

GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Academic Year: July 2024 - June 2025



GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES
ACADEMIC YEAR: JULY 2024 - JUNE 2025
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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

The University of Alabama Hospital is 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 UAB School of Medicine.

The University of Alabama Hospital is the flagship facility for the UAB Health System and is the primary teaching site for the University of Alabama School of Medicine serving approximately 90,700 inpatient annually, 135,702 Emergency Department patient visits and 1.68 million medical clinic visits annually. The 1,207-bed facility is the flagship of the UAB Health System and is among the 20th largest in the nation and includes 63 high-tech operating suites. This site is the only ACS-designated Level 1 Trauma Center in Alabama, the only Burn Center in Central Alabama, the only Magnet Designated Hospital in the State of Alabama, and a Level 3 Regional Neonatal Intensive Care Unit. Located here is a state of the art Heart and Vascular Center, a Comprehensive Cancer Center, a Comprehensive Stroke Center and a Cardiovascular Institute. The Hospital is located on the University of Alabama at Birmingham campus, among major research centers and clinics. The Hospital provides patients with a complete range of primary and specialty care and hosts an active medical and dental staff of 1,600 members who hold faculty appointments at the University of Alabama School of Medicine and/or University of Alabama School of Dentistry. The University of Alabama Hospital is a part of the UAB Health System and is governed by an 18 member Board of Directors with the UAB President serving as the chair of the board.

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

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

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

The University of Alabama Hospital and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees. Of particular note are those policies and procedures that govern "Administrative Withdrawal" of accreditation, an action that could result in the closure of a sponsoring institution's ACGME-program(s) and cannot be appealed. Program directors, teaching faculty, and administrative staff should review the ACGME Policies and Procedures located on the ACGME website at www.acgme.org. 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. WORKFORCE RECRUITMENT AND RETENTION

The University of Alabama Hospital, 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 GME staff members, and other relevant members of its academic community. The GMEC 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 at Birmingham Marnix E. Heersink School of Medicine, and UAB Health System are committed to excellence in medical education and providing the necessary financial support for administrative, educational, 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. [See Statement of Institutional Commitment here.](#)

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

The Institution's system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME-accredited programs. The primary institutional components of this administrative structure are the 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, Heersink School of Medicine, has responsibility for the School's affairs and activities related to undergraduate, graduate, and continuing medical education, including the appointment of teaching faculty, in the various disciplines of medicine. All members of the medical staff of the Hospital hold faculty appointments at the Heersink School of Medicine. A Senior Associate Dean is appointed by the Dean to oversee all aspects of the Heersink School of Medicine's affairs related to medical education at all University of Alabama campuses. The Associate Dean for Graduate Medical Education serves as DIO and Chair of the Hospital's graduate medical education committee, the Dean's Council for Graduate Medical Education (GMEC).
- 2. University of Alabama Hospital:** The Hospital serves as the primary teaching hospital of the Heersink School of Medicine and as a major academic support unit for other schools dedicated to the training of health care professionals at the University of Alabama at Birmingham. The Hospital is the sponsoring

institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham, and the programs located at other campuses of the Heersink School of Medicine sponsoring institution. The Hospital must comply with the ACGME Institutional Requirements and ensure that all ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements established by the ACGME and its Residency Review Committees. All ACGME-accredited programs must operate under the authority and control of the Hospital and the Hospital is responsible for the quality of GME even when resident/fellow education occurs in other institutions.

- 1) **Designated Institutional Official (DIO):** The CEO of UAB Hospital of the Hospital appoints the Designated Institutional Official. The DIO works in collaboration with the GMEC and has authority and responsibility for oversight and administration of all ACGME-accredited programs. See [Dean's Council of Graduate Medical Education \(GMEC\) Charter](#), [AIR Policy](#) and [Special Review Policy](#).
- 3. Graduate Medical Education Department (GMED):** The GMED is an administrative support unit for the Hospital, Heersink School of Medicine, GMEC, 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/fellowship programs, residents/fellows, and affiliated institutions, as well as numerous departments responsible for providing ancillary and support services for the graduate medical education programs. Responsibilities of the 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 GMEC;
 - c) Maintaining appropriate institutional files on all residents/fellows currently in training and those who have completed training in sponsored programs;
 - d) Maintaining appropriate institutional records and statistics for each sponsored program;
 - e) Oversight of facilities and support services provided for residents/fellows;
 - f) Providing administrative support to the GMEC and subcommittees, maintaining the official records of the GMEC, and ensuring the effective oversight of the Sponsoring Institution's accreditation providing administrative support to the 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.
- C. House Staff Council:** The House Staff Council provides residents/fellows with a system to communicate and exchange information with each other and report concerns relevant to their learning and work environment and their programs. The House Staff Council consists of a President, Vice President, Secretary, Wellness Chair and representatives from each residency/fellowship program sponsored by the Hospital. Representatives are peer selected. The Council meets on a monthly basis, and the DIO

regularly attends the meetings. The Graduate Medical Education Department provides administrative support to the Council. A portion of every meeting is conducted without the DIO, faculty members, or other administrators present. The officers serve as voting members of the GMEC. [See House Staff Council Bylaws.](#)

D. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS

The Hospital must retain responsibility for the quality of graduate medical education even when resident/fellow education occurs in other institutions. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives, and should provide resources not otherwise available to the program. Assignments to participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program's goals and objectives and peer activities. All assignments for resident/fellow education at sites other than the Hospital must be reviewed and approved by the DIO and GMEC prior to initiation of the rotation. It is the responsibility of the program director to notify the Hospital, through the DIO and/or 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.

E. ACCREDITATION FOR PATIENT CARE

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

F. 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 POLICIES

- A. **RESIDENT/FELOW ELIBILITY, REQUIREMENTS FOR TRAINING AND SELECTION OF RESIDENTS/FELLOWS, INITIAL RESIDENT/FELOW APPOINTMENT (CONTRACT), and CONDITIONS OF APPOINTMENT – [See Attached Policy here](#)**
- P. **RESTRICTIVE COVENANTS – [See Attached Policy here](#)**

SECTION IV: FINANCIAL SUPPORT AND BENEFITS

A. **ALLOCATED RESIDENCY POSITIONS**

The GMEC 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 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. **CLOSURE OR REDUCTION IN SIZE OF PROGRAMS**

In the event the University of Alabama Hospital (Sponsoring Institution) decides to close or reduce the size of a residency or fellowship program, the Sponsoring Institution will inform the 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.

[See Attached Policy here](#)

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

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

D. SALARIES

Salaries for each postgraduate year are based on the budget of the Hospital, with approval by the GMEC. Periodic analysis of national and regional trends is performed and resident/fellow salaries adjusted, when necessary and in accordance with Hospital policy, to ensure salaries are competitive with those in the region. Following approval by the GMEC, the residency 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: Viva Choice, Viva UAB, Viva Health, 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, 2024, for each of the plans is as follows:

	<u>Employee</u>	<u>Employee + Child(ren)</u>	Family
Viva Choice	\$83.76	\$283.32	\$382.50
Viva UAB	\$109.73	\$334.15	\$467.38
Viva Access	\$169.65	\$517.26	\$671.55
Blue Cross/Blue Shield	\$201.43	\$614.14	\$823.54

2. **Dental Insurance:** Coverage is offered through Blue Cross Blue Shield. Residents/Fellows may select from two coverage options: basic and comprehensive. Under the basic plan, diagnostic and preventive services are paid at 90% usual, customary, reasonable (UCR) and are subject to a \$25 deductible. The comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to \$1,000 lifetime maximum per patient. The residents/fellows' cost, effective January 1, 2023, for the options is as follows:

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

3. **Vision Coverage:** Coverage is offered through Vision Service Plan (VSP). The VSP plan offers coverage for routine eye exams, lenses and frames, contacts and discounts for LASIK eye surgery. VSP is a nationwide plan that offers both in-network and out of –network coverage. UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Dept. of Ophthalmology-Ophthalmology Services Foundation all participate in the VSP network. The resident/fellows' cost, effective January 1, 2023 is as follows:

	<u>Employee</u>	<u>Employee + Child(ren)</u>	Family
Vision Service Plan (VSP) Basic	\$5.23	\$9.90	\$16.63
Vision Service Plan (VSP) Premier	\$9.18	\$14.29	\$29.88

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 offered by TIAA is voluntary, defined-contribution, tax-deferred as well as Roth after-tax plan governed by the Internal Revenue Code 403(b). There is no University matching contribution under this plan.
 - 457(b) Plan: UAB also offers a voluntary, defined-contribution, pre-tax as well as Roth after-tax plan governed by Internal Revenue Code 457 (b). Similarly to the 403(b) plan, the 457(b) plan offered by TIAA includes the same expanded investment options and convenient payroll deductions. There is no University matching contribution under this plan.
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 \$2,650 per year in a health care account. For dependent care accounts, you can set aside \$5,000 or \$2,500 for married taxpayers filing separate returns. Enrollment is direct through the UAB Benefits Office within 31 days from date of hire, qualifying life event, or during an announced Annual Open Enrollment" period.

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 (VACATION AND LEAVES OF ABSENCES) - [See Attached Policy here](#)

SECTION V: ANCILLARY AND SUPPORT SERVICES

The University and Hospital are committed to the provision of necessary ancillary and support services and systems for residents/fellows in its graduate medical education programs. Such services include, but are not limited to, the provision of uniforms, payment of parking fees, discounted meals, 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 Panera Bread 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. **GME Wellness Resource Center:** A multi-use space designated to enhance compliance with current ACGME requirements addressing well-being in the clinical learning environment and to support available and vibrant medical workforce is located on the second floor of the West Pavilion Building, Room P235 The multi-function space includes areas for quiet study, gathering (break room), and exercising and medication. There is also space dedicated for lactation. Meeting space and computers to access the electronic health record and library resources are also provided. The space also contains the Medical Library. Librarians from Lister Hill Library are located in the space. The space is expected to open late summer/early fall 2024. Clinical Librarians are also available on site provide residents/fellows with research support services, computers, and a broad variety of reference material

in print or electronic format in a location convenient to patient care areas. Librarians are available Monday through Friday, 8:00 a.m. to 5:00 p.m.

2. **Counseling Services at UAB:** Counseling is available at no cost to residents/fellows through UAB Employee Assistance & Counseling Center (EACC), which is a free, confidential and voluntary service provided by the University of Alabama at Birmingham. The professional counseling staff provides confidential, one-on-one counseling. Should a resident/fellow require assistance in an area in which the counselors do not specialize, the counselors will work with the resident/fellow in making an appropriate referral. Every consultation is strictly confidential, and information is not included in personnel records nor revealed to supervisors, coworkers, colleagues, friends or family members (with the exception of life or death situations). The phone number is (205) 934-2281. Detailed information on EACC can be found on their website <https://www.uab.edu/humanresources/home/eacc>.

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

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

3. **Counseling Services at UAB Medicine:**
 - a) **Office of Wellness** exists in UAB Medicine to provide free of charge confidential consultation and coaching through conversations for faculty, advanced practice providers, medical residents and fellows, medical students, biomedical graduate students, and post-doctoral fellows. Services include wellness check-ins, one-on-one assessment and consultations, informal coaching and advising through conversations, group sessions, and referral assistance. Some common reasons residents/fellows visit the Office of Wellness are: stress management, depression, anxiety, burnout, family and relationship issues, communication difficulties, substance abuse issues, and career/academic concerns. The office is located at 509 Richard Arrington Jr. Blvd South. To make an appointment, email UABMedicineOfficeofWellness@uab.edu
 - b) **Employee Health Provider Health Officer:** UAB Medicine provides a convenient service to address stressors for physicians, PhD faculty, advanced practice providers, fellows, residents and medical students. No referral is necessary. Visits are confidential, unless there is a threat of harm to self or others. No EMR documentation is created. Most appointments are virtual and are free of charge. These services are provided by UAB Medicine Provider Health Officer Sandra Frazier, MD. To make an appointment, email Dr. Frazier at sfrazier@uabmc.edu.
4. **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.
5. **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.
6. **“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.
7. **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.

8. **GME Work Environment Survey:** Annually, the GME Office through support of the GMEC Wellness Subcommittee surveys all residents/fellows. The primary use of the survey is to monitor the learning and working environment as well as to inform training programs and the institution of the clinical learning environment to maximize the wellness of your training program and that of the institution. Professionalism concerns can be addressed through this survey. Institutional action plans are implemented and monitored through the Annual Institutional Review (AIR) to ensure well-being of residents are being addressed in a timely manner.
9. **GME Wellness Webpage:** The GME Wellness Webpage (<https://www.uab.edu/medicine/home/residents-fellows/current/wellness>) has a wealth of information on personal well-being and services provided by UAB Medicine. Information includes education and readings on symptoms of burnout, depression, and substance abuse, as well as means to assist those who experience these conditions. It also includes how to recognize symptoms in yourself and how to seek appropriate care.
- D. Exercise Facilities:** The UAB Campus Recreation Center is available to residents/fellows with proper identification at \$42 per month (or, \$420 per year). Discounts are available for limited access at \$29 per month during non-prime hours (Monday-Friday 5 am – 3 pm, 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 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. Loan Deferments:** The GME Office is available to assist residents/fellows in completing the necessary paperwork for loan deferments.
- G. More Library Resources:** The main Lister Hill Library is located at 1700 University Boulevard. Electronic point of care tools provided by the library can be accessed at <https://library.uab.edu/locations/lhluh>; off-campus access requires the use of a Blazer ID and password. Wolters Kluwer's UpToDate is an online clinical decision support tool provided by UAB Medicine and is available to all faculty and residents/fellows. Additional electronic tools to support clinical practice include McGraw-Hill's Access Medicine, VisualDX, and Clinical Key from Elsevier. These resources, and a variety of others provided via Lister Hill Library, are available on campus and remotely.
- H. Needle Stick Response Team - Process for Treating and Reporting Needle Sticks/Exposure :**
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

- I. **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.
- J. **Notary:** The GME Office provides notary services to residents/fellows free of charge.
- K. **On-Call Quarters:** The Hospital provides on-call quarters for residents/fellows in the Center for Psychiatric Medicine, Jefferson Tower, Old Hillman Building, Quarterback Tower, Spain Rehabilitation Center, Spain-Wallace, Medical Education Building, North Pavilion, West Pavilion, and the Women and Infants Center. The Hospital assigns each program rooms with a sufficient number of beds for the number and gender of residents/fellows on call that accommodate privacy needs. The Graduate Medical Education Department maintains a master listing of on-call rooms, program assignments and, for security purposes, the names and key numbers of individuals to whom keys have been issued.
 1. Any program requiring additional on-call rooms should direct a request to the Graduate Medical Education Department. Residency programs and/or residents/fellows may not exchange rooms or give away rooms to residents/fellows of another program without the prior approval of the Graduate Medical Education Department.
 2. Programs should report to the Graduate Medical Education Department any call room assigned to the program that is not being utilized by the residents/fellows.
 3. All requests for keys and/or lock work for resident/fellow facilities or on-call rooms maintained by the Hospital must be approved by the Graduate Medical Education Department.
 4. Repairs or maintenance work needed in the on-call quarters should be reported to the Graduate Medical Education Department.
 5. On completion of residency training, or change in program, residents/fellows must return to the program coordinator any keys issued to on-call rooms.
- L. **Parking:** Residents/Fellows are assigned parking by UAB Parking and Transportation Services. Every effort is made to place residents/fellows in parking facilities in close proximity to the Hospital. The monthly parking fee of \$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 reimbursed for any overcharge, provided the Graduate Medical Education Department is provided with a copy of the payroll statement(s) showing the amount deducted **and the request for reimbursement is made within the year in which the overcharge occurred.**

- M. Security and Safety:** The UAB Police Department is accredited by the Commission for the Accreditation of Law Enforcement Agencies (CALEA) and is responsible for the safety and protection of staff, students and visitors and the prevention of crime on the UAB campus. Police officers and/or security personnel are present in Hospital buildings and the parking decks which are equipped with monitored security cameras. Emergencies may be reported or assistance requested by calling 934-4434. In addition, the following services are provided to enhance safety:
- 1. Help Telephones:** There are 200 designated Help Telephones throughout the UAB campus that provide a direct link to the UAB Police Department. The telephones are monitored 24 hours a day and are located in building hallways, elevators, parking lots/decks, between buildings and in remote areas.
 - 2. Campus Escort Service:** An after dark escort service available from 9pm to 5:30am 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. Blaze Ride:** A daily service available from 7:30am – 7:30pm for employee and students with limited mobility that can be requested by calling 205-975-7433. A ONE card is required to ride. To use Blaze Ride employees must register with AWARE; students must register with Disability Support Services.
 - 4. TapRide:** You can use the app TapRide by DoubleMap to request a Safety Escort or a Blaze Ride- this is the preferred method for requesting these services by UAB Transportation. Additional information is available on their website: <https://www.uab.edu/police/programs-and-services/campus-escort>
 - 5. 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
 - 6. B-ALERT Emergency Management:** Sign up at uab.edu/balert for alerts from UAB Emergency Management Team.
 - 7. 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/> .
 - 8. Uber to UAB Highlands:** To increase safety and convenience of UAB providers providing care at main campus and Highlands, providers can access a UAB Uber account. For more information, please contact the GME Office at (205) 934-4793.
- N. Transportation Options for Residents/Fellows Who May Be Too Fatigued to Safely Return Home:** Each incoming resident and fellow is sent an email invitation to join the GME Ride Uber account. By clicking the link in the invitation email, residents will be able to call an Uber when too fatigued to drive home or when dealing with car repairs. Please contact the Graduate Medical Education Department at gme@uabmc.edu or 205-934-4793 with activation issues or questions. 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.

O. 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.

P. 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: [UAB GME Wellness Website -- +Access to lactation needs](#)

Q. 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/reasons/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 VI - EDUCATIONAL PROGRAM**A. PROGRAM DIRECTORS**

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

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

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

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

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;
7. Remove residents from supervising interactions and/or learning environments that do not meet the standards of the program
8. Submit accurate and complete information required and requested by the DIO, Dean's Council for GME and ACGME,
9. Complete annual updates of the program and resident/fellow records through the ACGME Accreditation Data System (ADS),
10. Obtain prior approval of the GMEC and RRC for changes in the program that may significantly alter the educational experience of the residents/fellows including, but not limited to, the addition or deletion of major participating institutions, change in the approved resident/fellow complement, or change in the format of the educational program.
11. Provide applicants who are offered an interview, with information related to the applicant's eligibility for the relevant specialty board examination,
12. Provide a learning and working environment in which residents and faculty members have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner, as appropriate without fear of intimidation or retaliation;
13. 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,

14. Ensure implementation of policies and procedures, as established by the Hospital, to address employment and non-discrimination
15. Monitor resident/fellow stress, fatigue, sleep deprivation, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,
 - i. The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows.
 - ii. Situations that demand excessive service or that consistently produce undesirable stress on residents/fellows must be evaluated and modified.
16. 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.
17. 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.
 - i. The educational goals and objectives must be distributed, reviewed and made available to residents/fellows and faculty.
 - ii. The educational goals and objectives must be reviewed with residents/fellows prior to the assignment.
18. Provide residents/fellows with direct experience in progressive responsibility for patient management.
19. 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.
20. 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.
21. 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.
22. 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.
23. 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.
24. 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.
25. 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.
26. 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).

27. 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.
28. Prepare the Annual Program Evaluation.
29. Prepare information from their program for the CLER Dashboard.
30. Prepare and submit a program Self-Study to the DIO.
31. Document and provide verification of a resident's completion for all graduating residents within 30 days of departure and upon the resident's request within 30 days

B. TEACHING FACULTY

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

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

Core Faculty

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

Associate Program Directors

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

C. PROGRAM COORDINATOR

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

D. ACGME COMPETENCIES

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

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

E. SCHOLARLY ACTIVITIES

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

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

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

SECTION VII - RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

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

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

A. OTHER LEARNERS AND HEALTH CARE PERSONNEL

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

B. WELL-BEING - In partnership with the Sponsoring Institution, programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. [See Attached Policy here](#)

C. PATIENT SAFETY AND QUALITY IMPROVEMENT

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

1. Culture of Safety
 - a) The program, its faculty, residents/fellows must actively participate in patient safety systems and contribute to a culture of safety.
 - b) The program must have a structure that promotes safe, interprofessional, team-based care.
2. Education on Patient Safety
 - a) Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
3. Patient Safety Events
 - a) Residents/Fellows, faculty members, and other clinical staff members must:
 - i. Know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site
 - ii. Know how to report patient safety events and unsafe conditions, 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 and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

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.

D. SUPERVISION AND ACCOUNTABILITY

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

E. CLINICAL RESPONSIBILITIES, TEAMWORK AND TRANSITIONS OF CARE

1. Clinical Responsibilities

The clinical responsibilities of each resident 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 and promotes safe, interprofessional, team-based care in the specialty and larger health system.

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

F. CLINICAL EXPERIENCE AND EDUCATION

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

G. MOONLIGHTING

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

[See Attached Policy here](#)

H. EVALUATION

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

1. **Resident/Fellow Evaluation:** Each resident/fellow's performance must be evaluated throughout the training program, the results of evaluations communicated to each resident/fellow, and the results of evaluations used to improve resident/fellow performance. Each program's evaluation procedures must include:
 - a) Each program must utilize evaluation tools and methods that produce an accurate assessment of each resident/fellow's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - b) Each program must establish procedures for providing regular and timely feedback to residents/fellows regarding their performance. The following policies apply to all programs and residents/fellows:
 - 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, review of the program's self-determined goals and progress toward meeting them, guiding ongoing program improvement, including development of new goals, based on outcomes, and review of current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. The PEC advises the Program Director through program oversight. The group must have regular documented meetings at least annually for this purpose and is responsible for rendering a written Annual Program Evaluation (APE). The program must monitor and track: 1) Program Information including: curriculum, outcomes from prior APEs, ACGME letters of notification including citations and 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 Program Evaluation and action plan must be distributed and discussed with the members of the teaching faculty and residents/fellows and it must be submitted to the DIO.

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

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

SECTION VIII: IMPAIRED PHYSICIANS

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

The Hospital, Heersink School of Medicine, 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 IX: GME DUE PROCESS POLICY – [See Attached Policy here](#)

SECTION X: GME PROCEDURES FOR SUBMITTING GRIEVANCES – [See Attached Policy here](#)

APPENDIX 1

ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

UAB HEERSINK SCHOOL OF MEDICINE and UAB HEALTH SYSTEM

		<u>Location</u>	<u>Telephone</u>
Dean and Sr. Vice President	Anupam Agarwal, M.D.	FOT 1203	996-6681
Designated Institutional Official/ Chair of GMEC	Alice Goepfert, M.D.	WIC 10270N	934-4793

UNIVERSITY OF ALABAMA HOSPITAL

Graduate Medical Education Department	Jennie Craft Karley Beale David Bailey Tanisha Davison MarcAnthony Durgin Lauryn Lewis Megan Porter Nicolas Seijo Aimé Yelvington	JT 136	934-4793
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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, UAB Heersink School of Medicine

VICE-CHAIR: BRENESSA LINDEMAN, M.D., Associate DIO for the Clinical Learning Environment, Associate Professor, Chief Wellness Officer; Vice Chair, Education; Department of Surgery, Program Director, Endocrine Surgery Fellowship, Department of Surgery, UAB Heersink School of Medicine

SECRETARY: KHURRAM BASHIR, M.D., MPH, Professor, Vice Chair for Education and Core Residency Director Department of Neurology, UAB Heersink School of Medicine

REGULAR MEMBERS

KHURRAM BASHIR, M.D., MPH, Professor, Vice Chair for Education and Core Residency Director Department of Neurology, UAB Heersink School of Medicine

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

CHAD BURSKI, M.D., Associate Professor, Department in Medicine, Division of Gastroenterology, UAB Heersink School of Medicine

KIM BUTLER, Program Coordinator, Pediatrics, UAB Heersink School of Medicine

MACHELLE CAMPBELL, Program Coordinator, Female Pelvic Medicine & Reconstructive Surgery, Department of Obstetrics and Gynecology, UAB Heersink School of Medicine

TEKUILA CARTER, M.D., Associate Professor and Residency Program Director, Department of Anesthesiology, UAB Heersink School of Medicine

BRITNEY COREY, M.D., Associate Professor and Program Director, Department of Surgery, Division of Gastrointestinal Surgery, UAB Heersink School of Medicine

Graduate Medical Education Policies and Procedures

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

DANIEL DYE, M.D., Associate Professor, Department of Pathology, UAB Heersink School of Medicine

SHEETAL GANDOTRA, M.D., Associate Professor, Department of Pulmonology, Allergy, and Critical Care Medicine, UAB Heersink School of Medicine

BENJAMIN J. GREENE, M.D., Associate Professor and Residency Program Director, Department of Otolaryngology, UAB Heersink School of Medicine

ANNA HURST, M.D., Associate Professor, Program Director, Department of Genetics, UAB Heersink School of Medicine

FARRAH IBRAHIM, M.D., Professor, Residency Program Associate Co-Director, Huntsville Internal Medicine Program, UAB Huntsville Campus

MICHAEL JOHNSON, M.D., Associate Professor, Orthopaedic Surgery Residency Program, UAB Heersink School of Medicine

CHARLES KHOURY, M.D., Associate Professor, Residency Program Director, Department of Emergency Medicine, UAB Heersink School of Medicine

ANN KLASNER, M.D., M.P.H., Professor and Fellowship Director, Department of Pediatrics, Division of Emergency Medicine, UAB Heersink School of Medicine

ADAM KLEIN, M.D., Assistant Professor, Residency Program Director, Urology, UAB Heersink School of Medicine

LAUREN KOLE, M.D., Assistant Professor, Residency Program Director, Dermatology, UAB Heersink School of Medicine

RYAN KRAEMER, M.D., Associate Professor, Program Director, General Internal Medicine, UAB Heersink School of Medicine

STEVEN LLOYD, M.D., Ph.D., Professor and Residency Program Director, Department of Medicine, Division of Cardiovascular Disease, UAB Heersink School of Medicine

BRANDI MCCLESKEY, M.D., Associate Professor and Residency Program Director, Department of Pathology, Division of Forensic Pathology, UAB Heersink School of Medicine

BRAD MEERS, M.D., Associate Professor, Department of Anesthesiology, Division of Cardiothoracic Anesthesiology, Regional Anesthesia, Organ Transplantation, UAB Heersink School of Medicine

SUSAN MILLS, Pathology Fellowships Coordinator, UAB Heersink School of Medicine

MICHELE H. NICHOLS, M.D., Professor, Vice-Chair for Education, Department of Pediatrics, Division of Emergency Medicine, UAB Heersink School of Medicine

TAYLOR PRESTON, M.D., Associate Professor, Director of Medical Student Education and Training Director of Residency Program, Department of Psychiatry and Behavioral Neurobiology, UAB Heersink School of Medicine

CURTIS J. ROZZELLE, M.D., Professor, Director of Residency Program, Department of Neurosurgery, UAB Heersink School of Medicine

COURTNEY RUSHING, Program Coordinator, Emergency Medicine, UAB Heersink School of Medicine

AUDRA WILLIAMS, M.D., Assistant Professor, Program Director, Department of Obstetrics and Gynecology, UAB Heersink School of Medicine

STEFANIE WOODARD, D.O., Associate Professor, Assistant Program Director, Department of Diagnostic Radiology, UAB Heersink School of Medicine

EX OFFICIO MEMBERS

LEIGH AUFDEMORTE, Compliance Officer, UAB Medicine

LATESHA ELOPRE, M.D., Assistant Dean of Diversity and Inclusion for Medical Education, Associate Professor, Department of Medicine, Division of Infectious Diseases, UAB Heersink School of Medicine

Graduate Medical Education Policies and Procedures

CRAIG HOESLEY, M.D., Sr. Associate Dean for Medical Education, Professor, Department of Medicine, UAB Heersink School of Medicine

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

LAUREN NASSETTA, M.D., Director, Wellness Support Services for UAB Heersink SOM Wellness Office; Associate Program Director - Pediatrics

MICHAEL STRAUGHN, M.D., Professor, Department of Obstetrics & Gynecology, Division of Gynecologic Oncology and Co-Chair of the DCGME Subcommittee for Patient Safety

ERIN YARBROUGH, Associate Vice President, Clinical Operations and GME, and Provider Contracts

President, House Staff Council

Vice-President, House Staff Council

Secretary-Treasurer, House Staff Council

Wellness Chair, House Staff Council

Additional House Staff Representatives

APPENDIX 2
ACGME-ACCREDITED PROGRAMS SPONSORED BY UAB HOSPITAL

ACADEMIC DEPARTMENT	PROGRAM	SUBSPECIAL	PROGRAM DIRECTOR
Allergy and Immunology	Allergy and Immunology	Allergy and Immunology	T. Prescott Atkinson, M.D., Ph.D.
Anesthesiology	Anesthesiology		Tekuila Carter, M.D.
Anesthesiology	Anesthesiology	Adult Cardiothoracic	Brad Meers, M.D.
Anesthesiology	Anesthesiology	Critical Care Anesthesiology	Andrew Barker, M.D.
Anesthesiology	Anesthesiology	Obstetric Anesthesiology	Michelle Tubinis, M.D.
Anesthesiology	Anesthesiology	Pain Management	Prentiss Lawson, M.D.
Anesthesiology	Anesthesiology	Pediatric Anesthesiology	Jack Crawford, M.D.
Dermatology	Dermatology		Lauren Kole, M.D.
Dermatology	Dermatology	Micrographic Surgery and Dermatologic Oncology	Conway C. Huang, M.D.
Dermatology/Pathology	Dermatology/Pathology	Dermatopathology	Peter Pavlidakey, M.D.
Emergency Medicine	Emergency Medicine		Charles Khoury, M.D.
Emergency Medicine	Emergency Medicine	Emergency Medical Services	Derek Robinett, M.D.
Human Genetics	Medical Genetics		Anna Hurst , M.D.
Human Genetics	Medical Genetics	Clinical Biochemical Genetics	Daniel Sharer, Ph.D.
Human Genetics	Medical Genetics	Laboratory Genetics and Genomics	Fady Mikhail, M.D., Ph.D.
Human Genetics	Medical Genetics	Medical Biochemical Genetics	Ali S. Al-Beshri, M.D.
Medicine	Internal Medicine		Ryan Kraemer, M.D.
Medicine	Internal Medicine	Addiction Medicine	Leah J. Leisch, M.D.
Medicine	Internal Medicine	Advanced Heart Failure & Transplant Cardiology	Andrew Lenneman, M.D.
Medicine	Internal Medicine	Cardiovascular Disease	Steven Lloyd, M.D.
Medicine	Internal Medicine	Clinical Cardiac Electrophysiology	Harish Doppalapudi, M.D.
Medicine	Internal Medicine	Critical Care Medicine	Sheetal Gandotra, M.D.
Medicine	Internal Medicine	Endocrinology,Diabetes & Metabolism	Amy Warriner, M.D.
Medicine	Internal Medicine	Gastroenterology	Chad Burski, M.D.
Medicine	Internal Medicine	Geriatric Medicine	Mark Newbrough, M.D.
Medicine	Internal Medicine	Hematology/Oncology	Rita Paschal, M.D.
Medicine	Internal Medicine	Hospice & Palliative Medicine	Walter J. Baehr, M.D.
Medicine	Internal Medicine	Infectious Diseases	Todd McCarty, M.D.
Medicine	Internal Medicine	Interventional Cardiology	Hussein Abu Daya, M.D.
Medicine	Internal Medicine	Nephrology	Eric K. Judd, M.D.
Medicine	Internal Medicine	Pulmonary Disease/Critical Care Med	Tracy R. Luckhardt, M.D., M.S.
Medicine	Internal Medicine	Rheumatology	Amanda Schnell, M.D.
Medicine	Internal Medicine	Transplant Hepatology	Brendan McGuire, M.D.
Medicine/Medical Genetics	Medicine/Medical Genetics		Anna Hurst , M.D.
Neurology	Neurology		Khurram Bashir, M.D., MPH
Neurology	Neurology	Child Neurology	Sarah Novara, M.D.
Neurology	Neurology	Clinical Neurophysiology	Eroboghene Uboqu, M.D.
Neurology	Neurology	Epilepsy	Ashley Thomas, M.D.
Neurology	Neurology	Epilepsy (COA)	Monisha Goyal, M.D.
Neurology	Neurology	Neurocritical Care	Angela H. Shapshak, M.D.
Neurology	Neurology	Neuromuscular Medicine	Kenkichi Nozaki, M.D.
Neurology	Neurology	Vascular Neurology	Michael J Lyerly, M.D.
Neurosurgery	Neurosurgery		Curtis J. Rozzelle, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology		Audra Williams, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology	Female Pelvic Med & Recon. Surgery	David Ellington, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology	Gynecologic Oncology	Haller Smith, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology	Maternal-Fetal Medicine	Akila Subramaniam, M.D.
Obstetrics & Gynecology	Obstetrics & Gynecology	MF/Medical Genetics	
Obstetrics & Gynecology	Obstetrics & Gynecology	Reproductive Endocrinology and Infertility	Richard Burney, M.D.
Ophthalmology	Ophthalmology		Russell W. Read, M.D.
Pathology	Pathology		Brandi McCleskey, M.D.
Pathology	Pathology	Blood Banking/Transfusion Medicine	Katayoun Fomani, M.D.
Pathology	Pathology	Cytopathology	Frida Rosenblum, M.D.
Pathology	Pathology	Forensic Pathology	Daniel Dye, M.D.
Pathology	Pathology	Hematopathology	Diana Morlote, M.D.
Pathology	Pathology	Molecular Genetic Pathology	Shuko Harada, M.D.
Pathology	Pathology	Neuropathology	Rati Chkheidze, M.D.
Pediatrics	Pediatrics		Michele H. Nichols, M.D.
Pediatrics	Pediatrics	Adolescent Medicine	Stephanie Wallace, M.D.
Pediatrics	Pediatrics	Medicine/ Pediatrics	Carlie Stein Somerville, M.D.
Pediatrics	Pediatrics	Neonatal/Perinatal Medicine	Namasivayam Ambalavanan, MBBS
Pediatrics	Pediatrics	Pediatric Cardiology	Robb Romp. M.D.
Pediatrics	Pediatrics	Pediatric Critical Care Medicine	Priya Prabahakaran, M.D.
Pediatrics	Pediatrics	Pediatric Emergency Medicine	Terri Coco, M.D.
Pediatrics	Pediatrics	Pediatric Endocrinology	Mary Lauren Scott, M.D.
Pediatrics	Pediatrics	Pediatric Gastroenterology	Jeanine Maclin, M.D.
Pediatrics	Pediatrics	Pediatric Hematology/Oncology	Kimberly Whelan, M.D.
Pediatrics	Pediatrics	Pediatric Hospital Medicine	Chang Wu, M.D.
Pediatrics	Pediatrics	Pediatric Infectious Diseases	Scott James, M.D.
Pediatrics	Pediatrics	Pediatric Nephrology	Daniel Feig, M.D.,Ph.D., MS
Pediatrics	Pediatrics	Pediatric Pulmonology	Brett Turner, M.D.
Pediatrics	Pediatrics	Pediatric Rheumatology	Randy Cron, M.D.

Pediatrics	Pediatrics	Sleep Medicine	Pedro Anis Nourani, M.D.
Pediatrics/ Medical Genetics	Pediatrics/ Medical Genetics		Anna Hurst, M.D.
Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation		Berdale Colorado, D.O.
Psychiatry	Psychiatry		Taylor Preston, M.D.
Psychiatry	Psychiatry	Child & Adolescent Psychiatry	Blessing Falola, M.D.
Psychiatry	Psychiatry	Consultation-Liaison Psychiatry	Rita Patton, M.D.
Psychiatry	Psychiatry	Geriatric Psychiatry	Bates Redwine, M.D.
Radiation Oncology	Radiation Oncology		Andrew McDonald, M.D.
Radiology	Diagnostic Radiology		Constantine Burgan, M.D.
Radiology	Diagnostic Radiology	Interventional Radiology - Integrated	Andrew Gunn, M.D.
Radiology	Diagnostic Radiology	Neuroradiology	Veeranjaneyulu Prattipati, M.D.
Radiology	Diagnostic Radiology	Pediatric Radiology	Eric J. Howell, MD
Radiology	Diagnostic Radiology	Vascular/Interventional Radiology	Andrew Gunn, M.D.
Radiology	Nuclear Medicine		Jon A. Baldwin, D.O.
Surgery	General Surgery		Britney Corey, M.D.
Surgery	General Surgery	Colon and Rectal Surgery	Jamie Cannon, M.D.
Surgery	General Surgery	Pediatric Surgery	Scott Anderson, M.D.
Surgery	General Surgery	Plastic Surgery - Independent	Jorge de la Torre, M.D.
Surgery	General Surgery	Plastic Surgery - Integrated	Rene Myers, M.D.
Surgery	General Surgery	Surgical Critical Care	Lauren Tanner, M.D.
Surgery	General Surgery	Thoracic & Cardiovascular Surgery	Benjamin Wei, M.D.
Surgery	General Surgery	Vascular Surgery - Independent & Integrated	Benjamin J. Pearce, M.D.
Surgery	Orthopaedic Surgery		Micheal Johnson, M.D.
Surgery	Orthopaedic Surgery	Hand Surgery	Kathleen McKeon, M.D.
Surgery	Otolaryngology		Benjamin Greene, M.D.
Surgery	Pediatric Otolaryngology		Nicholas Smith, M.D.
Urology	Urology		Adam Klein, M.D.

ACGME-ACCREDITED PROGRAMS SPONSORED BY UAB HOSPITAL at Other Campuses

Family & Community Medicine	Huntsville Family Medicine		Nancy Blevins, M.D.
Family & Community Medicine	Selma Family Medicine		David Ibrahim, M.D.
Medicine	Huntsville Internal Medicine		Farrah Ibrahim, M.D.
Medicine	Montgomery Internal Medicine		Jewell Halanych, M.D.
Psychiatry	Psychiatry - Huntsville		Clinton Martin, M.D.
Psychiatry	Psychiatry - Montgomery		Will Rutland, M.D.

OTHER GME PROGRAMS SPONSORED BY UAB HOSPITAL

Dentistry	Hospital Dentistry		Christine Blass
Dentistry	Maxillofacial Prosthetics		Wen Chou Wu, D.D.S.
Dentistry	Oral & Maxillofacial Surgery		Kathlyn (Katie) Powell, 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 Orthopaedic Surgery 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/ 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> <p>* Pediatrics Residency—will be issued 1 UAB COAT & 8 SCRUB SUITS</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 Maxillofacial Prosthetics</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 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>

**APPENDIX 5
UAB MEDICINE
POLICY FOR RELATIONSHIPS WITH INDUSTRY**

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[EXHIBIT A – FREQUENTLY ASKED QUESTIONS](#)

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.

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.

APPENDIX 6



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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 8 CONTINUED

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)

APPENDIX 9 NAVIGATING WELLNESS RESOURCES FOR RESIDENTS AND FELLOWS

Benefit from 15 Free Counseling Sessions with Employee Assistance and Counseling Center:

UAB EACC offers free, confidential support services for employees and members of their immediate family. Available services include individuals, couples, and family counseling, financial advisement, life coaching, educational and stress management programs, and access to a collection of online resources.

To Make an Appointment

-  [205-934-2281](tel:205-934-2281)
-  uabeacc@uabmc.edu
-  [Employee Assistance and Counseling Center Website](#)

Get Active with Employee Wellness:

The [UAB Employee Wellness](#) program provides resources to help employees live well through healthy eating, physical activity, and health management. Services include dynamic schedule of wellness programs and initiatives, onsite health screens, and more. UAB employees have access to \$350 by participating in My Health Rewards.

Track Your Wellness Over Time:

The [Well-Being Index](#) is an interactive self-assessment tool that measures distress and well-being in just 7 questions.

This 100% anonymous tool provides access to customized resources internal and external to UAB, tracks progress over time, and compares results to peers locally and nationally.

Sign up [here](#) with access code:

UAB TRAINEE



UAB CARES: In a crisis or know someone who is?




- Local Crisis Text Line: Text "UAB" to 741-741
- Call UAB Police Department (205)934-4434
- Call Birmingham Crisis Center: (205)323-7777
- Go to your nearest Emergency Room



Meet with Professionals in the Professional Development Office:

PDO provides free and confidential counseling, consultation, and coaching to faculty, physicians, Advanced Practice Providers, medical residents, medical students, biomedical graduate students and post-doctoral fellows. Physician coaches and Ph.D. psychologists are available for one-on-one assessments and consultations, short-term coaching and counseling, group sessions, or referral assistance to appropriate internal and external providers.

To Make an Appointment

-  [205-731-9799](tel:205-731-9799)
-  alisapalmore@uab.edu
-  [Professional Development Office Website](#)

Stay Healthy with Primary Care or UAB eMedicine:

For your healthcare needs, UAB Medicine provides you quick access to appointments with primary care.

To Make a Quick Appointment

-  [205-975-4YOU \(4968\)](tel:205-975-4YOU)

You also have access to UAB eMedicine 24/7. Most visits take only 15 minutes and are with a trusted clinician.

To Make an Appointment

-  [Welcome to UAB eMedicine!](#)

For more wellness information and resources, check out

[UAB Medicine Office of Wellness](#)

UAB MEDICINE PROVIDER HEALTH SERVICES

UAB Medicine offers a convenient, private, and low-pressure resource for providers to stay in front of emerging challenges to their well-being.

Despite the high emotional toll their professions often take, clinicians tend to neglect their own health needs, especially emotional and mental health. Burnout, depression, and suicidal ideation occur at alarming rates among physicians, who are less likely to seek help.

UAB Medicine provides a convenient service to address stressors for physicians, PhD faculty, advanced practice providers, fellows, residents, and medical students.

- No referral is necessary.
- Visits are confidential, unless there is a threat of harm to self or others.
- No EMR documentation is created.
- Appointments often are available within one week.
- Most appointments are virtual for privacy and convenience.
- Appointments are free of charge.

MEET THE PROVIDER

These services are provided by UAB Medicine Provider Health Officer Sandra “Sandy” Frazier, MD, who is a primary care physician and has been at UAB for greater than 25 years. Dr. Frazier has developed expertise in coaching and triaging common mental health issues, such as anxiety; depression; behavioral issues, such as work or personal relationships; and professional concerns, such as burnout, patient communication, and career planning.

A few areas in which Dr. Frazier has been able to help include:

- Coping with the feelings associated with medical error or adverse patients outcomes
- Difficult personal or professional relationships
- Strife among colleagues
- Career changes and opportunities
- Work stress and burnout
- Communication skills and conflict management



MAKE AN APPOINTMENT

Email Dr. Frazier at sfrazier@uabmc.edu at any time to confidentially arrange a session. Dr. Frazier is also available for consultation to assist leaders and others in working through difficult situations.

Appendix 10 - GME Resident/Fellow Parental Leave – Information

Who is eligible for paid parental leave?

GME Residents and Fellows (benefit class 07) who have been employed at UAB one full year and have worked a minimum of 1,250 hours are eligible for FMLA leave and can receive 4 weeks of paid parental leave. Both criteria are required.

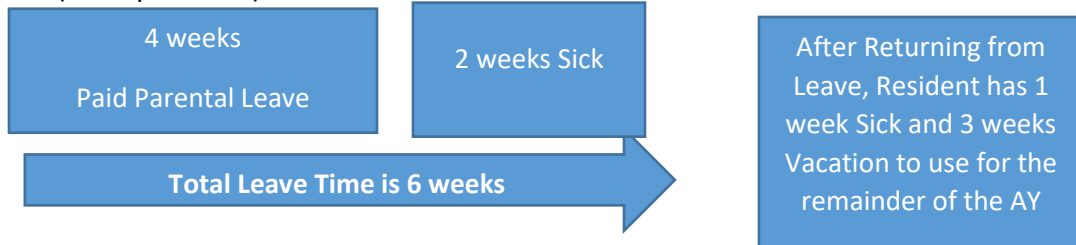
- FMLA can be approved for **up to** 12 weeks of time off. Parental leave pays for 4 of these weeks. Up to 8 more weeks of FMLA leave may be taken after the 4 weeks of paid parental leave. GME residents/fellows can use their sick time and vacation time so the additional time off will be paid (**up to** 6 weeks).
- GME Sick Leave Donation: A resident/fellow can **voluntarily** donate up to one week per academic year to another resident/fellow in the same program.

Examples – Birthing Parent

Example 1: GME Resident (**birthing parent**) wants to **take 12 weeks** for the birth of the newborn. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.



Example 2: GME Resident (**birthing parent**) wants to take **less than 12 weeks - 6 weeks in this example** for the birth of the newborn. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.



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205.934.4793
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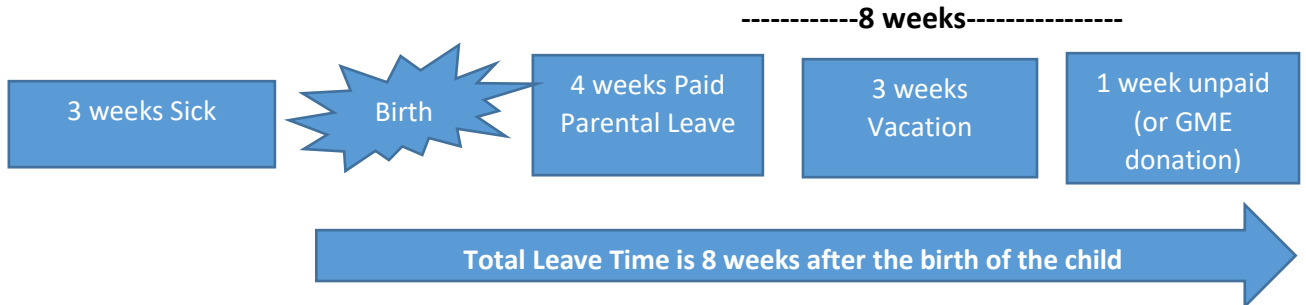
Example 3: GME Resident (**birthing parent**) wants to take **less than 12 weeks - 8 weeks in this example** for the birth of the newborn. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.



Example 4: GME Resident (**birthing parent**) wants to take **less than 12 weeks - 10 weeks in this example** for the birth of the newborn. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.

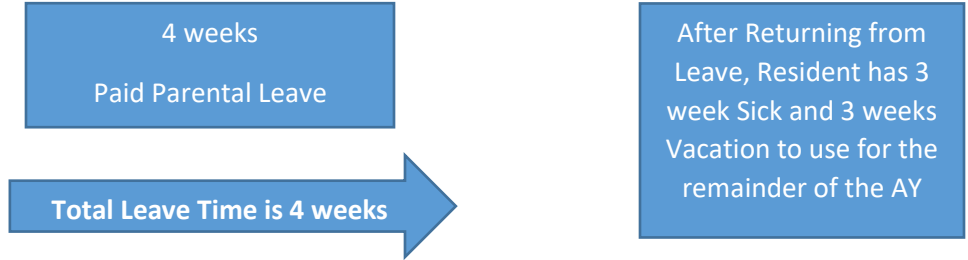


Example 5: GME Resident (**birthing parent**) has **pregnancy complications and is out 3 weeks before the baby is delivered**. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time. **The resident will not be able to return until 8 weeks after the birth of the child.**

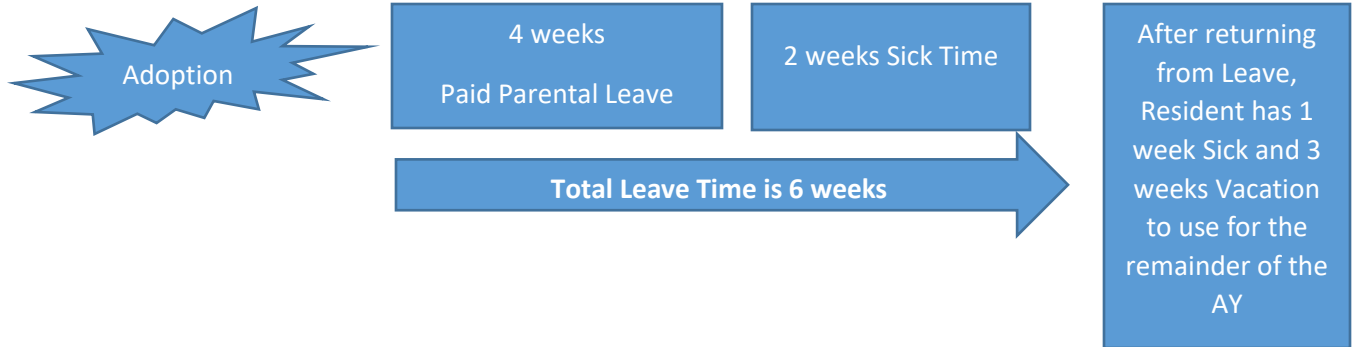


Examples – Non-Birthing Parent

Example 6: GME Resident (**non- birthing parent**) wants to take **less than 12 weeks - 4 weeks in this example** for the birth of the newborn. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.



Example 7: GME Resident will be **adopting a child (non-birthing parent)** and wants to **take 6 weeks** off with the new child. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time.



Example 8: GME Resident (**non-birthing parent**) needs to take off three weeks to care for the birthing parent (due to pregnancy complications) prior to the birth of the child. The resident is eligible for FMLA and has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time. The resident also wants to take 4 weeks paid Parental Leave after the birth of the child.



Frequently Asked Questions

Q1: Does paid parental leave apply to fathers or the other parent?

A1: Parental leave applies equally to both parents. The newborn does not need to be sick for parents to utilize paid parental leave.

Q2: Can fathers utilize paid parental leave before the UAB Leaves Teams receives verification of the birth?

A2: No, verification must be received prior. After the baby is born, a copy of the hospital verification of birth form for proof of delivery (or the birth certificate) must be submitted. (When the HR Leave Team approves the request for leave, the email will have information about this requirement).

Q3: Will the leave have to be taken in consecutive days, or can it be taken intermittently?

A3: Paid parental leave does not have to be taken in consecutive days. It can be taken intermittently with permission from your Program Director.

Q4: How long after birth or adoption can paid parental leave be accessed?

A4: Paid parental leave needs to be taken within 6 months after the birth or adoption.

Q5: Are GME Residents/Fellows eligible for Parental Leave with each pregnancy/adoption?

A5: Eligible employees may utilize Paid Parental Leave once during a rolling 12 month period based on the date of the birth (or adoption).

Q6: What if I have more questions?

A6: You may contact leave@uab.edu or the GME Office at 205-934-4793. You can also check the status of your leave request after you submit it on the electronic link.

Who should I notify and when?

- Please let your Program Director, Program Coordinator, and Scheduler know as early as feasible for planned parental leave and keep them updated if your dates change.
- UAB HR needs your electronic request/documentation at least 30 days in advance.
- Your Program Director will need to determine methods to ensure graduation requirements (rotations, procedures, etc.) are met, which may require changing rotation schedule.
- Program scheduler will need to rearrange call schedules, etc. as necessary.
- Resident/fellow to coordinate Vocera/pager coverage while on leave as necessary.

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- Anything program-specific which may impact parental leave should be addressed between Program Director and resident/fellow.

How do I submit my request and documentation?

- You will submit your request and documentation electronically.
- See attached slides/screen shots.

Will I have to make up training time?

- Make up time is a separate issue from FMLA and paid time off due to a leave.
- Please work with your Program Director and Program Coordinator as each specialty has their own Board Requirements [ABMS Member Boards | American Board of Medical Specialties](#). Each Board typically has a policy around the number of weeks allowed off in a year and the total number of weeks in the program to be eligible for board certification.
- Each program is required to have a written, program-specific policy on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency/fellowship program as well as eligibility for Board Certification.

How are salary/benefits funded if make up training is required?

- If a GME resident/fellow is funded by the GME account when the leave occurs, GME can fund up to 4 additional weeks of make-up time if needed (the amount of time that corresponds to the time the resident/fellow is on paid Parental Leave). Otherwise, the make-up time is funded by the Department.

Clarification on Duties While Resident is on Approved Leave with UAB Human Resources

- Residents/Fellows cannot be required to return to work without a medical release from a physician.
- Residents/Fellows cannot be scheduled for clinical duties or take call during the time they are on leave.

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- Residents are permitted to delay taking Parental Leave (i.e., not immediately after the birth of a child). However, Parental Leave must be taken within the first 6 months after the birth.
- Can residents attend Zoom meetings, work on assigned reading (at home) while on leave? Residents/Fellows can voluntarily attend zoom meetings, but no program credit can be obtained if on leave (approved leave in the UAB Benefits system).
- Residents can work at home on assignments for program credit if approved by the Program Director and not on an approved leave in the UAB Benefits system.
- Any additional call or shifts assigned prior to or following the leave time, should not cause excessive burden on the resident/fellow and must comply with ACGME work hour requirements.
- Can residents/fellows moonlight while on an approved leave in the UAB Benefit system? Programs should have policies around moonlighting while on an approved leave. All moonlighting activities must be pre- approved by the Program Director.

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Overview of Process – Resident/Fellow Eligible for FMLA (worked at UAB one year or more and 1,250 worked hours)

The Request for a Leave is electronic and located at this site: [Leaves of Absence - Human Resources | UAB](#)

Step 1 – Request Leave

- Employee submits request for leave through the [UAB LEAVE of ABSENCE REQUEST APP](#).
- Employee and Program Director receive email from leave@uab.edu confirming receipt of request.
- [FMLA eligibility policy](#) and required forms/next steps emailed to Employee to have completed and returned.

Step 2 – Submit Certification

- Employee (birthing parent) and his/her Health Care Provider complete medical certification forms: [Certification of Healthcare Provider for Serious Health Condition Form](#).
- Employee (non-birthing parent) should only submit the hospital verification of birth or the birth certificate.
- Employee or Health Care Provider submits completed forms to UAB Employee Health via fax at **205-975-6900** or email to medleavedocs@uabmc.edu.

Step 3 – Eligibility Verified

- UAB Employee Health notifies Leave of Absence (LOA) Team upon verification of medical requirements.
- LOA Team reviews claim and emails approval or denial of leave to the Employee, Manager and Department Contact.

Step 4 – Employee on Leave

- If approved, Employee goes on leave.
- Employee must use accrued benefit time before moving to unpaid status.
- Employee maintains communication with LOA Team (leave@uab.edu), UAB Employee Health and their Department, if there are any changes to condition or expected return date.

Step 5 – Return from Leave

- For Employee Illness Leave and Birth, Adoption, Foster Care Leave:

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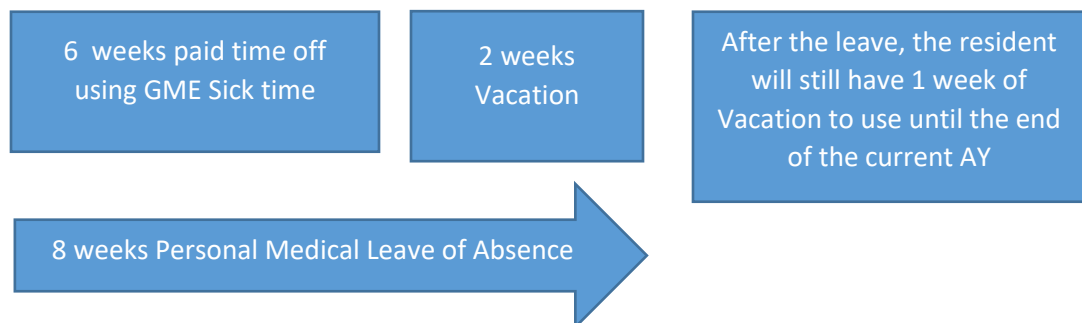
- Employee's Health Care Provider sends [Request to Return from Medical Leave of Absence Form](#) to **UAB Employee Health** via fax at **205-975-6900** or email to medleavedocs@uabmc.edu.
- LOA team contacts Manager/Department Contact regarding return to work status.
- For the non-birthing parent, no medical release documentation is needed. The employee will need to let their department know the date of the return so the return from leave Oracle ACT document can be created.

What if I haven't been employed at UAB a full year?

- The ACGME requires institutions to provide a minimum of 6 weeks paid approved medical, parental, and caregiver leave starting the day the resident/fellow reports to work. If you haven't been employed by UAB for a full year, you may use your allotted 3 weeks sick time. An additional 3 weeks sick time will be allocated to the resident/fellow, in order to provide six weeks of paid leave. Three weeks of vacation time is also available to be used throughout the academic year.
- Please contact Human Resources if you are **close** to being employed by UAB one year and let them review.

Examples

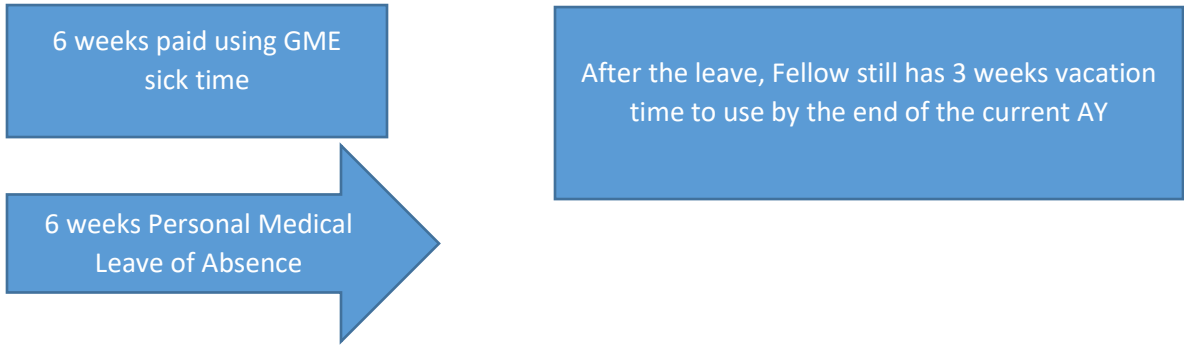
Example 1: GME Resident (**birthing parent**) wants to **take 8 weeks for the birth of the newborn and has been employed at UAB for less than one year (and does not qualify for FMLA)**. The new resident has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time. An additional 3 weeks of GME awarded sick time will be available so that the GME Fellow can have access to 6 weeks of paid sick time.



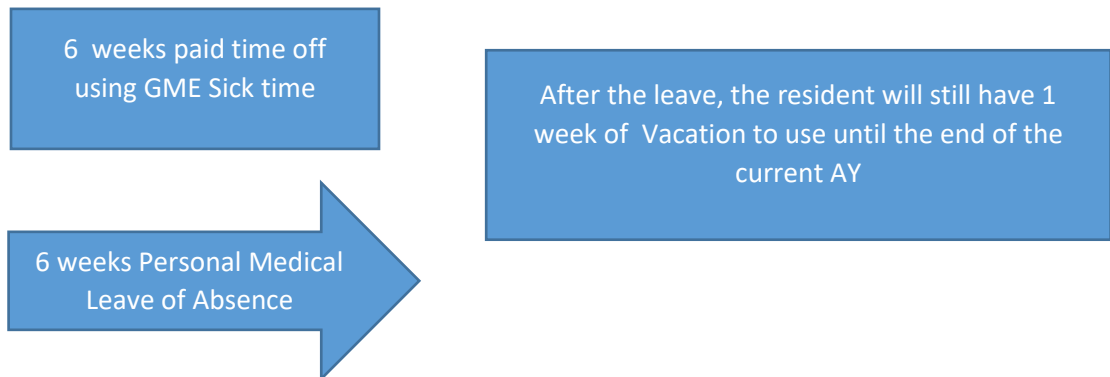
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Example 2: New GME Fellow needs to take a **6 week leave to care for a seriously ill child or parent; or be out themselves for an illness** and has been **employed at UAB for less than one year (and does not qualify for FMLA)**. The new fellow has not used (GME provided) 3 weeks of vacation and 3 weeks of sick time. An additional 3 weeks of GME awarded sick time will be available so that the GME Fellow can have access to 6 weeks of paid sick time.



Example 3: GME Resident (**birthing parent**) wants to **take 6 weeks for the birth of the newborn and has been employed at UAB for less than one year (and does not qualify for FMLA)**. The new resident has used (GME provided) 2 weeks of vacation and has not used any sick time. An additional 3 weeks of GME awarded sick time will be available so that the GME Fellow can have access to 6 weeks of paid sick time.



Overview of Process – Resident/Fellow Not Eligible for FMLA (worked at UAB less than one year)

The Request for a Leave is electronic and located at this site: [Leaves of Absence - Human Resources | UAB](#)

Step 1 – Request Leave

- Employee submits request for leave through the [UAB LEAVE of ABSENCE REQUEST APP](#).
- Employee and Program Director receive email from leave@uab.edu confirming receipt of request.
- [FMLA eligibility policy](#) and required forms/next steps emailed to Employee to have completed and returned.

Step 2 – Submit Certification

- Employee and his/her Health Care Provider complete medical certification forms: [Certification of Healthcare Provider for Serious Health Condition Form](#).
- Employee or Health Care Provider submits completed forms to UAB Employee Health via fax at **205-975-6900** or email to medleavedocs@uabmc.edu.

Step 3 – Eligibility Verified

- UAB Employee Health notifies Leave of Absence (LOA) Team upon verification of medical requirements.
- LOA Team reviews claim and emails. A notification of the denial of leave under FMLA will be sent to the Employee, Manager and Department Contact and they will request that the department send the “Non Leave of Absence Department Approval Form”

Step 4 – Employee on Leave

- Employee goes on leave.
- Employee must use accrued benefit time before moving to unpaid status.

Step 5 – Return from Leave

- The resident/fellow will need to let their department know the date of the return so the return from leave Oracle ACT document can be created.

Appendix 11

Oral and Maxillofacial Surgery Program – Further Clarifications

Due to the training schedule of the Oral and Maxillofacial Surgery (OMFS) program, this document provides further clarification on GME policies as related to the OMFS program.

Oral and Maxillofacial Surgery Program Format

Year 1 (12 months): PGY1 in OMFS with outpatient and minor surgery rotations

Year 2 and 3 (21 months): attend UAB medical school

Year 4 (15 months): PGY2 in surgery and anesthesia rotations

Year 5 (12 months): PGY3 - inpatient experiences, assisting in the operating rooms, pre and postoperative care of inpatients and outpatients and night call.

Year 6 (12 months): PGY4 - A senior resident may be designated as Chief Resident and is directly responsible for the management of all surgical patients in the Department of Oral and Maxillofacial Surgery. The Chief Resident is also responsible for answering consultations from other departments within the dental school and hospitals.

Source: [Oral and Maxillofacial Surgery Residency Program - School of Dentistry \(uab.edu\)](http://uab.edu)

Part 1 – Vacation/Sick Leave and Leave of Absence Policies

1. GME Policy on Vacation and Sick Leave

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. A work week is defined as 5 business working days (Monday-Friday) and at least 1 weekend (Saturday-Sunday). Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of program completion is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30th.

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.

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 program. The Program Director, Department Chair, and Designated Institution Official must approve the donation via the GME Sick Leave Donation Request Form (available from the GME Office).

<p>Further Clarification for the Oral and Maxillofacial Surgery program. Due to the program format of the PGY2 being 15 months in length, PGY2s in the OMFS program receive a total of eight (8) weeks of paid leave in PGY2, or four (4) weeks vacation and four (4) weeks sick.</p>
--

2. Leave of Absences for Residents Eligible for FMLA (employed at UAB for at least one year and worked 1,250 hours)

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).

- a) **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>.
- b) **ACGME Requirement:** In order to comply with the ACGME requirement to provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; UAB resident/fellow will receive an additional three (3) weeks sick leave one time during the program if needed for a qualifying leave of absence. The additional three (3) weeks sick leave is for medical and caregiver leave. Parental Leave is addressed above. Three weeks of vacation time is also available to be used during leave period or throughout the academic year.

Further Clarification for the Oral and Maxillofacial Surgery program: GME policies related to Leave of Absences for Resident Eligible for FMLA apply to OMFS residents if they are eligible for FMLA.

3. Leave of Absences for Residents Not Eligible for FMLA (employed at UAB for less than one year)

- a) **Personal Medical Leave for Resident/Fellow or Family:** One year of continuous service is not required to be eligible for this leave of absence. A maximum of 12-work weeks medical leave in a twelve (12) month period is available to any resident/fellow or care of a resident/fellow family member with a serious health condition for qualifying reasons.
- b) **Paid Leave During First Year of Training:** Employees are not eligible for leave of absences per FMLA policies until one year of continuous employment is completed. The ACGME Institutional Requirements require that residents/fellows must be provided with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws beginning the day the resident/fellow is required to report. The ACGME Institutional Requirements also require residents/fellows must also receive 100 percent of their salary for the first six weeks. This will be accomplished by residents and fellows utilizing their three weeks sick time. An additional three weeks sick time will be allocated to the resident/fellow,

in order to provide six weeks of paid leave during the first year of training. Three weeks of vacation time is also available to be used during leave period or throughout the academic year.

Further Clarification for the Oral and Maxillofacial Surgery program. Due to the program format, PGY1s will be ineligible for FMLA and PGY2s will be ineligible for FMLA for 12 (of 15) months of the PGY2 year. GME policies related to Leave of Absences for Resident Not Eligible for FMLA apply to both OMFS PGY1s and PGY2s (for 12 months, or until the resident meets FMLA requirements).

Part 2 – USMLE Step 3 and License/ACSC/DEA Requirement

GME United States Medical Licensing Examinations (USMLE) Requirement

USMLE Step 3: All residents/fellows with M.D. degrees must possess a passing score for the USMLE Step 3 by completion of the fourth 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 fourth 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 October 31st of the same year.)

For further clarification, in the case of the Oral and Maxillofacial Surgery program, the OMFS resident must possess a passing score for USMLE Step 3 by the end of the PGY2 due to the program format.

GME License, ACSC, DEA Requirement

Medical License: All residents/fellows (graduates of American and international medical schools) must apply for and 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. 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. For further clarification, the license must be active no later than 18 months from the start of postgraduate training (and not delayed to become active on January 1st of the next calendar year). 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:

An Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) number is required in order for physicians to write inpatient or outpatient prescriptions for controlled

substances. Residents/fellows may rely on the Hospital's institutional DEA number (with a unique suffix assigned to each resident/fellow) for the first 18 months of residency training, but not thereafter.

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

For further clarification, in the case of the Oral and Maxillofacial Surgery program,

The OMFS resident must possess an Alabama medical license by December 31st of the PGY3 year due to the program format.

In addition, the OMFS resident must obtain an Alabama Controlled Substance Certificate and personal DEA number after obtaining an Alabama medical license.

Part 3 – Applying ACGME Requirements – Work Hours, Moonlighting

The Commission on Dental Accreditation (CODA) reaffirmed in August 2020 that they acknowledge the revised resident duty-hours and supervision requirements of the ACGME. They further state that institutions in which both GME residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. In addition, it is the policy of CODA that the institution should consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and consider whether the ACGME requirements are in the best interest of patient safety, resident education and the CODA-accredited programs. (Source: Commission on Dental Accreditation – Evaluation & Operational Policies & Procedures – February 2023 edition)

The Dean's Council for GME (DCGME), reviewed and approved at the 9/5/2023 meeting that the OMFS program will follow the same processes and procedures established for ACGME recognition of Non Standard Training Programs (NST) outlined below.

GME Resident Work Hours Requirements for Non Standard Training Programs

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.

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.

Clinical Experience and Education Monitoring

The GME office requires programs to submit data to monitor compliance in MedHub. All residents/fellows are required to submit clinical and educational work hour data at least twice per year, in the months of October and March, for a consecutive four week period. Clinical and educational work hours must be logged in MedHub.

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.

For further clarification, in the case of the Oral and Maxillofacial Surgery program - Sponsoring Institution Oversight of Work Hours

For the first two years, residents will be required to log work hours in MedHub (including moonlighting hours) continuously from March 2024 through June 2026 then can move to GME oversight policy of October and March each year.