This Manual is meant to compliment the Housestaff Policies and Procedures manual of the University of Kansas School of Medicine and Medical Center. Residents should also refer to the written Residency Curriculum of the Department of Medicine. This Manual is not intended to be all inclusive, but rather an introduction to areas the Department considers important and of interest to its housestaff.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the University of Kansas Medical Center Electrophysiology Fellowship Program</td>
<td>3</td>
</tr>
<tr>
<td>University of Kansas Medical Center Mission Statement</td>
<td>4</td>
</tr>
<tr>
<td>Eligibility and Selection</td>
<td>4</td>
</tr>
<tr>
<td>Work Environment</td>
<td>4</td>
</tr>
<tr>
<td>Duty Hours</td>
<td>4</td>
</tr>
<tr>
<td>Moonlighting</td>
<td>5</td>
</tr>
<tr>
<td>Evaluations</td>
<td>5</td>
</tr>
<tr>
<td>Medical Administrative Services of KU Med</td>
<td>5</td>
</tr>
<tr>
<td>Proper Dress and Grooming</td>
<td>5</td>
</tr>
<tr>
<td>Vacation</td>
<td>6</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>6</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>6</td>
</tr>
<tr>
<td>Holidays</td>
<td>6</td>
</tr>
<tr>
<td>Military Leave</td>
<td>7</td>
</tr>
<tr>
<td>Professional Leave</td>
<td>8</td>
</tr>
<tr>
<td>Scientific Meetings</td>
<td>8</td>
</tr>
<tr>
<td>Professionalism</td>
<td>8</td>
</tr>
<tr>
<td>Impairment</td>
<td>9</td>
</tr>
<tr>
<td>Grievance</td>
<td>10</td>
</tr>
<tr>
<td>Resident Assistance and Access to Counseling</td>
<td>10</td>
</tr>
<tr>
<td>Additional GME Policies and Procedures</td>
<td>11</td>
</tr>
</tbody>
</table>
INTRODUCTION TO THE UNIVERSITY OF KANSAS MEDICAL CENTER
CARDIAC ARRHYTHMIA RESEARCH FELLOWSHIP PROGRAM

University of Kansas Medical Center Mission Statement

The University of Kansas Medical Center, an integral and unique component of the University of Kansas and the Kansas Board of Regents system, is composed of the School of Medicine, located in Kansas City and Wichita, the School of Nursing, the School of Allied Health, the University of Kansas Hospital in Kansas City, and a Graduate School. The KU Medical Center is a complex institution whose basic functions include research, education, patient care, and community service involving multiple constituencies at state and national levels. The following paragraphs chart the KU Medical Center’s course and serve as a framework for assessing programs, setting goals, developing initiatives and evaluating progress.

The University of Kansas Medical Center is a major research institution primarily serving the State of Kansas as well as the nation, and the world, and assumes leadership in the discovery of new knowledge and the development of programs in research, education, and patient care. The KU Medical Center recognizes the importance of meeting the wide range of health care needs in Kansas – from the critical need for primary care in rural and other underserved areas of the state, to the urgent need for highly specialized knowledge to provide the latest preventive and treatment techniques available. As the major resources in the Kansas Board of Regents system for preparing health care professionals, the programs of the KU Medical Center must be comprehensive and maintain the high scholarship and academic excellence on which the reputation of the University is based. Our mission is to create an environment for:

Instruction. The KU Medical Center educates health care professionals to primarily serve the needs of Kansas as well as the region and the nation. High quality educational experiences are offered to a diverse student population through a full range of undergraduate, graduate, professional, postdoctoral and continuing education programs.

Research. The KU Medical Center maintains nationally and internationally recognized research programs to advance the health sciences. Health related research flourishes in a setting that includes strong basic and applied investigations of life processes, inquiries into the normal functions of the human body and mechanisms of disease processes, and model health care programs for the prevention of disease and the maintenance of health and quality of life.

Service. The KU Medical Center provides high quality patient-centered health care and health related services. The University of Kansas Medical Center will be the standard bearer in the development and implementation of model programs that provide the greatest possible diversity of proven health care services for the citizens of Kansas, the region and the nation.

University of Kansas School of Medicine Mission, Vision, and Values Mission
The University of Kansas School of Medicine commits to enhance the quality of life and serve our community through the discovery of knowledge, the education of health professionals and by improving the health of the public.
Vision
The University of Kansas School of Medicine will work with its partners to become the premier academic medical center in the region known for its excellent education, innovative scientific discovery, outstanding clinical programs and dedication to community service. It will be known as the place where everyone wants to come to learn, to teach, to conduct research and to receive his or her health care.

Values
Excellence
Partnership and Collaboration
Teamwork and Participatory Decision Making
Ethics, Honesty and Respect
Practicality and Financial Responsibility
Openness and Transparency in Decisions and Finances
Accountability and Measurable Milestones

Eligibility and Selection
For information on eligibility and selection criteria, please refer to Section 4 in the GME Policies and Procedures Manual.

Work Environment
For information on the work environment, please refer to section 5.8.3 in the GME Policies and Procedures Manual.

The University of Kansas Medical Center Policies for Cardiac Arrhythmia Fellows

1. All fellows are expected to request approval for time off for vacations and meetings with the EP Research Director and Cardiac Arrhythmia fellowship coordinator in the office at least 30 days in advance. Vacations and time off for meetings are generally permitted on a first-asked, first-granted basis. Unless there are extenuating circumstances, vacations or meetings during the first two weeks of July and the last week in June are not permitted. Fellows are permitted two weeks of vacation per year.

2. Meetings are permitted if financing is available through unrestricted grants. Attendance at local and regional meetings is encouraged.

3. Fellows will be on location between 7:00 a.m. and whenever clinical research duties are over (at earliest, 5 p.m.). Notify the Cardiac Arrhythmia coordinator for any unexpected departures during the day, such as needing to pick a child up from day-care, etc. Be collegial. Try to help other fellows who may be inundated so that everyone can finish their work at a reasonable time.

4. Remember, you represent the Division of Cardiovascular Diseases, Mid-America Cardiology and the Department of Internal Medicine. Be especially collegial, helpful, and friendly to all consultants and allied health professionals. Report promptly any incident reports or problems to the respective cardiology staff.
The University of Kansas Medical Center  
Cardiac Arrhythmia Fellowship Program

**Work Hours**

Work hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Work hours do **not** include reading and preparation time spent away from the duty site.

**ACGME requires 100% compliance with Work hour entry.** Fellows will receive weekly e-mails to complete entry of Work hours.

**Moonlighting**

The Cardiac Arrhythmia Fellowship does not allow Moonlighting.

**Evaluations**

Cardiac Arrhythmia Fellow Evaluation

The Cardiac Arrhythmia Fellow will have evaluations completed by the EP Research Program Director quarterly.

**Medical Administration Services of KU Med**

**Proper Dress and Grooming**

We project an image of professionalism in our community. The grooming and dress of our employees conveys a message of respect, credibility, and quality of service. In a health care setting, appearance and cleanliness are extremely important in meeting the standards for infection control and safety. Employees have the opportunity to create a positive impression by consistently presenting themselves as models of cleanliness, modesty and conservative good taste.

The following standards should be practiced consistently:

**Grooming Standards**

- Practice daily oral hygiene
- Bathe daily and use effective deodorant
- Heavily scented toiletries should be avoided
- Fingernails should be clean, well-groomed, and of a reasonable length
- Make-up should be conservative and in good taste
- Hair styles as well as mustaches and beards should be clean, neatly groomed, and moderate
- Use of jewelry should be minimal and conservative
- Fingernails should be clean, well-groomed and of a reasonable length. Due to infection control issues, employees who are providing direct patient care may not wear artificial fingernails or extenders and must keep fingernails trimmed to ¼ inch above each finger in keeping with APIC standards.** This policy may apply to other positions in the Hospital as determined by the Vice President of the department.

**According to the Association for Professionals in Infection Control (APIC) artificial nails or extenders have been found to harbor pathogenic organisms and have been implicated in the transmission of organisms to patients.**
Clothing Standards

- All garments must be fresh and clean
- Uniforms: as designated by respective department
- Shoe soles should be non-marking and without metal caps
- Socks or hose must be worn
- Appropriate undergarments must be worn

Unacceptable Clothing

- Athletic shoes and t-shirts are generally not acceptable except as designated specifically by department uniform code
- Tight fitting or revealing garments
- Blue jeans, sweat clothing, shorts, halter-tops, leggings, mini-skirts
- Items of clothing imprinted with advertising or objectionable language

An employee may be asked to return home to change clothing on his/her own time. Failure to follow standards may result in disciplinary action up to and including termination.

Vacation

The University will provide up to maximum of two weeks (10 workdays) of vacation per year, which is covered by the resident stipend.

Vacation cannot be accumulated from year to year.

Vacation must be requested from and approved by the Program Director or a designee in at least 30 days in advance by entering an absence request in MedHub.

Denial of a specific request for vacation is a management decision on the part of the officers of the program and is not a grievable matter under these policies and procedures.

Sick Leave

The University will provide up to 5 workdays of sick leave per year to cover personal illness or illness in the resident’s immediate family (spouse or children).

Sick leave cannot be accumulated from year to year.

The use of sick leave must be approved by the Program Director or Department Chair. At the discretion of the Chair or Program Director, a physician’s written statement may be required as a condition of approval for sick leave.

Leave of Absence

A resident, who has used the maximum amount of personal leave, but still requires relief from the responsibilities of the program, may request a leave of absence.

At the program’s discretion and in accordance with the rules of the particular RRC and/or specialty board, the leave of absence, if granted, may extend to the termination date of the existing resident agreement.
All stipend payments and benefits will be suspended during a leave of absence.

Residents seeking to return from a leave of absence must reapply to the program and they are not assured of a position.

**Holidays**

Holiday definitions differ between Mid-America Cardiology, the University of Kansas and the KU Hospital Authority. For Cardiology 7:00 conferences and the fellow on call that day these dates are considered holidays.

New Year's Day  
Martin Luther King Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day (2 days)  
Christmas Day

**Military Leave**

Active Duty. A Resident, who enlists or is drafted into the armed forces of the United States, including reservists and members of the National Guard who are activated to military duty, other than active duty for training purposes, shall be granted military leave without pay.

Active Duty for Training Purposes. A Resident who is a member of the State Guard or Kansas National Guard or the reserves of the United States Armed Forces shall be granted a maximum of 12 working days per calendar year of military leave with pay for active duty for training purposes. Any active duty for training purposes in excess of 12 workings days in a calendar year shall be charged to military leave without pay, or at the Resident’s request, to accrued vacation leave.

Emergency Duty. A Resident who is a member of the State Guard or Kansas National Guard shall be granted military leave with pay for the duration of any official call to state emergency duty.

Other Accruals. Sick leave, vacation leave, and holidays shall not be earned or accrued during a period of military leave without pay.

Notice. When a Resident is called for duty, the Resident should be sustained during such duty, and the Resident shall be permitted to return to the program in a similar position with status and pay like that which the Resident occupied at the time of the beginning of the military leave.

Credit for Service. Unless otherwise specified in the applicable program regulations and agreed to by the program director, the time away for military leave does not count toward the Resident’s time in the program.

Release from Duty. The Resident should contact the program director within 30 days of the Resident’s release from duty. The Resident and the program director should agree on the date of the next regular working period that the Resident would be required to work; provided that such date is no later than ninety (90) days following the Resident’s release from duty.
The University of Kansas Medical Center  
Cardiac Arrhythmia Fellowship Program

**Professional Leave**

The University of Kansas will provide all residents with paid professional leave at the discretion of the EP Research Program Director for the following reasons:

a) While in the due process phase of a fair hearing or if relieved of clinical and patient care duties for reasons of suspension or probation.

b) Scholarly presentations at national or regional conferences

c) Conference attendance in a community away from the University of Kansas Medical Center

d) Studying for medical board examinations

e) Taking medical board examinations

A maximum of 5 days will be allowed for Cardiac Arrhythmia Fellows.

**Scientific Meetings**

Cardiovascular fellows are permitted up to 5 days per academic year to attend scientific meetings such as American Heart, American College of Cardiology, American Society of Echocardiography as well as Kansas Regional American College of Physicians meetings.

**Professionalism**

Please refer to the following link to review The University of Kansas Medical Center’s Professionalism initiative: [http://www.kumc.edu/school-of-medicine/fad/professionalism-initiative.html](http://www.kumc.edu/school-of-medicine/fad/professionalism-initiative.html)

1. Adhere to basic ethical principles
   a. Document and report clinical information truthfully
   b. Follow formal policies
   c. Accept personal errors and honestly acknowledge them
   d. Uphold ethical expectations of research and scholarly activity
   e. Come to work fit, rested and ready to work

2. Demonstrate compassion and respect to patients
   a. Demonstrate empathy and compassion to all patients
   b. Demonstrate a commitment to relieve pain and suffering
   c. Provide support (physical, psychological, social and spiritual) for dying patients and their families
   d. Provide leadership for a team that respects patient dignity and autonomy

3. Provide timely, constructive feedback to colleagues
   a. Communicate constructive feedback to other members of the health care team
   b. Recognize, respond to and report impairment in colleagues or substandard care via peer review process

4. Maintain Accessibility
   a. Responsibilities including but not limited to calls and pages
   b. Carry out timely interactions with colleagues, patients and their designated caregivers
5. Recognize conflicts of interest
   a. Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients
   b. Maintain ethical relationships with industry
   c. Recognize and manage subtler conflicts of interest

6. Demonstrate personal accountability
   a. Dress and behave appropriately
   b. Maintain appropriate professional relationships with patients, families and staff
   c. Ensure prompt completion of clinical, administrative, and curricular tasks
   d. Recognize and address personal, psychological, and physical limitations that may affect professional performance
   e. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
   f. Serve as a professional role model for more junior colleagues (e.g., medical students, interns)
   g. Recognize the need to assist colleagues in the provision of duties

7. Practice individual patient advocacy
   a. Recognize when it is necessary to advocate for individual patient needs
   b. Effectively advocate for individual patient needs

8. Comply with public health policies
   a. Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases)

9. Respect the dignity, culture, beliefs, values and opinions of the patient
   a. Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
   b. Recognize and manage conflict when patient values differ physician’s values

10. Confidentiality
    a. Maintain patient confidentiality
    b. Educate and hold others accountable for patient confidentiality

11. Recognize and address disparities in health care
    a. Recognize that disparities exist in health care among populations and that they may impact care of the patient
    b. Embrace physicians’ role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering
    c. Advocates for appropriate allocation of limited health care resources.

Impairment

Satisfactory performance includes the absence of significant impairment (impaired function of a fellow to a degree that it is causing less than satisfactory performance, and/or the impaired function, if not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance) due to physical, mental, or emotional illness, personality disorder, or substance abuse. Every effort will be made to reasonably accommodate those individuals with conditions or impairments that qualify as a disability under applicable law, provided that the accommodation does not present an undue hardship for the Department, the Medical School, or The University of Kansas Medical Center Cardiovascular Diseases Fellowship Education and Training 129 venues of training. Fellows will nevertheless be required to satisfactorily meet the Division’s performance criteria, requirements, and expectations of the
The University of Kansas Medical Center
Cardiac Arrhythmia Fellowship Program
Cardiovascular Diseases Fellowship Program. Please refer to Kansas University Medical Center’s Graduate Medical Education Policy Manual for the details of institutional policy regarding identification of impairment, reintegration into training, and ongoing monitoring of affected fellows.

Grievance

Please refer to the GME Policies and Procedures Manual section 13 for more information.

A grievance procedure is available to fellows for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all fellows in the programs sponsored by the School of Medicine.

Resident Assistance and Access to Counseling

The University of Kansas Medical Center is interested in the health and wellbeing of its residents. At some time, members of the resident staff may be faced with a variety of personal problems that may affect their wellness and job. The PWS will involve a period of 3 months, where the performance of the fellow can be monitored more closely. PWS is designed to identify weaknesses that, if not remedied, may lead to probation or dismissal. The Program Director will be responsible for determining the process for remediation. This meeting will be documented, given to the fellow for his/her agreement of the meeting content, and a final copy will go into the fellow’s personal file.

Should the fellow continue to be deficient despite appropriate counseling, professional assessment and input (if indicated), and faculty efforts, a period of probation (usually 3 months) is indicated. Before being placed on probation, the fellow will appear before a committee of one CV fellow, 2 CV faculty members and the Program Director wherein his/her case will be discussed. The fellow in question will have the right to rebuke the claims made against him/her. If his/her performance is deemed to warrant probation then formal written communication of probation will be drafted. Written communication of probation should:

1) State deficiencies that the individual was counseled for and document that insufficient improvement was made,
2) State explicitly that because of this the individual is being put on probation,
3) State period of probation,
4) State what is expected during this period,
5) State what will be done to assist the individual in meeting these expectations,
6) State what the mechanism(s) will be to determine improvement and
7) State what the consequences or options are to be if expectations are not met.

The deficient fellow will receive this written communication and a copy will go into his/her personal file. Fellows placed on probation may have difficulty with licensure in some jurisdictions. The probationary period is intended to emphasize to the fellow the importance of satisfactorily meeting the fellowship training requirements. The fellow should clearly appreciate the meaning of expected remediation, appreciate the defined time in which this must be accomplished, and alert his/her attending faculty during this period of probation to the importance of helping the fellow with defined problems. The faculty should provide an honest evaluation, should there be any possibility of personal problems, learning disability, or outside factors that may be contributory to the fellow’s performance.
The University of Kansas Medical Center
Cardiac Arrhythmia Fellowship Program
Fellows on probation must achieve a satisfactory evaluation from their attending faculty on assigned clinical service rotations during their probationary period. Probationary actions will only be shared with those needing to know, and will not be disclosed to other fellows or students.

Should the fellow fail the above probationary period, then at the discretion of the Department, written communication extending the probation may be issued, or written communication dismissing the fellow from the program on a designated date will be issued, assuming that dismissal was a consequence of probationary failure as stated above. Accompanying this written communication must be a statement of the fellow’s right of appeal.

A fellow who may or may not have been on probation (and successfully accomplished remediation in the probationary period) may receive intermittent low satisfactory performance evaluations due to personal problems. While some individuals attempt to deal with such problems on their own, there are times when professional assistance can be helpful.

It is in the best interests of the University, and its residents to provide assistance to those with personal problems involving alcohol, drugs, family, marriage, finances, emotions, or other conditions which may interfere with work attendance, productivity, and the ability to get along with co-workers. The University believes that an effective Assistance Program encourages wellness and promotes efficiency of its residents.

The University has a policy to maintain a drug-free workplace because drug abuse in the workplace may cause serious harm to any resident’s health, work performance and social interactions. To avoid these adverse situations, the University encourages its residents to seek counseling and assistance from on-campus and community resources.

The School’s Employee and Student Assistance Program is designed to provide information, assessment and referral services to help faculty, staff, residents and students identify problems and develop lifestyles that are physically and emotionally healthy. The University wants to encourage identification of problems at the earliest possible stage to motivate the residents or their families to seek assistance.

There are a number of resources available to residents experiencing personal problems:

**18.1 The Department of Psychiatry**
18.1.1 Offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems, including chemical dependency. The department is professionally staffed by psychiatrists, psychologists, and social workers and appointments may be made through the Psychiatry Clinic or individually through the private practices of these faculty members. Information about these services can be obtained by calling the Department of Psychiatry at 588-6400.

**18.2 Kansas State Medical Advocacy Program**
18.2.1 A Kansas medical license may be revoked, suspended or limited if a health care provider becomes unable to practice with reasonable skill and safety due to physical or mental disabilities, including deterioration through the aging process, loss of motor skills or abuse of drugs or alcohol. Kansas law does provide a Medical Advocacy Program which providers can contact in lieu of contacting the Kansas State Board of Healing Arts. The goal of the Medical Advocacy Program of the Kansas Medical Society is to confidentially rehabilitate and support the provider whenever possible. Under the Impaired Practice provisions of the program, confidential assistance is offered to residents who suffer from chemical dependency or other forms of impairment. The phone number of the Medical Advocacy Program is 1-800-332-0156 or 1-913-235-2383. Informational brochures about these programs can be obtained from the Graduate Medical Education Office, the Student Center or the Dean's Office of School of Medicine. You may also contact the Risk Manager in the Office of General Counsel for further information.
18.3 University Counseling Center and the Psychological Clinic
18.3.1 Also available to KUMC residents is the counseling and educational support center located in the Student Center G116. The counseling center’s contact number is (913)588-6580. Residents may find help with the following:
- Training Exam coaching
- USMLE Step 3 Preparation
- Specialty Board Exam Assistance
- Educational & Performance Excellence Coaching
- Manage Stress/Time
- Residency Demands
- Personal Life Demands
- Relationships / Marital / Family Concerns
- Personal Counseling
- Psychiatric Counseling
- Consultation and Referrals
- Crisis Intervention
- Lending Library- in training & board exams

Counseling may be provided without cost or on a sliding-fee basis depending on the facility used. These facilities are staffed by professional-level or practicum counselors. All services are provided in the strictest of confidence.

18.4 State of Kansas HealthQuest
18.4.1 An additional source of assistance for residents needing confidential counseling, medical, and psychological support services is the State of Kansas HealthQuest, 24-hour, toll-free assistance line (1-800-284-7575); if referred through the HealthQuest, the first counseling session is paid by the State. All contacts are kept in strict confidence.

Residents may also contact or be referred to off-campus resources as appropriate. Counseling costs are often covered by health insurance with proper referral from the resident’s primary health care provider.

Ideally, the decision to seek counseling will be made by the affected resident, however, there may be situations where referral is recommended or required by the Medical Center, the School of Medicine, the Hospital Medical Staff, or the Officers of a resident’s program. Such situations generally arise when performance or behavior problems are observed in the course of supervision of the resident’s training. In these cases, the individual making the recommendation or imposing the requirement should not attempt to diagnose the problem(s). Rather, the resident should be encouraged to seek professional assistance.

GME Policies and Procedures Manual

For additional information please refer to the GME Policies and Procedures Manual.