



# Graduate Medical Education Policy Manual

Updated: September 25, 2020

Residents must comply with all requirements set forth in the GME Policy Manual as well as applicable Hospital and University policies.

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## Policy 1. Policy on Policies

### 1.01 Statement

- A. The purpose of this policy is to provide standards for Graduate Medical Education (GME) policies; specifically, policy development, review, approval, implementation, and management. All GME Policies must adhere to the guidelines documented here.
- B. As used in this policy, the term “Resident” shall also include any “intern” or “fellow.”
- C. All departmental generated policies that affect residency education must be in alignment and congruent with UIH and GME institutional established policies.

### 1.02 Policy Development

The GME Policy Committee, comprised of GME Office leadership and staff, is responsible for the maintenance of all GME policies. The Committee ensures that policies are:

- A. aligned with the language of the ACGME Institutional and Common Program Requirements;
- B. consistent with hospital and university policies and procedures;
- C. reviewed for relevance (policies can be deleted or added based on institutional need); and,
- D. available on the GME website.

### 1.03 Policy Review/Approval

The GME Policy Committee is responsible for reviewing the GME policies every three years, or more often if changes are required by ACGME, UIC, and the Hospital.

Policies reviewed/revised by the GME Policy Committee are routed to the Designated Institutional Official (DIO) for initial review and approval prior to review and approval by the Graduate Medical Education Committee (GMEC). Only with GMEC final review and approval shall a policy be implemented.

### 1.04 Policy Implementation

Once a policy is fully executed, it is uploaded to the GME website as part of the GME Policy Manual. If the policy is directly related to an ACGME requirement, the requirement number is included next to the policy title in the table of contents.

If changes are made to the policy, or if a policy is added/deleted, a member of the GME Policy Committee will communicate the change to the programs via email.

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In cases where formal training or monitoring is required, the GME Policy Committee members will develop a plan for implementation.

## 1.05 Policy Management

A searchable Policy Manual is accessible on the GME website.

A master spreadsheet of all GME policies with “date last reviewed” is maintained by the GME Policy Committee on the shared drive and is used to schedule review dates.

GME Policies are reviewed by the Policy Committee at least three months prior to their 3-year anniversary date for submission to the DIO and GMEC for approval. As policies are reviewed they will be brought into compliance with the Policy Standards below.

## 1.06 Policy Standards

All GME policies must be written in unambiguous terms and include:

- A. Title and Number
- B. Purpose Statement
- C. A Standardized Template
- D. Last Reviewed/Effective Date

Reviewed: October 4, 2019  
April 17, 2020

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## Policy 2. Graduate Medical Education Program Definition and Accreditation

### 2.01 Definition and Types

- A. Program: A structured specialized educational experience in graduate medical education (GME) designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.
- B. Residency: A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.
- C. Fellowship or Subspecialty Program: A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty. Programs approved by the Graduate Medical Education Committee (GMEC) but which are not accredited by the Accreditation Council for Graduate Medical Education (ACGME) will also be termed fellowships.

### 2.02 Program Name

- A. All GME approved programs will be titled University of Illinois (UIC) College of Medicine [at REGION] program in [SPECIALTY NAME]. For instance, Neurology at Chicago would be the University of Illinois (UIC) College of Medicine at Chicago program in Neurology.
- B. If more than one program exists within a single region for a given specialty, the programs will be distinguished by adding a suffix indicating the primary institution which supports each program. For instance, Diagnostic Radiology at Chicago, located at the University of Illinois Hospital would be the University of Illinois (UIC) College of Medicine at Chicago program in Diagnostic Radiology/UIH.
- C. No institution may use the name of University of Illinois (UIC) College of Medicine without a written affiliation agreement authorizing such use.

### 2.03 Administration by GME

- A. The GME Office will administer programs accredited or approved through one of the following:
  - 1. ACGME or Council on Dental Accreditation (CODA)
  - 2. Specialty Board or Agency
  - 3. GMEC
- B. Only residents/fellows in programs administered through the GME Office will receive Resident Agreements and Certificates of Completion.

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## 2.04 Institutional Accreditation

The COM will maintain institutional accreditation with the ACGME.

## 2.05 Approval of New Programs

- A. To obtain recognition of a proposed program, the program director must submit a program description to the GMEC, and request approval of the new program. In addition to obtaining GMEC approval, the program director will be responsible for identifying funding for the new program.
- B. If the specialty is recognized by the ACGME, the program is expected to apply for accreditation as advised by the Designated Institutional Official and GMEC.
- C. If the specialty is recognized by a Specialty Board or Agency, the GMEC must receive evidence of approval.
- D. Resident contracts and certificates of completion are issued by the GME Office only for participants in programs recognized by the GMEC.

Approved: May 11, 1992  
Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
February 12, 1999  
November 2, 2018

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## Policy 3. Graduate Medical Education Committee (IR I.B)

### 3.01 Purpose of the Committee

The Graduate Medical Education Committee (GMEC) has the authority and responsibility for the oversight and administration of each of the Accreditation Council for Graduate Medical Education (ACGME)-accredited programs, as well as ensuring compliance with the ACGME Institutional, Common, and specialty-specific Program Requirements. Where applicable, the Committee will provide comparable oversight and administration to GMEC-approved programs not accredited by the ACGME.

### 3.02 Membership

- A. Voting membership on the committee must include:
  - 1. The Designate Institutional Official (DIO);
  - 2. A representative sample of program directors (minimum of two) from its GME programs;
  - 3. A minimum of two peer-selected residents from its GME programs;
  - 4. A quality improvement or patient safety officer or designee.
- B. One representative is selected to represent each clinical department in the College of Medicine and from each residency program in the College of Dentistry administered through the University of Illinois at Chicago GME Office. The representative is responsible for reporting GMEC activities to all program directors and faculty within that department or area.
- C. A general election is held annually for residents to elect resident representatives from ACGME-accredited and GMEC-approved programs. A resident representative to the GMEC may be asked to continue for an additional year if he/she has attended at least four of the GMEC meetings held during the preceding academic year.

### 3.03 Additional GMEC Members and Subcommittees

- A. In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC.
- B. Subcommittees, including the Resident Work Environment Committee, that address required GMEC responsibilities must include a peer-selected resident.
- C. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

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## 3.04 Meetings and Attendance

- A. The GMEC must meet a minimum of once every quarter during each academic year.
- B. Each meeting of the GMEC must include attendance by at least one resident member.
- C. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

## 3.05 Responsibilities

The GMEC responsibilities must include:

- A. Effective oversight of:
  - 1. the ACGME accreditation status of the Institution and each of its ACGME-accredited programs;
  - 2. the quality of the GME learning and working environment, each of its ACGME-accredited programs, and its participating sites;
  - 3. the quality of educational experiences in each ACGME-accredited programs that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
  - 4. the ACGME-accredited program(s)' annual program evaluations and self-studies;
  - 5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Institution;
  - 6. the provision of summary information of patient safety reports by participating sites to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
  - 7. the Institution's accreditation through an Annual Institutional Review (AIR).
    - a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
      - (1) the most recent ACGME institutional letter of notification;
      - (2) results of ACGME surveys of residents and core faculty members; and,



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- (3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
    - b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:
      - (1) a summary of institutional performance on indicators for the AIR; and,
      - (2) action plans and performance monitoring procedures resulting from the AIR.
  8. underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:
    - a) establishes criteria for identifying underperformance; and,
    - b) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
- B. Review and approval of:
1. institutional GME policies and procedures;
  2. annual recommendations to the Sponsoring Institution's administration regarding resident stipends and benefits;
  3. applications for ACGME accreditation of new programs;
  4. requests for permanent changes in resident complement;
  5. major changes in each of its ACGME-accredited programs' structure or duration of education;
  6. additions and deletions of each of its ACGME-accredited programs' participating sites;
  7. appointment of new program directors;
  8. progress reports requested by a Review Committee;
  9. responses to Clinical Learning Environment Review (CLER) reports;
  10. requests for exceptions to clinical and educational work hour requirements;
  11. voluntary withdrawal of ACGME program accreditation;

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12. requests for appeal of an adverse action by a Review Committee; and,
  13. appeal presentations to an ACGME Appeals Panel.
- C. An annual review and recommendation to Hospital leadership regarding resident stipends, benefits, and funding for resident positions.
  - D. Ensuring that communication mechanisms exist between the GMEC and all program directors within the institution, and ensuring that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
  - E. Monitoring programs' supervision of residents and ensuring that supervision is consistent with provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to the residents' level of education, competence, and experience; and other applicable ACGME Common and specialty-specific Program Requirements.
  - F. Communication with leadership of the medical staff regarding the safety and quality of patient care that includes submission of the annual Report to the Organized Medical Staff; description of resident participation in patient safety and quality of care education; and the accreditation status of programs and any citations regarding patient care issues.
  - G. Ensuring that each program provides a GME-approved curriculum and evaluation system that enables residents to demonstrate achievement of the ACGME competencies.

### 3.06 Additional GMEC Resident Representative Responsibilities

- A. Facilitate the Resident Forums and provide follow-up reports to the GMEC;
- B. Actively participate as a member of the GMEC Resident Work Environment Committee; and,
- C. Participate as a member of other GMEC subcommittees, as assigned.

Approved: September 15, 2000  
Graduate Medical Education Committee

Reviewed: September 9, 2005  
July 9, 2010  
November 4, 2011  
September 21, 2018

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## Policy 4. Special Reviews (IR I.B.6)

(Replacement Policy for Internal Reviews)

### 4.01 Purpose

To ensure excellence in the educational quality and demonstrate effective oversight and monitoring of underperforming programs through a Special Review process under the auspices of the Graduate Medical Education Committee (GMEC).

### 4.02 Policy

In accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, the GMEC will develop a protocol that establishes the criteria for identifying program underperformance which triggers the Special Review process. The Special Review must result in a report that describes the quality improvement goals, the corrective actions being taken, and the process for GMEC monitoring of outcomes. The Special Review process is an internal quality assurance evaluation and, as such, the reports are considered confidential and not shared with ACGME site visitors.

### 4.03 Procedure

- A. Graduate Medical Education (GME) leadership and/or the Annual Oversight Committee (AOC) Subcommittee of the GMEC identifies underperformance through a wide range of mechanisms including:
  1. Program failure to meet established ACGME Specialty-specific requirements as evidenced by:
    - a) Multiple citations (new or extended); or,
    - b) A status of continued accreditation with warning or probation.
  2. An annual program evaluation review with deviations from expected results noted in standard performance indicators, as well as from the evaluation process itself.
  3. ACGME Resident and Faculty Surveys including:
    - a) significant downward category trends since last survey;
    - b) results at or below 80% in any category for two consecutive periods; and/or
    - c) results that necessitate review dependent upon severity.
  4. Program non-compliance with administrative duties, including failure to:
    - a) submit Milestones evaluations or other data required by the ACGME;

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- b) submit a complete annual program evaluation to GME; or,
    - c) address other institutional administrative issues.
  - 5. Complaints or problems brought forward to GME leadership, AOC, or Resident Work Environment Committee (RWEC) regarding learning and working environment issues from residents and/or faculty that have not been successfully addressed by the program.
- B. Requests
  - 1. Requests for a Special Review can be generated by program administration.
  - 2. The Designated Institutional Official (DIO), at his or her discretion and based on underperforming data from a program, can request a comprehensive review.
- C. Special Review
  - 1. When a program is deemed to have met the established criteria of an underperforming program, GME will schedule a Special Review within 60 days of its identification. (Note: Focused Special Reviews related to a specific area of concern may be scheduled.)
    - a) When a program is deemed to have met the established criteria of an underperforming program, and is scheduled for an ACGME Self-Study or full Site Visit within 90 days of its identification, the program director may request an exemption from the DIO/GMEC.
    - b) When a program is deemed to have met the established criteria of an underperforming program for a second consecutive year, GME will schedule a Focused Special Review within 60 days of its identification.
  - 2. The Special Review will be conducted by a team appointed by the Assistant Dean for GME or appropriate designee, in consultation with the DIO.
    - a) At minimum, the team will consist of the Assistant Dean for GME or appropriate designee to function as lead reviewer, a program director or other faculty member, and a resident interviewer.
    - b) The resident interviewer is selected from departmental submissions as well as from volunteers solicited during learning and working environment audits.
    - c) Team members will be selected from within the Sponsoring Institution, but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.

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3. GME Office staff provides support to the review team.
  - a) The lead reviewer of the Special Review team will determine the materials and data to be requested of the program. These materials are to be provided to the GME Office a minimum of two weeks in advance for distribution to and review by the Special Review team.
  - b) The Special Review team will conduct interviews with the program director, core faculty, a complement of residents from each level of training in the program, and other key identified individuals.
  - c) The Special Review team will prepare a written report to be presented to the Annual Oversight Committee subcommittee of the GMEC for review and approval. Prior to AOC review, the program director will have the opportunity to review the report and provide factual corrections and comments to the lead reviewer. The DIO will then review the report for placement on the agenda of the next available AOC meeting. At minimum, the report will contain proposed quality improvement goals and corrective actions to address identified concerns.

### D. GMEC Monitoring

1. The AOC will review the report, make final recommendations for the corrective action plan, and monitor the program's progress. The AOC will make at least a quarterly report to the GMEC regarding all ongoing oversight.
2. The AOC and GMEC will monitor outcomes through all appropriate means including, but not limited to, progress reports, data collection, accreditation results, surveys, and annual program evaluations.
3. The process and follow-up discussion(s) will be documented in AOC and GMEC minutes.

Approved: April 7, 2017  
Graduate Medical Education Committee

Reviewed: September 21, 2018  
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March 20, 2020

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## Policy 5. Resident Eligibility and Selection (IR IV.A; CPR III.A)

### 5.01 UIC Non-discrimination Policy Statement

- A. The policy of the University of Illinois at Chicago (UIC) is to comply fully with applicable federal and state nondiscrimination and equal opportunity laws, orders, and regulations. The commitment of the University to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from discrimination in all its forms.
- B. UIC will not discriminate in programs and activities against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as disabled veteran or veteran of the Viet Nam era. UIC will not engage in discrimination or harassment against any person protected under Title VII of the Civil Rights Act. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University's programs and activities.
- C. University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this statement. UIC's Office for Access and Equity is the office charged with reviewing and addressing complaints of harassment and/or discrimination.

### 5.02 Preconditions

- A. In addition to meeting all qualifications for resident/fellow eligibility described below, the resident must:
  - 1. possess a valid State of Illinois medical license as defined by GME Policy: [Medical Licensing](#), the cost of which will be born entirely by the resident.
  - 2. undergo an exclusion/sanction check and criminal background check and meet all the requirements of University policies related thereto (See GME Policy: [Exclusion/Sanction Check and Criminal Background Check](#)).
    - a) A resident is not eligible for employment if his/her name appears on a federal, state or other mandated governmental exclusions/sanctions listing.
  - 3. be eligible for employment according to applicable law and University policy. In the event the Resident is not a U.S. citizen, the Resident must provide, upon request of the University, proof of eligibility to participate in the residency program prior to beginning training, as prescribed by applicable immigration law.
    - a) The GME Office, with institutional support, primarily supports J-1 Visa sponsorship for visa holders to participate in graduate medical education training programs.

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- b) In the event the resident intends to obtain an H1-B Visa, prior authorization is required by the Designated Institutional Official (DIO) before the department can extend an offer for H1-B Visa sponsorship.
4. comply with University policy requiring an initial health evaluation through University Health Service and with all immunizations and tests as outlined in GME Policy: [Resident Health Policies](#).
5. if a renewal of a previous Resident Agreement, meet all the conditions of probation or advancement that may have been imposed on the Resident.

## 5.03 Eligibility

### A. ACGME Accredited Residency Programs

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
2. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
3. Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
  - a) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
  - b) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which the ACGME-accredited program is located.

### B. ACGME Accredited Fellowship Programs

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada.

1. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.

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## C. Graduate Medical Education Committee (GMEC) Approved Fellowship Programs

To maintain uniformity, GMEC-approved fellowship programs are expected to follow the policy and procedures for ACGME-accredited programs

## D. Dental Residents Only

1. Dental Residents: College of Dentistry residents whose paid appointments are administered through the University of Illinois at Chicago (UIC) Graduate Medical Education Office.
2. Eligible applicants to advanced specialty education programs accredited by the Commission on Dental Accreditation must be graduates from:
  - a) Pre-doctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation (DMD or DDS); or,
  - b) Pre-doctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or,
  - c) International dental schools that provide equivalent educational background and standing as determined by the program.
3. Admission of residents with advanced standing must be based on the same standards of achievement required by residents regularly enrolled in the program.

## E. If there is a question regarding the eligibility of an applicant, the final decision will rest with the Designated Institutional Official (DIO).

### 5.04 Resident/Fellow Transfers

Before accepting a resident/fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident/fellow.

### 5.05 Resident Selection

- A. Programs will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must comply with the University of Illinois policy of non-discrimination, as noted above.
- B. The program, in partnership with its Sponsoring Institution, should engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present).



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- C. In selecting from among qualified candidates, the programs will participate in an organized matching program, such as the National Resident Matching Program (NRMP). If a program elects to offer entry level positions through a match program all positions within that program must be filled through the match.
- D. Non-eligible applicants will not be enrolled in accredited programs.

Approved: September 15, 2000 GMEC

Reviewed: April, 2004  
September 21, 2018  
October 4, 2019

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## Policy 6. Medical Licensing (IR IV.A.2.c).(2); CPR III.A.1.b).(2))

### 6.01 Purpose

This policy delineates the roles and responsibilities of the resident, program, and Graduate Medical Education (GME) Office to ensure that each resident participating in a University of Illinois at Chicago medical residency program holds a valid license to practice medicine in the State of Illinois.

### 6.02 Definitions

#### A. Valid Medical License

1. A valid medical license is defined as:
  - a) an Illinois temporary license specific to the University of Illinois at Chicago medical residency program with an effective date no later than the resident's commencement date of training; or,
  - b) an Illinois permanent license.
2. No license is valid past its expiration date.

#### B. Complete Application

An application shall be considered complete once it is signed by the applicant, all questions have been answered, payment has been submitted, and it contains or is accompanied by the documentation requested by the Illinois Department of Financial and Professional Regulation (IDFPR).

### 6.03 Procedures for Obtaining a Medical License

The program and GME Office will assist the resident in his/her efforts to obtain a valid license; however, it is the resident's responsibility to obtain a valid temporary or permanent medical license for residency training and monitor his/her license expiration date.

#### A. Temporary Medical License

1. To allow for timely processing, an application for a temporary license to pursue residency training shall be filed at least 60 days prior to the commencement date of the training.
  - a) Applicants may monitor the status of their license application through the IDFPR Online Services Portal, except in instances in which a paper application is required (e.g., license extension, transfer, or reissue, or if the applicant does not have a US Social Security Number).
  - b) The applicant shall not commence training until the temporary

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license has been issued by the IDFPR designating the effective date and expiration date of the license. An exception to this rule can only be granted by the Associate Dean for GME and the Designated Institutional Official (DIO). Both positions must approve a resident starting participation in a program without a valid license.

2. A temporary license shall be issued for a maximum of three years. The IDFPR allows a 14-day extension of the temporary license beyond the three-year period without filing an extension application. In order to extend beyond the 14-day period, a new application must be filed. The IDFPR only allows one 14-day grace period per resident.
  - a) On or about January 15 of each year, a notice will be sent to every resident whose license will expire during the calendar year. A copy of the notice will also be sent to the resident's program director and program coordinator.
  - b) Programs will be provided with license extension applications, license transfer applications, and information about the Illinois permanent license application process.
3. When a resident is dismissed or otherwise terminates the residency program, it shall be the responsibility of the program director to notify the GME Office immediately with a written explanation indicating why the resident was dismissed or terminated. The GME Office will work with the program director to complete all necessary forms and return the license to the IDFPR.
4. Residents with a temporary license transferring into a UIC residency program shall receive a link from the GME Office with instructions to request a license transfer. Requests for transfers shall be filed with the IDFPR at least 60 days prior to the commencement date of the new program.

### B. Permanent Medical License

After completing 24 months of ACGME-accredited residency training, and upon passing USMLE Step 3 or equivalent, a resident may apply for a permanent Illinois medical license. The resident is responsible for maintaining a valid temporary license until the permanent license is issued.

## 6.04 Notifications and Oversight

Oversight of medical licenses includes timed, direct notifications to the Associate Dean for GME, DIO, Director of GME, and program directors, in addition to program coordinators.

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## A. Responsibility of the Resident

1. Residents must maintain a valid license at all times during the duration of their training, in order to be eligible for clinical training.
2. Any resident whose training will continue beyond the current expiration date of his/her license must renew his/her temporary license or notify the GME Office that he/she has applied for a permanent license. This notification must be on file in the GME Office no later than 90 days prior to the expiration date of the current license.

## B. Responsibility of the Program

Program coordinators and program directors should actively review the status of their residents' licensure expiration dates and follow up to ensure that residents have submitted the necessary forms for renewals or extensions.

## C. Responsibility of the GME Office

1. The GME Office will:
  - a) monitor expiration dates for all licenses using the Residency Management Suite (RMS) at 120, 90, 60 days prior to the expiration date.
  - b) notify the resident, program coordinator, program directors, and Director of Operations, GME of pending expiration dates with instructions for renewal, transfer, or permanent license;
    - (1) Each currently enrolled resident will receive electronic notice no later than 120 days prior to temporary license expiration date with a request to notify the GME Office of his/her intention to extend his/her temporary license or apply for a permanent license.
    - (2) Residents failing to submit the required application or notification of intent to the GME Office 60 days prior to their license expiration will be required to meet with GME Office staff.
  - c) audit the IDFPD database periodically to ensure that a valid license is in place for each selected resident;
  - d) query license expiration dates each year as part of the reappointment process;
  - e) update the RMS with any information received from the resident or his/her coordinator related to temporary or permanent licensure application, renewal, transfer, or extension; and,

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- f) meet with the resident and/or program coordinator as needed to facilitate the license renewal process.

Approved: July 14, 1992  
Joint Committee on Graduate Medical Education

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July 9, 1999  
April 4, 2004  
June 3, 2016  
October 4, 2019  
April 17, 2020

# Graduate Medical Education Policy Manual

## Policy 7. Exclusion/Sanction Check and Criminal Background Check

### 7.01 Definition and Purpose

- A. Sanctions checks are specialized searches that include a number of government sanction databases that identify individuals who are prohibited from certain activities or industries. Healthcare sanctions checks generally include a search in a registry of disciplinary actions taken by federal, state and licensing boards and certification agencies. The US Department of Health & Human Services Office of Inspector General (OIG) bars healthcare organizations from hiring anyone who has been sanctioned or “excluded” from participating in federal programs.
- B. In an effort to safeguard all those who utilize the University of Illinois Hospital and other University of Illinois at Chicago (UIC) facilities and to comply with applicable University policies, procedures and guidelines, and state and federal laws, rules and regulations, UIC will conduct an exclusion/sanction check and criminal background check on all prospective residents (“applicants”) and will continue to conduct these checks on an annual basis while the resident is on active status.

### 7.02 Applicability

- A. All applicants for residency positions must undergo an exclusion/sanction check and criminal background check and meet all the requirements of the University policy. Any offer extended to a resident for a position in a residency program at UIC is contingent upon completion and clearance.
- B. A Criminal Background and Sanction Check Release Form must be completed by all applicants no later than 30 days prior to the commencement date of the Resident Agreement. Failure to do so may result in cancellation of the offer, delay in the commencement date of the Resident Agreement and/or delay in the payment of any salary or benefits earned pursuant to the Resident Agreement.
- C. A sanction check will be performed on all residents transferring or changing positions who have not undergone the background check process within the last two years. Residents transferring to a security-sensitive area or are subject to the protection of minors will undergo a sanction check at the time of transfer.

### 7.03 Results of Criminal Background Check:

Certain criminal convictions may disqualify the resident from earning a position in the program and may, if discovered during the term of an executed Resident Agreement, serve to immediately terminate that agreement.

### 7.04 Results of Exclusion/Sanction Check:

- A. Applicants: An applicant whose name appears on a federal, state or other mandated governmental exclusions/sanctions listing may not be approved for a position in any UIC residency program.

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- B. Residents: If, during the term of an executed Residency Agreement, the University discovers that a resident has been sanctioned, his/her Resident Agreement will be terminated and trainee removed from all clinical duties.
- C. Challenge: A resident may challenge the accuracy and completeness of the report by contacting the appropriate federal or state agency.
- D. Appeal: If a Resident Agreement is terminated under these circumstances, the notice and appeal rights set forth in [GME Policy: Grievances and Appeals](#) shall not apply. The resident may submit a written appeal of the termination to the Associate Dean for Graduate Medical Education or Designated Institutional Official within 30 days of notification of the termination. That appeal may be granted only if the resident has provided written evidence from the listing agency that his/her name has been removed from the exclusions/sanctions list or that the resident in question is not the person whose name appears on the list (e.g., mistaken identity). If the Resident is reinstated to his/her position after providing that evidence, he/she shall be paid his/her salary and benefits for the time period between termination and reinstatement. A new Resident Agreement will be created and signed and the Department may, at its discretion, extend the term of that Resident Agreement beyond that which was included in the terminated agreement in order to account for any lost experience during the termination.

If the appeal is denied, the Resident shall have no further rights to appeal.

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## Policy 8. Resident Health Policies

### 8.01 Health Assessment

- A. Every resident must have an initial health evaluation performed through University Health Service (UHS). Health evaluations may be scheduled 60 days prior to their start date. Residents may not have patient contact or be allowed in clinical service delivery areas without clearance from UHS.)
- B. The content of the initial health evaluation is prescribed by the Director, UHS. As of July, 2018 this includes:
  - 1. Titer tests for immunity to measles, mumps, rubella, and varicella, and subsequent vaccination if any of these are susceptible;
  - 2. Tuberculosis screen and Chest X-Ray when indicated;
  - 3. Titers for Hepatitis B Antigen, Core Antibody, and Surface Antibody, and vaccination where indicated;
  - 4. Tetanus, Diphtheria, Pertussis (Tdap) Vaccine as needed;
  - 5. Color vision testing; and,
  - 6. 10 panel drug screen.
- C. Respirator training and fit testing must be completed by all residents prior to patient contact. The UI Hospital's Learning Management System online module should be completed first. Fit testing is done after the health evaluation. (See 8.05.D below.)
- D. Affiliated hospitals can restrict the clinical activities of any resident who has not completed the health evaluation.

### 8.02 Personal Illness

- A. Programs are responsible for establishing procedures for residents utilizing benefits time for personal illness. Programs will maintain records of resident sick and vacation days.
- B. Residents are required to provide a doctor's note and clearance from UHS after three or more consecutive days of sick leave.

### 8.03 Standard Precautions

- A. All affiliated hospitals follow rules established to comply with OSHA regulations regarding employee exposure to blood borne pathogens.



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- B. Each new and continuing resident must complete a yearly training in OSHA blood borne pathogen precautions and all related learning management system modules.

### 8.04 Occupational Injuries, Illness, and Exposures

- A. Any resident who is injured, becomes ill, or is exposed to a toxic or infectious agent as a consequence of performing assigned duties must report accident/incident to the program director and get prompt medical attention at UHS during business hours. At other times, they should report to the University of Illinois Hospital Emergency Department. Residents at other affiliated hospitals should seek emergency treatment through that hospital's Emergency Department or Employee Health Office. In such cases, the resident must report to UHS on the next working day for follow-up.
- B. University regulations require the resident and resident's supervisor to complete The First Report of Injury/Illness form. The resident should bring the completed form to the University Health Services.

### 8.05 Inoculations, Referrals, and Surveillance

- A. UHS can provide Hepatitis B and influenza vaccinations free of charge to all residents.
- B. UHS can also provide confidential referrals for personal health needs, including psychiatric counseling.
- C. Annual TB screening is required for all residents. This is coordinated through UHS and the program coordinator.
- D. Annual respirator training and fit testing is a UIC and Federal requirement which must be completed annually to wear the N95 Respirator.

### 8.06 Fitness for Duty

- A. The Program Director, Department Head, Associate Dean for GME, or the Designated Institutional Official (DIO) may direct a resident to submit to a medical fitness for duty exam at any time. The exam may consist of physical, psychological/psychiatric, or laboratory tests and procedures. (See Policy HR-4103-001) In the event that a trainee refuses the requested fitness for duty evaluation, the trainee is subject to disciplinary actions being taken by the program which may include suspension.
- B. Expenses relating to examinations only (not treatments) that the resident incurs that are not covered by health insurance will be reimbursed through the Office of Graduate Medical Education. Claims for reimbursement must include:
  1. Original proof of payment (e.g. bills marked "paid" or canceled checks)
  2. A letter from the resident's Program Director or his/her designee that shows that the examination was done at the his/her request.

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3. If the examination is to be done outside of UHS or UI Hospital and Clinics, the Program Director must obtain prior approval from the Associate Dean for Graduate Medical Education or Designated Institutional Official to ensure reimbursement.

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October 6, 2007  
March 12, 2010  
July 8, 2011  
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## Policy 9. Resident Agreements (IR IV.B, IV.C, IV.L)

### 9.01 Definition

The Resident Agreement, with attachments, is the written contract between The Board of Trustees of the University of Illinois (“University”) and the resident.

### 9.02 Issuance of Agreement

A. The Graduate Medical Education (GME) Office will prepare a written resident agreement, outlining the terms and conditions of the resident’s appointment to a program. The Resident Agreement will directly contain or provide a reference to the following items:

1. resident responsibilities;
2. duration of appointment;
3. financial support for residents;
4. conditions for reappointment and promotion to a subsequent PGY level;
5. grievance and due process;
6. professional liability insurance, including a summary of pertinent information regarding coverage;
7. hospital and health insurance benefits for residents and their eligible dependents;
8. disability insurance for residents;
9. vacation, parental, sick, and other leave(s) for residents, compliant with applicable laws;
10. timely notice of the effect of leave(s) on the ability of residents to satisfy requirements for program completion;
11. information related to eligibility for specialty board examinations; and,
12. institutional policies and procedures regarding resident clinical and educational work hours and moonlighting.

### 9.03 Execution of Agreement

- A. The GME Office will issue all Resident Agreements and monitor the implementation of terms and conditions of appointment.
- B. The Resident Agreement is executed once all of the following signatures are obtained:

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1. The Comptroller of the Board of Trustees of the University of Illinois
2. The Resident candidate
3. The Program Director

## 9.04 Matriculation

- A. Each resident will be considered as enrolled based on the starting date of the Resident Agreement.
- B. If a resident is unable to begin training on the date indicated in the Resident Agreement due to a failure to meet all the preconditions in Section IV of the Resident Agreement, that Agreement will become null and void. If requested by the Program Director, a new Agreement will be issued when the resident has provided documentation that all the preconditions have been met.

## 9.05 Withdrawal of Resident Agreement Offer

- A. Resident Candidates: The Program Director may withdraw an offer at any time prior to the commencement date of that Agreement if the Program Director finds that the resident has misrepresented him/herself in any way during the application/interview process (including without limit, providing false or misleading information or failing to provide relevant information). If the Program Director withdraws an offer before the Agreement has been signed by all parties as described in #9.03 above, the Resident shall have no rights to appeal that decision.
- B. Current Residents: The Program Director may withdraw an offer based on a resident's performance (failure to meet the program standards or requirements) at any time prior to the new agreement date. If the Program Director withdraws an offer before the Agreement has been signed by all parties as described in #9.03 above, the Resident shall be entitled to due process as set forth in the [Grievances and Appeals Policy](#).

## 9.06 Advancement/Promotion

- A. The program director must determine the criteria for promotion and/or renewal of a resident's appointment.
- B. The program director must provide documentation to the GME Office that a resident on probation has fulfilled the requirements specified in the corrective action plan before he or she will be extended a resident agreement for advancement to the next level of training.

## 9.07 Due Process

The program must notify the GME Office and provide a resident with a written notice of intent when that resident's agreement will not be renewed, when that resident will not be promoted to the next level of training, or when that resident will be dismissed. The resident shall have the right to appeal the non-renewal, non-promotion, or dismissal in

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the manner set forth in the [Grievances and Appeals Policy](#), regardless of when the action is taken during the appointment period.

## 9.08 Resident Resignation

- A. Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to their Program Director. The Program Director has the right to delay or specify the actual termination date to ensure coverage of services.
- B. The resident training will terminate on the date agreed to by the Program Director. The paycheck will be issued at the next regular payday, provided the resident has completed the human resources clearance process.

## 9.09 Declining to Sign the Resident Agreement

A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the Agreement. The resident will remain in good standing during the remainder of the current agreement without prejudice and will perform the usual Resident functions until the end of the term of the agreement.

## 9.10 Non-competition

Neither the sponsoring institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.

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## Policy 10. Remediation and Corrective Actions (IR IV.C)

### 10.01 Remediation

- A. Placing a resident on formal remediation is usually undertaken before probation is considered. However, in some circumstances the deficiencies may be so acute and significant as to warrant more definitive action, including probation, when first noted. Particularly when misconduct is involved, a single event may be the trigger for action, without prior warning or a history of negative feedback.
- B. If a resident is performing below the expectations of the training program, the program director may initiate a formal remediation program, which may include increased teaching/supervision, additional reading, a revised rotation schedule, and/or other measures. Depending on the circumstances, it may be appropriate to initiate remediation either when concerns are first noted, or after concerns have been communicated to the resident and deficiencies continue to be noted.
- C. Program directors must discuss the use of remediation prospectively with the Clinical Competency Committee, the Department Head, and the Designated Institutional Official (DIO) unless there are extenuating circumstances that preclude this. The program director must meet with the resident to explain the planned remediation, the reasons for the remediation, the expectations for improvement, and the next steps/consequences if improvement does not occur. The program director must present a letter, reviewed in advance by the DIO, to the resident that details the above information. The distribution of the letter must be witnessed or signed by all parties and placed in the resident's file. Remediation cannot be appealed.

### 10.02 Corrective Actions

- A. Whenever the behavior of a resident interferes with the discharge of assigned duties or those of other University or affiliated institution employees, or jeopardizes the well-being of patients, the University reserves the right to take corrective action.
- B. The process detailed in the [Grievances and Appeals Policy](#) is available to all residents who wish to appeal certain corrective actions which significantly threaten the resident's career development. The decision to reduce clinical privileges is not subject to grievances and appeals procedures.

### 10.03 Causes for Corrective Action

- A. The following list provides examples of resident actions that can be grounds for discipline. It is not intended to be inclusive of all reasons for a corrective action. The program director's response will depend on the severity of the infraction, prior warnings, and efforts on the part of the resident to correct his or her behavior.
  - 1. Behavior that threatens the well-being of patients, medical staff, employees, or the general public.

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2. Other substantial or repeated misconduct which is considered to be professionally or ethically unacceptable, or which is disruptive to the normal and orderly functioning of the institution to which the resident is assigned.
3. Failure to conform to the terms of the Resident Agreement, or established policies and procedures.
4. Failure to comply with federal, state, and local laws whether or not related to the medical profession.
5. Failure to provide patient care of satisfactory quality expected for the resident's training level.
6. Fraud by commission or omission in application for the residency position, or in completing other official University documents.
7. Suspension, revocation, or any other inactivation, voluntary or not, of a resident's license by the State of Illinois for any reason.
8. Continued or lengthy absence from work assignments without reasonable excuse.
9. Failure to perform the normal and customary services of a resident as defined by the accrediting body.
10. Sexual harassment or abuse.

## 10.04 Corrective Action Procedures

Corrective action may or may not be progressive, in that it follows the order of actions listed below. However, if the resident's behavior, in the judgment of the program director and/or College of Medicine or College of Dentistry/Hospital administration, warrants removing the resident from normal duties, suspension or dismissal may be imposed without prior warning.

### A. Written Warning

A program director may issue a letter of warning to a resident detailing the situation, the remedy required of the resident, and the consequences of not correcting the problem. A copy of the letter will be placed in the resident's file.

### B. Probation

1. Definition: Probation is a corrective action in which the program director notifies a resident in writing of specific deficiencies that must be corrected in a stated period of time or the resident will not be allowed to continue in the program or will be continued on probationary status. The resident receives credit for training time, and salary and benefits remain in force during probation.

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2. Procedure: Prior to placing the resident on probation, the program director schedules a meeting with the resident to discuss the reasons for probation, the actions required by the resident, and the dates of probation. The program director must present a letter, reviewed in advance by the DIO, to the resident that details the above information. The distribution of the letter must be witnessed or signed by all parties and placed in the resident's file.
3. At the end of the probationary period, the program director meets again with the resident. Depending on the resident's performance, he/she may be:
  - a) Removed from probation;
  - b) Given an additional period of probation; or,
  - c) Entered into the termination process.

The resident shall have the right to appeal the probation in the manner set forth in the [Grievances and Appeals Policy](#).

### C. Suspension

1. Definition: Corrective action that removes the resident from any Program duties.
2. Process:
  - a) The program director must notify the DIO if he/she intends to suspend a resident.
    - (1) Summary Suspension: The program director may at any time summarily suspend a resident with pay. Within 10 days of the date of imposition of such summary suspension the program director must either reinstate the resident or provide the resident with a written notification of his/her general suspension and/or termination. The resident shall not have the right to appeal a summary suspension.
    - (2) General Suspension: The program director may suspend a resident with pay if he/she believes that the resident has failed to comply with the Resident's Duties in the Resident Agreement. The resident must be provided with written notification detailing the reasons for the suspension, its length, and the remedy necessary to remove the suspension. The notice may also indicate under what circumstances the resident may be terminated if the situation is not corrected. Failure to correct the infraction in the period specified may lead to further corrective action. Suspension will be removed when the initiating reason has been corrected to the satisfaction of the program director



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and DIO. The resident shall have the right to appeal that general suspension in the manner set forth in the [Grievances and Appeals Policy](#).

- b) The resident does not receive credit for training time while on suspension of any kind.

### D. Non-promotion or Non-renewal of Appointment

1. The program must determine the criteria for promotion and/or renewal of a resident's appointment.
2. In instances when a resident will not be promoted to the next level of training or where a resident's agreement will not be renewed the program director must notify the GME Office and provide the resident with written notice at the earliest reasonable date prior to the end of the current contract.
3. The resident shall have the right to appeal the non-renewal or non-promotion in the manner set forth in the [Grievances and Appeals Policy](#), regardless of when the action is taken during the appointment period.

### E. Termination/Dismissal

1. Definition:

Termination/Dismissal is the removal of a resident from a training program even though the resident holds a current Resident Agreement.

2. Procedure:

- a) By the University: if this Agreement is terminated by the University before the end of its term, the University shall follow the process for notification and appeal of said termination set forth in the GME Policy: [Grievances and Appeals](#). For residents whose Resident Agreement has been terminated due to his/her name appearing on any government exclusions/sanctions list, the process set forth in the GME Policy: [Exclusions/Sanctions Check and Criminal Background Check](#) shall apply.
- b) By the Resident: If the resident wishes to terminate this Agreement before the end of its term, he/she must provide advance written notice to the program director. The notice must then be forwarded to the GME Office for processing.
- c) By Mutual Agreement: If both parties agree to terminate the Resident Agreement before the end of its term, the notice must be submitted in writing and signed by both parties.

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## 10.05 Appeals/Due Process

The following corrective actions may only be appealed by using the process set forth in the GME Policy: [Grievances and Appeals](#):

- A. Probation
- B. General Suspension
- C. Non-promotion or Non-renewal of Appointment
- D. Termination/Dismissal

## 10.06 Documentation

Prior to any remediation or corrective action(s) taking place, all supporting and related documentation must be reviewed by the GME Office.

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## Policy 11. Grievances and Appeals (IR IV.D)

### 11.01 Introduction

This procedure to appeal probation, general suspension, non-promotion, non-renewal of resident agreement, and termination/dismissal shall be the only means available to all residents of The University of Illinois at Chicago (UIC) College of Medicine or dental residents of the UIC College of Dentistry, whose paid appointments are administered through the UIC Graduate Medical Education Office, to challenge corrective actions levied during the course of his/her graduate medical education training.

### 11.02 Applicability

The procedures provided under this Policy **DO NOT** apply to the following:

- A. Departmental determinations relating to certification and/or evaluation of the resident's academic performance or clinical competence. Such certification shall be handled according to the standards of the various specialty boards.
- B. The nullification of the Resident Agreement as a result of the resident's failure to meet any or all of the pre-conditions set forth in Section IV of the Resident Agreement. Said nullification is not subject to appeal.
- C. Decisions to terminate a resident as a result of his/her name appearing on a federal, state, or other mandated governmental exclusions/sanctions listing. Instead, the procedures set forth in GME Policy: [Exclusions/Sanctions Check and Criminal Background Check](#) shall apply.

### 11.03 Request for Hearing

Within 14 days of issuance of written notification of the action, a resident may request a hearing before the Hearing Committee, as more fully described below. The resident's request must be in writing and submitted to the program director.

### 11.04 Hearing Committee

The Hearing Committee shall consist of at least three faculty members from the resident's department. The program director shall not be a member of the Committee. The Committee shall elect a member from the group to preside as Chair at the hearing. Each department may have a standing committee to conduct hearings requested under this Policy. If there is no standing committee, an ad hoc committee shall be appointed by the Associate Dean for Graduate Medical Education for each hearing requested. For dental residents, an ad hoc committee shall be appointed by the Associate Dean for Academic Affairs, in collaboration with the Associate Dean for GME, for each hearing requested.

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## 11.05 Conduct of Hearing:

- A. The Committee shall convene the hearing within 14 days of receipt of the resident's written request and shall notify the resident in writing of the date, time, and place for the hearing as soon as reasonably possible, but no fewer than 72 hours in advance of the hearing.
- B. The resident and the program director shall each present information, witnesses, or materials (oral or written) as he/she wishes to support his/her position. No other representatives shall be present during the hearing, with the exception of attorneys who represent the parties or the Hearing Committee. Attorneys will be allowed to attend only in an advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party, or each other directly.
- C. Each party shall be permitted to review all materials submitted to the Committee during the hearing.
- D. The Hearing Committee shall have the sole right to determine what information, materials and/or witnesses are relevant to the proceedings and shall consider only that which they deem to be relevant.

## 11.06 Hearing Committee Decision:

- A. A majority vote of the Committee shall decide the issue(s) before it and the program shall be bound by the decision.
- B. Regardless of the outcome of the hearing, the Committee will provide the resident and program director with a written statement of its decision and the reason(s) for such decision within 10 days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee's report.

## 11.07 Appeal of Hearing Committee Decision

A resident may appeal the Committee's decision to the Associate Dean for Graduate Medical Education or, for dental residents, the Associate Dean for Academic Affairs, within 10 days of issuance of the Committee's decision. The Associate Dean shall review the Committee's decision and any documentation submitted to the Committee, and may conduct his/her own investigation of the matter. He/she may, but need not appoint another Committee, to review and discuss the matter. He/she shall render his/her decision in writing within a reasonable time, but not later than 30 days after receipt of the request for appeal.

## 11.08 Final Appeal

- A. Medical Residents: The resident may appeal the DIO's decision to the Senior Associate Dean for Educational Affairs of the College of Medicine within 10 days from the date of issuance of the decision. An appeal to the Senior Associate Dean is permitted only on procedural grounds and a review of the record shall be limited only to procedural matters. The Senior Associate Dean shall render

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his/her decision within 10 days after receipt of the request for appeal and such decision shall be final and unappealable.

- B. Dental Residents: The dental resident may appeal the Associate Dean's decision to the Dean of the College of Dentistry within 10 days from the date of issuance of the decision. An appeal to the Dean is permitted only on procedural grounds and a review of the record shall be limited only to procedural matters. The Dean shall render his/her decision within 10 days after receipt of the request for appeal and such decision shall be final and unappealable.

## 11.09 UIC Student Academic Grievance Procedures

The UIC Student Academic Grievance Procedures may not be used to appeal any corrective action, nor to appeal any decision made in accordance with the procedures outlined above.

### 11.10 General Provisions:

- A. All notices and decisions which are to be sent to the resident shall be sent by messenger, certified mail (return receipt requested), or by some other means wherein the date of delivery/acceptance/refusal can be determined.
- B. All references in these Procedures to time periods are to calendar days, not working or business days.

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Graduate Medical Education Committee

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# Graduate Medical Education Policy Manual

## Policy 12. Salary and Benefits (IR IV.E, IV.F, IV.G)

### 12.01 Establishment of Stipends and Benefits

- A. Stipends are reviewed by the Graduate Medical Educational Committee each winter for the approaching fiscal year and increase recommendations are made to the hospital leadership.
  - 1. Chief Resident stipends are set in accordance with GME Policy: [Chief Residents](#).
- B. All benefits are provided by the State of Illinois and University of Illinois consistent with University policy and applicable State and Federal law. Complete Plan Descriptions are available through the University Benefit Center.

### 12.02 Post Graduate Level

- A. The Post-Graduate (PG) level refers to the number of years of residency training completed following medical school. However, PG levels are not automatically cumulative from one specialty to another, except when preliminary postgraduate training is a requirement for the residency program.
- B. For stipend purposes, residents may receive up to one additional year's credit over the customary starting level for their new program if they have completed additional years of accredited residency training in a different specialty. Credit for more than one year's training not required for specialty board certification will be given only with the written approval of the Associate Dean for Graduate Medical Education or Designated Institutional Official.
- C. If the training records indicate that a resident should have received credit for previous training, the credit will be retroactive to the date of the current Resident Agreement only.

### 12.03 Vacations and Holidays

- A. Residents are allowed 20 working days of vacation per year, accruable only within the current residency program. The Program Director retains the right to determine the resident's vacation schedule. There is no terminal payment for unused vacation.
- B. Residents will be allowed the same number of holidays as provided to University of Illinois essential clinical staff; they may not however exceed the number of vacation days and holidays allowed in total per year.
- C. Residents will observe the holidays celebrated by the institution in which they are rotating. If a resident is rotating at a participating site during a holiday not recognized by that institution, the resident will receive compensatory time off by the program. Conversely, a resident who observes a holiday not recognized by the University of Illinois will utilize available benefits time.

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## 12.04 Sick, Maternity, and Parental Leave

- A. Residents are allowed 24 calendar days of sick leave per year, accruable only within the current residency program. Sick leave may be used for illness or injury, or to obtain medical or dental treatment for the resident, spouse, or child.
- B. Paid maternity or paternity leave is available as a combination of sick and vacation leave.
- C. Residents with at least 12 months of University employment can take up to a total of 12 consecutive weeks of unpaid leave for personal or family illness, or for the birth or adoption of a child. Vacation time and/or sick time (as appropriate) can be used for a portion of this leave. Complete details can be found in University Policy 806-02.

## 12.05 Other Leaves

- A. Professional Leave: Residents are allowed reasonable time for paid leave for attendance at conferences, workshops, or other professional activities, scheduled with the approval of the Program Director. Reimbursement of costs for attending functions or for other educational activities is negotiable with the Program Director.
- B. Military Leave: Military leave will be granted consistent with applicable law and University policy.

## 12.06 Additional Considerations

- A. Leave from the program for personal reasons will first be credited as vacation time. Additional unpaid time off must be approved by the Program Director, who may request relevant documentation to substantiate the reason for the leave.
- B. Regardless of the reason for taking leave, the program director must:
  - 1. notify the GME Office;
  - 2. determine if the leave time will affect the requirements of the individual Specialty Board and/or program, and if additional time will be required to advance in or complete the program; and,
  - 3. provide the residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's eligibility to participate in examinations by the relevant certifying board(s).
- C. When a leave results in an extended training period, the department may be responsible for reimbursement of the stipend during the extension.
- D. Each program is responsible for keeping attendance records and ensuring that residents receive the appropriate number of holidays and vacation days each year, and for keeping track of all leave time for each resident.

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## 12.07 Benefits

- A. Insurance:
  - 1. Health Insurance:
    - a) Health and dental insurance is available to the individual resident and dependents. Residents who include dependents on their State/University health insurance will receive an additional stipend as partial reimbursement of the cost of health insurance for dependents.
    - b) J-1 visa holders who have not met substantial presence receive individual and dependent benefits through the University's Campus Care Program. Enrollment in Campus Care is managed by the GME office at the time of the resident's matriculation. Residents are responsible for employee contributions and are billed semiannually for single coverage based on stipend level.
    - c) Residents electing to opt out of University coverage must show proof of alternate coverage.
  - 2. Life Insurance: Life insurance benefit of one year's stipend is provided without cost to the resident.
  - 3. Vision Insurance: The State of Illinois' vision insurance plan is provided to University of Illinois employees receiving benefits and their eligible dependents. The vision plan is automatically provided at no cost to employees and their dependents who are enrolled in one of the health plans.
- B. State Universities Retirement System of Illinois (SURS): Eligibility for participation in SURS is based on State and Federal law. All eligible residents must participate. Employee contributions, plus interest earned, can be withdrawn when the resident leaves the University. All SURS residents must also pay a Medicare tax.
- C. Long-Term Disability: Residents are provided with long-term disability income protection, which covers a portion of the resident's stipend for any period during which the resident cannot work because of illness or accident, following a 90 day waiting period. Participation in the disability income plans is mandatory; optional features are available from the carrier at a reasonable cost. The plan allows conversion to an individual policy upon termination from the residency program.
- D. Professional Liability Insurance: All residents are covered for professional liability insurance through the University Risk Management and Self-Insurance program or through individual participating site plans while performing duties directly related to their educational programs.



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- E. Employee Assistance Services: Residents may use the Employee Assistance Services for counseling and referral services through the Human Resources Office. Residents may receive assistance for psychological, legal, financial, substance abuse or family related problems.
- F. Other benefits not mentioned here, including, but not limited to, dependent care, tax deferred annuities, and tuition waiver, are provided consistent with University plans.

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Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
June 4, 1999  
May 11, 2001  
April 6, 2018  
October 4, 2019  
March 20, 2020

# Graduate Medical Education Policy Manual

## Policy 13. Chief Residents

### 13.01 Definition

- A. The Chief Resident is a senior resident appointed by the Program Director to supervise junior residents, develop rotation schedules, and perform other administrative duties as assigned by the Program Director.
- B. No program is required to appoint a Chief Resident for the purpose of fulfilling this policy.

### 13.02 Stipends

- A. Chief residents will be paid at or near the stipend level one PG-level higher than they would have otherwise received. The Office of GME will make all stipend adjustments for Chief Residents.
- B. Salary in excess of this rule can only be paid by the department sponsoring the Chief Resident's program, and must be approved in writing by the Associate Dean for GME or Designated Institutional Official.

### 13.03 Appointment Procedure

- A. The Program Director will appoint Chief Resident(s) for the program.
- B. Terms may be less than one year, in which case the resident will be paid the Chief's supplement for the period in which he/she is appointed.

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Joint Committee on Graduate Medical Education

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May 14, 1999  
March 16, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 14. Resident Impairment (IR IV.H.2)

### 14.01 Introduction

- A. The University of Illinois at Chicago has established a policy committing itself to a drug- and alcohol-free environment. (See SDS-8200-001 and HR 306) All residents sign a statement agreeing to abide by the policy.
- B. The University recognizes its obligation to protect other employees, patients, and the resident personally from the effects of substance abuse and/or psychiatric impairment. It is also committed to a positive program of rehabilitation when a resident becomes impaired.

### 14.02 Recognition and Action

It is the responsibility of each Residency Program Director to be aware of resident behavior and conduct at all times. If a Program Director observes physical, mental, or emotional inability on the part of the resident as it affects performance, the Program Director must take steps to verify the impairment and take immediate action. Further, it is the responsibility of the Program Director to investigate all reasonable reports that a resident may be using any substance in an abusive manner, or is using any illegal substance.

### 14.03 Medical Exam

- A. The Program Director, Department Head, or appropriate College of Medicine official may direct a resident to submit to a medical fitness for duty exam at any time. The exam may consist of physical, psychological/psychiatric, or laboratory tests and procedures. (See Policy HR-4103-001)
- B. Refusal on the part of the resident to cooperate with the exam will be grounds for termination of the Resident Agreement.
- C. University Health Service will perform an initial assessment of the impaired resident. Once the assessment occurs, the resident may seek treatment from the provider/facility of their choosing.
- D. The Office of Graduate Medical Education will pay for any portion of the medical exam charges not covered by the resident's insurance, if the conditions in GME Policy: [Resident Health Policies](#) are followed.

### 14.04 Removal from and Return to Work

- A. A Program Director may relieve a resident from work assignment if impairment is suspected. The resident will continue to be paid under sick leave policy until benefits are exhausted, at which time he/she will be placed on disability leave of absence (as the benefit permits).
- B. When medical treatment has been completed, the resident must return to University Health Service to be cleared to return to work (fitness for duty). The

## Graduate Medical Education Policy Manual

resident's continued participation in the residency program will be subjected to conditions of behavior and/or performance that the Program Director will describe in writing to the resident, in cooperation with University Health Service (see 15.05).

### 14.05 University Health Service Impaired Resident Evaluation

- A. All resident evaluation, treatment, and rehabilitation will be managed under the auspices of University Health Service. Program Directors should not prescribe or conduct treatment or rehabilitation without consultation with University Health Service. The Director of University Health Service is administratively in charge of all residency training referrals.
- B. Failure of a resident to cooperate with University Health Service oversight and supervision will be grounds for termination.

### 14.06 Statutory Reporting

- A. Illinois law requires that health care institutions report to the Illinois Department of Financial and Professional Regulation (IDFPR) all verified instances of physician conduct that endangers a patient under that physician's care.
- B. Program Directors or other faculty who directly supervise residents will report all instances where, in the judgment of the resident's Program Director, two conditions are met: (1) A resident is behaving in a clearly impaired manner, and (2) the resident's behavior endangers the safety of a patient. Report will be made to the Designated Institutional Official (DIO) and Chief Medical Officer (CMO) of the institution in which the incident took place. The DIO/CMO will instruct the faculty supervisor on the form in which the incident should be reported.
- C. The resident's Program Director and involved faculty will be expected to fully cooperate with the investigation of any reported event.

### 14.07 Accommodation for Disabilities Policy

GME operates under the UIC *Employment Accommodation Policy*, OAE-1100-002, for providing reasonable accommodations to qualified applicants, candidates, and employees with covered disabilities.

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Joint Committee on Graduate Medical Education

Reviewed: GMEC: February 28, 1997  
May 12, 2000  
November 4, 2011  
April 6, 2018

# Graduate Medical Education Policy Manual

## Policy 15. Sexual and Other Forms of Harassment (IR IV.H.3)

### 15.01 Introduction

- A. The University of Illinois at Chicago and the College of Medicine are committed to providing an educational and work environment that is free from all forms of sex discrimination, sexual violence, and sexual and gender-based harassment (collectively referred to as “Sexual Misconduct”). UIC prohibits and will not tolerate Sexual Misconduct of or by students, faculty, employees, patients, or visitors.
- B. Sexual Misconduct: According to federal Title IX regulations, is defined as unlawful discrimination on the basis of sex includes: (a) sexual harassment, (b) gender-based harassment, which is unwelcome conduct based on actual or perceived sex, or harassment based on gender identity or nonconformity with sex stereotypes, and/or (c) all forms of sexual violence including, but not limited to, sexual assault, sexual battery, sexual abuse, sexual coercion, sexual exploitation, dating violence, domestic violence, and stalking (collectively referred to as “Sexual Misconduct”). Sexual misconduct is the term used in this policy to encompass unwanted or unwelcome conduct of a sexual nature that is committed without valid consent. Also included in this term is any abusive behavior that arises out of an actual or perceived intimate relationship (e.g. domestic or dating violence and stalking). Sexual misconduct may occur between people of the same gender or different gender identifications.
- C. The University of Illinois at Chicago has promulgated a policy on *Prohibition of Sex Discrimination, Sexual Harassment, and Sexual Misconduct*. For a complete description, procedures, reporting options, and resources see Policy OAE-110-001.

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Graduate Medical Education Committee

Reviewed: May 12, 2000  
April, 2004  
November 4, 2011  
March 16, 2018

# Graduate Medical Education Policy Manual

## Policy 16. Accommodation for Disabilities (IR IV.H.4)

### 16.01 Summary

- A. The University of Illinois at Chicago (UIC) is committed to the full inclusion and participation of persons with disabilities in all aspects of university life. Consistent with the Illinois Human Rights Act, the American with Disabilities Act, and other state and federal law, UIC will provide reasonable accommodations to qualified applicants, candidates, and employees with known disabilities on an individualized basis and will expand coverage to include requests based on medical conditions that may not meet the legal definitions of “disability” or “handicap.”
- B. UIC will notify all applicants, candidates, and employees of their responsibilities and the procedures the University will follow in processing accommodation requests. It is the responsibility of each and every applicant, candidate, and employee with a disability or handicap to submit a request for an accommodation pursuant to established procedures. UIC has no obligation to accommodate disabilities of which it is unaware or disabilities or handicaps not covered by federal or state law.
- C. Requests based on medical conditions not qualifying as disabilities or handicaps under state or federal law may be granted or denied at UIC’s discretion. By considering a request or granting a requested accommodation based on a medical condition, UIC is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, or a handicap as defined by the Illinois Human Rights Act.
- D. UIC maintains a policy on *Americans with Disabilities Act Employee Accommodation*. For a complete description, procedures, and forms see Policy OAE-1100-002.

Approved: January 5, 2018  
Graduate Medical Education Committee

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## Policy 17. Resident Supervision (IR IV.I; CPR VI.A.2)

### 17.01 Purpose

This policy delineates the roles and responsibilities of the residents, program directors, faculty members, and Graduate Medical Education Committee (GMEC) to ensure that each resident participating in a University of Illinois at Chicago graduate medical education program is adequately supervised.

### 17.02 Responsibility for Supervision

- A. The program must establish a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-specific Program Requirements.
- B. The program director must monitor resident supervision at all participating sites.
- C. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is responsible and accountable for that patient's care
  - 1. This information must be available to residents, faculty members, other members of the health care team, and patients.
  - 2. Residents and faculty members must inform each patient of their respective roles in each patient's care when providing direct patient care.
- D. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.
  - 1. The program must demonstrate that the appropriate level of supervision is in place for all residents based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
  - 2. The program must define when physical presence of a supervising physician is required.

### 17.03 Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision, and implement the supervision as described in the ACGME Common Program Requirements:

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- A. Direct Supervision:
  - 1. the supervising physician is physically present with the resident during the key portions of the patient interaction; or
    - a) PGY-1 residents must initially be supervised directly.
  - 2. the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- B. Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- C. Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## 17.04 Resident Progressive Authority and Conditional Independence

The program director and faculty members must assign the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident.

- A. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
- B. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
- C. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

## 17.05 Program Guidelines

- A. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).
- B. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.
- C. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.



# Graduate Medical Education Policy Manual

- D. Each program will define in writing the expected competencies and degree of responsibility allowed for each level of residency.

## 17.06 GMEC Oversight

The GMEC may request written descriptions of program resident supervision policy at the Committee members' discretion.

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Graduate Medical Education Committee

Reviewed: February 28, 1997  
October 1, 1999  
November 4, 2011  
October 6, 2017  
April 17, 2020  
September 25, 2020

# Graduate Medical Education Policy Manual

## Policy 18. Resident Work Environment (IR IV.J)

### 18.01 ACGME Requirements

- A. The Sponsoring Institution (University of Illinois at Chicago {UIC}) and each of its ACGME-accredited programs must provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation. Feedback should be provided in a format that ensures confidentiality as appropriate.
- B. UIC will provide support services and develop health care delivery systems to minimize the work of residents that is extraneous to their graduate medical education (GME) programs' educational goals and objectives. Programs must ensure that residents' educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations. These services and systems must include:
  - 1. Peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services, and transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care.
  - 2. Availability of medical records at all participating sites to support high quality and safe patient care, residents' education, quality improvement, and scholarly activities.
- C. The Institution, in partnership with its GME programs, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to return safely home.
  - 1. Sleep facilities must be safe, quiet, and provide a modicum of privacy. Facilities must be available and accessible for residents to support education and safe patient care.
- D. The institution must ensure a healthy and safe clinical and educational environment that provides for:
  - 1. access to food during clinical and educational assignments.
  - 2. safety and security measures for residents appropriate to the participating site.

### 18.02 Resident Forum

- A. The Resident Forum is a mechanism for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues, in a confidential and protected manner. Resident forum meetings are held approximately quarterly. Resident members of the GMEC serve as facilitators of the meetings. Any and all residents are welcome to attend the meetings. The GME Office staff assists with meeting logistics, but

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does not attend the meetings unless invited. The Resident Forum meets the ACGME requirement for residents to have a pathway to discuss issues pertaining to the learning environment free of oversight by faculty and staff. The purpose of the meetings includes:

1. To help the GMEC resident members better represent the residents' concerns to the GMEC.
  2. To improve communication among residents, between programs, and between departments.
  3. To elicit resident feedback in a peer to peer environment.
  4. To improve morale among residents and to provide a venue for effecting change.
- B. The resident facilitators of the Forum meetings use a standard form to record the date, time, and location of the meetings, the names of the facilitators, and the number of residents who attended the meetings. The form is also used to collect resident comments and concerns, which are reported to the GMEC and the GME Office for follow-up.

### 18.03 Resources for Residents

- A. There are several levels at which residents may address problems and issues. In ascending order, these include:
1. Chief Resident
  2. Program Director
  3. Director of Graduate Medical Education
  4. Designated Institutional Official
- B. Residents who are uncomfortable discussing a problem within the program, or who wish to report a problem in anonymity, may use the GME Resident Hot Line. The Hot Line is checked by only the Director of GME and/or the DIO. Confidentiality is assured.
- C. All Campus resources for students and employees are also open to residents. Information is available from the University's web site or by contacting the GME Office.

### 18.04 Resident Activities

Resident activities are designed to provide the optimal educational experience possible, in an environment of clinical patient care. Resident involvement in patient care must be carefully supervised to ensure that the patient receives the highest quality of care. Any basic or routine technical or administrative work required of a resident must be part of the learning process and should only be related to a patient in whose care the resident is involved.

Approved: February 3, 2006 GMEC  
Reviewed: October 27, 2011  
September 21, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 19. Moonlighting (IR IV.J.1; CPR VI.F.5)

### 19.01 Definitions

- A. External moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or any of its related participating sites.
- B. Internal moonlighting is defined as voluntary, compensated, medically-related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

### 19.02 Responsibilities of the Institution and Program Director

- A. Residents must not be required to engage in moonlighting.
- B. It is the responsibility of the program director to decide whether or not moonlighting will be allowed.
  - 1. If a program director allows a resident to moonlight, he/she must provide written permission prior to any moonlighting activity. The program director's statement must be retained in the resident's file.
  - 2. The Sponsoring Institution may prohibit moonlighting by residents.
- C. The program director must monitor the effect of moonlighting activities on a resident's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight.
- D. The program director must implement policies and procedures consistent with the ACGME institutional and program requirements regarding moonlighting.
- E. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. The program director must monitor the resident's performance to ensure that moonlighting time does not adversely affect the resident's ability to function within his/her residency program. Adverse effects may lead to withdrawal of permission to moonlight.
- F. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
  - 1. The program director must ensure that all residents log their moonlighting hours in the residency management suite (New Innovations).
  - 2. The program director will monitor the compliance summary reports and will take necessary corrective action when compliance issues are reported.

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## 19.03 Responsibilities of the Resident

- A. A resident wishing to moonlight must:
  - 1. obtain prior written permission from his/her program director. The program director's statement must be retained in the resident's file.
  - 2. have in their possession a valid permanent medical license in the state where the moonlighting.
  - 3. have in their possession a valid federal DEA number and a valid state DEA (as required) in order to moonlight.
  - 4. obtain his own liability insurance and workers' compensation insurance for the moonlighting activities. University policy will not cover the resident for moonlighting activities.
- B. Residents must report their clinical and educational work hours including all moonlighting, at least once per week, in the New Innovations.
- C. PGY-1 residents are not permitted to moonlight.
- D. Residents on J-1 and O-1 visas may never moonlight. Residents holding other types of visas must provide proof of appropriate employment authorization before engaging in moonlighting.
- E. Violation of the moonlighting policy is subject to disciplinary action.

## 19.04 Responsibilities of the Graduate Medical Education Committee (GMEC)

The GMEC may review instances of non-compliance based on the New Innovations data and request follow-up when warranted

## 19.05 Responsibilities of the Office of Graduate Medical Education (GME)/Designated Institutional Official

- A. The Office of GME may request a formal response from the program director for isolated or extremely rare instances of non-compliance.
- B. The Office of GME may bring to the GMEC any instances of non-compliance when deemed appropriate.

Approved: February 7, 2003  
Graduate Medical Education Committee

Reviewed: November 4, 2011  
December 7, 2017

# Graduate Medical Education Policy Manual

## Policy 20. The Relationship between GME and the Health Care Industry (IR IV.K)

### 20.01 Introduction

Employees, including faculty and residents, should not accept gifts and gratuities of any kind, whether merchandise, cash, or services. Particular discretion and caution should be exercised by those involved in the purchase of equipment, commodities, and services as well as those employees who have influence in the selection of types of equipment, commodities, or service or their vendors; the review and acceptance of sponsored programs, projects, or contracts; the awarding of grants, scholarships, and similar awards; and the admission to academic programs.

The University maintains several policies regarding gifts which the UIC College of Medicine has adopted to manage interactions between health care industry and faculty, residents, and students. The term “industry” includes pharmaceutical companies, manufacturers of medical devices, and biotechnology companies. The following references provide complete descriptions and procedures regarding gifts and gratuities:

- Office of Business and Financial Services: Section 11 *Gifts and Endowments*
- Human Resources: Policy 310 *Gifts and Gratuities*
- Ethics and Compliance Office: *Ethics, Political Activity, and Gifts*
- Ethics and Compliance Office: *Statements of Economic Interest*

### 20.02 ACGME Principles and Requirements

The ACGME’s six general competencies provide a framework to guide the conduct of the relationships maintained by sponsoring institution and its residency programs with industry.

#### A. Professionalism Requirements:

1. Ethics curricula must include instruction in and discussion of published guidelines regarding gift-giving to physicians.
2. Full and appropriate disclosure of sponsorship and financial interests is required at all program- and institution-sponsored events, above and beyond those already governed by the Standards for Commercial Support promulgated by the Accreditation Council for Continuing Medical Education (ACCME). Likewise, full disclosure of research interests must be published in keeping with the local policies of institutional review boards and following the recommendation of the Association of American Medical Colleges Task Force on Financial Conflicts of Interest in Research.
3. Programs and sponsoring institutions must determine which contacts, if any, between residents and industry representatives may be suitable, and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

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- B. Practice-Based Learning and Improvement and Medical Knowledge Requirements:
  - 1. Clinical skills and judgment must be learned in an objective and evidence-based learning environment.
  - 2. Residents must learn how promotional activities can influence judgment in prescribing decisions and research through instructional activities.
  - 3. Residents must understand the purpose, development, and application of drug formularies and clinical guidelines. Discussion should include such issues as branding, generic drugs, off-label use, and use of free samples.
- C. Systems-Based Practice Requirements:
  - 1. Sponsoring institutions and program must develop policies to ensure that clinical skills and judgment are learned in objective and evidence-based clinical and teaching environments free from inappropriate influence. These policies must clarify the differences between education and promotion.
  - 2. The curriculum must include how to apply appropriate considerations of cost-benefit analysis as a component of prescribing practice.
  - 3. Advocacy for patient rights within health care systems must include attention to pharmaceutical costs.
- D. Interpersonal and Communication Skills Requirements:
  - 1. The curriculum must include discussion and reflection on managing encounters with industry representatives.
  - 2. The curriculum must include illustrative cases of how to handle patient requests for medication, particularly with regard to direct-to-consumer advertising of drugs.

### 20.03 UIC Policy Statement

- A. Graduate Medical Education residency and fellowship programs will not participate in any UIC-sponsored events in which commercial and pharmaceutical companies provide meals, other types of food, pens, imprinted paper, or any gifts or other materials.
- B. The program will not be involved in, or sponsor, any events where pharmaceutical companies provide meals, other types of food, pens, imprinted paper, or any gifts or other materials that are not educational in value and do not directly improve patient care. Other than in GME-authorized, planned activities, students, residents, and fellows will not have contact with commercial or pharmaceutical sales representatives during their normal work weeks.

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- C. Commercial and pharmaceutical companies may provide educational materials for student or resident use, so long as the company name does not appear on the item.
- D. Companies may provide unrestricted educational grants to departments.
- E. Speakers for any UIC-sponsored event must disclose any links to commercial and pharmaceutical companies.
- F. Graduate Medical Education will provide an educational program for all residents and fellows regarding appropriate interactions with commercial and pharmaceutical companies and the ethics of dealing with possible conflicts of interest, and the rationale behind these. This educational program will include a web-based educational module and approved alternative courses.
- G. Companies may not use official University communication means to advertise or circulate information about events.
- H. There will be a progressive system of corrective action for programs that fail to comply with the policy.

Approved: May 2, 2008

Reviewed: November 4, 2011  
September 21, 2018  
September 25, 2020



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## Policy 21. Disaster Plan (IR IV.M)

### 21.01 Objective

The University of Illinois at Chicago is committed to providing residents/fellows with a complete, high-quality educational program. In the event of a disaster or interruption in patient care that has the potential to interrupt their training, arrangements will be made to enable residents/fellows currently in the program to complete their educational program in the least disruptive manner.

### 21.02 Procedure

- A. In the event of a disaster or interruption in patient care that would cause residents/fellows to be displaced from their scheduled training programs and/or training sites, temporary training sites will be arranged for the displaced residents/fellows.
1. The Designated Institutional Official (DIO) will immediately communicate with the program directors to determine their needs. The residents/fellows will also be informed that an emergency has occurred.
  2. The DIO will communicate with the ACGME Institutional Review Committee's (IRC) Executive Director to inform them of the situation that has occurred and to request assistance in placement of affected residents/fellows for continuation of their training.
  3. The DIO will continue to communicate with the IRC Executive Director to discuss due dates for program reconfigurations and transfer decisions.
  4. Program directors and residents/fellows will be kept informed and will be instructed to contact their respective Review Committees with information or requests for information.
  5. The DIO will work with the program directors of affected programs to identify programs that are willing and able to accept transferred residents/fellows.
  6. Residents/fellows who transfer temporarily will be informed initially and continually by the program director about the estimated duration of the transfer.
  7. The institution will continue to pay resident stipends and benefits through the end of each resident's current Resident Agreement or until the resident has been placed in an alternate training site, whichever comes first.
- B. Documentation of resident/fellow demographics, licensure, ECFMG certification, and other training information is maintained in a comprehensive resident database located on a secure remote server. Any program that accepts a transferring resident/fellow will be asked to submit all evaluations to the GME

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Office to be uploaded through the resident management database to allow continuity for the trainees when they return to UIC.

- C. In the event that the disaster renders UIC incapable of reestablishing the training environment within a reasonable period of time, the DIO and respective program directors will arrange for permanent transfer of the trainees to suitable programs.
- D. UIC will also, to the best of its ability, offer to accept temporary and/or permanent transfers of trainees displaced by disasters at other ACGME-accredited institutions.

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Graduate Medical Education Committee

Reviewed: November 4, 2011  
August 3, 2012  
September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 22. Residency Reduction or Closure (IR IV.N)

### 22.01 Objective

The University of Illinois College of Medicine at Chicago is committed to providing residents/fellows with a complete, high-quality educational program. Where circumstances require that a residency program be reduced in size or closed completely, or closure of the Sponsoring Institution, arrangements will be made to enable residents/fellows currently in the program to complete their educational program in the least disruptive manner.

### 22.02 Procedure

- A. Notification: If the sponsoring department intends to reduce the size of a residency program, close a residency program, or when the Sponsoring Institution intends to close, the Sponsoring Institution will inform the Graduate Medical Education Committee, Designated Institutional Official, and affected residents/fellows in the program(s) as early as possible.
- B. Reduction: In the event of reduction in program size, currently enrolled residents/fellows will be allowed to complete the program; reduction is implemented by decreasing the number of residents/fellows recruited in future years.
- C. Closure: In the event of closure of a residency program, residents/fellows enrolled in an affected program(s) will be allowed to complete their education at the Sponsoring Institution, or will be assisted in enrolling in (an)other program(s) in which they can continue their education. If it should become impossible for currently enrolled residents/fellows to complete the program, the program director, in partnership with the Associate Dean for Graduate Medical Education and the Designated Institutional Official, will:
  - 1. Seek positions within the Medicare GME Affiliated Group, which allows for movement of Medicare-reimbursed positions between member institutions and other University of Illinois at Chicago (UIC) major participating sites.
  - 2. If no positions can be located among the Affiliated Group institutions, seek positions at other UIC participating sites.
  - 3. If no positions are available within the Affiliated Group or at other UIC participating sites, assist the resident/fellow in locating a comparable position elsewhere with guidance from the Accreditation Council for Graduate Medical Education.

Approved: September 5, 2000

Reviewed: February 3, 2006  
June 5, 2009  
November 4, 2011  
March 16, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 23. Participating Sites and Affiliations (CPR I.B)

### 23.01 Participating Sites (Affiliates)

- A. The Accreditation Council for Graduate Medical Education (ACGME) defines a participating site as: An organization providing educational experiences or educational assignments/rotations for residents/fellows.
  - 1. Examples of participating sites include: a university; a medical school; a teaching hospital, including its ambulatory clinics and related facilities; a private medical practice or group practice; a nursing home; a school of public health; a health department; a federally qualified health center; a public health agency; an organized health care delivery system; a health maintenance organization (HMO); a medical examiner's office; a consortium; or an educational foundation.
  
- B. While all residency programs must be sponsored by a single ACGME-accredited Sponsoring Institution, many programs will utilize other clinical settings to provide required or elective training experiences. When utilizing such sites,
  - 1. the program must:
    - a) ensure the quality of the educational experience; and,
    - b) monitor the clinical learning and working environment at all participating sites.
      - (1) At each participating site there must be one faculty member, designated by the program director, who is accountable for resident/fellow education for that site, in collaboration with the program director.
  
  - 2. the program director must:
    - a) receive approval from the DIO and/or GMEC prior to creating an agreement.
    - b) ensure that a current, fully executed agreement is in place and conforms with ACGME standards, prior to the start of the rotation; and,
    - c) submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one-month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS).
  
  - 3. the program coordinator must maintain an accurate and current block schedule to fulfill accreditation and financial standards/obligations.

# Graduate Medical Education Policy Manual

- a) For detailed information, review the *GME Affiliate Billing Reconciliation Process* policy within the New Innovations Resources/Policies section.

## 23.02 Affiliation Agreement\*

- A. An affiliation is established when either the University of Illinois Hospital (UI Health) or the College of Medicine (COM), as a sponsoring institution, formally affiliates with a participating site.
- B. All affiliations must be secured by an affiliation agreement that fulfills Hospital and University regulation and policy, as well as ACGME standards. (See New Innovations Resources section for additional guidelines and submission timelines of affiliation agreements.)
- C. An affiliation agreement is an overarching document that describes the responsibilities between UI Health or COM and the participating site as it relates, but not limited, to:
  - 1. general obligations (i.e. overall control over delivery and quality of patient care);
  - 2. accreditation and licensing (i.e. Joint Commission accreditation);
  - 3. research ownership;
  - 4. space;
  - 5. liability insurance;
  - 6. indemnification (i.e. holding liable for negligent or wrongful acts);
  - 7. affirmative action and equal opportunity language.
- D. Affiliation agreements are valid only when approved by the University of Illinois Board of Trustees.

## 23.03 Program Letter of Agreement (PLA)

- A. According to the ACGME a Program Letter of Agreement (PLA) addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents have educational experiences.
  - 1. The PLA must be renewed at least every 10 years and be approved by the designated institutional official (DIO);
  - 2. Elements to be considered in PLAs include (See New Innovations Resources section for PLA template):

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- a) identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows;
  - b) specify these faculty members' responsibilities for the teaching, supervision, and formal evaluation of residents/fellows;
  - c) specify the duration and content of the educational experience; and,
  - d) state the policies and procedures that will govern resident/fellow education during the assignment.
- B. For detailed information, review the *Creating New Program Letters of Agreement* policy within the New Innovations Resources/Policies section.

### 23.04 Memorandum of Understanding (MoU)

- A. Because PLAs do not contain financial language, it is necessary to attach an MoU that outlines the financial terms and responsibilities between participating parties, which may include the UI Health, COM, Graduate Medical Education (GME), the Residency Program, and the Affiliate.
- B. The MoU must include, but is not limited to:
1. the number of FTEs rotating to the participating site;
  2. dates of the assignment;
  3. reimbursement terms (e.g. the affiliate agrees to reimburse Hospital for X FTEs for the period established by the PLA);
  4. payment terms; and,
  5. certificate of malpractice coverage, if required. (Note: UIC's residents/fellows are covered under UIC's malpractice plan while rotating to external sites.)
- C. For detailed information, review the *Use of MOU in Conjunction with Affiliation Agreements* policy within the New Innovations Resources/Policies section.

### 23.05 Affiliate Billing Reconciliation Process

To ensure that invoices accurately capture rotating FTEs and the receivables reflect the amount due from participating affiliates, review the *GME Affiliate Billing Reconciliation Process* policy, as well as the *Accounts Receivables and Debt Collection* policy within the New Innovations Resources/Policies section.

### 23.06 Notifications

The GME Office will maintain copies of all affiliation agreements, PLAs, MOUs, and correspondence.

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\* previously termed Master Affiliation Agreement or Programmatic Affiliation Agreement

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Joint Committee on Graduate Medical Education

Reviewed: February 28, 1997  
May 12, 2000  
March 20, 2020

# Graduate Medical Education Policy Manual

## Policy 24. Visiting Residents and Observers

### 24.01 Visiting Residents/Rotators

- A. Program Directors may, at their discretion, allow residents from other programs to participate in aspects of the University of Illinois at Chicago (UIC) graduate medical education program, which must be described in a written affiliation agreement with the resident's originating institution.
- B. All visiting residents must provide the following documentation at least one month prior to beginning clinical training activities:
  - 1. A visiting resident application form issued by the GME Office to collect needed information on the resident.
  - 2. Official program director letter (letter of good standing);
  - 3. UI Health confidentiality agreement;
  - 4. Copy of Medical School diploma;
  - 5. Copy of active Illinois medical license (printout of IDFPR license lookup or other state licenses will not be accepted).
  - 6. Copy of current, valid ECFMG certificate, if applicable;
  - 7. Copy of Professional Liability Insurance Letter/Certificate

### 24.02 Observers

- A. An observer is defined as someone who accompanies UIC faculty or residents at a clinical function but does not participate in a patient's care.
- B. No physician trainee under contract anywhere as a resident or fellow may be brought into a UIC graduate medical education program as an observer. They must be treated as an outside participant and follow all procedures described above.
- C. This policy does not apply to medical students. However, any medical student participating in any clinical program must be registered with the UIC College of Medicine prior to their participation.

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Joint Committee on Graduate Medical Education

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May 12, 2000  
October 12, 2009  
March 20, 2020



# Graduate Medical Education Policy Manual

## Policy 25. Program Director Definition and Responsibilities (CPR II.A)

### 25.01 Definition

The program director is the administrative head designated with authority and accountability for the operation of the residency/fellowship program, as identified by an accrediting body or the Graduate Medical Education Committee (GMEC). The program director will be the authority most directly responsible for the successful implementation and operation of the graduate medical education (GME) program.

### 25.02 Qualifications of the Program Director

- A. The Department Head is responsible for the program director nomination and must ensure that he/she meets all specialty board and/or Accreditation Council and Graduate Medical Education (ACGME) Requirements prior to nomination.
- B. Each program director must obtain and maintain the following credentials:
  - 1. specialty expertise and at least three years of documented educational and administrative experience.
  - 2. current medical licensure to practice medicine in Illinois.
  - 3. current certification in the specialty for which they are program director or suitable equivalent qualifications.
  - 4. ongoing clinical activity
  - 5. be a member in good standing of the medical staff at UI Health.
- C. Program directors must communicate any changes in credentials that could adversely affect program accreditation to the appropriate Department Head and to the Designated Institutional Official (DIO).

### 25.03 Responsibilities of Program Directors

The program director must:

- A. submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one-month full time equivalent (FTE) or more through the ACGME Accreditation Data System;
- B. have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care.
- C. be a role model of professionalism;

## Graduate Medical Education Policy Manual

- D. design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of UI Health, and the mission(s) of the program;
- E. administer and maintain a learning environment conducive to educating the residents in each of the ACGME competency domains;
- F. 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;
- G. in collaboration with the Department Chair/Head, have the authority to approve program faculty members for participation in the residency program education at all sites;
- H. in collaboration with the Department Chair/Head, have the authority to remove program faculty members from participation in the residency program education at all sites;
- I. in collaboration with the Department Chair/Head, have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program;
- J. submit accurate and complete information required and requested by the DIO, GMEC, and ACGME.
- K. provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s);
- L. provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;
- M. ensure the program's compliance with GME policies and procedures related to grievances and due process;
- N. ensure the program's compliance with the GME policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a resident;
- O. ensure the program's compliance with the University and GME policies and procedures on employment and non-discrimination;
- P. document verification of program completion for all graduating residents within 30 days;
- Q. provide verification of an individual resident's completion upon the resident's request, within 30 days;
- R. obtain review and approval of the DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements;

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- S. report circumstances when the presence of other learners has interfered with the residents' education to the DIO and GMEC;
- T. define and implement the goals and objectives of the training program;
  - 1. Program goals will be at a minimum those defined by the specialty board of the program. Written objectives will be routinely provided to residents, fellows, and members of the teaching staff.
- U. ensure that residents and fellows have access to counseling and psychological support for emotional and mental conditions resulting from training-related stress;
- V. assist the GMEC in integrating the training program with the training programs of all other specialties to enable the University to provide an effective overall graduate medical educational program; and,
- W. participate and assist in Special Reviews scheduled by the GMEC for the program.

### 25.04 Selection

- A. The Department Head(s) responsible for the GME program will nominate to the GMEC a proposed program director for each program. A Department Head may nominate him/herself as program director, but only after consultation with the DIO to review the rationale for the nomination.
  - 1. There must be a single program director with authority and accountability for the operation of the program.
  - 2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.
- B. The Department Head will notify the GME Office and the DIO of any appointments/terminations of program directors. The GMEC must approve a change in program director.
- C. For ACGME-accredited programs, final approval of the program director resides with the ACGME Review Committee.

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Joint Committee on Graduate Medical Education

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February 12, 1999  
September 21, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 26. Core Curriculum (CPR IV.B)

### 26.01 Requirement

The program must integrate the ACGME competencies into the curriculum, including: practice-based learning and improvement, interpersonal communication skills, professionalism, systems-based practice, and scholarly activity.

### 26.02 Training Modules

The Core Curriculum is a series of online educational modules designed to complement teachings in patient settings and didactic curriculums in residency programs. The Designated Institutional Official designates specific training modules to be completed in PGY1 and PGY2. Additional modules can be assigned by the program director. The modules can be assigned to PGY3s and above at the program director's discretion or if remediation is needed.

### 26.03 Verification of Completion

Program directors must ensure that each resident has successfully completed the core curriculum courses. Verification of completion will be a part of the GME clearance process.

Approved: September 15, 2000  
Graduate Medical Education Committee

Reviewed: September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 27. Professionalism (IR III.B.6; CPR IV.B.1.a) and VI.B)

### 27.01 Introduction

In accordance with the ACGME Core Competency requirement for Professionalism, this policy is written to facilitate programs and their residents in meeting professionalism standards for the practice of medicine.

### 27.02 Institutional Responsibilities

- A. The Sponsoring Institution, in partnership with the program directors of its ACGME-accredited programs, must provide a culture of professionalism that supports patient safety and personal responsibility.
- B. The Sponsoring Institution, in partnership with its ACGME-accredited programs, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
- C. The Sponsoring Institution must provide systems for education in and monitoring of:
  - 1. residents' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and,
  - 2. accurate completion of required documentation by residents.
- D. The Sponsoring Institution must ensure that its ACGME-accredited programs provide a professional, equitable, respectful and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse or coercion of residents, other learners, faculty members, and staff members.
  - 1. The Sponsoring Institution, in partnership with its ACGME-accredited programs, must have a process for education of residents and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns.
- E. Each program must have a program-level policy that describes the manner in which the program provides professionalism education to the resident.
- F. Residents are required to fulfill all obligations that the University, GME Office, residency programs, and hospitals deem necessary to begin and continue duties as a resident, including but not limited to:
  - 1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training, and obtaining of badges. Some of these activities may occur prior to the resident appointment start date.

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2. Completing required assignments before established deadlines, including but not limited to: Safe Haven training, Ethics training, Learning Management Suite (LMS) modules, medical records, mandatory online curricula, mandatory surveys, resident work hour logs, procedural logs, or conference attendance.)

## 27.03 Program Responsibilities

Each program must:

- A. Facilitate the development of habits of conduct that demonstrate sensitivity, compassion, integrity, respect, and trust, through the use of an organized curriculum.
- B. Emphasize the importance of maintaining the patient's dignity and confidentiality at all times.
- C. Emphasize the need for residents to commit to carrying out professional responsibilities and to adhere to ethical principles.

## 27.04 Program Director Responsibilities

- A. The program director must be a role model of professionalism.
- B. The program director, as the leader of the program, must serve as a role model to residents in addition to fulfilling the technical aspects of the role. As residents are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director must create an environment where respectful discussion is welcomed, with the goal of continued improvement of the educational experience.

## 27.05 Expected Resident Behaviors

Each resident must:

- A. Demonstrate a commitment to professionalism and an adherence to ethical principles;
- B. Demonstrate competence in:
  1. compassion, integrity, and respect for others;
  2. responsiveness to patient needs that supersedes self-interest;
  3. respect for patient privacy and autonomy;
  4. accountability to patients, society, and the profession;

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5. respect and responsiveness to the diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
  6. ability to recognize and develop a plan for one's own personal and professional well-being; and,
  7. appropriately disclosing and addressing conflict or duality of interest.
- C. Respect individual patient concerns and perceptions.
- D. Demonstrate respect for peers and other members of the health care team by maintaining open communication at all times.
- E. Respect the systems that are in place to provide and improve the quality and safety of patient care.
- F. Comply with all requirements as set forth in the GME Policy Manual, and all other University requirements.

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Graduate Medical Education Committee

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September 21, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 28. Resident and Faculty Evaluations (CPR V)

### 28.01 Resident Evaluation

- A. A Clinical Competency Committee (CCC) must be appointed by the program director. The CCC is a required body for ACGME-accredited programs, that includes three members of the program faculty, at least one of whom is a core faculty member.
  - 1. Additional members can be appointed at the program director's discretion and must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
    - a) GMEC-approved programs are encouraged to create a CCC for the purpose of resident evaluation.
  - 2. The CCC must:
    - a) review all resident evaluations at least semiannually;
    - b) determine each resident's progress on achievement of the specialty-specific Milestones; and,
    - c) meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.
- B. Feedback and Evaluation
  - 1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
    - a) Residents will be allowed to submit written addenda to the evaluations, which will be included in the resident's program file.
  - 2. Evaluation must be documented at the completion of the assignment.
    - a) For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
    - b) Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
  - 3. The program must:
    - a) provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones;



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- b) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,
  - c) provide that information to the Clinical Competency Committee (CCC) for its synthesis of progressive resident performance and improvement toward unsupervised practice.
4. The program director or their designee, with input from the CCC, must:
- a) meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
  - b) assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,
  - c) develop plans for residents failing to progress, following institutional policies and procedures.
5. 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.
6. The evaluations of a resident's performance must be accessible for review by the resident.
- C. Final Evaluation
- 1. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.
  - 2. The program director must provide a final evaluation for each resident upon completion of the educational experience. The final evaluation must:
    - a) become part of the resident's [permanent record](#) maintained by the program and GME Office, and must be accessible for review by the resident in accordance with institutional policy;
    - b) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;
    - c) consider recommendations from the CCC; and,
    - d) be shared with the resident upon completion of the program.

### 28.02 Faculty Evaluation

- A. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.

## Graduate Medical Education Policy Manual

- B. This evaluation must include a review of the faculty member's 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.
- C. This evaluation must include written, anonymous, and confidential evaluations by the residents.
- D. Faculty members must receive feedback on their evaluations at least annually.
- E. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.
- F. These evaluations will be forwarded to the Department Head or designee and program director.

### **28.03 Evaluation of Clinical Rotations by Residents**

- A. Each program director will establish a process for residents to anonymously evaluate each of their clinical rotations.
- B. The resident will complete an evaluation following each rotation.

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June 4, 1999  
October 10, 2003  
January 6, 2012  
September 21, 2018  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 29. Program Evaluation (CPR V.C)

### 29.01 Purpose

The annual program evaluation process is intended to promote a meaningful way for program leadership to review and analyze program data. The purpose of this policy and procedure is two-fold:

- A. To establish a method for composition and responsibilities related to the requirement for individual Program Evaluation Committees (PEC); and,
- B. To define the Graduate Medical Education Committee's (GMEC) responsibilities associated with oversight of Accreditation Council for Graduate Medical Education (ACGME)-accredited programs by establishing a formal, systematic process to annually evaluate the educational effectiveness and monitor improvements as mandated by the ACGME and recommended by the GMEC.

### 29.02 Policy

- A. In accordance with the ACGME Common Program Requirement V.C., Program Evaluation and Improvement, each ACGME-accredited program will establish a PEC. The PEC is required to meet a minimum of one time per year.
- B. In accordance with the ACGME Institutional Requirement I.B.5, as well as its overall responsibility to maintain effective oversight, the GMEC will review all annual program evaluation and self-studies. This review will function as a component of the Annual Institutional Review (AIR).

### 29.03 Program Evaluation and Improvement

- A. The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the annual program evaluation as part of the program's continuous improvement process.
  - 1. The PEC:
    - a) must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident;
    - b) responsibilities must include:
      - (1) acting as an advisor to the program director, through program oversight;
      - (2) review of the program's self-determined goals and progress toward meeting them;
      - (3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,

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- (4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

B. The PEC should consider the following elements in its assessment of the program:

1. curriculum;
2. outcomes from prior Annual Program Evaluation(s);
3. ACGME letters of notification, including citations, Areas for Improvement, and comments;
4. quality and safety of patient care;
5. aggregate resident and faculty:
  - a) well-being;
  - b) recruitment and retention;
  - c) workforce diversity;
  - d) engagement in quality improvement and patient safety;
  - e) scholarly activity;
  - f) ACGME Resident and Faculty Surveys; and,
  - g) written evaluations of the program.
6. aggregate resident:
  - a) achievement of the Milestones;
  - b) in-training examinations (where applicable);
  - c) board pass and certification rates; and,
  - d) graduate performance;
7. aggregate faculty:
  - a) evaluation; and,
  - b) professional development.

C. The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

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- D. The annual review, including the action plan, must:
  - 1. be distributed to and discussed with the members of the teaching faculty and the residents; and,
  - 2. be submitted to the Designated Institutional Official (DIO).

## 29.04 Procedure

- A. The annual program report and a written action plan for improvement must be completed and submitted to the Office of Graduate Medical Education by the last business day in August, or in compliance with an alternate date as established by the DIO.
- B. The GMEC and any officially designated subcommittees and/or representatives will review the annual program evaluations and corresponding action plans with respect to program performance and trending. The GMEC will, in addition, conduct an overview across programs.
- C. Summaries of the reviews and recommendations will be provided to the individual Program Directors and Department Heads and presented at the GMEC meetings.

Approved: December 2, 2016  
Graduate Medical Education Committee

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October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 30. Well-Being and Fatigue Mitigation (CPR VI.D)

### 30.01 Purpose

This policy is required in accordance with Accreditation Council for Graduate Medical Education (ACGME) standards for resident well-being and fatigue mitigation to ensure continuity of patient care, patient safety, and resident safety.

### 30.02 Well-Being

- A. Self-care is an important component of professionalism for residents and faculty. It is also a skill that must be learned and nurtured in the context of other aspects of residency training. UI Health residency programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. This responsibility must include:
1. efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
  2. attention to scheduling, work intensity, and work compression that impacts resident well-being;
  3. evaluating workplace safety data and addressing the safety of resident and faculty members;
  4. policies and programs that encourage optimal resident and faculty member well-being; and,
    - a) Resident must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
  5. attention to resident and faculty member burnout, depression, and substance abuse. UI Health residency programs must educate faculty members and resident in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Resident and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. UI Health residency programs must:
    - a) encourage resident and faculty members to alert the program director, chief residents, attending or faculty member when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;

## Graduate Medical Education Policy Manual

- b) provide access to appropriate tools for self-screening (resident and faculty may access the ACGME Tools and Resources for Resident and Faculty Member Well-Being); and,
  - c) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week (resources can be found on the 'Well-Being at UI Health' page of the Graduate Medical Education (GME) website ([uicgme.uihealth.care](http://uicgme.uihealth.care))).
- B. There are circumstances in which resident may be unable to attend work, including but not limited to fatigue, illness, and family emergencies.
- 1. All UI Health residency programs must have a policy and procedure in place that ensure coverage of patient care in the event that a resident or fellow may be unable to perform their patient care responsibilities.
  - 2. These policies must be implemented without fear of negative consequences for the resident or fellow who is unable to provide the clinical work.

### 30.03 Referrals and Resources

- A. A formal referral of a resident occurs when they are instructed and/or required by the program director to contact University Health Service (UHS) for consultation and/or evaluation regarding a concern the program director has related to the resident/student's performance within the training program. The program director will contact UHS to notify them of the incoming referral. Automatic referral to UHS will also be triggered if the resident is removed from duties due to reasonable suspicion of impairment in the workplace. UHS will meet with residents in an expedient manner. With a formal referral, program directors have access to information on the plan of care.
- B. An informal referral can be made by a student, resident, chief resident, faculty, or program director. The resident may opt to contact UHS for consultation or they may utilize the UI Health Employee Assistance Program (EAP). EAP services are specifically designed for residents who are struggling with personal, professional, or emotional issues and are seeking one-on-one support in a confidential setting. To seek assistance 24 hours a day, seven days a week, call 866-659-3848 or visit <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=903864#uic>.

### 30.04 Program Responsibilities

Each program must:

- A. Educate all faculty members, residents and fellows (hereinafter referred to as "residents") to recognize signs of fatigue and sleep deprivation. This must be done annually as part of the residents' curriculum and faculty development.

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- B. Educate all faculty members and residents about alertness management and fatigue mitigation processes.
- C. Encourage residents to use fatigue mitigation processes such as strategic napping or turnover of care via back-up schedules, to manage the potential negative consequences on patient care and learning.
- D. Ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care responsibilities due to fatigue.
- E. Educate residents and faculty members about their professional responsibilities as physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
- F. Ensure that residents and faculty members demonstrate an understanding of their roles in the management of their time before, during, and after assignments; recognize impairment, including illness, fatigue, and substance abuse, in themselves, their peers; and other members of the health care team; and submit accurate clinical and educational work hour reports.
- G. Monitor the demands of at-home call and adjust schedules to mitigate fatigue when applicable.

### 30.05 Institutional Responsibilities

- A. Each program, in partnership with its sponsoring institution must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.
- B. The GME Office offers a fatigue mitigation transportation option to help ensure residents arrive home safely when fatigued after work.
  - 1. Reimbursement is available to any resident that elects to use a transportation service (app-based or taxi) to arrive home instead of driving their own vehicle while fatigued, as well as to pick up their car or return to work the next day.
  - 2. In order to monitor the quality of the GME learning and working environment, use of this service will be monitored.

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Graduate Medical Education Committee

Reviewed: October 6, 2017  
September 25, 2020



# Graduate Medical Education Policy Manual

## Policy 31. Transitions of Patient Care (CPR VI.E.3)

### 31.01 Purpose

The purpose of this policy is to establish protocol and standards within the University of Illinois Hospital & Health Sciences System (UI Health), its clinics, residency and fellowship programs for the orderly transfer of responsibility for a patient's care from one physician to another, and to define a safe process to transfer important information, responsibility, and authority from one provider to another.

### 31.02 Definition

A "handoff" or "transition of care" is defined as the communication of information to support the transfer of care and responsibility for a patient or a group of patients from one provider to another in the health care setting. This is best done as a face-to-face encounter between providers, but it can be conducted over the telephone so long as both parties have access to an electronic or printed version of the sign-off sheet or summary. The handoff/transition of care is an interactive communication process for passing specific, essential patient information from one caregiver to another. Throughout this policy, the term "handoff" shall be used to indicate a handoff or transition of care. Handoffs occur regularly in conjunction with (not limited to) the following conditions:

- A. Transfer of patient care related to shift change or rotation changes for residents/fellows (hereinafter referred to as "residents")
- B. Transfer of patient care temporarily or long-term for any reason (e.g., cross-coverage for didactics or during vacations)
- C. Changes in level of patient care, including admissions from the Emergency Room to inpatient, outpatient to inpatient admissions, or admissions from a procedural/diagnostic area
- D. Discharge to another institution, facility, care setting, or provider

### 31.03 Policy

All programs must have in place a standardized process that includes both verbal and written/electronic communication of patient care-related information that facilitates continuity of care and promotes patient safety. An essential element must be the opportunity for all parties involved to ask and respond to questions, and to clarify information during these transitions.

### 31.04 Procedure

- A. Handoffs should be carried out in a consistent manner facilitated by a standardized handoff form. The form's content should be specific to the type of patient care being provided. The handoff process should include, at a minimum:
  - 1. Patient's name, date of birth, medical record number, and location

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2. Identification of the admitting and supervising physician, along with contact information
  3. Diagnosis, condition and level of acuity of the patient
  4. Hospital course of treatment and pertinent historical data
  5. Medication list and history of any known allergies
  6. Vitals and important or outstanding labs to be monitored during absence or transition
  7. Identification of any specific protocols/resources/treatments in place that need to be completed in the near future
  8. Description of anticipated care plan for next 24 hours of care
  9. Identification of any anticipated problems, or changes in patient's condition that may require intervention, along with suggested actions to be taken, if known
  10. Do Not Resuscitate (DNR status) or health care directives documented in the medical record
  11. Any other clinical information that is considered integral to the provision of evidence- based, effective and safe care
- B. Programs and participating clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.
- C. Each program must include handoffs as part of its curriculum. Residents should be shown how to organize and integrate the information listed in 33.04.A. into either the Situation Background Assessment Recommendation (SBAR) or Illness Severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, Synthesis by Receiver (I-PASS) framework. The Program Director will determine which framework serves the program best.
- D. Each program must ensure that its process includes opportunities to observe both the behavior of the receiving clinician and the reporting clinician, as each has a responsibility to the patient. There must be:
1. a process facilitated by a supervising attending physician or, at a minimum, a senior resident, until such time as competency is determined for any individual resident
  2. an opportunity for verification of the received information through repeat back or read back as deemed appropriate for the situation
  3. an opportunity for the receiving clinician to ask pertinent questions and requisite information from the reporting physician

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4. an opportunity to observe and reinforce that the process is conducted discreetly so as to preserve confidentiality, and in a way that is free from distractions such as telephones, cell phones, hand-held electronic devices, or disruptive third-party conversations
- E. Each program must ensure that residents demonstrate competency in performance of tasks related to handoffs. Some suggested methods include:
1. direct observation of a handoff session, with use of a checklist by a supervising clinician skilled in this task, to provide feedback
  2. direct observation of a handoff session by a more senior supervising resident already certified as competent in performing the process
  3. evaluation of written handoff materials by either of the above supervisory chains of command
  4. use of case-based simulation OSCE
  5. mini-CEX for knowledge and skill assessments
  6. evaluation of adverse events and root cause analysis to define causal relationship to quality of handoff process (e.g., survey, reporting on MIDAS or hotline, trigger tool, chart review with stimulated recall)

### 31.05 Responsibilities

- A. The transferring resident or attending must:
1. comply with policy and procedures for handoffs
  2. resolve discrepancies and concerns in a timely manner
  3. remain in the hospital until an effective handoff has occurred with the attending or resident coming onto the service. Supervision as required must be in attendance
- B. The receiving resident or attending must:
1. review the handoff form or receive verbal handoff (free of distraction)
  2. resolve any questions with transferring resident or attending prior to acceptance of patient
- C. The Program Director must:
1. ensure that schedules and assignments minimize the number of transitions in caring for patients

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2. evaluate each resident for competency attainment in performing handoffs through direct observation and documentation in the resident's file
3. ensure that a standardized process is in place and familiar to all residents and attending supervisors
4. ensure that the learning environment has the requisite materials and infrastructure to support the process (e.g., forms, computers, telephones)
5. ensure that all are familiar with HIPAA requirements and the need to preserve patient confidentiality and privacy
6. ensure that a process is in place for any necessary remediation
7. ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency

Approved: April 4, 2014  
Graduate Medical Education Committee

Reviewed: October 4, 2019

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## Policy 32. Clinical and Educational Work Hours (CPR VI.F) (Formerly Duty Hours)

### 32.01 Accreditation Council for Graduate Medical Education (ACGME) Requirements

The following is a summary of the ACGME Common Program Requirements regarding resident clinical and educational work hours. Residency programs will be expected to meet the Common Program Requirements as well as any additional requirements described in the specialty-specific requirements for each specialty.

#### A. Clinical and Educational Work Hours

Didactic and clinical education must have priority in the allotment of residents' time and energies. Work hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Clinical and educational work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the clinical site.
  - a) 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. A Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 clinical and educational work hours to individual programs, based on a sound educational rationale. The 88-hour exception is not allowed for PGY1 residents.
  - b) Residents should have eight hours off between scheduled clinical work and education periods.
  - c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on those free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
  - e) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
    - (1) After 24 hours of continuous scheduled clinical assignments, residents may be allowed to remain on-site

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for up to four hours for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

- (2) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site to continue to provide care to a single severely ill or unstable patient, or humanistic attention to the needs of a patient or family, or to attend a unique educational event.
2. Night Float is defined as rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.
  - a) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
  - b) The maximum number of consecutive weeks of night float, and maximum number of months of night float per year, may be further specified by each Review Committee.
3. In-House Call is defined as duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
4. At-Home Call (also known as Pager Call) is defined as a call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
  - a) The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
  - a) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - b) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour weekly maximum.

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- B. Oversight
  - 1. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
  - 2. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment, including moonlighting, and to that end, must:
    - a) distribute these policies and procedures to the residents and faculty.
    - b) monitor resident clinical and educational work hours with a frequency sufficient to ensure compliance with ACGME requirements;
    - c) adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
    - d) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
    - e) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

## 32.02 College of Medicine Requirements

- A. Program Directors will provide a written copy of their resident working hour policy to the Graduate Medical Education (GME) Office upon request by the office. The Office of GME will provide a summary of individual program policies to the Graduate Medical Education (GMEC) on a periodic basis.
- B. All recommendations by programs for an increase in clinical and educational work hours must receive approval of the GMEC prior to being submitted to the ACGME, and must include the following documentation:
  - 1. Educational rationale for the request, stated in terms of the program's goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested.
  - 2. Information on how the program will monitor, evaluate, and ensure patient safety with the extended work hours.
  - 3. Specific information regarding the program's moonlighting policies.
  - 4. Specific information regarding resident call schedules during the times specified for the exception.

## Graduate Medical Education Policy Manual

5. Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.
- C. Residents must report their clinical and educational work hours, including clinical work done from home and all moonlighting, at least once per week in the residency management suite (New Innovations). The Program Director will monitor the compliance summary reports and will take necessary corrective action when compliance issues are reported.
- D. Program Special Reviews will include a survey of actual resident assignments to determine compliance with programmatic as well as ACGME requirements on working hours. Discrepancies will be reported to the GMEC for further action.
- E. The Office of GME will develop additional compliance measures as needed, including but not limited to auditing of call schedules and periodic surveys of residents. Discrepancies will be reported to the GMEC for further action.

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Joint Committee on Graduate Medical Education

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July 9, 1999  
August 1, 2003  
February 3, 2006  
October 7, 2011  
January 10, 2014  
October 6, 2017  
October 4, 2019



# Graduate Medical Education Policy Manual

## Policy 33. Resident Records (CPR II.A.4.a).(15))

### 33.01 GME Office Record

The Graduate Medical Education (GME) Office will maintain a permanent paper and electronic file for each resident who participates in a University of Illinois at Chicago GME program. The file contains documents, including but not limited to: application materials, resident agreements, payroll records, letters of reference, medical license, Visa documentation, routine correspondence, certificate of completion, and a summative evaluation of the resident's training performance for credentialing purposes.

### 33.02 Program Record

The residency program is responsible for indefinitely maintaining a permanent file for each individual in the program. Contents of the file can include any of the materials held in the GME Office record, plus copies of all evaluations completed for the resident.

### 33.03 Residency Verification

- A. The GME Office will verify residencies to institutions who request information for purposes of credentialing. Verification letters will be restricted to dates of attendance, whether the program was accredited, and whether the resident completed the program. The GME office will use the summative evaluation provided by the program director to respond to requests related to performance. Requests for additional information on performance or conduct will be forwarded to the appropriate Program Director's office.
- B. The GME Office will not provide information on any resident to any outside party without that resident's written release, except where mandated by law or when an agency will use the information only for statistical purposes.

### 33.04 Resident Access to Records

Resident access may be accessed in accordance with the Illinois Personnel Record Review Act (820 ILCS 40/1, et. seq.). A resident may review or request a copy of said records in the manner described in Act. In addition, the University will only release said records in accordance with said Act.

### 33.05 Challenging the Contents of Resident Records

A resident may challenge the contents of his/her records by utilizing the process set forth below:

- A. Purpose

A resident has the right to challenge the content of his/her record on the ground that he/she believes that it is inaccurate, misleading, or otherwise in violation of his/her privacy or other rights and to have inserted in the record his/her written explanation of its contents.

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## B. Procedure

To initiate a challenge to the resident record, the resident shall, within one year after cessation of his/her participation in the residency program at issue, file with the Department Head, a written request for correction. Within thirty (30) days following receipt of such request, the Department Head, or an authorized designee, shall review the record in question with the resident and either order the correction or deletion of such alleged inaccurate, misleading, or otherwise inappropriate data as GME Policy and Procedure specified in the request or notify the resident of the right to a hearing at which the resident and other persons directly involved in the establishment of the record will have an opportunity to present evidence to support or refute the contention that the data specified in the request are inaccurate, misleading, or otherwise inappropriate.

## C. Hearing

1. Within ten (10) days following receipt of notification that the Department Head is not ordering correction of the record in question, the resident shall submit to the DIO a written request for a hearing. The resident will be given written notice sent to his/her last known address of the time and place of such hearing not less than ten (10) days in advance. The hearing will be conducted by the DIO or his/her designee. The resident shall have the right to attend the hearing, to be accompanied by an individual of his/her choice at his/her own expense, including an attorney, though said individual shall be present only to advise the resident, and shall not have a speaking part during said hearing. The resident shall have the right to present evidence, and to call witnesses on his/her behalf. The same rights shall be accorded the University representative defending the inclusion of disputed information in the resident's record.
2. The resident shall be notified in writing of the decision within ten (10) days following the hearing. Such decision is final. The decision shall be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the decision. If, as a result of the hearing, the University decides that the record is not inaccurate, misleading or otherwise in violation of his/her privacy or other rights it will inform the resident of the right to place a statement in the record commenting on the contested information or stating why s/he disagrees with the decision of the University, or both. That statement shall be attached to the disputed record and released with said record anytime a proper request is made for the resident's records.

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Joint Committee on Graduate Medical Education

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June 4, 1999  
April 4, 2004  
September 25, 2020

# Graduate Medical Education Policy Manual

## Policy 34. Educational Resources for Pain Medicine Program (Pain Med PR I.B.4)

### 34.01 Background

- A. The University of Illinois at Chicago College of Medicine, through sponsorship by the Department of Anesthesiology, provides support to one Pain Medicine program. Because pain medicine is a multidisciplinary specialty, the Accreditation Council for Graduate Medical Education (ACGME) requires that there be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.
- B. There may be only one ACGME-accredited pain medicine program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

### 34.02 Purpose

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

### 34.03 Monitoring and Compliance

- A. The program will perform an annual review of program effectiveness. The Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC) will monitor educational resources committed to the pain medicine program through the annual program evaluation and ACGME annual resident survey.
- B. If difficulties in the distribution of resources committed to pain medicine training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC, which may meet with the pain medicine program director and other hospital/institutional officials. If an effective remedy is not found, the matter will be referred to hospital and College of Medicine leadership for resolution. If resources cannot be identified the GMEC and program director will need to determine the future of the program.
- C. Any request for program changes in pain medicine will be reviewed through customary GMEC processes.

Approved: December 2, 2011  
Graduate Medical Education Committee

Reviewed: September 21, 2018

# Graduate Medical Education Policy Manual

## Policy 35. Educational Resources for Clinical Informatics Program (Clinical Informatics PR I.A.2)

### 35.01 Background

- A. The University of Illinois at Chicago College of Medicine, through sponsorship by the Department of Pathology, provides support to one Clinical Informatics program. Because clinical informatics is a multidisciplinary specialty, the Accreditation Council for Graduate Medical Education (ACGME) requires that there be an institutional policy governing the educational resources committed to the fellowship that ensures collaboration among the multiple disciplines and professions involved in educating fellows.
- B. There may be only one ACGME-accredited clinical informatics program within a sponsoring institution, and a single multidisciplinary fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

### 35.02 Purpose

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

### 35.03 Monitoring and Compliance

- A. The program will perform an annual review of program effectiveness. The Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC) will monitor educational resources committed to the clinical informatics program through the annual program evaluation and ACGME annual resident survey.
- B. If difficulties in the distribution of educational resources committed to clinical informatics training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC, which may meet with the clinical informatics program director and other hospital/institutional officials. If an effective remedy is not found, the matter will be referred to hospital and College of Medicine leadership for resolution. If resources cannot be identified the GMEC and program director will need to determine the future of the program.
- C. Any request for program changes in clinical informatics will be reviewed through customary GMEC processes.

Approved: September 21, 2018  
Graduate Medical Education Committee

# Graduate Medical Education Policy Manual

## Policy 36. Resident Educational Support

### 36.01 Objective

- A. The University of Illinois Hospital and College of Medicine provide financial assistance for educational purposes to all medical and dental residents whose paid appointments are administered through the University of Illinois at Chicago Graduate Medical Education (GME) Office.
- B. Examples of educational expenses include, but are not limited to: travel to conferences, workshops, and professional meetings; registration or tuition fees; hotel, meal, and transportation expenses to educational activities; membership in academic societies; texts and reference books; medical equipment; computer-based educational resources; or electronic devices such as tablet computers for individual use.

### 36.02 Distribution of Funds

- A. Each resident receives a stipend/allowance per appointment year for educational support. Residents at the PGY1 level receive \$250; residents at the PGY2 level and above receive \$750. This educational allowance is in addition to the stipend that the resident receives as compensation for his/her residency appointment.
- B. The educational allowance is distributed each fiscal/academic year as a lump sum payment via the residents' paychecks. These funds are taxed as income.

### 36.03 Reporting Requirement

- A. By the end of the appointment year, each resident who receives educational funds is required to document in the Residency Management Suite how these monies were used.
- B. The program director may request receipts or additional materials to support the residents' use of the educational funds.
- C. Failure to supply requested documentation may result in withholding of education funds in future appointment years.

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June, 2012  
March 8, 2013  
June 3, 2016  
October 4, 2019

# Graduate Medical Education Policy Manual

## Policy 37. Appointment of Current Residents to Hospital/Medical Staff

- 37.01** A current resident or fellow may not apply for medical staff privileges at any hospital without the written permission of the resident's program director.
- 37.02** A resident may not apply for attending privileges at any affiliated hospital for the specialty in which he/she is currently training. Privileges will be limited to the specialty in which the resident is already board certified or eligible. Example: A fellow in a surgical subspecialty may apply for general surgery privileges, with the approval of his/her program director, assuming the fellow is board eligible in general surgery. The fellow cannot apply for privileges related to his/her current field of training.
- 37.03** Current residents may be appointed to College of Medicine (COM) faculty status, including paid appointments, at the discretion of the department, within the parameters of the COM faculty appointment process.

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Joint Committee on Graduate Medical Education

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May 14, 1999  
June 1, 2018

# Graduate Medical Education Policy Manual

## Policy 38. Dress Code and Uniforms

### 38.01 Appearance

- A. At all times, residents must wear lab coats and Hospital identification badges or other badges as required by the institution in which they are working.
  - 1. All UIH residents must have in their possession and ready for display a UIH Hospital ID. If lost, it is the resident's responsibility to secure another at their own expense.
- B. Residents are expected to adhere to individual institution dress codes and or programs where assigned regarding attire, including restrictions on operating room scrub suits and gowns.

### 38.02 Lab Coats

Residents are issued two lab coats with UIC Physician Resident and Hospital patches at the time of onboarding. When lab coats are soiled, residents are responsible for laundering coats.

### 38.03 Hospital Dress Code and Appearance Policy

Residents should refer to the University of Illinois Hospital and Clinics *Dress Code and Appearance Policy* for additional guidelines related to appropriate attire in hospital/clinic settings.

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October 4, 2019  
April 17, 2020

# Graduate Medical Education Policy Manual

## Policy 39. Certificates of Training

### 39.01 Introduction

- A. Certificate of training for Graduate Medical Education (GME) programs are solely distributed by the GME Office.
- B. Certificates of completion are provided to residents who successfully complete their programs.
- C. Certificates of participation are provided to residents who complete at least one full year of training but leave prior to completion of their training.
- D. Definition of program completion will generally signify that the resident has fulfilled the training requirements for the specialty board as certified by the program director. For fellowship programs where no board requirements are available, the program director will determine whether a fellow has completed the program for certificate purposes.
- E. Residents must complete the clearance process in order to receive their certificates of training. The GME Office will verify that all clearance requirements have been met prior to issuing certificates.

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May 12, 2000  
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