



AREA HEALTH  
EDUCATION CENTERS  
(AHEC) PROGRAM

---

---

**GRADUATE MEDICAL  
EDUCATION  
INSTITUTIONAL POLICY  
AND PROCEDURE MANUAL**

---

---

2009 - 2010

**TABLE OF CONTENTS**

I. Institutional Organization and Responsibilities

- Policy I.1. Graduate Medical Education Training Program.....3
- Policy I.2. Commitment to Graduate Medical Education.....5
- Policy I.3. Correspondence with ACGME .....6
- Policy I.4. Disaster or Interruption of Patient Care .....7
- Policy I.5. Institutional and Program Letters of Agreement for Education Activities .....7
- Policy I.6. Hospital Accreditation .....8

II. Institutional Responsibilities for Residents

- Policy II.1. Resident Recruitment and Appointment.....9
- Policy II.2. Financial Support for Residents.....9
- Policy II.3. Benefits and Conditions for Appointment .....10
- Policy II.4. Evaluation and Promotion .....10
- Policy II.5. Adjudication of Resident Grievances .....11
- Policy II.6. Probation, Suspension, or Dismissal.....16
- Policy II.7. Liability Insurance .....18
- Policy II.8. Leave for Residents .....19
- Policy II.9. Duty Hours and Work Environment .....21
- Policy II.10. Moonlighting .....23
- Policy II.11. Counseling Services for Residents .....23
- Policy II.12. Resident Impairment.....23
- Policy II.13. Harassment .....27
- Policy II.14. Accommodation for Disabilities .....27
- Policy II.15. Reduction in Size of Closure of Training Program.....28
- Policy II.16. Restrictive Covenants .....28
- Policy II.17. Impairment Education.....29
- Policy II.18. Addressing Concerns in a Confidential Manner .....29

III. Graduate Medical Education Committee (GMEC)

- Policy III.1. Graduate Education Committee.....30
- Policy III.2. Resident Stipends .....30
- Policy III.3. Resident Supervision.....31
- Policy III.4. Organized Medical Staff Annual Report .....31
- Policy III.5. Curriculum and Evaluation.....31
- Policy III.6. Vendor Interactions .....33

IV. Internal Review

- Policy IV.1. Internal Review Process .....35

V. Benefits for AHEC Residents.....37

- Medical Plan.....38
- Dental Plan.....38
- Vision Plan.....39
- Life Insurance.....39
- Accidental Death and Dismemberment.....39
- Disability .....39
- Section 125 Flexible Benefit Plan .....40
- Voluntary Benefits .....40
- Retirement Plan .....41
- College Tuition Discount .....41

VI. Attachments .....42

## I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

### B. Commitment to GME

*1. The Sponsoring Institution must provide graduate medical education (GME) that facilitates residents' professional, ethical, and personal development. The Sponsoring Institution and its GME programs, through curricula, evaluation, and resident supervision, must support safe and appropriate patient care.*

**AHEC Policy I.1. Graduate Medical Education Training Programs:** This policy defines a Graduate Medical Education Residency Program functioning under the sponsorship of Area Health Education Centers (AHEC) Program. This policy lists the requirements of such a program and defines the role and function of a resident within the program.

Residency Program: The DIO in collaboration with the GMEC provides oversight for residency programs that are accredited by the ACGME.

#### **Programs:**

These programs must comply with the following requirements:

1. The program shows a commitment to resident education as evidenced by the following:
  - a. Identifiable sources of financial support for resident education;
  - b. A single program director with the appropriate qualifications;
  - c. Dedicated and identifiable support personnel and resources;
  - d. Dedicated, identifiable, and qualified teaching faculty;
  - e. Letters of agreement between the program and each site in which residents are educated;
  - f. Commitment to being in substantial compliance with ACGME program and institutional requirements and all policies of the GMEC and ACGME.
  - g. Maintenance of effective communication with each of the program's local site directors
2. The residency program supports safe and appropriate patient care, and demonstrates a structured educational program for residents facilitating their professional, ethical and personal development. A written curriculum, must be in accordance with the program requirements and must contain:
  - a. Overall educational goals for the program;
  - b. Competency-based goals and objectives for each assignment at each educational level;
  - c. Regularly scheduled didactic sessions or other educational activities to accomplish the curricular goals;
  - d. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program;
  - e. Processes of resident evaluation that leads to measurable achievement of educational outcomes in the competencies;
  - f. Evaluation of the teaching faculty;
  - g. Program evaluation that links to program improvement;
  - h. Specific program policies/procedures/processes regulating the education of residents within that program. These policies/procedures/processes include, but are not limited to:
    - 1) Selection of residents, according to the GMEC Policy on Eligibility and Selection,
    - 2) Evaluation and promotion of residents,
    - 3) Dismissal of residents, according to the GMEC Policy on Grievance Procedure and Due Process,
    - 4) Work environment and duty hours, according to the GMEC Policy on Duty Hours,
    - 5) Supervisory lines of responsibility for patient care,

- 6) Raising and resolving concerns in a confidential and protected manner,
  - 7) Moonlighting, according to the GMEC Policy on Moonlighting;
  - 8) The effect of leave, for any reason, on completing the program;
  - 9) Providing residents with information relating to access to eligibility for certification by the relevant certifying board
  - 10) Fatigue, its prevention and procedures to counteract its potential negative effects on patient care and learning.
  - i. Support for residents to participate in all educational and scholarly activities of their program and on appropriate committees.
3. The residency program acknowledges the oversight of the GMEC as evidenced by:
- a. Abiding by the policies of the GMEC,
  - b. Participating in the internal review of the training program by the GMEC, and responding to recommendations for program improvement,
  - c. Attending Program Director meetings,
  - d. Seeking review and approval of the GMEC, prior to submission to the ACGME, of the following:
    - 1) all applications for ACGME accreditation of new program and subspecialties,
    - 2) changes in resident complement,
    - 3) major changes in program structure or length of training,
    - 4) additions and deletions of participating sites,
    - 5) appointment of new program director,
    - 6) progress report requested by any Review Committee,
    - 7) responses to all proposed adverse actions,
    - 8) requests for exceptions of resident duty hours,
    - 9) voluntary withdrawal of program accreditation,
    - 10) requests for an appeal of an adverse action,
    - 11) appeal presentation to a Board of Appeal of the ACGME.

**Residents:**

The following criteria apply to a resident approved for a residency program sponsored by AHEC with oversight by the GMEC:

1. Meets ACGME eligibility requirements, has completed the application process and has been selected and appointed according to the GMEC policy on Eligibility and Selection;
2. Maintains appropriate and current credentials necessary for education and completes all required documents.

**Responsibilities of the resident:**

The resident is actively involved in the educational activities of the program as a learner and will:

1. Demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism;
2. Embrace the highest standards of the medical profession and maintain high professional conduct in all interactions with patients, colleagues, and staff;
3. Strive to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty;
4. Respect faculty members, students, residents, patients and medical staff as individuals, without regard to gender, race, national origin, religion, or sexual orientation;
5. Demonstrate accountability and responsibility in the educational program and in the care of

patients

6. Assist fellow residents and students in meeting their professional obligations;
7. Comply with all terms and conditions of appointment and all policies of UAMS, the AHEC; Program, the Graduate Medical Education Committee and any facility or department to which Resident is assigned or in which the Resident is working;
8. Comply with the AHEC's and the program's duty hour policies and accurately report duty hours;
9. Complete all medical records according to the Rules and Regulations of the participating hospitals;
10. Complete the Annual AHEC Resident Survey;
11. Participate in providing appropriate medical care for all assigned patients;
12. Not accept fees from patients;
13. Not engage in employment outside the residency program without the written approval of the Program Director;
14. Remain free of any conflicting obligation(s) during the period of appointment; and
15. Conduct himself/herself in accordance with the laws and regulations that apply to compliance matters and to report any information of possible wrongdoings, errors or violations of the law to the Program Director.

*2. A written statement must document the Sponsoring Institution's commitment to provide the necessary educational, financial, and human resources to support GME. It must be reviewed, dated, and signed by representatives of the Sponsoring Institution's governing body, administration, and GME leadership within at least one year prior to the institutional site visit.*

**AHEC Policy I.2. Commitment to Graduate Medical Education:** (Copy with original signatures is on file at AHEC Central Office)

**Area Health Education Centers Program  
University of Arkansas for Medical Science**

Medical education is a major component of the mission of the University of Arkansas for Medical Sciences (UAMS) and the Area Health Education Centers (AHEC) Program. It is our commitment that the conduct of graduate medical programs furthers our mission of providing the highest quality medical care to our patients and supports our mission of educating future generations of physicians to serve our community and Arkansas. We are further committed to provide the necessary educational, financial and human resources to support graduate medical education.

We hereby commit ourselves to offer graduate medical education programs in which physicians in training develop personal, clinical and professional competence under the guidance and careful supervision of the faculty and staff. The programs will assure the safe, appropriate and humane care of patients and the progression of resident physician responsibility consistent with each trainee's demonstrated clinical experience, knowledge and skill. In addition, we are a part of a comprehensive university. As UAMS faculty, we engage in scholarly activity including research, and will make available to resident physicians opportunities to participate in the scholarship of our medical community.

Graduate medical education programs at AHEC will emphasize coordinated delivery of care with community orientation and will take advantage of cooperative opportunities to work with other educational institutions to fulfill mutual educational roles.

Dated: February 18, 2009

Signed by:

I. Dodd Wilson, M.D., Chancellor, UAMS

Mark B. Mengel, M.D., M.P.H., Vice Chancellor, Regional Programs, UAMS /Executive Director, AHEC Program

Patricia Vannatta, M.S.P.H., DIO/Associate Director for Education, AHEC Program

*3. An organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC) must oversee all ACGME-accredited programs of the Sponsoring Institution. (see Attachment 1)*

*4. The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty –specific Program, and Institutional Requirements.*

*a. The DIO must establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors.*

**AHEC Policy I.3. Correspondence with ACGME:** Before submitting materials to the ACGME, Program Directors shall contact the DIO in compliance with the institutional requirements. If the DIO is absent, the Institutional Review Coordinator (IRC) shall be consulted.

*b. The DIO and/or the Chair of the GMEC must present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standard, and resident participation in patient safety and quality of care education*

*5. The Sponsoring Institution must provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.*

*a. The Sponsoring Institution must ensure that the DIO has sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the Sponsoring Institution.*

*b. The Sponsoring Institution must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.*

*c. The Sponsoring Institution must provide sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the Sponsoring Institution, including the GME Office and all of its programs.*

6. *Faculty and residents must have ready access to adequate communication resources and technological support.*

7. *Residents must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format at all times. Electronic medical literature databases with search capabilities should be available.*

8. *The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.*

**AHEC Policy I.4. Disaster or Interruption of Patient Care:** Within ten days after the declaration of a disaster by the ACGME Executive Director, the AHEC DIO will contact ACGME to discuss due dates that ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME. If any of the AHEC residency programs cannot provide at least an adequate educational experience for each of its residents because of a disaster, the AHEC DIO and the Residency Program Director will determine if either temporary or permanent transfers to other ACGME-accredited programs are required for the residents. The AHEC DIO and Residency Program Director will work together to identify needs, find appropriate resources, and relocate residents, as needed, to address their educational needs. The institution will work with the residency program to provide financial support for resident relocation, e.g. the residents' salaries and benefits and reasonable relocation expenses.

### **C. Institutional Agreements**

1. *The Sponsoring Institution retains responsibility for the quality of GME including when resident education occurs in other institutions.*

2. *Current master affiliation agreements must be renewed every five years and must exist between the Sponsoring Institution and all of its major participating institutions.*

3. *The Sponsoring Institution must assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.*

### **AHEC Policy I.5. Institutional and Program Letters of Agreement for Educational Activities:**

Current inter-institutional agreements must exist with all major participating institutions. Each Program Director must prepare appropriate letters of agreement between the residency program sponsored by the AHEC Program and each of the participating sites to which the residents rotate. For a Family Medicine residency of three years, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program for an institution providing the training to be considered a major participating institution. Master affiliation agreements must be renewed every five years. Program letters of agreement are required between the residency program and all institutions to which residents rotate for education/training that is one month or longer in duration. Program letters of agreement should:

1. Identify the faculty who will assume administrative, educational and supervisory responsibility for the residents;
2. Specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance;
3. Specify the duration and content of the educational experience;
4. Establish the policies and procedures that govern resident education during the assignment. AHEC will have responsibility for the quality of educational experience and must retain authority over the residents' activities when resident education occurs in a participating institution.

#### **D. Accreditation for Patient Care in Sponsoring and Major Participating Institutions that are Hospitals**

*1. Sponsoring institutions and/or Major Participating Institutions that are hospitals should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); or recognized by another entity with reasonably equivalent standards as determined by the IRC.*

*2. When a Sponsoring Institution or Major Participating institution that is a hospital and is not so accredited or recognized, the Sponsoring Institution must provide an explanation satisfactory to the IRC of why neither has been granted or sought.*

*3. When a Sponsoring Institution or Major Participating Institution that is a hospital loses its accreditation or recognition, the Sponsoring Institution must notify and provide a plan of response to the Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME to invoke its “egregious or catastrophic” policy.*

**AHEC Policy I.6. Hospital Accreditation:** All participating institutions who provide support to our medical education programs should be accredited by JCAHO, if eligible. If an institution is eligible for JCAHO accreditation and chooses not to undergo such accreditation, the institution should be reviewed by and meet the standards of another recognized body with reasonable equivalent standards. If the institution is not accredited, it must provide a satisfactory explanation of why accreditation has not been either granted or sought. The AHEC Central Office keeps on file all current accreditation letters.

## **II. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS**

**A. Eligibility and Selection of Residents:** *The Sponsoring Institution must have written policies and procedures for resident recruitment and appointment and must monitor each program for compliance. These eligibility requirements must address the following:*

1. *Resident eligibility: Applicants with one of the following qualifications are eligible for appointment to programs:*
  - a) *Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).*
  - b) *Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).*

*c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:*

- 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment or*
- 2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training*

*d) Graduates of medical schools outside the United States who have completed a Fifth Pathway\* program provided by an LCME-accredited medical school.*

## *2. Resident selection:*

*a) The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.*

*b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.*

**AHEC Policy II.1. Resident Recruitment and Appointment:** The recruitment and appointment of residents to training programs sponsored by AHEC is based on and is in compliance with the Institutional, Common and specific Program requirements of the ACGME. The process of application, eligibility, selection and appointment of residents to a program is the responsibility of the Program Director. The program must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status. Each program must establish and implement written criteria and procedures for the selection of residents which includes a description of the application process and the criteria for eligibility and selection. All residency programs must participate in the NRMP.

***B. Financial Support for Residents:*** *Sponsoring and participating institutions must provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.*

**AHEC Policy II.2. Financial Support for Residents:** Adequate financial support of residents is necessary to ensure that residents are able to fulfill the responsibilities of their educational programs. Compensation of residents and distribution of resources for the support of education is carried out through the agreements of the appropriate bargaining units. The established salary schedule for all PGY levels is reviewed and approved annually by the AHEC GMEC.

---

\*A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

**C. Benefits and Conditions of Appointment:** *Candidates for ACGME-accredited programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.*

**AHEC Policy II.3. Benefits and Conditions of Appointment:** It is the responsibility of the Program Director to inform all applicants (i.e. persons invited to interview), either in written or electronic means, of the terms, conditions and benefits of appointment.

#### **D. Agreement of Appointment**

*1. The Sponsoring Institution and program directors must assure that residents are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to program.*

*2. The Sponsoring Institution must monitor programs with regard to implementation of terms and conditions of appointment by program directors.*

*3. The Sponsoring Institution and program directors must ensure that residents are informed of and adhere to established and clinical practices, policies, and procedures in all institutions to which residents are assigned.*

*4. The resident agreement/contract must contain or provide a reference to at least the following institutional policies:*

- a. Residents' responsibilities;*
- b. Duration of appointment;*
- c. Financial support; and,*
- d. Conditions for reappointment;*

*(1) Nonrenewal of appointment or non-promotion: In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the nonrenewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the residents with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.*

*(2) Residents must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.*

**AHEC Policy II.4. Evaluation and Promotion:** The duration of the appointment to the Residency Program is for a period of twelve (12) months. Reappointment to the next level of training is solely at the discretion of the Program Director and is expressly conditioned upon satisfactory performance of all program elements by the resident and an assessment of the resident's readiness to advance. In

instances where an appointment is not renewed, the Program Director will provide the resident with a written notice of intent not to reappoint no later than four (4) months prior to the end of the resident's current appointment term. However if the primary reason(s) for the non-reappointment occurs within the four (4) months prior to the end of the appointment term, the resident will be provided with as much written notice of the action as possible. In no event shall the failure to furnish notice the four (4) months prior to the end of appointment confer any rights upon the resident to a subsequent appointment. The resident shall have recourse to the grievance procedure set forth in this Policy and Procedure Manual in the event of non-reappointment.

In order to ensure that all policies and procedures are followed when contemplating an adverse action against a resident, the following will occur:

- a. Prior to instituting an adverse action against a resident, the DIO will be notified, will review all documentation, and be alerted as to the adverse action being contemplated. After the DIO review, the DIO will notify the Chair of the GMEC. Progress on the status of the adverse action will be reviewed at an interval no longer than the subsequent GMEC meeting until the action is resolved.
- b. The DIO and GMEC Chair may choose to involve the AHEC Executive Director or representatives of the UAMS Office of General Counsel to ensure that adverse actions are consistent with UAMS and AHEC policies and procedures and appropriately afford the resident his/her rights and due process.
- c. The DIO and GMEC Chair will be notified immediately upon any change in the resident's status due to the adverse action by the residency director. The DIO and GMEC Chair will consult with the residency director to ensure that status changes are appropriately documented, the resident appropriately counseled, and the AHEC Director and the AHEC Executive Director have been notified.

*e. Grievance procedures and due process: The Sponsoring Institution must provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing: (1) academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and, (2) adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.*

**AHEC Policy II.5. Adjudication of Resident Grievances:** A grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a resident who believes that a rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons. This policy is implemented if an AHEC Family Medicine resident files a grievance regarding the decision of their program director.

## **Definitions**

**Grievance:** An expression of dissatisfaction when a resident believes that any decision, act, or condition affecting his or her program of study is arbitrary, illegal, unjust, or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: duties assigned to a resident; questions regarding the non-reappointment, non-promotion, suspension, or dismissal of a

resident; and discrimination because of race, national origin, gender, religion, age, disability, or status as a disabled or Vietnam-era veteran; subject to the exception that complaints of sexual harassment will be handled in accordance with the specific published policies of the University of Arkansas for Medical Sciences.

**Grievance Panel:** Those members selected to hear a grievance, in accordance with Step II of the grievance procedure.

**Grievant:** Any resident submitting a grievance as defined above. For purposes of all GME Committee policies, the term “resident” applies to interns, residents, and fellows.

**Respondent:** A person or persons alleged to be responsible for the violation(s) alleged in a grievance. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the grievance.

**Working Days:** Monday through Friday, excluding official UAMS holidays.

When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination, or reprisal. Each participant in a grievance shall do his or her part to protect this right. No resident, faculty member, member of the Peer Review Panel or Appeals Board, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.

Records shall be kept of each grievance process. These records shall be confidential to the extent allowed by law, and shall include, at a minimum: the written grievance complaint filed by the grievant, the written response filed by the respondent, the recording and documents of the hearing, the written recommendation of the Grievance Panel, the results of any appeal, the decision of the Executive Director and any other material designated by the Executive Director or the Executive Director’s designee. A file of these records shall be maintained in the office of the Residency Director.

For purposes of the dissemination of grievance precedents, separate records may be created and kept which indicate only the subject matter of each grievance, the resolution of each grievance, and the date of the resolution. These records shall not refer to any specific individuals, and they may be open to the public in accordance with the Arkansas Freedom of Information Act or pertinent Federal laws.

### **Step I: Initial Attempt of Resolution**

A. The grievant must submit a written statement to the Residency Program Director specifying the violation(s) alleged, the reason for the grievant’s belief that he or she is aggrieved, and the remedy sought. This written statement must be received within ten (10) working days following the incident which forms the basis for the grievance.

B. Within ten (10) working days of receipt of the written statement, the Residency Program Director will attempt to resolve the grievance by a discussion with the grievant. It is recommended that the Residency Director investigate the grievance by interviewing faculty members or staff who are knowledgeable about the circumstances surrounding the grievance. The Residency Program Director

has the discretion, after discussion with the grievant, to discuss the grievance with the respondent in an effort to resolve the grievance.

C. If the grievance is satisfactorily resolved by this discussion, the terms of the resolution shall be reduced to writing and shall be signed by the grievant, the Residency Program Director, and the respondent (if the respondent has participated in any discussions with the Residency Program Director in an effort to resolve the grievance and is affected by the resolution).

D. This initial attempt of resolution must conclude within ten (10) working days of the Residency Director's initial discussion with the grievant. At the end of this ten-day period, if the grievance cannot be resolved, the grievant can immediately proceed to Step II, presentation of a formal grievance to the AHEC Executive Director.

## **Step II: Formal Grievance to the AHEC Executive Director**

A. Filing a grievance:

1. Grievances submitted to the AHEC Executive Director must be in writing and must provide the following information: name and address of the grievant; nature, date, and description of the alleged violation(s); name(s) of person(s) responsible for the alleged violation(s); requested relief for corrective action; corrective action the grievant feels is more appropriate; and any background information the grievant believes to be relevant.

2. A grievance must be submitted to the AHEC Executive Director within ten (10) working days of the completion of the initial attempt of resolution, outlined in Step I above. If not submitted within the 10-day time frame, the grievant is deemed to have waived his/her right to a grievance hearing.

B. Immediately upon receipt of a formal grievance, the AHEC Executive Director will give the respondent a copy of the grievance and will direct the respondent to submit to the AHEC Executive Director a written response to the charges within ten (10) working days. The respondent will be specifically warned not to retaliate against the grievant in any way. Retaliation will subject the respondent to appropriate disciplinary action.

C. Following receipt of the written response, the AHEC Executive Director may elect to review and decide the issue, or the AHEC Executive Director may refer the issue to the Grievance Panel for a hearing. If the AHEC Executive Director decides the issue, the decision shall be final, and there shall be no appeal. If the AHEC Executive Director refers the issue to the Grievance Panel, the grievance will be heard pursuant to the Pre-Hearing Procedures and Hearing Procedures listed below.

D. Pre-Hearing Procedures:

1. Selection of Grievance Panel: When a grievance is referred to the Appeals Board, a Grievance Panel shall be selected from physician faculty and resident members of the GMEC as well as other AHEC faculty who are not members of the GMEC.

2. Scheduling of Hearing: The Hearing will be conducted no later than ten (10) working days

after the panel has been selected unless the AHEC Executive Director determines there is a specific reason why another time must be selected.

3. Representation: The grievant and the respondent may have one (1) person, who may be an attorney, to assist in the initiation, filing, processing, or hearing of the formal grievance. However, this person may not address the Grievance Panel, speak on behalf of the grievant or respondent, question witnesses, or otherwise actively participate in the hearing. The Grievance Panel may also be assisted and advised by University counsel at its discretion.

4. Evidence: No later than five (5) working days prior to the hearing, the grievant and the respondent shall provide the AHEC Executive Director, or the AHEC Executive Director's designee, with all documents to be used and relied upon at the hearing and, also, with the name, address, and telephone number of any representative and witnesses. There will be a simultaneous exchange of this information between the parties, which will be facilitated by the AHEC Executive Director, or the AHEC Executive Director's designee, five (5) working days before the date of the hearing.

5. Information to the Grievance Panel and Election of Chairperson: No later than three (3) working days prior to the Hearing, the AHEC Executive Director shall appoint the members of the Grievance Panel. The AHEC Executive Director should provide the Grievance Panel with the documents and information submitted by the parties (as specified in paragraph 4 above), and confirm the date of the Hearing. The Grievance Panel should decide the Chair and whether the Grievance Panel requests the assistance of University counsel. The substance of the grievance shall not be discussed at this initial meeting, and neither the grievant, the respondent, nor their respective representatives are permitted to attend.

#### E. Hearing Procedures:

1. Record of the Hearing: The hearing will be recorded by recording devices supplied by AHEC. These recordings shall be maintained for a period of four (4) years after resolution of the grievance. The grievant or respondent may obtain a copy of the tapes from any recorded hearing, at the requesting party's expense. The deliberations of the Grievance Panel will not be recorded.

2. Chair's Announcement: At the beginning of the hearing, the Chair will announce the date, time, place, and purpose of the hearing, and will ask the members of the Grievance Panel to identify themselves by name and department. The grievant and the respondent will then identify themselves by name and department. Finally, any representative accompanying the grievant or the respondent shall identify himself or herself by name and title. The Chair will then give the Grievance Panel its charge (i.e., whether the grievant has been treated fairly and equitably).

3. Private Hearing: The hearing shall be conducted in private. Witnesses shall not be present during the testimony of any party or other witness. Witnesses shall be admitted for testimony only and then asked to leave. The grievant and the respondent may hear and question all witnesses testifying before the Grievance Panel.

4. Presentation of Case: The grievant and respondent shall be afforded reasonable opportunity for oral opening statements, closing arguments, their own testimony, and presentation of witnesses and pertinent documentary evidence, including sworn, written statements.

5. Grievance Panel Rights: The Grievance Panel shall have the right to question any and all witnesses, to examine documentary evidence presented, and to summon other witnesses or review other documentation as the Grievance Panel deems necessary. The Grievance Panel has the right to limit testimony and presentation of other evidence to that which is relevant to the violation(s) alleged and to further limit testimony and other evidence that is cumulative and unnecessary.

6. Grievance Panel Deliberation: After the hearing is concluded, the Grievance Panel shall convene to deliberate in closed session and arrive at a majority recommendation. The Grievance Panel shall make its determination of whether or not the grievant was treated fairly or unfairly based upon the evidence presented at the hearing which is relevant to the issue(s) before the Grievance Panel. The Grievance Panel may make recommendations for resolution of the dispute. Neither the grievant, the respondent, nor their representatives may be present during the Grievance Panel deliberations.

7. Transmittal of the Recommendation: Within ten (10) working days after the hearing is concluded, the Grievance Panel will transmit a written copy of its recommendation to the AHEC Executive Director. The AHEC Executive Director will then mail, by certified mail, return receipt requested, a copy of the written document to the grievant and respondent at addresses previously provided by the grievant and the respondent.

8. Appeal of Recommendation of the Grievance Panel: If no appeal, by either the grievant or the respondent, is received by the AHEC Executive Director within ten (10) working days of the date from the AHEC Executive Director's notification to the parties of the Grievance Panel's determination, the AHEC Executive Director will consider the recommendation. The AHEC Executive Director may accept the Grievance Panel recommendation, amend it, reverse it, or refer the grievance back to the Grievance Panel for reconsideration.

If either the grievant or the respondent wish to appeal the recommendation of the Grievance Panel, the grievant or respondent shall, within ten (10) working days of the receipt of the recommendation, appeal the grievance recommendation to the AHEC Executive Director. The appeal shall be in writing, and it shall be based on one of the following: a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a significant procedural defect took place. These are the only grounds for contesting the determination of the Grievance Panel. Within ten (10) working days of this appeal, the Grievance Panel will reconvene, in private, to consider whether there is merit to the appeal, review its previous determination, and revise it if appropriate. No new evidence or testimony shall be introduced at this time. Within five (5) working days of its having reconvened, the Grievance Panel will present its determination, revised or unchanged, in writing to the AHEC Executive Director. Within ten (10) working days of receipt of the determination from the Panel, the AHEC Executive Director may accept it, amend it, reverse it, or refer it back to the Panel for reconsideration. The grievant and the respondent shall be notified in writing of the AHEC Executive Director's decision by certified mail, return receipt requested. The decision of the AHEC Executive Director shall be final, and there shall be no appeal.

The time periods set forth in this policy are intended to provide a reasonable expeditious resolution of grievances, but a failure to process a grievance strictly within the time periods set forth shall not confer any additional rights upon the individual submitting the grievance.

**AHEC Policy II.6. Probation, Suspension, or Dismissal:** The position of resident (the term "resident" applies to interns, residents, and fellows) presents the dual aspects of a student in post-graduate training and a participant in the delivery of patient care. A resident's continuation in the training program is dependent upon satisfactory professional standards in the care of patients. Behavior that reflects poorly on professional standards, ethics, and collegiality are all components of a resident's academic evaluation.

Probation: a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the training program.

Suspension: a period of time in which a resident is not allowed to take part in all or some of the activities of the training program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: the condition in which a resident is directed to leave the training program, with no award of credit for the current training year, termination of the resident's Agreement of Appointment, and termination of all association with the AHEC Residency Program and its participating teaching hospitals.

Each Residency Program Director must implement written criteria and processes for academic and other disciplinary actions within the program including, but not limited to, probation, suspension and dismissal from the residency program. The specific actions of probation, suspension, and dismissal must follow the guidelines listed below. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. A resident involved in any of the actions of probation, suspension, dismissal has the right to appeal according to the GME Committee Policy,

## **Adjudication of Resident Grievances**

### **Probation**

A resident may be placed on probation by a Residency Program Director for reasons including, but not limited to any of the following:

- a. failure to meet the performance standards of an individual rotation;
- b. failure to meet the performance standards of the Residency program;
- c. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- d. misconduct that infringes on the principles and guidelines set forth by the Residency program;
- e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
- f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the Residency program.

When a resident is placed on probation, the Residency Program Director shall notify the resident in

writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:

- a. continued on probation;
- b. removed from probation;
- c. placed on suspension; or
- d. dismissed from the residency program.

### **Suspension**

A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:

- a. failure to meet the requirements of probation;
- b. failure to meet the performance standards of the Residency program;
- c. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- d. misconduct that infringes on the principles and guidelines set forth by the Residency program;
- e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
- f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the Residency program;
- g. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the Residency program;
- h. if a resident is deemed an immediate danger to patients, himself or herself or to others;
- i. if a resident fails to comply with the medical licensure laws of the State of Arkansas.

When a resident is suspended, the Residency Program Director shall notify the resident with a written statement of suspension to include:

- a. reasons for the action;
- b. appropriate measures to assure satisfactory resolution of the problem(s);
- c. activities of the program in which the resident may and may not participate;
- d. the date the suspension becomes effective;
- e. consequences of non-compliance with the terms of the suspension;
- f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the AHEC Executive Director.

During the suspension, the resident will be placed on "administrative leave", with or without pay as appropriate depending on the circumstances.

At any time during or after the suspension, resident may be:

- a. reinstated with no qualifications;
- b. reinstated on probation;
- c. continued on suspension; or
- d. dismissed from the program.

## **Dismissal**

Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:

- a. failure to meet the performance standards of the Residency program;
- b. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- c. illegal conduct;
- d. unethical conduct;
- e. performance and behavior which compromise the welfare and of patients, self, or others;
- f. failure to comply with the medical licensure laws of the State of Arkansas;
- g. inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States.

The Residency Program Director shall contact the AHEC Executive Director and provide written documentation which led to the proposed action.

When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Residency Program Director shall notify the resident with a written statement to include: a. reasons for the proposed action; and b. the appropriate measures and time frame for satisfactory resolution of the problem(s). If the situation is not improved within the time frame, the resident will be dismissed.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty).

When a resident is dismissed, the Residency Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. Written notice of intent not to renew a resident's agreement will be provided no later than four months prior to the end of the resident's current agreement. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the program will provide the residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. A copy of this letter shall be forwarded to the AHEC Executive Director and the Associate Director for Education.

***f. Professional liability insurance:** (1) The Sponsoring Institution must provide residents with professional liability coverage and with a summary of pertinent information regarding this coverage. (2) Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the residents are within the scope of the program(s).*

**AHEC Policy II.7. Liability Insurance:** Professional liability coverage (malpractice insurance) provided through UAMS is provided only when on official duty and does not cover moonlighting activities. The practice of medicine without a valid medical license is a direct violation of the State of Arkansas Medical Practice Act and could result in criminal charges. The exception to this licensure requirement is outlined in Arkansas Code Annotated Section 17-95-203 which states:

*Nothing herein shall be construed to prohibit or to require a license with respect to*

*any of the following acts: (7) The rendering of services by students, interns, or residents in a licensed and approved hospital having an internship or residency training program approved by the American Medical Association or the State Board of Health or the United States Government.*

When a resident is moonlighting, it is the responsibility of the clinical facility hiring the resident to determine whether such license is in place, adequate liability coverage is provided, and whether the resident has appropriate training and skills to carry out assigned duties.

***g. Health and disability insurance:*** *The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits should begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.*

See Section V. Benefits for AHEC Residents

***h. Leaves of absence:*** *(1) The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws. (2) The Sponsoring Institution must ensure that each program provides its residents with: (a) a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program, and; (b) information relating to access to eligibility for certification by the relevant certifying board.*

#### **AHEC Policy II.8. Leave for Residents:**

**Vacation:** The vacation plan for the resident is determined by the Program Director. Details of the plan are explained to the resident at the time of his/her orientation. All vacation schedules are prepared by the chief residents and approved by the program director. Questions regarding vacation times are to be referred to the individual responsible for preparing the schedule. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Further, residents are not paid unused vacation leave at the time of the completion of their program.

**Sick Leave:** AHEC residents are eligible to accrue credits for sick leave in accordance with the specific policies of their respective program.

**Holidays:** AHEC residents will be given holiday time according to the policies of each program.

**Maternity Leave:** Subject to applicable law, the following should be incorporated in residency programs maternity leave plans: Pregnant residents must be allowed the same sick-leave or disability benefits as other residents. Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee - Family Medicine (RRC-FM) requirements, for use around the estimated delivery date (EDD) and after delivery to minimize the time needed away from the residency. Such home study electives would be likely to include some Family Medicine Center (FMC) time weekly in order to meet RRC-FM continuity requirements for the FMC. The pregnant resident should notify the program director and those responsible for the scheduling of rotations and call as soon as pregnancy is confirmed. Coverage of

responsibilities during the leave should be arranged as early as possible. The duration of maternity leave for residents should be based on the written recommendations of the physician(s) caring for the resident and infant. Efforts should be made to schedule the most demanding rotations earlier in pregnancy, allowing for the least strenuous rotations to be performed around the time of the residents EDD. The rotation performed around the time of the EDD should be one in which the resident is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The pregnant resident's call schedule should be arranged to have no call around the time of EDD and while on leave. The resident is expected to make up call before or after the leave, so other residents aren't disadvantaged. Residents taking maternity leave must be able to return to the residency within a reasonable period of time without loss of training status.

Paternity Leave: Subject to applicable law, the following should be incorporated in residency programs' paternity leave plans: Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee -- Family Medicine (RRC-FM) requirements, for use around the time of estimated delivery date (EDD) and after delivery to minimize the time needed away from the residency. Such home-study electives would be likely to include some Family Medicine Center (FMC) time weekly in order to meet RRC-FM continuity requirements for the FMC. The expectant father should inform the program director and those responsible for the scheduling of rotations and call as soon as he finds out the mother is pregnant. Coverage of responsibilities during the leave should be arranged as early as possible. The AHEC GMEC will be responsible for reviewing the agreements annually to ensure compliance with ACGME requirements. The father should be allowed to be present with the mother during labor and delivery and should be entitled to extend his paternity leave after delivery, at the discretion of the father and the program director. The rotation the father performs around the time of EDD should be one in which he is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The resident call schedule should be arranged to allow the expectant father to have minimal or no call around the time of the EDD and no call while on leave. The resident is expected to make up call before or after the leave so other residents aren't disadvantaged. The father should notify those who will cover his responsibilities as soon as the mother is in labor. Residents taking paternity leave must be able to return to the residency within a reasonable period of time without loss of training status.

Adoption Leave: Subject to applicable law, the following should be incorporated in residency programs' adoption leave plans: Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee - Family Medicine (RRC-FM) requirements, for use around the time of adoption to minimize the time needed away from the residency. Such home study electives would be likely to include some Family Medicine Center (FMC) time weekly in order to meet RRC-FM continuity requirements for the FMC. The adoptive parent should inform the program director and those responsible for the scheduling of rotations and call as soon as the timing of the anticipated adoption is known. Coverage of responsibilities during leave should be arranged as early as possible, and confirmed as soon as definite dates are known. The rotation of the adoptive parent performs around the anticipated time of the adoption should be one in which she/he is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The resident call schedule should be arranged to allow the adoptive parent minimal or no call around the time of the adoption and no call while on leave. The resident is expected to make up call before or after the leave,

so other residents aren't disadvantaged. Residents taking adoption leave must be able to return to the residency within a reasonable period of time without loss of training status.

Effect of Leave on Completion of Training: Note that absence from residencies is subject to guidelines published by the American Board of Family Medicine “Information Manual for Family Medicine Residency Program Directors,” which states the following: Absence from the program for vacation, illness, personal business, leave, etc. must not exceed a combined total of one (1) month per academic year. Absence in excess of one month per academic year must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. The Board recognizes that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board’s time restriction.

If a leave of absence for any reason results in a resident physician missing time that the Program Director considers is necessary to achieve an academic and educational goal, the resident physician may be required to make up such time. Such additional time may be necessary in order to adhere to specialty board requirements, or it may be deemed to be appropriate by the Program Director in order to achieve program educational goals for a resident physician. The resident should be aware of the requirements of the American Board of Family Medicine regarding qualifications and requirements to sit for the boards when requesting extended periods of leave from the residency program.

*i. **Duty Hours:** The Sponsoring Institution must have formal written policies and procedures governing resident duty hours.*

**AHEC Policy II.9. Duty Hours and Work Environment:** Each residency program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies and procedures must be distributed to the residents and the faculty. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call. Residents should notify the Program Director of requests or pressure to work in excess of duty hours authorized by this policy.

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a four-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct

outpatient clinics, and maintain continuity of medical and surgical care. For family medicine programs, up to six additional hours of post call duty hours may be permitted for on-site rounds of continuing patients on the inpatient service, transfer care of patients, program conferences, scheduled continuity office hours in the FMC, and/or self-directed activities. No other clinical duties are permitted. No new patients, defined as any patient for whom the resident has not previously provided care, may be accepted after 24 hours of continuous duty. Patients seen post call during a morning continuity session in the FMC are not considered new patients. At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Each Program Director or designee should review each resident's rotational schedule to assure compliance with this institutional policy and the Common Program Requirements. Each Program Director should regularly monitor resident duty hours for compliance with the institutional policy and the Common Program Requirements. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. The GMCC shall monitor compliance with this policy through the:

- a. Internal review of each program
- b. Annual AHEC resident survey
- c. Periodic monitoring of individual programs.

**Work Environment:**

**Food Services:** Residents on duty must have access to adequate and appropriate food services. Food is provided to residents who take in-house call.

**Call Rooms:** Call rooms are provided for residents who take in-house call.

**Support Services:** Adequate ancillary support for patient care shall be provided for residents at all times.

**Laboratory/pathology/radiology services:** these services and the associated information systems must be available and adequate to support timely and quality patient care.

**Medical Records:** Medical records system that document the course of each patient's illness and care must be available at all time and must be adequate to support quality patient care, the education of residents, quality assurance and provide a resource for scholarly activity.

**Security/safety:** Appropriate security and personal safety measures must be provided to residents at all locations.

***j. Moonlighting:** (1) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:*

- (a) specify that residents must not be required to engage in moonlighting;*
- (b) require a prospective, written statement of permission from the program director that is included in the resident's file; and,*

- (c) state that the residents' performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.*
- (2) Sponsoring institutions and program directors must closely monitor all moonlighting activities.*

**AHEC Policy II.10. Moonlighting:** Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the AHEC Program's written policies and procedures regarding moonlighting, in compliance with the above stated ACGME Institutional Requirement. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

Residents who 1) moonlight without written approval of the program director, 2) continue to moonlight after the permission to do so is withdrawn, or 3) use the Residency Program or hospital's DEA number while moonlighting will be subject to dismissal from the program.

*k. Counseling services: The Sponsoring Institution should facilitate residents' access to confidential counseling, medical, and psychological support services.*

**AHEC Policy II.11. Counseling Services for Residents:** An Employee Assistance Program (EAP) is available for residents who wish to seek assistance in dealing with drug or alcohol related problems as specified in UAMS Substance Abuse Policy, 4.4.06. Call (501) 686-2588 or 800-542-6021 for additional information. Questions about this policy should be referred to the Human Resources Office at (501) 686-5650. Further information can be found in the UAMS Faculty and Employee Handbook, which offers information about the Employees Assistance Program. This support and referral service is set up for employees and families facing health, emotional, alcohol drug abuse, financial strain or legal problems. It is free and strictly confidential.

*l. Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.*

**AHEC Policy II.12. Resident Impairment:** Impairment of performance by resident physicians can put patients at risk. Impairment shall be managed as a medical/behavioral illness. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency. The goals of this policy are to:

1. Prevent or minimize the occurrence of impairment, including substance abuse, among residents in training programs sponsored by the Area Health Education Centers (AHEC);
2. Protect patients from risks associated with care given by an impaired resident physician;
3. Confront compassionately problems of impairment to effect diagnosis, relief from patient care

responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

### **Signs and Symptoms of Impairment**

Signs and symptoms of impairment may include, without limitation, the following:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Disturbance in family stability or evidence of personal or professional relationship difficulties with resulting isolation.
3. Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at parties, adverse interactions with police, driving while intoxicated, undependable and unpredictability, aggressive behavior, argumentative, or unusual financial problems.
4. Professional behavior patterns such as unexplained absences, spending excessive time at the hospital, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interactions with other staff, inadequate professional performance or significant change in well-established work habits.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, flat affect.
6. Signs of drug use or alcohol abuse such as excessive agitation or edginess, dilated or pinpoint pupils, self medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social activities, black outs, binge drinking, changes in attire (e.g., wearing of long sleeve garments by parenteral drug users).

Repeated evaluations documenting substandard academic performance or other grounds for consideration by the Residency Program Director of academic probation or remedial work, existing in conjunction with one or more sign(s) or symptom(s) of impairment, such as those listed above, may be considered in determining whether or not medical and/or psychiatric evaluation of the resident in accordance with the procedure below is warranted. Members of the Arkansas Employee Assistance Program (AEAP) are available to assist in confirming or validating suspected abuse, dependency and/or impairment.

### **Responsibilities**

It is the responsibility of the Residency Program Director and faculty to communicate this policy to their residents and to enforce its provisions. In order to minimize the incidents of impairment, all incoming residents receive an educational program about physician impairment and the services of AEAP at Orientation. In addition, a residency program may provide information in a grand rounds or other dedicated activity. All residents receive a copy of the UAMS policy for a drug-free workplace (policy 4.405).

### **Procedures**

#### **I. Counseling and Management:**

The following services are available to the resident:

- Assessment and identification of personal, family or work-related problems
- Brief counseling and crisis intervention
- Follow-up appointments, when indicated
- Referral to AEAP

#### **II. Suspected impairment, chemical dependency or abuse**

All medical personnel have a duty, as required by ethical standards for the well being of patients and

one's fellow professionals and as mandated by state laws, to report in confidence concerns about possible impairment both in themselves and in others to an appropriate supervisor. Residents should confide their suspicions of possible impairment and/or chemical dependency of another resident to their Residency Program Director.

"Suspicions" might include any of the signs or symptoms of impairment listed above as well as smell of alcohol on breath at work; inappropriate behavior at work; reports of DUI's or stories of "wild behavior"; persistent rumors from potentially credible individuals that the resident is using illegal or legal substances, and writing inappropriate prescriptions for DEA-controlled medications; or declining academic or clinical performance.

When impairment or chemical dependency is suspected of one of his/her residents, the Residency Program Director or his designee should follow the procedure outlined below:

- A. The Residency Program Director will investigate the matter following a process that respects the sensitivity of the issue and preserves confidentiality to the extent feasible.
- B. The Residency Program Director should contact the Arkansas Medical Foundation Physician's Health Committee (501-224-9911) for assistance and advice.
- B. The Residency Program Director and another member of the faculty will meet with the individual and discuss the information that has been gathered about the individual.
- D. If the data indicate that impairment is likely, the Residency Program Director and another faculty member should discuss the following:
  1. The individual should be suspended from clinical privileges until further notice.
  2. Treatment options, including outpatient and inpatient evaluation, should be reviewed.
  3. The individual should be provided with and advised about insurance options.
  4. At the conclusion of the meeting, the individual should be able to understand the requirements and conditions applicable for return to active clinical care and educational status following the mandatory suspension of clinical privileges. This understanding should be documented in writing.
- E. The individual should have a reasonable but not an extended time to consider his/her options (it is recommended that this time for consideration be no longer than 24 hours). Suicide in such situations can be an issue for impaired individuals when threatened, so suicide precautions may need to be taken in some instances.
- F. If the initial evaluation reveals a high probability of impairment or substance abuse, the Residency Program Director will develop a written agreement of a plan for treatment and a plan for returning to the training program. The agreement should be signed by the resident and the Residency Program Director, with copies to the individual and to a confidential portion of the resident's file.
  1. The Arkansas Medical Foundation's Physician's Health Committee should be consulted in drafting the agreement.
  2. This agreement should address salary, leave status, medical benefits, payment for any required treatment, how long the individual may be absent from the training program, the conditions for returning to the training program as outlined in the Reentry Contract (see attached), the drug/alcohol screening and monitoring after return to the training program, and who is responsible for paying for these drug screens.
  2. The Program Director should obtain a signed "release of information" to enable the Residency Program Director and the Arkansas Medical Foundation to

verify and monitor the progress of the impaired physician. The Residency Program Director must follow the For Cause Drug Testing Protocol of UAMS Policy 3.1.14.

- G. If suspected impairment cannot be confirmed because of lack of substantial data, but strong grounds remain that the individual is involved with chemical dependency, abuse, or other impairment, the Residency Program Director should recommend that the individual submit to an objective and comprehensive diagnostic evaluation.
- I. Failure to comply with the initial recommendations is grounds for immediate suspension from the residency program, pending a decision to terminate for gross misconduct or while an investigation is being conducted. Contact the Office of the General Counsel of UAMS and the AHEC Associate Director for Education to determine if disciplinary measures or termination will be implemented.
- J. Recurrent inappropriate behavior may be considered grounds for termination from the residency program.

## **II. Obvious chemical abuse or dependency or impairment**

- A. The individual must be immediately removed from patient care with suspension of his/her clinical duties. The individual should be sequestered in a safe environment and medical care rendered.
- B. The Residency Program Director must follow the For Cause Drug Testing Protocol of UAMS Policy 3.1.14. The Residency Program Director must contact the Arkansas Medical Foundation to obtain its assistance and expertise in dealing with the individual.
- C. Once the individual is no longer under the influence, the Residency Program Director and another faculty member should meet with the individual to formulate a plan as in I. D-H above.
- D. If the individual agrees to cooperate, proceed as in I D-H above.
- E. If the individual refuses to cooperate, proceed as in I. I. above.

## **III. Self referral for impaired residents.**

Physicians who choose to refer themselves for treatment, without the intervention of the Residency Program Director or the Arkansas Medical Foundation, must inform their Residency Program Director and sign an agreement about their recovery. (See I. F. above). Residency Program Directors who have information about residents who have self-referred should assure that recommendations in I. F. above are complied with.

## **IV. Financial considerations.**

When a resident has confirmed drug abuse or other impairment, the costs of the diagnostic evaluation, treatment, or after care monitoring, which are not covered by insurance, are the responsibility of the resident. QualChoice health insurance, if accessed appropriately through the primary care physician or through the AEAP, may cover some or most of the cost of the treatment. Financial assistance for after care monitoring may also be available through the Arkansas Medical Foundation.

## **V. Preemption of Policy.**

For residents who have an existing contract with the Arkansas Medical Foundation Physician's Health Committee, to the extent the terms of the resident's contract conflicts with this policy, the terms of the contract shall prevail.

## **VI. Protocol for Handling Residents with Suspected Impairment.**

1. Residency Program Director (PD) gathers all pertinent information.
2. PD contacts the Arkansas Medical Foundation.
3. PD follows the For Cause Drug Testing Protocol of UAMS Policy 3.1.14
4. PD and another faculty member meet with the resident to discuss:
  - a. Suspension of privileges
  - b. Treatment options
  - c. Insurance coverage
5. PD documents the resident's understanding of the discussion in writing
6. Resident may have 24 hours to review options
7. Resident undergoes initial evaluation
8. Resident and PD discuss plans for treatment and develop letter of agreement which addresses:
  - 1) Salary
  - 2) Leave status
  - 3) Medical benefits
  - 4) Payment for treatment
  - 5) Length of absence from program
  - 6) Drug/alcohol screening/monitoring
  - 7) Payment for screening/monitoring
  - 8) PD obtains signed Release of Information
9. Resident completes Physician's Health Reentry Contract with Arkansas Medical Foundation.

*m. Harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.*

**AHEC Policy II.13. Harassment:** Harassment on the basis of race, color, gender, age, sexual orientation, religion, national origin or disability violates Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, the Americans with Disabilities Act of 1991, and Acts 99 and 962 of the Arkansas General Assembly. AHEC reaffirms the principle that students, residents, faculty and staff have the right to be free from sexual discrimination in the form of sexual harassment. Unwelcome sexual advances or requests for sexual favors and verbal or physical conduct of an abusive, sexual nature, constitute sexual harassment when such conduct interferes with an individual's work or academic performance or creates an intimidating, hostile or offensive work or academic environment. Harassment of any kind will not be tolerated. All students, residents, faculty and staff shall abide by the [Anti-Discrimination policy](#) (UAMS number 3.1.10) and [Sexual Harassment policy](#) (UAMS policy number 3.1.05). The Sexual Harassment policy is also incorporated into the resident annual contract. Problems involving harassment of any form should be brought to the attention of the Program Director, Center Director, or an Associate Director for AHEC in accordance with the UAMS Policy on Sexual Harassment.

*o. Accommodation for disabilities: The Sponsoring institution must have a written policies regarding accommodation, which would apply to residents with disabilities. This policy need not be GME-specific.*

**AHEC Policy II.14. Accommodation for Disabilities:** The AHEC is committed to the principles described in the Americans with Disabilities Act (ADA) of 1991. It is the policy of the AHEC to

ensure the non-discriminatory treatment of students, residents, faculty or staff with disabilities by abiding with the Compliance with the Americans with Disabilities Act (ADA), ([UAMS policy number 3.1.12](#)).

**5. Closures and Reductions:** *The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of both a residency program or closure of the Institution. The policy must include the following:*

- a.) The Sponsoring Institution must inform the GMEC, the DIO, and the residents as soon as possible when it intends to reduce the size of or close one or more programs or when the Sponsoring Institution intends to close; and,*
- b) The Sponsoring Institution must either allow residents already in the program(s) to complete their education or assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.*

**AHEC Policy II.15. Reduction in Size or Closures of Training Programs:** The AHEC Program agrees to notify all residents of any adverse actions cited by the ACGME for any and all graduate medical education programs. If the program cannot correct the citations and the ACGME withdraws accreditation or if the AHEC Program decides to voluntarily withdraw accreditation and close a residency program, the AHEC Program will phase out the residency over a period of time to allow the resident physicians currently in the program to finish training. If this is not possible, the AHEC Program and the Residency Program Director will assist the residents in enrolling in a ACGME accredited residency program in which they can continue their education.

In the event that AHEC decided to reduce the number of residency positions in any graduate medical education program, the residents will be notified as soon as possible. The program will attempt to reduce the numbers over a period of time so that it will not affect the residents currently in the program. If this is not possible, AHEC and the involved Program Director will assist the residents in obtaining another residency program position.

**6. Restrictive Covenants:** *Neither the Sponsoring Institution nor its programs may require residents to sign a noncompetition guarantee.*

**AHEC Policy II. 16. Restrictive Covenants:** Residents in programs sponsored by the AHEC are not required to sign any type of non-competition guarantee.

#### ***E. Resident Participation in Educational and Professional Activities***

*1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME-competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.*

*2. The Sponsoring Institution must ensure that residents:*

- a. Participate on committees and councils whose actions affect their education and/or patient care; and,*
- d. Participate in an educational program regarding physician impairment, including*

*substance abuse and sleep deprivation.*

**AHEC Policy II.17. Impairment Education:** In order to minimize the incidents of impairment, all incoming residents should receive information about the services of the Arkansas Employment Assistance Program (AEAP). In addition, each program should provide information on physician impairment, including substance abuse and sleep deprivation, to residents at least annually in a dedicated activity.

***F. Resident Educational and Work Environment***

*1. The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:*

- a. An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.*
- b. A process by which individual residents can address concerns in a confidential and protected manner.*

**AHEC Policy II. 18. Addressing Concerns in a Confidential Manner:** Each training program must have procedures for residents to raise and resolve concerns in a confidential and protected manner. In general, when a resident has a concern, he/she should contact the chief resident or program director for discussion and resolution. If the issue cannot be resolved at this level, the resident should then contact a member of the AHEC GMEC. The procedure for resolution will vary depending on the issue. For issues related to general work environment, the AHEC GMEC may discuss the issue or arrange for a meeting to discuss the issue and then submit recommendations to the AHEC GMEC and AHEC Executive Director. For issues related to disciplinary action, the procedure outlined in the Grievances and Due Process will be followed. All proceedings that relate to an individual resident's concerns are confidential.

*2. The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives. These services and systems must include:*

- a. Patient support services: Peripheral intravenous access placement, phlebotomy, laboratory, and messenger and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.*
- b. Laboratory/pathology/radiology services: Laboratory, pathology, and radiology services must be in place to support timely and quality patient.*
- e. Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.*

*3. The Sponsoring Institution must ensure a healthy and safe work environment that provides for:*

- a. Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions.*
- b. Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private..*
- c. Security/safety: Appropriate security and personal safety measures must be provided to*

*residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.*

### **III. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)**

#### **A. GMEC Composition and Meetings**

- 1. The Sponsoring Institution must have a GMEC.*
- 2. Voting membership on the committee must include the DIO, residents nominated by their peers, representative program directors, and administrators. It may also include other members of the faculty or other members as determined.*
- 3. GMEC must meet at least quarterly, and maintain written minutes.*

**AHEC GMEC Policy III.1. GME Committee:** The AHEC Graduate Medical Education Committee (GMEC) functions as an important mechanism through which the program directors, residents, administrators and other interested parties, in concert with the AHEC Executive Director, meet to advise on and monitor all aspects of the AHEC residency programs. The residency program directors are responsible for ensuring compliance with the ACGME's Institutional, Common and Program Requirements. The AHEC GMEC reports to the AHEC Executive Director and its members are appointed by the AHEC Executive Director, with resident members peer selected. The committee meets at least quarterly or at the call of the Chairman. Minutes are kept, distributed as specified by the Chairman and available for review in the AHEC Central Office, Little Rock, Arkansas.

**B. GMEC Responsibilities:** *The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include:*

- 1. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.*

**AHEC GMEC Policy III.2. Resident Stipends:** The established stipend schedule for all PGY levels is reviewed and approved annually by the AHEC GMEC. Resident benefits are listed in section IV.C.

- 2. Communication with program directors: The GMEC must:*
  - a. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.*
  - b. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.*
- 3. Resident duty hours: The GMEC must:*
  - a. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements. [AHEC GMEC Policy: See page 21.]*
  - b. Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.*
- 4. Resident supervision: Monitor programs' supervision of residents and ensure that supervision consistent with:*

- a. *Provision of safe and effective patient care;*
- b. *Educational needs of residents;*
- c. *Progressive responsibility appropriate to residents' level of education, competence, and experience; and,*
- d. *Other applicable Common and specialty/subspecialty-specific Program Requirements.*

**AHEC GMEC Policy III.3. Resident Supervision:** Each residency program must provide appropriate supervision for a resident that is consistent with proper patient care, the educational needs of residents and the applicable accreditation Program Requirements. Each Program Director shall develop explicit, written guidelines for supervision and responsibility that address the following:

1. All patient care at each participating site is supervised by a sufficient number of qualified faculty.
2. Faculty schedules are structured so that adequate supervision is available at all times.
3. Rapid, reliable systems for communication with supervisory physicians are available.
4. Residents have progressive responsibility according to their level of education, competence and experience. The level of responsibility accorded to each resident is determined by the teaching faculty according to program specific criteria for evaluation and promotion.
5. Procedures exist for addressing fatigue of residents and teaching faculty.
6. Responsibilities are delineated for patient care, documentation and order writing for the training program's residents and those residents in other specialties or subspecialties.

Such guidelines must be communicated to all residents and all members of the program's teaching staff.

5. *Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:*
- a. *The annual report to the organized medical staff (OMS);*
  - b. *Description of resident participation in patient safety and quality of care education; and,*
  - c. *The accreditation status of programs and any citations regarding patient care issues.*

**AHEC GMEC Policy III.4. OMS Annual Report:** The DIO for the AHEC Residency Programs will prepare a report annually with the required information for the Organized Medical Staff (OMS) of the major hospitals affiliated with the AHEC programs. A copy of the report will be sent to the Program Directors for oral or written distribution to the hospital's OMS.

6. *Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.*

**AHEC GMEC Policy III.5. Curriculum and Evaluation:** Program directors are required to develop and implement program curriculum to include the knowledge, skills and attitudes that physicians within the specialty of Family Medicine should have and the training experiences that will enable

residents to acquire these competencies. Program directors must develop a method for assigning specific responsibilities to each rotation and a method that will focus and define their programs. This method/curriculum must be developed with input from the teaching faculty and residents. This method/curriculum must be evaluated by faculty and residents and continuously updated to reflect changes and improvements. The curriculum, with defined goals and objectives for each rotation, must be used for evaluation of residents and faculty. The author of the curriculum will utilize the Program, Common, and the Institutional Requirements of the ACGME. The curriculum is reviewed as part of the Residency Program Review conducted by AHEC central administration. The curriculum is also reviewed at the time of the internal review.

- 7. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.*
- 8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.*
- 9. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.*
- 10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:*
  - a. all applications for ACGME accreditation of new programs;*
  - b. changes in resident complement;*
  - c. major changes in program structure or length of training*
  - d. additions and deletions of participating institutions;*
  - e. appointments of new program directors;*
  - f. progress reports requested by any Review Committee;*
  - g. responses to all proposed adverse actions;*
  - h. requests for exceptions of resident duty hours*
  - i. voluntary withdrawals of program accreditation;*
  - k. requests for an appeal of an adverse action;*
  - l. appeal presentations to a Board of Appeal or the ACGME.*
- 11. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:*
  - a. Approval prior to submission to the ACGME and/or respective Review Committee;*
  - b. Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME Policies and Procedures; and,*
  - c. Monitoring quality of education provided to residents for the duration of such a period.*
- 12. Oversight of reductions and closures: Oversight of all processes related to reduction and/or closures of:*
  - a. Individual programs*
  - b. Major participating institutions*
  - c. the Sponsoring Institution.*

**AHEC Policy II.15 Reduction or Closure of Training Program:** The AHEC ensures, through the GMED Internal Review process, that its residency programs are in substantial compliance with the institutional, common and special requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its individual Residency Review Committees.

The following procedure will be followed in the event that the AHEC and/or a Program Director decide to reduce the number of positions in or close a program or close the Institution:

1. The residents currently in the program will be notified immediately.
2. If possible the number of positions will be reduced over a period of time so residents in the program can complete their education.
3. If this is not possible, the Program Director will assist the residents to the extent possible to find a new AGCME-accredited program in which they can continue their education.
4. The program director must receive approval and documented support from the GMEC prior to submitting the request for reduction in size or closure of a training program to the ACGME.

*13. Vendor interactions: Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.*

**AHEC GMEC Policy III.6. Vendor Interactions:** The AHEC Program is committed to teaching and modeling appropriate relationships between physicians and vendor industries. It is the policy of the AHEC Program to ensure the quality of the residency program's educational integrity and content and to assure that vendors not interfere with the normal operations of the AHEC Residency Programs.

Vendors must agree to comply with all rules and regulations set forth by the institution and the residency programs. To enhance patient confidentiality and to limit access to the AHEC Residency Programs, all vendors must conform to the following:

- a. Vendors are not permitted in patient care areas of the AHEC without specific permission of the Program Director. Patient care areas include any area where direct patient care occurs, such as examination rooms, procedure rooms, and the nurses' station. Loitering in hallways, lounges or resident work areas is forbidden.
- b. Supplies or equipment may not be left for evaluation or sample purposes without specific permission of the Program Director.
- c. Vendors may visit a program for the purpose of demonstrating or describing vendor products or equipment. However, these visits must be scheduled with the program and are restricted to the area designated by the Program Director.
- d. Each AHEC Program Director shall develop explicit, written guidelines for interactions with vendors that will be included in the program's policy manual. At a minimum, the policy will address the following:
  - i. financial support of resident educational activities by a vendor,
  - ii. "detailing" by representatives of pharmaceutical companies during residency hours and within residency space,
  - iii. acceptance of non-educational gifts such as food,
  - iv. the proper use of samples,
  - v. full disclosure,
  - vi. vendor-sponsored speaker's bureaus, and
  - vii. vendor compliance with the program's policies.

The recommendations regarding Proprietary Practice Guidelines for Residency Programs of the American Academy of Family Physicians serves as a reference for this policy

<http://www.aafp.org/online/en/home/policy/policies/p/policiesproprietarypractices/residencyprograms.html>).

#### IV. INTERNAL REVIEW

##### A. Process

1. The GMEC must develop, implement, and oversee an internal review process as follows:

a. An internal review committee(s) for each program must include at least one faculty member and at least one resident from within the Sponsoring Institution but not from within GME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.

b. A written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this Section IV of the Institutional Requirements.

2. Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

3. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

a. The GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty/subspecialty-specific Program Requirements prior to the program enrolling a resident.

b. After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.

4. The internal review should assess each program's:

a. compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;

b. educational objectives and effectiveness in meeting those objectives;

c. educational and financial resources;

d. effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;

e. effectiveness of educational outcomes in the ACGME general competencies;

f. effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;

g. annual program improvement efforts in:

(1) resident performance using aggregated resident data;

(2) faculty development;

(3) graduate performance including performance of program graduates on the certification examination; and,

(4) program quality.

5. Materials and data to be used in the review process must include:

a. the ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;

b. accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;

- c. reports from previous internal reviews of the program;*
  - d. previous annual program evaluations; and,*
  - e. results from internal or external resident surveys, if available.*
- 6. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.*

### **B. Internal Review Report**

- 1. The written report of the internal review for each program must contain, at a minimum:*
  - a. the name of the program reviewed and the date the written report is initially presented to and reviewed by the GMEC;*
  - b. the names and titles of the internal review committee members;*
  - c. a brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;*
  - d. sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;*
  - e. a list of the citations and areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and /or institution subsequently addressed each item.*
- 2. The DIO and the GMEC must monitor the response by the program to actions recommended by the GMEC.*
- 3. The Sponsoring Institution must submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor.*

**AHEC GMEC Policy IV.1. Internal Review Process:** All family medicine residency training programs sponsored by the AHEC must undergo a periodic internal review as described in the ACGME Institutional Requirements. The review is conducted under the guidance of the AHEC Graduate Medical Education Committee (GMEC) which reviews the final report of each internal review and makes recommendations as indicated. The internal review is conducted at approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

#### **1. Internal Review Panel**

The Chairman of the GMEC selects the Internal Review team leader for each training program. medicine residency programs as follows: an AHEC Residency Director, a physician or non-physician faculty member familiar with residency education, a resident representative, and an AHEC Central Office administrator. The responsibilities of the panel are to review the Internal Review documents (described below), to meet with the program director and other members of the AHEC residency program to discuss the documents, and to provide a final report to the AHEC GMEC, the AHEC Executive Director, and the reviewed program's Center Director and Residency Director. The resident's responsibility is to meet with the residents of the program in order to complete the resident questionnaire and report that to the Internal Review Panel.

#### **2. Questionnaires**

The Program Director's Questionnaire includes questions that the AHEC GMEC believes are

important with regard to each program. This questionnaire will be sent to the program director six weeks prior to the internal review along with guidelines for the upcoming internal review, the names of the members of the Internal Review Panel, and the request to select additional departmental faculty members for the internal review meeting. The questionnaire is due back two weeks prior to the internal review so that it can be distributed to the Internal Review Panel.

The Resident Questionnaire includes questions regarding duty hours, supervision, educational components, conferences, and evaluations. On the day of the internal review, the resident representative on the Internal Review Panel meets with residents in the program to complete and discuss the resident questionnaire.

### **3. Internal Review Documents**

The Internal Review documents are distributed to all internal reviewers approximately one week prior to the internal review meeting. It includes:

1. Summary from the last Internal Review.
2. Summary of the last Annual Residency Review.
3. Current FM Program Requirements.
4. Current ACGME Institutional Requirements.
5. Any recent correspondence with the ACGME including questions, citations, or progress reports.
6. The Program Director Questionnaire.

The Internal Review Panel reviews the packet and meets with the program director and key faculty of the program to discuss innovations of the program, changes that have been made based on the RRC recommendations, problems and plans for corrections. They review information from the Program Director Questionnaire with the faculty of the program. At the meeting, the Program Director provides a copy of the written goals and objectives, the resident manual which includes pertinent policies and procedures that govern them, the AHEC Policy and Procedure Manual, a representative resident's file including written evaluations for review by the panel, all letters of agreement with institutions through which residents rotate, and other materials requested by the panel. The resident on the Internal Review Panel meets separately with residents of the program to complete the Resident Questionnaire. Following the meeting, the Internal Review Panel prepares a Internal Review Summary for the AHEC GMEC, AHEC Executive Director, the Center Director, and the Residency Program Director of the site reviewed.

### **4. Internal Review Report**

The reviewed program's Residency Director reports to the AHEC GMEC. At that time, the AHEC GMEC makes recommendations to the Program Director. A final report with recommendations and responses becomes part of the record. If there are recommendations for the program, a progress report is provided to the AHEC GMEC within six months after the meeting.

### **5. Follow up**

1. In preparation for the next ACGME site visit, the AHEC Central administration is provided with the new narrative portion of the PIF at least one month prior to the external site visit. They provide a review and critique of the PIF to the program director and a report to the AHEC GMEC.
2. Following the ACGME site visit, the program director reports to the AHEC Executive Director about that site visit.

3. Approximately 6 months after the ACGME site visit, the Program Director, AHEC GMEC Chairman, and the AHEC Central Administration Office receive a response from the ACGME. The ACGME may request additional information, a response to citations, or a progress report. The response from the ACGME is reported to the AHEC GMEC by the Program Director at the next GMEC meeting. The AHEC GMEC assists the Program Director with addressing citations. A written progress report to the AHEC Executive Director and the AHEC GMEC is expected from the Program Director 6 months later. After receiving the final letter from the ACGME including the tentative date for the next site visit, the AHEC GMEC Chairman makes a final report to the AHEC GMEC and sets a tentative date for the next internal review.

#### *V. Benefits for AHEC Residents*

*The following information is intended to be a brief summary of benefits, and is not a guarantee of benefits. All AHEC Program residents should seek information from their AHEC business officer regarding eligibility costs and changes in plan options. Please refer to the Summary Plan Description (SPD) for a full description of each Insurance or Group Benefit Plan. Insurance rate sheets are available from your AHEC business manager.*

#### **Rules about enrollment deadlines and effective dates**

1. Medical Insurance takes effect the first day of the training program, provided the Resident submits the required enrollment forms to their AHEC Business Manager so they can be sent to the UAMS Human Resources Office within their first 31 days of initial appointment to the training program.
2. All other benefits are generally effective the first of the month following the date that the required enrollment forms are submitted to Human Resources. In order to be eligible for benefits to take effect the earliest possible date, the Resident must complete and remit the required forms **before** the first day of beginning the training program.
3. There are no late enrollments for Medical Insurance or Dental Insurance, nor does the University offer an annual open enrollment. Unless a Resident elects to make a change on account of and consistent with a “qualified status change” (e.g. marriage, birth, divorce), the first 31 days of their benefits-eligible training may be their only opportunity to enroll.

#### **Information about responsibilities for the cost of coverage**

1. Medical, Dental, Basic Life Insurance: Coverage includes the following, provided the Resident enrolls within 31 days of the initial appointment to the training program.
  - a. Medical Insurance for the Resident: UAMS will pay the premiums for the Resident’s coverage only, provided the Resident makes positive election for coverage.
  - b. Medical Insurance for family members: UAMS will pay a portion of the premium in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.
  - c. Dental Insurance: UAMS will pay a portion of the premium for the Resident and his/her family members in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.
  - d. Basic Life Insurance for the Resident: UAMS will pay the premiums for the Resident’s coverage.

2. Basic Housestaff Long Term Disability for the Resident: UAMS will pay the premiums for the Resident's coverage. All residents must participate and must enroll at the time of registration at their AHEC.

3. Other insurance plans (including Optional Life, Dependent Life, Accidental Death & Dismemberment, and Optional Housestaff Long Term Disability): the Resident is responsible for the cost of coverage, upon making positive election.

For more detailed information about the following descriptions, contact your AHEC business manager.

### **Medical Plan**

You have two medical plans to choose from: **Point of Service** or **Classic**. Both plans cover a wide range of traditional expenses such as doctor visits, surgical services, pregnancy, emergency room services, hospital stays, and diagnostic testing. Towards the goal of assisting you in being healthy, many in-network preventive services are covered in full, at no cost to you. Both plans are administered by QualChoice of Arkansas but are self-insured by the University of Arkansas. Prescription drug benefits are the same for either plan and are administered by Caremark.

The Point of Service plan is a "dual option plan". Your out-of-pocket costs are determined by whether you seek care from an in-network provider or an out-of-network provider. Seeing your PCP or another provider in the network has the least out-of-pocket expense. Seeing a doctor or other provider who is not in the network means you would pay a higher share of the bill.

If you select the Classic Plan you will enjoy a lower premium cost than the Point of Service Plan. However, benefits are only provided if you access care through your primary care physician or other in-network provider, similar to an HMO. There are no benefits for out-of-network providers other than true emergencies.

A detailed comparison of the Point of Service and Classic plans is available from your AHEC business manager. Visit QualChoice's website [[www.qcark.com](http://www.qcark.com)] for a list of network providers. Log in as a member and visit QCare for free Internet access to physicians ("Ask a Doc"). Free health coaching for chronic conditions such as diabetes, asthma, hypertension, high cholesterol, obesity and tobacco use is also available through QCare.

You may enroll in either plan at these times: 1) within your first 31 days of employment (coverage takes effect first of the following month), or 2) within 31 days of a qualified "change in status" such as marriage, birth of a child, divorce or death. Coverage takes effect the first day of the month following the date your written election is received by Human Resources. We do not have an annual open enrollment period. However, you may elect to change plans (from Point of Service to Classic, or vice versa) in November, to be effective January 1 of the following year.

### **Dental Plan**

The dental plan is designed to assist you in maintaining good oral health. The plan covers basic dental exams, restorative care, cleaning services and preventative services. It also covers more intensive and specialty dental needs including fluoride treatments, extractions, sealants, oral surgery, crowns, bridges, and spacers. The dental plan is administered by Delta Dental of Arkansas, but is self-insured by the University of Arkansas. A schedule of benefits is posted at [www.uams.edu/ohr](http://www.uams.edu/ohr). Delta's website is [www.deltadental.com](http://www.deltadental.com).

You may enroll in either plan at these times: 1) within your first 31 days of employment (coverage takes effect first of the following month), or 2) within 31 days of a qualified "change in status" such as marriage, birth of a child, divorce or death (coverage generally takes effect date of your election or date of event, whichever occurs last). We do not have an annual open enrollment period.

### **Vision Plan**

The vision plan, insured through Superior Vision, benefits those who have vision impairments and wear corrective eye wear. It helps lower out of pocket costs when you get an eye exam and purchase frames, lenses or contacts. There are also discounts for refractive surgery. Visit [www.uams.edu/ohr](http://www.uams.edu/ohr) to view the vision plan benefit outline.

You may enroll in the vision plan within your first 31 days of employment. Newly eligible family members (e.g. marriage) may also be added within 31 days. Open enrollment periods will be offered at the discretion of the carrier and are not guaranteed to be held annually.

### **Life Insurance**

Life insurance provides a payment to family or other beneficiaries in the event of your death. UAMS provides Basic Life Insurance to you at no cost. Coverage is equal to one times your salary, up to a maximum of \$50,000.

You may purchase an additional one, two, three, or four times your salary (up to a maximum of \$500,000) by enrolling in Optional Life Insurance. Again, the benefit is payable to your beneficiary in the event of your death.

If you are enrolled in Optional Life Insurance, you are eligible to purchase Dependent Life Insurance for your spouse and dependent children. The benefit is payable to you in the event of their death. You may choose \$10,000, \$15,000, or \$20,000 coverage for your spouse. Children are covered at one-half of the elected spouse's coverage.

You may enroll in the Optional and/or Dependent Life Insurances within your first 31 days of employment. After this period you can apply for coverage through Evidence of Insurability, but the carrier reserves the right to deny coverage based on health condition.

### **Accidental Death and Dismemberment**

You may purchase AD&D insurance to provide coverage for yourself, your spouse and your dependent children in the event of accidental death (full benefit) or dismemberment (partial benefit). A spouse is covered at 60% of your elected dollar coverage, and children are covered at 20% of your elected dollar coverage. Coverage amounts are available in \$25,000 increments up to a maximum of \$300,000. You may enroll in AD&D insurance at any time.

### **Disability**

Disability coverage assists in replacing earnings in the event of a long-term injury or illness which prevents you from working. UAMS provides Basic Long Term Disability to eligible residents at no cost. The monthly benefit amount is \$1,000. Coverage is effective as of your date of eligibility with completed application to your AHEC business manager.

You may purchase Optional Long Term Disability, which provides up to an additional \$3,000 per

month benefit. You may also add the following benefits to all coverage: Cost of Living Adjustment (COLA) rider for inflation protection and Future Insurance Option (FIO) rider guaranteeing future insurability.

This disability program is structured to benefit you while at UAMS and throughout your working career. All inquiries should be made to James D. Foss & Associates at 221-3700.

### **Section 125 Flexible Benefit Plan ("Cafeteria Plan")**

Section 125 of the United States Tax Code allows you to reduce your taxable income by the amount you pay for medical and dental insurance. Therefore, you may elect the Premium Conversion plan to pay your premiums on a pre-tax basis, and reduce the amount withheld from your paycheck for Federal, State and FICA (Social Security/Medicare) taxes. Individual savings will vary based on your income, number of exemptions, and your tax bracket.

While the medical and dental plans do cover many health care expenses, there are co-payments, deductibles and services that may not be covered. With our Health Care Flexible Spending Account, you may set aside up to \$4,000 annually through payroll deductions to be used for such out-of-pocket medical expenses, and thereby pay for these expenses with pre-taxed dollars. This increases your take-home pay by reducing your taxes. Many employees choose to establish an account to pay for items such as contact lenses, prescription glasses or orthodontia.

With a Dependent Care Flexible Spending Account, you may set aside up to \$5,000 annually through pre-tax payroll deductions to be used for dependent care expenses. The account may be used to help pay for the expenses of childcare, or care of other immediate family members. If you elect to participate, you may not take the childcare credit for the same expenses when you file your income tax returns.

You may elect to participate in any of these three Section 125 Cafeteria Plan benefits within your first 31 days of work. The next opportunity to renew or change your election will be the Section 125 open enrollment period held each November, to be effective January 1 of the following year. You may also make changes within 31 days of a qualified "change in status" (as defined by the IRS; includes marriage, birth of a child and divorce). For more information, visit our Flexible Spending Account plan administrator's website at [www.conexis.org](http://www.conexis.org).

### **Voluntary Benefits**

The University of Arkansas offers the convenience of payroll deduction and the advantage of group discounted rates for the following benefit plans. Enrollment is handled through the carrier.

Long Term Care insurance is provided through CNA (Continental Casualty Company). You may enroll within your first 60 days of employment and generally be guaranteed coverage. Evidence of insurability is required if you apply after 60 days. Coverage is also available for your extended family members, including spouse, parents, in-laws and grandparents. Visit CNA's website [[www.ltcbenefits.com](http://www.ltcbenefits.com)] (password is UALTC) for more information.

Group Auto/Homeowners insurance is provided through Liberty Mutual. You can apply for coverage at any time. For more information, visit [www.libertymutual.com/lm/arkempl](http://www.libertymutual.com/lm/arkempl).

Critical Illness Insurance is provided through MetLife. You may enroll within your first 30 days of employment. Coverage is available for you and your family (spouse and children). For more information, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

### **Retirement Plan**

You are eligible to make personal, pre-tax contributions to Tax Deferred Annuities. You may choose either or both of the two available fund sponsors: Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) and Fidelity Investments. You may elect to make contributions at any time during your employment at UAMS. For more information, visit [www.uams.edu/ohr](http://www.uams.edu/ohr) or talk to your Business Manager.

### **College Tuition Discount**

Eligible Housestaff and their families receive a tuition discount at all of the University of Arkansas campuses: UA at Fayetteville, UA at Little Rock, UA Medical Sciences, UA at Pine Bluff, UA at Monticello, UA at Fort Smith, UA Phillips Community College in Helena, UA Community College in Hope, UA Community College in Batesville, Cossatot Community College of the UA in DeQueen, and the UA Community College in Morrilton.

You may take undergraduate and graduate courses (except professional courses) at UAMS at 10% of the tuition cost (in other words, 90% discount). You receive a 70% tuition discount at the other UA campuses. Your spouse and unmarried dependent children enrolled at the University of Arkansas receive a discount on undergraduate courses: a 50% tuition discount at UAMS, a 40% tuition discount at the other UA campuses. The campus where coursework is taken is solely responsible for which courses are eligible and which courses, if any, are excluded from the discount. Tuition discount forms are available from your Business Manager and at [www.uams.edu/ohr](http://www.uams.edu/ohr).

Additional information about these plans is available from your AHEC business manager.

Last modified: 05/09/05; 06/14/06; 03/16/07; 05/08/07; 06/23/08; 5/22/09

## VI. Attachments

### Attachment 1:

#### **Graduate Medical Education Committee**

##### **Purpose:**

The Graduate Medical Education Committee (GMEC) in collaboration with the Designated Institutional Official (DIO) forms an administrative system that oversees ACGME-accredited programs of the sponsoring institution..

##### **Responsibilities:**

The GMEC has the following responsibilities, which are based on the ACGME Institutional Requirements:

1. Hold the authority and responsibility for the oversight, administration and quality of the ACGME-accredited programs, even when education occurs at other sites.
2. Assure compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements
3. Provide sufficient resources to ensure the effective implementation and support of programs to include: DIO and program director financial support and protected time; access to adequate communication resources and technological support; and access to specialty-specific reference material.
4. Establish a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care.
5. Establish policies and procedures regarding resident recruitment and appointment and must monitor each program for compliance.
6. Ensure that programs select from among eligible applicants and that those applicants who are invited for an interview receive, in writing or by electronic means, the terms, conditions, and benefits of their appointment.
7. Provide residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.
8. Assure that residents are provided with a contract and monitor programs with regard to implementation of the terms and conditions of appointment.
9. Ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
10. Ensure that programs provide residents with a four-month advance written notice of intent for non-promotion or non-renewal of appointment, when possible.
11. Provide residents with professional liability coverage and with a summary of that coverage.
12. Provide hospital and health insurance benefits for the residents and families to begin upon the first recognized day of their respective programs.
13. Provide access to insurance for disabilities resulting from activities that are part of the educational program.
14. Provide access to confidential counseling, medical, and psychological support services.
15. Establish and implement policies and procedures regarding the quality of education and the work environment.
16. Ensure that programs provide effective educational experiences for residents that lead to measurable achievement of educational outcomes.
17. Ensure that residents participate on committees and councils whose actions affect their education and/or patient care.
18. Ensure that residents participate in an educational program on impairment including substance abuse and sleep deprivation.
19. Provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation.

20. Provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives.
21. Ensure a healthy and safe work environment.
22. Ensure that communication mechanisms exist between the GMEC and all program directors.
23. Ensure that program directors maintain effective communication mechanisms with site directors at each participating institution for their respective program.
24. Monitor programs' supervision of residents and ensure that it is consistent with safe and effective patient care; educational needs of residents; progressive responsibility; other applicable common and specialty-specific requirements.
25. Communication between leadership of the medical staff regarding the safety and quality of patient care that includes participation in such education and the accreditation status of programs.
26. Assure that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies.
27. Review all ACGME program accreditation letters of notification and monitor action plans for the correction of citations and areas of non-compliance.
28. Review the Sponsoring Institution's letter of notification and develop and monitor action plans for the correction of citations and areas of non-compliance.
29. Review and approve requests and reports prior to submission to the ACGME.
30. Oversee all phases of educational experiments and innovations that may deviate from Institutional, Common, and Program Requirements.
31. Oversee all processes related to reductions and/or closures of programs, major participating institutions and the sponsoring institution.
32. Establish a policy that addresses interactions between vendor representatives/corporations and residents/GME programs.
33. Develop, implement and oversee an internal review process of all ACGME-accredited residency programs.

*Attachment 2*

**GME Membership:**

**Chair:** Rotating 2-year term based on seniority as a Program Director

**Members:**

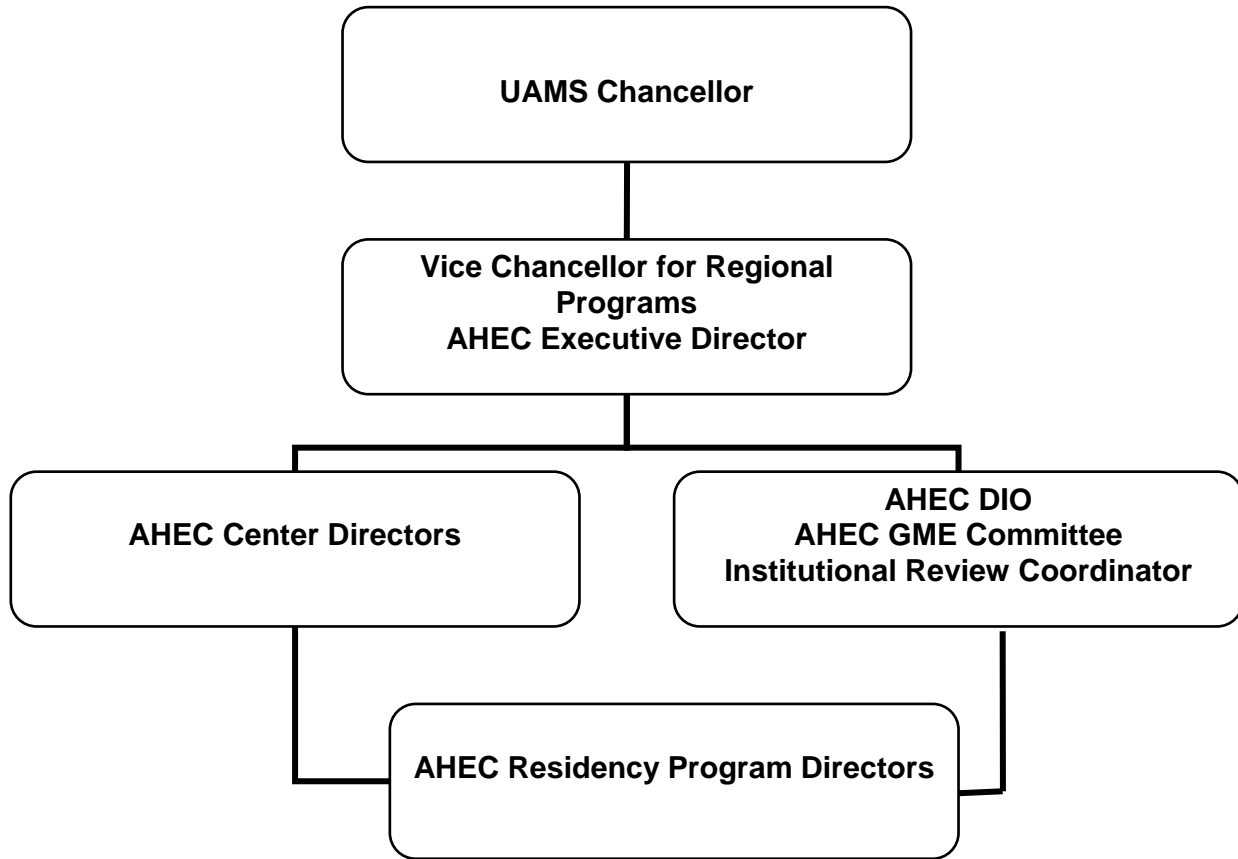
- AHEC Residency Program Directors
- AHEC Associate Director for Administration
- AHEC Associate Director for Education, AHEC DIO
- Non-Physician Faculty Representative: Rotating 2 year term
- Resident Representatives: Rotating 1 year term based on the following schedule:
  - Pine Bluff and Fort Smith
  - Northeast and South Arkansas
  - Southwest and Northwest
- Ex-Officio Members
  - Residency Program Director, UAMS Department of Family & Preventive Medicine, Program Director
  - UAMS Associate Dean for Graduate Medical Education, UAMS DIO

**Meeting times:**

The AHEC GMEC will meet a minimum of four times a year in September, December, February and May.

**Organizational Chart:**

**AHEC Graduate Medical Education Organizational Chart**



## Guidelines for Maintaining Educational Records

The program director maintains the permanent educational record for each resident. The educational record should include, but is not limited to, the items below. The first three items described below should be kept for a minimum of 7 years after the resident has graduated.

- documents considered directly related to the academic and professional development of the resident; examples include in-service examinations, procedure/log books, results of skills tests, results of assessments of the general competencies or permission to moonlight.
- documents about medical conditions - should be kept separate from the resident's educational or personnel file.
- optional documentation - documentation primarily to assist the program director in remembering the facts can be placed in a separate file maintained by the program director.

The following core files should be kept indefinitely by the residency program to accommodate requests for primary source verification for residents who have completed the program:

- written evaluations by faculty and others - these evaluations stipulate the degree to which the resident has mastered each component of clinical competence and skills identified in the program's curriculum.
- program director's final written evaluation for each resident who completes the program. This final evaluation should be part of the resident's permanent record maintained by the program director.
- documentation of disciplinary or remediation actions - when a training program director counsels a resident about a particular academic or behavioral issue, the training program director should record the discussion in written format. Documentation that reflects the legitimate professional development and skills of the resident should remain a part of the permanent record. However, if a resident had one episode of difficulty and then improved to the expected level, the program director would have the discretion to remove this documentation from the permanent file. Training program directors may seek advice from legal counsel about documents and records in cases of disciplinary actions. Documents about formal grievance proceedings should be kept separate from the resident's educational file.

For residents who do not complete the program or who are not recommended for Board certification, the entire file should be retained indefinitely in case of a subsequent legal action.

Residents must have access to their educational record and can review their record (while being observed). Upon written request by the resident, a copy of all contents of their record must be provided to them. All patient identification included in these records should be redacted.

Source: ACGME E-Bulletin, August 2008, page 3 ([http://www.acgme.org/acWebsite/bulletin-e/ACG\\_10\\_E-Bulletin\\_Aug08\\_F.pdf](http://www.acgme.org/acWebsite/bulletin-e/ACG_10_E-Bulletin_Aug08_F.pdf)). Accepted by the AHEC GMEC on May 18, 2009.