB clinic in return for an agreement to purchase other products from the vendor, and physician consulting agreements conducted as external activities should be arranged in writing and paid for at fair market value based on appropriate documentation of the time and services provided. For more information, contact UAB Medicine Office of Counsel.

D. Expert Witness Activities

Subject to [the UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#) and [HR Policy 128 External Employment and Other External Activities](#), UAB team members may provide expert witness services to outside organizations. However, expert witness services involve a heightened risk for the UAB Enterprise as well as for other UAB Medicine team members because such activities may infringe upon the UAB Medicine team member's duties to the UAB Enterprise and may conflict with or compromise the interests of the UAB Enterprise. Due to this heightened risk, expert witness services provided by UAB Medicine team members related to cases filed in Alabama are subject to greater scrutiny. UAB Medicine team members must abide by the following to engage in external expert witness activities:

1. Prior to accepting any expert witness services arrangement, UAB Medicine team members must obtain advance approval for such activity pursuant to UAB's online process (Request for External Activity Approval). The scope of work and expected compensation for the proposed activity must be described in writing by the law firm. UAB's Office of Counsel will be consulted prior to department and school review of expert witness activity requests.
2. The expert witness services are personal activities conducted outside the scope of a UAB Medicine team member's employment. Accordingly, the UAB Enterprise will not be responsible for any proceeding or cause of action brought against the UAB Medicine team member arising out of the external activity.
3. UAB Medicine team members are prohibited from using any UAB Enterprise facilities, staff, information, or other resources for any activities related to expert witness services. While incidental personal use of resources like computers or telephones may not raise

concern, it should never limit or interfere with the UAB business use of resources. UAB Office of Counsel will not represent or provide legal advice to UAB Medicine team members regarding their external activities, including expert witness services.

DRAFT

EXHIBIT B

FREQUENTLY ASKED QUESTIONS

APPLICABILITY OF GUIDELINES FOR RELATIONSHIPS WITH INDUSTRY

Question: I am a resident working at the clinic in Selma, Alabama. Do the guidelines apply to me?

Answer: Yes. As an employee of the UAB School of Medicine, you meet the definition of a UAB Medicine team member subject to the guidelines.

GIFTS TO INDIVIDUALS FROM INDUSTRY

Question: At my professional society meetings, registrants are given the conference program material in a tote bag with the name of the society and the name of a pharmaceutical company that I assume paid for the tote bags. May I accept the bag?

Answer: The guidelines do not prohibit you from accepting the bag, even with the company logo. However, the practice of company support for professional societies in exchange for marketing opportunities (such as printing the company name and logo on conference material) is coming under scrutiny. Many professional societies have or are considering eliminating this practice.

Question: Every year, there is a week devoted to recognizing a particular group of allied health professionals in the hospital, and it is coming up soon. As director of these staff members, I have been asked by outside vendors and others whose services we recommend to patients whether they can provide food and small gifts to our staff members. Is this ok?

Answer: Whether these companies and organizations are vendors doing business with UAB Medicine or the recipient of referrals by UAB Medicine team members, they benefit commercially from the work of your staff. Food and gifts may consciously or unconsciously influence the decisions made by our team members. As stated in the guidelines, the offers of food and gifts may not be accepted.

Question: May a UAB Medicine faculty member accept a stethoscope from a vendor?

Answer: No. The stethoscope would be considered a personal gift. UAB Medicine team members may not accept gifts, even if they are related to clinical practice.

FOOD

Question: A company that manufactures important devices in my field wants to host a dinner for fellows from five select institutions at our next professional society meeting. The dinner will be at a well-known, expensive restaurant. Can my fellows attend?

Answer: The company is organizing the dinner to obtain goodwill and loyalty from specialists who will soon be in practice. The dinner is a gift and should not be accepted.

Question: A pharmaceutical company is supporting a visiting professor who will lecture at grand rounds in my department. Can the company supply food for this event? It's scheduled at 8 am, and I would like to serve breakfast. What are my options?

Answer: Food of moderate value may be provided at educational events, either at a UAB Medicine site or off-campus, if the program is certified for continuing education credit by an organization that has been accredited by a national accrediting body (e.g., Accreditation Council for Continuing Medical Education, American Dental Association, Council for Optometric Professional Education, etc.) like the UAB Division of Continuing Medical Education or it otherwise meets the Accreditation Council on Continuing Medical Education (ACCME) Standards for Commercial Support.

Question: A device manufacturer sales representative wants to provide pizza for the staff of a clinic office. Can the clinic office accept the pizza?

Answer: No. Industry may not furnish meals to UAB Medicine team members unless in conjunction with an educational event meeting professional continuing education accrediting standards.

Question: May industry support medical resident journal clubs convened once a month at local restaurants where there are educational presentations made by the residents?

Answer: Food of moderate value may be provided at educational events, either at a UAB Medicine site or off-campus, if the program is certified for continuing education credit by an organization that has been accredited by a national accrediting body (e.g., Accreditation Council for Continuing Medical Education, American Dental Association, Council for Optometric Professional Education, etc.) like the UAB Division of Continuing Medical Education or it otherwise meets the Accreditation Council on Continuing Medical Education (ACCME) Standards for Commercial Support. If the journal clubs are not certified for credit or otherwise equivalent to events that are, meals may not be accepted.

Question: A medical equipment manufacturer invites several UAB Medicine team members to a corporate suite at a professional baseball game for a 45-minute scientific and educational presentation followed by a buffet and the baseball game. May the UAB Medicine team members attend?

Answer: The UAB Medicine team members should think carefully about the value of the educational activity in overall relation to the perceived conflicts of interest arising from associated social activities. If the UAB Medicine team members attend, they must pay for all expenses associated with their attendance, such as the meal and sporting event ticket.

Question: A vendor who does business with a UAB Medicine department wants to provide financial support for the department's holiday party or other departmental social events. Is this allowable?

Answer: No, because these gifts are solely personal or social in nature.

Question: As a nurse-manager, I supervise several nurses on an inpatient unit. We routinely use equipment from a particular large medical supply company. Although I serve on a committee that makes purchasing recommendations, I am one of about fifteen members. Each year at Christmas, the company sales rep sends a fruit basket to my nursing unit. Can we accept the basket?

Answer: While the fruit is no doubt appreciated, it is a gift from an industry representative and therefore should not be accepted. You should notify your department administrator who should politely remind the sales representative that the guidelines do not allow acceptance of gifts. In the meantime, it's recommended that you deliver food items to a food bank or soup kitchen.

UNRESTRICTED GIFTS

Question: I conduct basic science research and clinical research, and I have a clinical practice. One of the drug manufacturers in my specialty field would like to make a gift to my discretionary account. I plan to use the funds to do some exploratory studies in the lab and, if the results are promising, use the preliminary data to apply for an NIH grant to continue the basic research. May I accept the gift?

Answer: The guidelines require that unrestricted gifts be directed to the institution's Development Office and deposited in a departmental or divisional account. The concern is that, while the recipient may use the gift funds for independent research, the act of making the gift might create a sense of reciprocity; it might lead you, the individual recipient, to view the company's products more favorably. You should introduce the company representative to your department's or division's development officer and allow them to execute the gift. The director should set up a mechanism for faculty to request unrestricted support from a pool of money – the funds from this company and others. The division or department can acknowledge the company's support, along with unrestricted support from other sources.

Question: The hospital recently purchased a new piece of equipment that is used for performing a particular out-patient procedure in our clinic; the procedure is faster and potentially safer using this equipment. The product is new and has been installed at only a few other practices in the region. The manufacturer would like to print and mail several thousand post-cards advertising that our clinic uses the new equipment for this procedure. We would provide the company a list of patients and referring physicians we would like to receive the announcement. Is this acceptable?

Answer: The manufacturer is offering to provide your UAB Medicine clinic a gift in the form of printing and mailing of advertising material, with the dual purpose of marketing your clinical services and their equipment. Unlike an unrestricted monetary gift that your department can use at its discretion for education, research or patient care, or patient education material about a particular disease or disorder that cannot be readily obtained elsewhere, the purpose of this offer is to promote the vendor's product – and incidentally clinical services at UAB Medicine. Accepting a gift from a vendor may raise questions or the appearance of a *quid pro quo*. In addition, UAB Medicine services should be marketed and promoted in accordance with UAB Medicine marketing standards and should not be supported financially or in-kind by vendors. Finally, providing patient names to a third party without the patients' permission may violate HIPAA regulations. So this offer cannot be accepted.

SITE ACCESS FOR PHARMACEUTICAL INDUSTRY REPRESENTATIVES

Question: A scientist I know at a large pharmaceutical company will be in Birmingham on the day of my department's next grand rounds. The topic is closely related to her areas of expertise. May I invite her?

Answer: If she signed in according to UAB Medicine site access rules or grand rounds are open to the public, she may attend the grand rounds. However, industry representatives may not attend UAB Medicine meetings or rounds where patient-specific information is discussed; they may not attend lab meetings or other meetings where proprietary data are discussed; they may not be in patient care areas; and they may not distribute company literature at hospital meetings.

Question: I direct resident training in the clinic where I practice. The FDA recently approved a new drug for a disease we treat and the drug is based on a novel chemical compound. The clinical trials have been published, but the residents are not familiar with the chemistry behind this new drug class. I would like to invite a representative of the company to speak with the residents and possibly to deliver grand rounds. Is this permissible?

Answer: It is appropriate to support education about new drugs. However, a sales representative for the company should not be invited. Only a company scientist should be invited to speak about the new drug. As the inviting faculty physician, you will need to supervise company representatives directly and be continuously present during the entire event to ensure there is opportunity for interaction and critical discussion. If your grand rounds are certified for CME credit, you are encouraged to contact the certifying organization to ensure the speaker has satisfied all conflict of interest criteria imposed for certification.

SITE ACCESS FOR DEVICE INDUSTRY REPRESENTATIVES

Question: Many of my patients are fitted in our clinic for specialized braces. The fit of the brace must be inspected by company professionals in the clinic, so the company representative comes to the clinic by appointment. Is this ok?

Answer: Fitting the brace in the clinic is a necessary component of on-site care for these patients. This is permitted, provided the conditions for site access by device representatives are met.

PATIENT EDUCATION/PROMOTIONAL MATERIAL

Question: I'm the administrator of an outpatient clinic. Can we accept and distribute material provided by industry that has educational value for patients?

Answer: The guidelines prohibit exhibiting or displaying industry promotional material at any UAB Medicine site, except at UAB Medicine CME events as permitted under ACCME standards. Some material is clearly promotional and therefore cannot be exhibited or provided to patients. However, in some cases material provided by industry includes valuable educational content that is not readily available otherwise. The attending physicians at each clinic must determine whether a particular brochure or item has more educational than promotional value and make a decision regarding whether to accept it and provide it to patients. Industry representatives offering educational material to UAB Medicine clinics must deliver the material to the clinic and request review by the attending physicians. The representatives may not display the material themselves.

INDUSTRY-SPONSORED PROGRAMS

Question: As a nurse manager, I must earn a certain number of continuing education (CE) credits each year. Many of the CE events sponsored by the American Nurses Credentialing Center (a subsidiary

of the American Nurses Association) are supported financially by healthcare companies. If I attend an ANCC event that is supported financially by a company, can I accept the meals that are part of the program?

Answer: ANCC, ACCME (Accreditation Council on Continuing Medical Education), and most continuing education accrediting bodies in the health professions have standards for commercial support of their continuing education events. Provided the event is accredited by a group that has such standards and that the standards provide for independent development of educational content and transparency of commercial support, UAB Medicine team members may accept meals that are part of the accredited CE program.

Question: A company has asked me to present a webinar on a topic in my area of expertise and they will post the program on their website. The company is requiring that they review and approve the content of my webinar in advance and they've told me the purpose is to ensure there is no product promotion and that my statements are adequately sourced. Although the program is administered by the company's marketing division, I'm told the goal is educational. Can I participate?

Answer: The company appears to have good reasons for requiring prior review and approval of your content, but there is no assurance that they won't require revisions to your material. And while their review may not result in the addition of material that overtly favors the company's drug or device, it may shape your content so as to influence opinions about optimal treatments, such as those involving their products. Under the guidelines on industry-sponsored programs, you must be able to control the intellectual content of your program.

Question: I have been invited by an academic institution on the west coast to deliver grand rounds. I believe the program may have industry support, although I don't know which companies are involved. My hosts have invited me to dinner the evening before the talk at a restaurant where I'll have a chance to talk with several faculty in my field. If the dinner also is being underwritten by industry, may I attend the dinner?

Answer: You were invited by another academic institution, not by industry. Even if industry is supporting the program, it's the institution that has invited you and is organizing the academic program and dinner. As long as there is no industry control over your talk, you may give grand rounds and attend the dinner.

Question: For several years, I have been a consultant to a pharmaceutical company. The company just received FDA marketing approval for a drug in my field of expertise. They have asked that I train physicians who have agreed to serve on their speakers bureau for this drug. I know that JHM and SOM policies prohibit me from serving on a promotional speaker's bureau. May I train the speakers? Does it matter whether I use the company's slides or my own slides in the training webinar?

Answer: The proposed activity directly supports a type of speaking that is prohibited under UAB Medicine guidelines. While you would not be directly promoting the company's new drug, by training speakers you would be enhancing the company's promotional capacity, and your expertise and UAB Medicine affiliation would add to the credibility of the activity in the view of the trainees. This activity is not allowed, whether or not you use your own slides, because in effect it is a promotional activity on behalf of the company.

DISCLOSURE

Question: My spouse works for a pharmaceutical company. Do I have to disclose his/her income and stock options under the guidelines?

Answer: It depends. The guidelines require that you disclose these financial interests to the UAB Conflict of Interest Review Board if you are engaged in research. If you are an investigator as defined by the UAB Enterprise Conflict of Interest and Conflict of Commitment Policy and your spouse's employment relates to your institutional responsibilities, you must complete a Disclosure of Financial Interests form. If you are involved in a purchasing committee or otherwise involved in procuring goods or services on behalf of UAB, you may also need to be transparent about your spouse's employment through that process.

Question: I know that when I lecture to medical students, I need to include a disclosure slide in my PowerPoint presentations or a page in the printed material I distribute listing my relationships with companies if the relationships are related to the topic of the lecture. What is the time period for disclosure?

Answer: You should generally disclose all relevant industry relationships in effect within one year of the lecture. However, if you are subject to a conflict of interest management plan issued by your department chair or the Conflict of Interest Review Board, you must follow its specific instructions for disclosure periods.

Question: What should I disclose in my presentation's disclosure slide?

Answer: You should disclose all relationships related to your institutional responsibilities, including personal payments (e.g., consulting, advisory board service, speaking), fiduciary roles (e.g., board of director service), and ownership interests (e.g., stocks, equity, royalties, etc.). You should also disclose the source of funding that was the basis of your presentation. Always err on the side of transparency. While it is not necessary to disclose other sponsored research or grant support, you may want to consider doing so.

Question: May I enter into a consulting agreement with a medical device manufacturer to advise on general medical and business issues and provide guidance on product development and research programs for the manufacturer's products and for which I am compensated?

Answer: Yes, with the approval of your chair and dean through a Request for External Activity Approval. The services must be legitimate, reasonable, and necessary, there must be a written agreement describing the services in some detail, and the compensation must be fair market value. These agreements should be negotiated with the manufacturer's research division and not through their marketing or sales division. As they are personal agreements between the faculty member and the manufacturer directly, they are not negotiated, reviewed, or signed by UAB.

Question: May I recommend that UAB Medicine contract with a medical supply company if I have a consulting agreement with that company?

Answer: UAB Medicine team members participating on the P&T Committee or other product purchasing/evaluation committees or assuming product/services evaluation and recommendation functions must disclose all of their relationships with vendors or potential vendors to individuals leading the evaluation/purchasing process so that the leaders of the process may decide on appropriate steps to

take to ensure objective decision making by UAB AMC. Depending on the nature of the relationship, committee leaders may decide recusal from the decision is appropriate.

TRAVEL

Question: May a pharmaceutical company pay directly or reimburse a trainee for travel expenses to attend a meeting that is being certified for CME credit?

Answer: No, payment or reimbursement of travel expenses to a trainee or other UAB Medicine team member to merely attend a CME activity would be considered a personal gift and would be prohibited by the guidelines. However, applications for travel grants made to UAB from industry may be submitted through the Office of Sponsored Programs.

Question: A trainee would like to attend a meeting that is being certified for CME credit and would like to apply to the professional association sponsoring the conference for a scholarship to cover registration, travel, lodging, and meals. The materials make it clear that there is commercial support associated with the meeting. Can the trainee use the scholarship funds to attend?

Answer: Yes, if the process for awarding financial support for the trainee's meeting attendance is controlled by the professional association sponsoring the conference, and the conference is being certified for CME, the trainee can use the scholarship funds to attend. ACCME Standards for Commercial Support do not allow CME providers to use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-speaker or non-author participants of a CME activity. Therefore, if the CME certification process is working appropriately, the funds being used to support travel would be from sources other than industry.

Question: A faculty member would like to attend an industry-sponsored meeting, and a pharmaceutical company would like to make a gift to UAB Medicine to help cover the cost of the faculty member's attendance. Can the faculty member be reimbursed for travel costs with funds from the company's gift?

Answer: No, the company is directing the funds to be used for a particular purpose that would otherwise be prohibited as a personal gift. This has the appearance of a sham or work-around to avoid the general principle that industry cannot pay for UAB Medicine team member travel unless it is associated with reasonable, legitimate, and necessary professional services being rendered by the UAB Medicine team member to industry. However, this is not to say that legitimate, unrestricted gifts from industry to the institution placed in a general departmental account could not be used at the department chair's discretion to support the department's education mission.

Question: We purchased a new assay machine for our pathology lab and it's essential that a member of the lab attend one of the vendor's training sessions. The vendor pays all expenses, including travel, for clients to attend these sessions. Can we send one of our fellows?

Answer: Yes, provided the expenses are reasonable and the contract for purchase of the products or equipment provides for employee training at the expense of the vendor, team members may attend training classes paid for by the vendor; otherwise, vendor payment for training on their products or equipment should not be accepted.

For additional questions, please contact the UAB Medicine Compliance department at 205.731.9863.

DRAFT

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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 benefitting 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.

Programs That are not Expected to Use the CORES Handoff Tool

PROGRAM	SUBSPECIAL
Anesthesiology	Pediatric Anesthesiology
Diagnostic Radiology	
Diagnostic Radiology	Neuroradiology
Diagnostic Radiology	Pediatric Radiology
Diagnostic Radiology	Vascular/Interventional Radiology
Emergency Medicine	
General Surgery	Pediatric Surgery
Internal Medicine	Geriatric Medicine
Neurology	Child Neurology
Neurology	Clinical Neurophysiology
Neurology	Epilepsy (COA)
Neurology	Neuromuscular Medicine
Nuclear Medicine	
Orthopaedic Surgery	Hand Surgery
Pathology	Cytopathology
Pathology	Forensic Pathology
Pathology	Hematopathology
Pathology	Neuropathology
Pediatrics*	
Pediatrics	Adolescent Medicine
Pediatrics	Medicine/ Pediatrics*
Pediatrics	Pediatric Cardiology
Pediatrics	Pediatric Critical Care Medicine
Pediatrics	Pediatric Emergency Medicine
Pediatrics	Pediatric Endocrinology
Pediatrics	Pediatric Gastroenterology
Pediatrics	Pediatric Hematology/Oncology
Pediatrics	Pediatric Infectious Diseases
Pediatrics	Pediatric Nephrology
Pediatrics	Pediatric Pulmonology
Pediatrics	Pediatric Rheumatology*

Appendix 11

Pediatrics

Sleep Medicine

Pediatrics/ Medical Genetics*

Radiation Oncology

Cahaba UAB Family Medicine

Huntsville Family Practice

Huntsville Internal Medicine

Montgomery Internal Medicine

Selma Family Practice

*Programs that will use the CORES tool at sometimes due to Program Education Requirements (i.e. Pediatrics program rotations at University Hospital)

DCGME Executive Committee,

Due to the surveys COVID-19 Pandemic the ACGME Surveys this year are likely to be delayed and potentially not available for some programs that were in the third survey window. From the most recent ACGME E-Communication the third survey window will be open until June 26th and after that point the surveys will be reviewed and reports generated.

We propose that in light of the delay in the Surveys this year we remove the survey indicator from the Special Review Dashboard. The conditions the pandemic has created are likely to cause skewed results this year and with programs being given the option to participate it is not fair to only hold part of the programs accountable for surveys when others are not.

If we are to forgo the survey indicators that would decrease the number of indicators by three. I propose that for this review year we with only seven indicators we lower the threshold for review to being marked at risk in three areas as opposed to the current four. I have included the current and proposed indicators at the end of this document.

The surveys reports that are available this year will still be reviewed by the GME office, DIO and the DCGME. The review process would be similar to previous years but with added consideration for the circumstances that were present during the survey window. We will still request progress reports from programs that it is determined to be prudent. As not all programs will have survey results this year it would not be a balanced indicator for the Special Review Dashboard.

The Alternative Reporting request review uses ACGME Surveys for the work hour component. I propose to use the Surveys from 2019 for the Alternative Reporting review process this year. This will allow all programs to be held to the held to the same standard for review.

Thank you

Current:

Special Review Indicators					
Effective July 2020					
	Minimal to No Risk	Some Risk	Most at Risk	Data Source	Timeframe
ACGME Trends	None		Same issue on ACGME Survey & Accreditation Letter	Review of ACGME surveys, Annual Accreditation Letters	May-June, Jan-Apr
ACGME Resident Survey - Resident's Overall Evaluation of the Program	% answered Very Positive \geq to National Mean		% answered Very Positive < National Mean	ACGME Resident Survey	May-June
ACGME Resident Survey - Residents Can Raise Concerns without Fear and Satisfied with Process to Deal with Problems and Concerns	Both above > National Mean	One < the National Mean	Both < the National Mean	ACGME Resident Survey	May-June
ACGME Faculty Survey - Faculty's Overall Evaluation of the Program	% answered Very Positive \geq to National Mean		% answered Very Positive < National Mean	ACGME Faculty Survey	May-June
GME Work Environment Survey - I would recommend my training program to others	>80% answered Strongly or Moderately Agree	\leq 80% answered Strongly or Moderately Agree	\leq 80% answered Strongly or Moderately Agree AND at least one respondent in any disagree category	GME Work Environment Survey	April
Citations	No new citations or resolved citations	Area for Improvement/ New Citation	Extended Citation	Annual Accreditation Letters	Jan-Apr
Citations related to 80 hour work week	No new citations	Area for Improvement/ New Citation	Extended Citation	Annual Accreditation Letters	Jan-Apr
Board Pass Rate	>80% Pass Rate based on Provided Data in APE for past three exam cycles [either three or six years depending on certifying exam availability]		< 80% Pass Rate on Provided Data in APE in the past three exam cycles [either three or six years depending on certifying exam availability] or no data or inconclusive data is provided in APE	Annual Program Evaluations	Sept. - Oct.
Resident Attrition	Zero		Case by Case Basis	Letters submitted to GME	Case by Case by /
Work Hour Logging Compliance	At least 80% of trainees logging per program's policy		80% Compliance Not Met Per Program's Policy	MedHub Submission Report	Aug., Nov., Feb., May

Proposed:

Special Review Indicators					
Effective July 2020					
	Minimal to No Risk	Some Risk	Most at Risk	Data Source	Timeframe
ACGME Trends	None		Same issue on ACGME Survey & Accreditation Letter	Review of ACGME surveys, Annual Accreditation Letters	May-June, Jan-Apr
GME Work Environment Survey - I would recommend my training program to others	>80% answered Strongly or Moderately Agree	\leq 80% answered Strongly or Moderately Agree	\leq 80% answered Strongly or Moderately Agree AND at least one respondent in any disagree category	GME Work Environment Survey	April
Citations	No new citations or resolved citations	Area for Improvement/ New Citation	Extended Citation	Annual Accreditation Letters	Jan-Apr
Citations related to 80 hour work week	No new citations	Area for Improvement/ New Citation	Extended Citation	Annual Accreditation Letters	Jan-Apr
Board Pass Rate	>80% Pass Rate based on Provided Data in APE for past three exam cycles [either three or six years depending on certifying exam availability]		< 80% Pass Rate on Provided Data in APE in the past three exam cycles [either three or six years depending on certifying exam availability] or no data or inconclusive data is provided in APE	Annual Program Evaluations	Sept. - Oct.
Resident Attrition	Zero		Case by Case Basis	Letters submitted to GME	Case by Case by /
Work Hour Logging Compliance	At least 80% of trainees logging per program's policy		80% Compliance Not Met Per Program's Policy	MedHub Submission Report	Aug., Nov., Feb., May