



Wichita Center for Graduate Medical Education Institutional Policy Manual



Reviewed and Approved by GMEC: May 9, 2024
Effective: July 1, 2024

Table of Contents

Accommodations for Disabilities (IV.I.4.)	4
Additional Compensation for Selected Training Experiences	4
Adverse Action (IV.D.1.b))	5
Annual Institutional Review and Special Review	9
Awards, Gifts and Prizes Taxation	10
Away Rotations	11
Clinical and Education Work Hours (IV.K.)	22
Closures and Reduction (IV.O.)	24
Compensation Determination	28
Disaster Plan (IV.N.)	29
Drug Free Workplace & Testing	32
Evaluation, Extension, Promotion, Completion & Verification of GME Training (IV.D.1.) ..	34
Family and Medical Leave	35
Graduate Medical Education Committee (GMEC)	43
Grievance (IV.E.)	45
Harassment, Mistreatment, Non-Discrimination & Non-Retaliation (IV.I.3. and IV.I.5.)	49
Impaired Physician (IV.I.2.)	51
Intellectual Property	52
Moonlighting (IV.K.1., and IV.K.1.a-d))	53
Paid Time Off and Leave of Absence (IV.H.1.)	56
Performance Improvement Plan	60
Pre-Employment Requirements	61
Privacy and Information Protection	63
Professionalism and Misconduct	66
Recruitment/Selection/Appointment Policy (IV.B.1.)	68
Reimbursement for Education or Business-Related Expenses	69
Requirements to Maintain Training	71
Resident Council	74
Restrictive Covenants (Non-Compete) (IV.M.)	78
Supervision (IV.J.1.)	78
Transition of Care	79
Vendor Relations (IV.L.)	79
Visiting Residents	82
Workers Compensation and Notification of Incident/Exposure	83

Preface

The University of Kansas School of Medicine – Wichita (KUSM-W) is the Sponsoring Institution for residency and fellowship training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and located in Wichita and Salina, Kansas. KUSM-W, as the Sponsoring Institution, has oversight over the graduate medical education programs to ensure compliance with ACGME accreditation requirements.

Residents and fellows in KUSM-W training programs are employed by either the Wichita Center for Graduate Medical Education (WCGME) or the Salina Health Education Foundation (SHEF). Both WCGME and SHEF are responsible for coordinating the salary and benefit programs for the trainees they employ and handling any employment issues that arise.

Members of the GME community are expected to comply with the policies and procedures described within this manual. There may be additional program or hospital specific policies or procedures with which individuals may also need to comply. If questions or concerns arise regarding a policy or procedure or clarification of a policy or procedure, individuals should contact the following:

- For policies related to accreditation requirements, please contact the Associate Dean of Graduate Medical Education and Designated Institutional Official
- For policies related to WCGME employment, please contact the WCGME Chief Operating Officer
- For policies related to SHEF employment, please contact the SHEF Chief Executive Officer.

Fellows are inherently included when residents are referenced in this manual.

Accommodations for Disabilities (IV.I.4.)

POLICY:

The Graduate Medical Education programs at KUSM-W are committed to achieving equal opportunity in employment and education for persons with disabilities and complies with the Americans with Disabilities Act of 1990 (ADA), as amended, and any other applicable state and federal laws. Applicants and residents with a disability will be ensured the same access to programs, educational opportunities, and activities as all others. Reasonable accommodations will be made to remove existing barriers, whether physical, programmatic, or attitudinal as possible.

Persons with disabilities who are covered under this policy include applicants seeking admission to residency programs and residents who, with or without reasonable accommodation, meet the technical standards for Graduate Medical Education.

It is the policy of KUSM-W to provide reasonable accommodations in employment to qualified individuals with disabilities, that meet the statutory definition of a covered disability, so they can perform the essential functions of the job. Any request for accommodation that presents threat of harm, is unduly costly, extensive, substantial or disruptive, or that would fundamentally alter residency training or patient care, will be considered an “undue hardship” for which there is no obligation for KUSM-W, WCGME or SHEF to make a reasonable accommodation.

Requesting Reasonable Accommodations

It is the obligation of the applicant or resident seeking an accommodation to direct their request to WCGME if a Wichita resident and SHEF if a Salina resident. WCGME and/or SHEF, will work with the applicant or the resident and the Program Director in an interactive dialogue to determine if a reasonable accommodation request can be granted. Requests will be considered on a case-by-case basis in accordance with state and federal regulations.

Documentation of Disability

Individuals who request accommodation may be asked to provide documentation of their disability to WCGME or SHEF together with a description of the requested accommodation and how it will help the individual proceed through the admission process or the resident perform the duties of the position. KUSM-W, WCGME and SHEF reserve the right to obtain additional medical or psychological assessment if the initial information from the applicant or the resident is insufficient. All documentation regarding disability shall be retained in files separate from the application, academic or personnel files of the resident.

Retaliation is Prohibited

KUSM-W, WCGME and SHEF, as applicable to their applicants or employed residents, will prohibit any form of discipline, reprisal, intimidation, or retaliation for requesting an accommodation in good faith. Applicants or residents will be informed if they feel they or someone else may have been subjected to conduct that violates this policy then they should report it immediately to the Designated Institutional Official.

Additional Compensation for Selected Training Experiences

POLICY:

A program may provide additional compensation for rotational training by providing funding in addition to the resident’s salary paid by Wichita Center for Graduate Medical Education (WCGME) or Salina Health Education Foundation (SHEF). It will be up to the program to procure

funding. This funding must be outside the WCGME or SHEF budget or the program budget. These paid shifts will be assigned at the discretion and approval of the program director. Participating in these extra shifts does not affect dates of training, nor allow resident to complete training early.

The following conditions must be met for a program to offer this additional compensation:

1. Program must be in good standing with continued accreditation with the ACGME.
2. Resident must be in good standing with Milestone Evaluation and ITE results.
3. Resident is supervised at all times.
4. Activities performed during this additional compensated rotational training are voluntary and consistent with the responsibilities of the resident as indicated in the Resident Agreement of Appointment and Employment and Resident Job Description.
5. Resident will not bill or collect for services provided and will follow the Medicare teaching rules.
6. Resident will receive additional compensation paid by the program.
7. Resident will include these hours in their work hour tracking. Hours spent in additional compensation must be compliant with ACGME work hour requirements.
8. Residents sponsored by the ECFMG for J-1 status are not permitted to receive additional compensation according to the U.S. Department of State's Exchange Visitor Program.
9. These training experiences must not be Moonlighting opportunities.

In Wichita the program will provide WCGME the name of resident to receive additional compensation. WCGME will process payment through payroll including deduction of appropriate taxes. Program will reimburse WCGME for the payment to the resident and employer FICA tax. In Salina the additional compensation will be paid by SHEF through payroll including deduction of appropriate taxes.

The program director will oversee the schedule for residents participating in the training experiences providing additional compensation to ensure the schedule is fair and equitable. Residents will not be required to participate in this additional rotational experience. If resident(s) do not participate, they will be released from duty at the time the additional experience would begin. Residents on a J-1 status may participate in the additional training experience, even though they are not permitted to receive additional compensation. Residents and the faculty assigned to the training experience will be provided the goals and objectives. Residents will receive feedback on their performance as well as an evaluation at least quarterly.

Because this experience is not considered moonlighting, the resident's training license and professional liability coverage is sufficient, just as it is with all other resident training activities.

Adverse Action (IV.D.1.b))

POLICY:

Adverse action shall be based on individual circumstances and shall not necessarily be graduated or sequential.

Adverse Action

An adverse action may result when continued remediation actions, such as a Performance Improvement Plan, have been unsuccessful. An adverse action occurs when a Program Director (1) places a resident on probation, (2) suspends a resident, (3) does not promote a resident to

the next training year, (4) elects not to renew the agreement, or (5) terminates a resident from a residency training program. The decision to place a resident on an adverse action must be approved by the Department Chair. Any adverse action must be reviewed by the Chief Operating Officer (COO) of the Graduate Medical Education (GME) office at KUSM-W prior to the implementation of the adverse action.

The written notification of the adverse action must include:

1. Documentation of the specific adverse action to be taken
2. A description of the academic deficiency(ies) and/or incident(s) of misconduct that are the basis for the adverse action
3. The specific remedial action or improvement that is required, unless the adverse action is termination or non-renewal
4. A defined time period with a start and end date for the improvement (if applicable)
5. Notice of the right to appeal, along with a copy of the Grievance Policy

The written adverse action notification should be signed by the Program Director and presented to the resident by the Program Director in person, if possible. The resident should be asked to co-sign the notice to acknowledge receipt. If hand delivery is not possible, the notice will be delivered to the resident's residence by certified mail with return receipt requested or by overnight courier service. A copy of the signed adverse action notice will be placed in the resident's permanent training file unless overturned by a grievance panel.

The following sections explain when either probation, suspension, non-promotion, non-renewal, or termination may occur.

A. Probation

Probation is an adverse action that constitutes notification to the resident there are significant academic deficiencies that must be corrected. Probation is typically the last opportunity to correct deficiencies and the final step before termination. However, termination prior to the conclusion of a probationary period will occur if there is further deterioration in performance or additional deficiencies are identified. Examples include, but are not limited to, failure to complete the requirements of a Performance Improvement Plan (PIP), not performing at an adequate level of competence, unprofessional or unethical behavior, misconduct, disruptive behavior, or failure to fulfill the responsibilities of the program including excessive tardiness or absenteeism which effectively disrupts training. A copy of the probation notification signed by the program director and resident must be sent to the COO prior to implementation.

A resident may be placed on probation for reasons such as, but not limited to:

1. Failure to maintain a DEA throughout residency training or DEA suspending or revoking registration
2. Consistent less than satisfactory or below average evaluations by the faculty
3. Failure to meet the performance standards of the training program or individual rotation(s)
4. Consistent and multiple complaints about unprofessionalism with patients, peers, professional staff, support staff, or physicians with whom the resident interacts during the resident's training program and/or consistent dishonorable conduct
5. Consistent delinquent episodes in the completion of medical records
6. Failure to comply with the special requirements of the residency program (i.e. procedure documentation, research projects, conference attendance, etc.)

7. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director
8. Violation of KUSM-W, program or hospital policies, rules or regulations
9. Such other cause, as determined by the Program Director, makes it advisable to place the resident on probation

The Program Director shall have the authority to place a resident on probation pursuant to this policy and have wide discretion based on the program director's judgment to determine the terms of probation. Probation may include, but is not limited to, special requirements or alterations in scheduling a resident's responsibilities, a reduction or limitation in clinical responsibilities, or enhanced supervision. Any terms of probation shall be related to the reason for the probation and shall be set for a specific period of time. Probation may include relieving a resident of clinical responsibilities. Placing a resident on probation requires written notice as described in Section II.

B. Suspension

A resident may be suspended from all program activities and duties by their Program Director. Suspension may be imposed for program-related conduct that is deemed grossly unprofessional; incompetent; erratic; potentially criminal; noncompliant with KUSM-W or participating sites' policies; or conduct threatening to the well-being of patients, other residents, faculty or staff. All suspensions must be reported to the DIO and COO prior to implementation. A decision involving suspension of a resident must be reviewed within three (3) working days by the Department Chair (or designee) to determine if the resident may return to some or all program activities and duties and/or whether further action is warranted. Additional action may include, but is not limited to fit for duty evaluation, referral for EAP or coaching, probation, non-renewal of contract, or termination. Time spent on suspension may not be counted towards the completion of program requirements. During the suspension the resident will be placed on administrative leave with or without pay depending on the circumstances.

C. Non-Promoted

A resident may not be promoted to the next level of training if their performance does not meet the expectations defined by the program. In this case, the resident will repeat a full training year. Summative evaluations will be utilized to make decisions about promotion to the next level of training. If at the end of the repeated year, the resident's performance does not meet the expectations defined by the program, the resident will be either non-renewed or terminated.

D. Non-Renewal of Agreement

Previous disciplinary action is not necessarily a prerequisite for non-renewal of a resident's agreement. The Program Director may elect to non-renew a resident's agreement for any of the following reasons:

1. Failure to maintain a DEA throughout residency training
2. Consistent less than satisfactory or below average evaluations by the faculty
3. Failure to correct deficiencies leading to probation during the probationary period
4. Consistent and multiple complaints about interpersonal relationships with patients, peers, professional staff, support staff, or physicians with whom the resident interacts during the resident's training program
5. Consistent delinquent episodes in the completion of medical records
6. Failure to comply with the special requirements of the residency program (i.e. procedure documentation, research projects, conference attendance, etc.)

7. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director
8. Violation of hospital rules or regulations
9. Failure to pass Step III of the USMLE or Level 3 of COMLEX exams before the end of the PGY-2 year
10. Such other cause, as determined by the Program Director, makes it advisable to not renew the agreement.

Non-renewal of agreement with a resident requires written notice as described in Section II. A copy of the non-renewal notification signed by the Program Director and resident must be sent to the COO prior to implementation.

E. Termination

Previous disciplinary action is not necessarily a prerequisite for termination. A resident may be terminated for reasons including but not limited to any of the following:

1. DEA or medical license suspended or revoked.
2. Failure to meet the academic performance standards of the training program.
3. Failure to correct deficiencies leading to probation during the probationary period.
4. Unprofessional or dishonorable conduct or professional incompetence.
5. Falsifying information.
6. Illegal conduct of any kind, as evidenced by a conviction, guilty plea, or pleas of *nolo contendere*. Conviction of a felony, as defined by the applicable state and federal laws, during the period of residency training.
7. Unethical conduct.
8. Performance or behavior which compromises the welfare of patients, self, or others.
9. Inability to participate in the essential functions of the Residency Training Program, with or without accommodations, due to mental or physical condition or impairment.
10. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director.
11. Violation of hospital rules or regulations.
12. Job abandonment.
13. Such other cause, as determined by the Program Director, makes it advisable to terminate the resident.

A resident will be notified in writing from the program or the GME office at KUSM-W of his/her termination thirty (30) days prior to the termination date but may be suspended from any participation in the program during this thirty (30) day period upon recommendation of the Program Director. Termination of a resident's participation in a program requires written notice as described in Section II.

II. Notice of Adverse Action

A resident against whom adverse action has been taken shall be given written notice of the intended adverse action from the Program Director or their designee. The written notice shall include a concise statement of the resident's alleged acts or omissions or other reasons for the adverse action and must be signed by the Program Director or designee in the absence of the program director. The notice shall be given to the resident either by sending a copy of the notice to the resident by certified mail (return receipt requested), or by hand-delivering a copy to the resident and, if possible, obtaining the resident's signed receipt for the notice. If the resident

refuses to sign the hand-delivered receipt, then such refusal shall be considered as an acknowledgment of delivery and noted on the receipt.

A copy of the notice shall also be given to the COO. All adverse actions will become a permanent part of the resident training record, unless the resident appeals the adverse action, and the status is not upheld by the grievance hearing committee. Please see Grievance policy for more details.

III. Request for Grievance Hearing

A resident may require remediation or be placed on an adverse action. The resident has the right to appeal an adverse action. Not all remediation efforts are an adverse action, and therefore, may not be subject to an appeal. Please see Grievance policy for more details.

Annual Institutional Review and Special Review

POLICY:

The Graduate Medical Education Committee (GMEC) will conduct an Annual Institutional Review (AIR) of all accredited programs to assess compliance with the Institutional, Common Program and Program Specific Requirements of the Accreditation Council for Graduate Medical Education (ACGME). Additionally, the GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review Process.

Annual Institutional Review:

The GMEC will identify institutional performance indicators for the AIR which will include the most recent:

1. Results of the institutional Notification Letter indicating accreditation status, citations and areas for improvement
2. Each ACGME accredited programs' Notification Letter indicating accreditation status, citations and areas for improvement
3. Results of the ACGME resident/fellow and core faculty surveys
4. Program data to include procedure volume, resident and program director attrition and match rate

The AIR will include monitoring procedures for action plans resulting from the review. The Designated Institutional Official (DIO) will submit a written Executive Summary of the AIR to the governing body. The Executive Summary will include the institutional performance on indicators specified by the GMEC and action plans, including monitoring procedures resulting from the review.

Special Review

The GMEC will identify underperformance through the following established criteria, which may include, but not limited to the following:

1. Program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies
2. Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;

3. Self-report by Program Director, Associate Program Director, Core Faculty or Department Chair

Special Review Panel: The Special Review panel will be members of the AIR subcommittee and may include a resident member. Additional reviewers may be included as determined by the DIO, AIR subcommittee or the GMEC. Special Reviews may be conducted in a variety of ways (i.e., interviews with program leadership, faculty, and residents; document review; etc.) to be determined on a case-by-case basis.

Report: The AIR subcommittee, acting as an extension of the GMEC, will provide the Program Director a report describing the findings of the Special Review. Subsequently, the Special Review report will be presented to the GMEC for approval. The report will include an explanation of the review process and identification of non-compliance. The program will be required to report their improvement plan and how they will monitor for improvement outcomes. The program will remain under special review until the GMEC is satisfied with demonstrated improvement efforts or until the program is no longer under adverse accreditation status.

Monitoring of Outcomes: The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

A Program Director and/or DIO can independently request a Special Review of their program by the AIR subcommittee at any time during the academic year. If a Program Director or the DIO requests a Special Review, it will be a focused review of program compliance with accreditation requirements and review of specific concern identified by the Program Director and/or DIO. The same reporting process will be followed as stated above.

Awards, Gifts and Prizes Taxation

POLICY:

WCGME will comply with IRS regulations and other applicable laws concerning awards, gifts and prizes.

Employees

Awards, gifts, or prizes that are given in the form of a de minimus (less than \$100) tangible item will be evaluated on a case-by-case basis to ensure there are no tax implications.

Cash or cash-equivalent awards, gifts and prizes to employees are always taxable.

The maximum dollar amount of excludable awards to a single employee during a calendar year is limited to \$400.

The [IRS Fringe Benefit Guide](#) outlines the following items as **always** being taxable:

- Cash or cash equivalent awards, such as savings bonds or gift certificates.
- Recognition awards, cash or non-cash, for job performance, unless they are qualifying de minimis fringe benefits.
- Non-cash prizes (unless de minimis) won by employees from random drawings at employer sponsored events.
- Awards for performance, such as outstanding customer service, employee of the month or awards based on productivity.

Programs are responsible for reporting taxable awards, gifts and prizes and should consider the tax implications for the employee receiving. The program is required to notify WCGME upon the employee's receipt of a taxable item. The required employee taxes will be deducted from the employee's next paycheck. The required employer tax portion of the award or gift will be taken out of the program budget that provided the award or gift.

Nonemployees

Noncash awards, gifts or prizes may be presented to individuals if requested for a valid purpose.

Awards, gifts or prizes (cash or non-cash) in excess of \$600 annually will be reported on Form 1099-MISC and will be taxable by the IRS.

Away Rotations

POLICY:

This policy will direct programs and residents on the request and approval process of an away rotation. This policy also establishes procedures to ensure quality of education and appropriate supervision for an away rotation. A Program Director may request an away rotation for a resident using the processes described.

An away rotation may be defined by any of the following circumstances:

1. An outpatient only rotation at a clinic site that is not a department of the hospital and where a non-hospital site agreement has not been executed
2. A rotation in any hospital other than those included on the following list:
 - a. Ascension Via Christi Hospitals Wichita, Inc.
 - b. Department of Veterans Affairs-Robert J. Dole, VA Medical Center
 - c. Kansas Surgery and Recovery Center
 - d. Shriners Hospitals for Children
 - e. Wesley Medical Center, LLC
3. Any rotation that occurs more than 60 minutes outside the city of Wichita (domestic or international).

Each resident is permitted to have one month or block equivalent of away rotation experience during residency training.

A Program Director may request an away rotation for one of four reasons:

1. Accreditation Council for Graduate Medical Education (ACGME) required training that cannot be met with resources available in Wichita.
2. Residency program requirement for a rotation, not required by the ACGME common or specialty specific requirements.
3. Resident desire to pursue a unique educational experience to inform future practice.
4. Resident and Program Director desire for a resident to complete an away rotation to fulfill Affiliated Group Agreements between facilities.
 - o A Medicare GME Affiliated Group is defined by the Centers for Medicare and Medicaid Services as
 - Two or more hospitals who have a shared rotational arrangement with at least one other hospital in the Medicare GME Affiliated Group and
 - Are in the same urban, rural, or contiguous area OR

- Are jointly listed as the sponsor, primary clinical site, or major participating institution for one or more programs OR
- Have common ownership
- All the hospitals within the Medicare GME Affiliated group must be connected by a series of such shared rotational arrangements.

ACGME Required Training

Accreditation Council for Graduate Medical Education (ACGME) program requirements may contain required elements of training that are not available in Wichita. Program Directors will work with KUSM-W and/or WCGME to contract with other facilities to secure this required training. Through affiliation agreements, alternate site agreements and Program Letters of Agreement (PLA), efforts will be made to secure graduate medical education funding when possible.

If a resident completes an away rotation because that training is not available in Wichita, the rotation will not be counted as the resident's away rotation experience, i.e., the resident may still be permitted to complete one additional away rotation experience during residency training.

Residency Program Requirement

A residency program may determine an educational experience that necessitates an away rotation is critical to the education of its residents. In that instance, the residency program would require the resident to use their one away rotation experience to fulfill the program requirement. Each resident is limited to only one month or block equivalent of away rotation experience throughout residency. Thus, if a program requires all residents to complete an away rotation that is not required by the ACGME, the residents are not able to request additional away rotation experiences during training.

Resident Desire for Unique Educational Experience

A Program Director may request one away rotation for each resident if the resident desires such an experience. Such requests should occur at least four months prior to the scheduled rotation to allow for completion of all required paperwork and approvals.

Residency Program Desire to Fulfill Affiliated Group Agreements

A Program Director may request up to one away rotation in this category for each resident if the resident desires such an experience. Such requests should occur at least four months prior to the scheduled rotation to allow for completion of all required paperwork and approvals. These rotations will not be counted as the resident's away rotation experience, i.e., the resident may still be permitted to complete one additional away rotation experience during residency training.

Procedure for Requesting an Away Rotation

Each resident will be limited to one month or block equivalent of away rotation experience during residency training. Residents who are not in good standing within the residency program will likely not be approved for an away experience. The Program Director will complete the appropriate request form and submit it to WCGME at least four months prior to the requested start date of the Away Rotation.

The following information must be submitted prior to the request for the away rotation being considered:

1. Description of rotation requested including goals and objectives for rotation and a copy of the evaluation instrument that will be used to evaluate resident performance.
2. The Program Director must attest the rotation has appropriate educational merit and rigor.

3. Rationale for why educational goals necessitate an away rotation.
4. Dates of rotation requested.
5. Location of rotation requested including address of facility or facilities where training will take place.
6. Name and credentials of physician who will be responsible for the education, supervision, and evaluation of resident during rotation.

WCGME will process all requests and will have final approval for all away rotations that occur within the United States. WCGME will process all requests for international away rotations and will forward those requests to the Office of International Programs at the University of Kansas Medical Center who will have final approval authority for all international away rotation requests.

Educational requests that can be accomplished in Wichita or at the Sponsoring Institution or affiliated hospitals and clinics will likely be denied.

The physician faculty responsible for the education, supervision, and evaluation of the away rotation, whether domestic or international, must be American, Canadian or British board trained, or possesses equivalent credentials that are acceptable to the Program Director.

Programs must adhere to ACGME guidelines when applicable.

Procedure for Requesting an Away Rotation within the United States

If an away rotation is requested that is within the United States, the Program Director must complete the Domestic Away Request form. The Domestic Away Request form must be completed and submitted to WCGME with all requested attachments at least four months prior to the requested rotation start date.

WCGME will verify the resident has not taken a prior away rotation during residency and will determine final status on approval.

If the away rotation is located outside the state of Kansas, the resident must obtain either a training or full medical license in the state in which the rotation will occur prior to the first day of the rotation. Residents who do not have a training or full license from the applicable state by the first day of the rotation will not be permitted to begin the away rotation. WCGME will waive the license requirement if the resident can provide authoritative documentation from the licensing board of the state in which the rotation is occurring or the state in which the resident is rotating will accept the Kansas active or training license.

Procedure for Requesting an Away Rotation outside the United States

If an away rotation is requested that is outside of the United States, the Program Director must complete the International Rotation Application form. The International Rotation Application form must be completed and submitted to WCGME with all requested attachments at least four months prior to the requested rotation start date. Additionally, the resident who will be completing the rotation must read and sign the Away Rotations policy attesting to having read the policy and agreeing to the terms therein.

WCGME will verify the resident has not taken a prior away rotation during residency and will forward the completed application to the Office of International Programs at the University of Kansas Medical Center to request approval. WCGME only recommends international rotations in countries with a Level 1 or Level 2 status as determined by the Department of State's Bureau of Consular Affairs.

The Department of State's Bureau of Consular Affairs provides advisories and alerts to travelers. Prior to international travel, residents are required to access the Travel Advisory and Alerts website for safety and security information on the desired destination. The following levels are determined by the Department of State's Bureau of Consular Affairs:

- Level 1: Exercise normal precautions
- Level 2: Exercise increased caution
- Level 3: Reconsider travel
- Level 4: Do not travel

If a Level 3 or 4 Travel Advisory is issued for the area in which the requested away rotation is located, WCGME will not recommend approval. If the site is a Level 3 or a Level 4, the Office of International Programs may not approve the rotation. Resident will have the option to appeal, however, if the rotation is denied, resident will not be permitted to travel to that country for educational credit. Furthermore, if a level 3 or level 4 Travel Advisory is issued at any time prior to the start date of the rotation, approval of the rotation may be retracted, and the resident may not be permitted to participate in the international away rotation. The resident must purchase travel insurance that may protect their travel arrangements in the case of cancellation after the purchase date.

It is highly recommended that resident's passport be valid for no less than six months after the scheduled return to the United States. Temporary medical licensure may be required for some international sites. If required, resident must secure licensure prior to departure.

WCGME will forward the completed International Rotation Application to the Office of International Programs at the University of Kansas Medical Center for approval. Once a decision regarding approval of the requested international rotation is obtained, WCGME will notify the resident, residency program director and residency coordinator of approval status.

Residents are prohibited from any proselytizing while in training to include:

1. Engaging in any activities that have direct political, military, or religious implications on foreign soil.
2. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States, the program, or the institution.
3. Distributing controlled substances as part of a plan of patient care without appropriate authorization in accordance with the laws and regulations of the country in which the rotation takes place.

Foreign Commercial Insurance

WCGME provides a separate Foreign Commercial policy to cover work related injuries or endemic disease, emergency evacuation and repatriation while rotating out of the United States.

Liability Guidelines for International Rotation

1. The resident must meet with the Program Director or designee to review potential risks, State Department advisories, and the CDC Travel information access.
2. WCGME and/or the residency program may require the resident to have a Fitness for Duty Evaluation upon return from the international rotation.
3. Resident must provide proof of insurance, including evacuation insurance prior to travel.
4. The resident must complete the Resident's Acknowledgement of Responsibility and Release of Liability form, which is an indemnity waiver for WCGME, KUSM-W, University of Kansas

Medical Center and the residency program prior to travel. A copy will be maintained in the WCGME office.

5. Resident must provide proof of health insurance, travel arrangements, medical evacuation insurance, immunizations, passport, visas and living arrangements prior to travel.

Resident Benefits and Expectations During Away Rotations

The Graduate Medical Education Committee (GMEC), through the WCGME office, assures residents will continue to receive stipends, benefits and accreditation compliant educational experiences while completing away rotations. Salary, benefits, and professional liability coverage will be provided by WCGME for approved away rotations.

It is the responsibility of the Program Director to contact the requested rotation site for approval of the rotation and provide the WCGME office documented approval from the requested program. The resident is responsible for all personal expenses while participating in an away rotation.

KUSM-W prohibits the use of financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies that have indirect contact with patient care to support or sponsor away rotations.

Resident will abide by the policies of WCGME, KUSM-W, University of Kansas Medical Center, the residency program, and the educational site while rotating on an away rotation, including those of the training program and any local laws and rules.

All away rotations must be approved by WCGME (or the Office of International Rotations if international) prior to the resident beginning the rotation. All away rotations will be evaluated to ensure the quality of education and appropriateness of supervision during the rotation.

WCGME will not cover or reimburse the cost of required immunizations.



REQUEST FOR DOMESTIC AWAY ROTATION

Name: _____ Program: _____

Dates of requested rotation:

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

Name and address of rotation:

Faculty physician responsible for education, supervision and evaluation of resident during rotation: _____

Faculty physician Credentials (As an alternative, may attach copy of faculty CV)

Medical School Name _____

Medical School Location _____

Dates of attendance _____

Residency Name _____

Residency Location _____

Dates of attendance _____

Board Certification _____

Date of Board Certification _____

Reason for away rotation request. Please specifically address why educational goals cannot be met in Wichita.



INTERNATIONAL ROTATION APPLICATION

Name: _____ Program: _____

Application Date _____ Rotation _____

_____ through _____
 Dates of rotation

(_____) _____ (_____) _____
 Work Telephone Home/Cell Telephone

_____ (_____) _____
 E-mail address Pager

_____ Permanent USA Address

Additional family members accompanying you on the trip			
Name	Age	Relationship	
Emergency Contact Information			
Name	Relationship	Phone	E-mail

ROTATION SITE INFORMATION

United States Faculty	
Residency Director	
Name	
Specialty	
Board Certified	
Phone	
E-mail	
Residency Advisor or Faculty Liaison for International Rotation	
Name	
Specialty	
Board Certified	
Phone	
E-mail	

International Preceptor		
Field Attending Physician		
Name		
Address		
Phone		
E-mail		
Medical License #		Country of Issue:
Specialty		
Board Certified		
Training	University:	Country:
Years of Medical Practice/Experience		

Rotation Site Profile	
Medical Facility	
Country	
City	
Organization	
Contact Person	
Address	
Phone	
E-mail	
Facility (Hospital, Clinic, etc.)	
Language Spoken	
Translator Available	
Services Available (Internet, Tel, Fax, etc.)	
Living Arrangements	
Accommodation	
Transportation	
Food	
Services Available (Internet, Tel, Fax, etc.)	
Travel Arrangements	
International Airlines	
Domestic Airlines	
Visa Type and Expiration Date	
Vaccinations	Dates

Additional Comments:

RESIDENT RESPONSIBILITIES

The resident is responsible for the following items:

1. Complete the International Rotation Application form
2. Read and agree to the terms of the WCGME Policy: Away Rotations
3. Abide by the ACGME work hour requirements for the residency program
4. Develop and complete post international rotation requirements and evaluations with the residency program director
5. Coordinate all travel and accommodations for international rotations
6. Develop and submit an expense budget and funding estimate (if required by the Program Director)
7. Complete any other requirements assigned by the Program Director

INTERNATIONAL ROTATION APPROVAL

Resident:

1. I have read and agree to the terms of the WCGME Policy: Away Rotations
2. All information provided in this application form is accurate and true
3. I will complete all the responsibilities listed within this application

Resident Signature

Name (Printed):	
Signature:	Date:

Residency Program Director Signature

Name (Printed):	
Signature:	Date:

WCGME, Chief Operating Officer Signature

Name (Printed):	
Signature:	Date:

RESIDENT'S ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY
International Residency Rotation

I have voluntarily elected to participate in an International Residency Rotation in _____ from _____ to _____. I acknowledge that rotating abroad will represent challenges and risks that are unpredictable. These include political instability, infectious diseases, personal travel safety risks and health hazards that are not commonly encountered in my residency program based in Wichita, Kansas.

I acknowledge that it is my responsibility to research and locate the site for my elective rotation training, the supervisor, and the training curriculum that will satisfy RRC and board guidelines for my residency. I understand that this information must be available and submitted to the Program Director and WCGME four months prior to my scheduled departure.

I acknowledge that I have been advised of required immunizations prior to my departure. I understand that it is my responsibility to secure those immunizations and be responsible for the cost unless the cost is covered by my health insurance plan as an employee of Wichita Center for Graduate Medical Education, Inc. (WCGME).

I acknowledge that I am responsible for making all travel arrangements and paying for all travel expenses away from the rotation site. I also acknowledge that I am responsible for making arrangements and paying for lodging for myself and any family members who accompany me on this elective rotation.

I acknowledge that it is my responsibility to research the requirements and to obtain and pay any expenses for travel visas and medical licensing that are necessary.

I have read and I understand the above guidelines, as well as the other requirements explained in the application materials that I have completed for participation in the Elective International Residency Rotation. I understand the decision to participate in an international rotation is mine alone and WCGME shall bear no responsibility for any health or safety risks presented by such elective rotation. I further understand WCGME will neither advance nor pay for any of the expenses necessary for travel, lodging or satisfying other criteria for participation in this voluntary Elective International Residency Rotation. This release does not extend to any personal injury that I suffer by accident arising out of or in the course of my employment by WCGME, as that is defined by the Workers' Compensation Act, K.S.A. 44-501, et seq.

I further state I have carefully read the foregoing release and I understand the contents of the same and I sign this release as my own free act.

Name (Printed)

Signature

Date

Clinical and Education Work Hours (IV.K.)

POLICY:

The University of Kansas School of Medicine - Wichita supports the ACGME Common Program Requirements, which outline the maximum hours of clinical and educational work allowed. The institution and its programs are committed to promoting patient safety and resident well-being in a supportive educational environment. The programs, in partnership with the Sponsoring Institution and participating sites, will provide residents with educational and clinical experiences, as well as opportunity for rest, personal activities and well-being.

Well-Being

- Residents must be given the opportunity to attend medical, mental health, vision and dental care appointments, including those appointments scheduled during their working hours.
- Programs should develop policies outlining how resident time will be protected when attending such appointments.
- Resident must use Paid Time Off (PTO) to cover such appointments lasting more than a half day.
- When residents are unable to attend work due to reason such as fatigue, illness or family emergencies, programs will have policies that ensure patient care coverage, in the event the resident may be unable to perform their patient care responsibilities.
- Residents must not fear negative consequences for being unable to provide clinical work on these days.

Fatigue Mitigation

- Programs must educate all faculty and residents on recognizing the sign of fatigue and sleep deprivation.
- Faculty and residents are also to be educated in alertness management and fatigue mitigation processes.
- Residents are to be encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and education.
- Programs must ensure continuity of patient care when residents are unable to perform their patient care responsibilities due to excessive fatigue.
- Programs must have adequate sleep facilities and safe transportation options when resident is too fatigued to drive home.

Clinical Experience and Education

- The maximum hours of clinical and educational work must be limited to no more than 80 hours per week, averaged over four weeks, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. This also includes training experiences for which residents receive additional compensation.
- Types of work from home that must be counted include using an electronic health record and responding to patient care questions.
- Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.
- Decisions about whether to report brief periods devoted to clinical work (e.g., a phone call that lasts just a couple of minutes) are left to the individual resident or fellow.
- Each logged violation of the 80-hour maximum requirement will be reported by the WCGME office to the Program Director as requested by the GMEC.

Mandatory Time Free of Clinical Work and Education

- Residents should have 8 hours off between scheduled clinical work and education periods.
- There may be circumstances when a resident chooses to stay longer to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. These hours must occur within the 80-hour weekly limit and the one-day-off in seven requirements.
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be scheduled for a minimum of one day off in seven, free from patient care and educational obligations, averaged over 4 weeks. No residency responsibilities (at home call, medical record review, residency interviews, etc.) can be assigned on these free days. For example, if a resident is on back up call and is expected to be available to come to the hospital in the event coverage for a colleague who becomes ill is needed, that day cannot be counted as a free day.

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- Up to 4 hours of additional time may be used for activities related to patient safety, for example, providing effective transitions of care or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions

- In rare circumstances, after handing off all other responsibilities, residents, on their own initiative, may elect to remain on duty or return to the clinical site in the following circumstances:
 - a. to continue to provide care to a single severely ill or unstable patient
 - b. to provide humanistic attention to the needs of a patient or family
 - c. to attend unique educational events
- These additional hours of care or education must be counted toward the 80-hour weekly limit.

Moonlighting

- Moonlighting must not interfere with the resident's ability to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.
- All moonlighting, internal and external, must be counted toward the 80-hour maximum weekly limit.
- PGY-1 residents and residents working under J-1 sponsorship are not permitted to moonlight.
- See Moonlighting policy for more details on moonlighting.

In-House Night Float

- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the specialty Review Committee.

Maximum In-House On-Call Frequency:

- Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call:

- Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit.
- The frequency of at-home call is not subject to every third night limitation but must satisfy the requirement for 1 day in 7 free of clinical work and education, when averaged over 4 weeks.
- At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum limit and will not initiate a new “off-duty period.”

For residents employed by Wichita Center for Graduate Medical Education (WCGME), the following procedures are required for logging worked hours in New Innovations. These steps do not apply to the residents in the Smoky Hill program.

Logging of Clinical and Educational Work Hours:

- Residents must regularly log clinical and educational hours worked (i.e., daily, weekly).
- All hours must be entered and verified for accuracy by the resident prior to the first of every month, no matter where the rotation falls within the month.
- Duty hours will automatically lock upon resident signoff.
- Accurate and timely logging is essential. After a reporting period is finalized by GME staff, logged hours are not able to be changed.

Note: some specialties may have more restrictive standards, reflecting patient care and educational demands. Under these circumstances, the more restrictive standards will apply.

Closures and Reduction (IV.O.)

POLICY:

While all the members of the GME community in Wichita and Salina are committed to ensuring that residents can complete training, situations may arise where a hospital, an employer or the University of Kansas School of Medicine-Wichita (KUSM-W) as the Sponsoring Institution would want to close or permanently reduce the number of residents in a program.

For Residents and Fellows Employed by WCGME:

Ascension Via Christi or Wesley Medical Center Wishes to Withdraw

If Ascension Via Christi or Wesley Medical Center wishes to no longer be a participating site for some or all of the GME programs currently training in that hospital, written notice must be provided to the University of Kansas School of Medicine- Wichita, the Wichita Center for Graduate Medical Education, the non-cancelling hospital, the affected program director(s) and the Graduate Medical Education Committee (GMEC) by March 31st for an effective cancellation date of June 30th in the following year. For example, if a hospital provided written notice of wishing to cancel their status as a participating site on March 31, 2023, the effective cancellation date would be June 30, 2024.

Within 90 days from the date of the notice of cancellation, the non-cancelling hospital may provide written notice to the University of Kansas School of Medicine- Wichita, the Wichita Center for Graduate Medical Education, the cancelling hospital, the affected program director(s), and the Graduate Medical Education Committee that they wish to become the participating site for the previously shared programs and/or the solo participating site for the previously non-shared programs.

Additionally, the GMEC will review the affected program and propose a plan of transition to the WCGME Board of Directors. The transition plan must be completed, reviewed and acknowledged by the WCGME Board of Directors no later than August 31st following the cancellation date. Notice of this action will be provided to the hospitals, WCGME, the affected program directors and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the hospital's wish to cancel status as a participating site, the decision of the non-cancelling hospital to assume or not assume responsibility as a participating site for the program and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

University of Kansas School of Medicine-Wichita Wishes to stop sponsorship of one or more programs in Wichita

If KUSM-W wishes to stop sponsoring one or more programs, written notice must be provided to Ascension Via Christi and Wesley Medical Center, the Wichita Center for Graduate Medical Education, the affected program director(s) and the Graduate Medical Education Committee (GMEC) by December 31st for an effective cancellation date of June 30th in the following contract year. For example, if a hospital provided written notice of wishing to cancel their status as a participating site on Dec 31, 2022, the effective cancellation date would be June 30, 2024.

Within 10 days of receipt of notice from KUSM-W, the WCGME Board President will call a special meeting with the Chief Executive Officers of the Hospitals to discuss sponsorship options for the affected programs. Upon mutual consent of the hospitals, one or both hospitals may seek ACGME approval to become the Sponsoring Institution. Alternatively, a different sponsoring institution could be identified by mutual consent. Written notice of the hospital recommendation regarding Sponsoring Institution must be provided to WCGME, the affected program directors and GMEC no later than June 30th of the same contract year that notice is given, i.e., June 30, 2023 in the above example.

Once written notice on the decision on sponsorship has been received, the GMEC will review the affected program and propose a plan of transition to the WCGME Board of Directors. The transition plan must be completed, reviewed and acknowledged by the WCGME Board of Directors no later than August 31st following the cancellation date. Notice of this action will be provided to the hospitals, WCGME, the affected program directors and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the University's decision to stop sponsorship of one or more programs, the decision of the hospitals to assume or not assume sponsorship and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

Ascension Via Christi or Wesley Medical Center Wishes to Reduce Resident Complement at Hospital

If Ascension Via Christi or Wesley Medical Center wishes to reduce the resident complement supported in one or more programs, written notice must be provided to the University of Kansas School of Medicine-Wichita, the Wichita Center for Graduate Medical Education, the affected program director(s) and the Graduate Medical Education Committee (GMEC) by December 31st for the change to take effect in the following academic year. For example, if a decision was made to reduce the complement of residents in a program on Dec 31, 2022, the effective reduction date would be July 1, 2024.

Reduction of complement will occur by reducing the quota submitted for a program in the NRMP Match. This will allow current residents the option of completing training while reducing the overall size of the program through graduation and attrition.

Within 90 days from the date of the notice of reduction, the GMEC will review the affected program and propose a plan of transition to the WCGME Board of Directors. This transition plan could include maintain program complement by seeking financial support for positions from another hospital. The transition plan must be completed, reviewed and acknowledged by the WCGME Board of Directors no later than August 31st following the effective reduction date. Notice of this action will be provided to the hospitals, WCGME, the affected program directors and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the hospitals decision to reduce resident complement and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

University of Kansas School of Medicine-Wichita Wishes to reduce complement of residents in one or more programs

If KUSM-W wishes to reduce the resident complement in one or more programs, written notice must be provided to the Wichita Center for Graduate Medical Education, the affected program director(s) and the Graduate Medical Education Committee (GMEC) by December 31st for the change to take effect in the following academic year. For example, if a decision was made to reduce the complement of residents in a program on Dec 31, 2022, the effective reduction date would be July 1, 2024.

Reduction of complement will occur by reducing the quota submitted for a program in the NRMP Match. This will allow current residents the option of completing training while reducing the overall size of the program through graduation and attrition.

Within 90 days from the date of the notice of reduction, the GMEC will review the affected program and propose a plan of transition to the WCGME Board of Directors. The transition plan must be completed, reviewed, and acknowledged by the WCGME Board of Directors no later than August 31st following the effective reduction date. Notice of this action will be provided to WCGME, the affected program director(s) and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the University's decision to reduce resident complement and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

**For Residents and Fellows Employed by SHEF:
Salina Health Education Foundation (SHEF) Wishes to Withdraw**

If Salina Health Education Foundation wishes to no longer participate in medical education for the Smoky Hill Family Medicine Residency, written notice must be provided to the University of Kansas School of Medicine- Wichita, the Wichita Center for Graduate Medical Education, the affected program director, and the Graduate Medical Education Committee (GMEC). The effective cancellation date will be at the conclusion of the contract year in which all affected residents have graduated, transferred, left the program, or been deemed ineligible for graduation from the program.

The GMEC will review the affected program and propose a plan of transition to the University of Kansas School of Medicine-Wichita. The transition plan must be completed, reviewed, and acknowledged by KUSM-W no later than 12 months following the notice of cancellation. Notice of this action will be provided to SHEF, the affected program director and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the hospital's wish to cancel status as a participating site, the decision of the non-cancelling hospital to assume or not assume responsibility as a participating site for the program and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

University of Kansas School of Medicine-Wichita Wishes to stop sponsorship of the Smoky Hill Family Medicine Residency

If KUSM-W wishes to stop sponsoring the Smoky Hill Family Medicine Residency program, written notice must be provided to notice must be provided to the Salina Health Education Foundation, the affected program director(s), and the Graduate Medical Education Committee (GMEC). The effective cancellation date will be at the conclusion of the contract year in which all affected residents have graduated, transferred, left the program or been deemed ineligible for graduation from the program.

Within 10 days of receipt of notice from KUSM-W, the SHEF Board of Directors President will call a special meeting of the SHEF Board of Directors to sponsorship options for the affected program. SHEF may seek ACGME approval to become the Sponsoring Institution or may recommend an alternative sponsoring institution. Written notice of the recommendation regarding Sponsoring Institution must be provided to, the affected program director and GMEC.

Once written notice on the decision on sponsorship has been received, the GMEC will review the affected program and propose a plan of transition. The transition plan must be completed, reviewed and acknowledged by the SHEF Board of Directors no later than 12 months following notice of cessation. Notice of this action will be provided to KUSM-W, the affected program director and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the University's decision to stop sponsorship of the Smoky Hill Family Medicine Residency, the decision of SHEF to assume or not assume sponsorship and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

Salina Health Education Foundation Wishes to Reduce Resident Complement in Smoky Hill Family Medicine Residency

If SHEF wishes to reduce the resident complement supported in the Smoky Hill Family Medicine Residency, written notice must be provided to the University of Kansas School of Medicine-Wichita, the affected program director and the Graduate Medical Education Committee (GMEC) by December 31st for the change to take effect in the following academic year. For example, if a decision was made to reduce the complement of residents in a program on Dec 31, 2022, the effective reduction date would be July 1, 2024.

Reduction of complement will occur by reducing the quota submitted for a program in the NRMP Match. This will allow current residents the option of completing training while reducing the overall size of the program through graduation and attrition.

Within 90 days from the date of the notice of reduction, the GMEC will review the affected program and propose a plan of transition to the SHEF Board of Directors. This transition plan could include maintaining program complement by seeking financial support for positions from another entity. The transition plan must be completed, reviewed and acknowledged by the SHEF Board of Directors no later than August 31st following the effective reduction date. Notice of this action will be provided to the University, the affected program director and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of SHEF's decision to reduce resident complement and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

University of Kansas School of Medicine-Wichita Wishes to reduce complement of residents in Smoky Hill Family Medicine Residency

If KUSM-W wishes to reduce the resident complement in Smoky Hill Family Medicine Residency, written notice must be provided to the Salina Health Education Foundation, the affected program director and the Graduate Medical Education Committee (GMEC) by December 31st for the change to take effect in the following academic year. For example, if a decision was made to reduce the complement of residents in a program on Dec 31, 2022, the effective reduction date would be July 1, 2024.

Reduction of complement will occur by reducing the quota submitted for a program in the NRMP Match. This will allow current residents the option of completing training while reducing the overall size of the program through graduation and attrition.

Within 90 days from the date of the notice of reduction, the GMEC will review the affected program and propose a plan of transition to the SHEF Board of Directors. The transition plan must be completed, reviewed and acknowledged by the SHEF Board of Directors no later than August 31st following the effective reduction date. Notice of this action will be provided to SHEF, the affected program director and GMEC.

The Designated Institutional Official (DIO) will notify affected residents of the University's decision to reduce resident complement and the GMEC proposed plan of transition. Further, the DIO will assist resident in devising a plan to complete training, including assisting with transfer to another program if the resident desires.

Compensation Determination

POLICY:

The Wichita Center for Graduate Medical Education employs residents and fellows in the following programs:

- Anesthesiology
- Child and Adolescent Psychiatry Fellowship
- Ascension Via Christi Family Medicine
- Wesley Family Medicine
- Gastroenterology Fellowship
- Internal Medicine
- Medicine-Pediatrics
- Obstetrics and Gynecology
- Orthopedic Surgery
- Pediatrics
- Psychiatry
- Radiology
- Sports Medicine
- General Surgery

Compensation status is determined using the following methodology.

Compensation increases in a step wise fashion as trainees advance through post-graduate year. The work that the resident is completing defines compensation such that all residents completing the same post graduate year work within the same program are compensated at the same level. All residency programs begin with a PGY-1 salary level (with the exception of Radiology, which begins at PGY-2) while all fellowships begin with a PGY-4 salary level. Residents who are completing chief resident duties may receive a supplement to their salary compared with their same post graduate year colleagues. Similarly, programs may supplement the base salary to recognize residents with additional experience; however, the program must create a policy regarding how this additional compensation will be determined and allocated so that all residents who meet the criteria established receive the additional compensation.

Each individual resident/fellow is assigned a compensation status at the time of program entry with review for increases occurring at the conclusion of each post-graduate year of training. Thus, if a resident must extend the PGY-2 year of training, for example, he/she/they would not advance to the PGY-3 level of compensation until he/she/they were academically promoted to the PGY-3 year.

Compensation statuses are reviewed by the GMEC each year and recommendations are made for any changes to the WCGME Board of Directors. The WCGME Board of Directors determines compensation statuses during the October Board Meeting for the following academic year.

Disaster Plan (IV.N.)

POLICY:

The ACGME requires Sponsoring Institutions to maintain a policy that addresses support for each of its program and residents in the event of a disaster or other substantial disruption in patient care or education. The goal of this policy is to minimize the impact of such a situation on the training of the residents and fellows and to protect their well-being, safety and educational experience. This policy will address disasters that cause damage to clinical sites where residents and fellows rotate prohibiting or limiting the site from clinical activity and medical emergencies such as pandemics.

This policy is in addition to emergency preparedness or emergency management plans in effect for the University of Kansas School of Medicine – Wichita, Salina Health Education Foundation and hospitals and health care systems where the residents train.

Responsibility:

The Associate Dean for Graduate Medical Education, also known as the Designated Institutional Official (DIO), along with the residency and fellowship Program Directors, are responsible for ensuring that all procedures are followed.

Procedure:

Preparation

- All residency and fellowship programs must always maintain up-to-date personal contact information for faculty, staff, residents, and fellows. This information will be updated and maintained in New Innovations at least every 6 months. It will be the responsibility of each residency coordinator to update this information and notify WCGME or SHEF when information is changed.
- Faculty, staff, residents and fellows must notify the residency coordinator when their address or phone number changes. The coordinator will notify WCGME or SHEF personnel who will update this information in New Innovations as soon as notified.

Environmental Disaster:

Personal Safety

- In the immediate aftermath of a disaster, program faculty, staff and residents are expected to attend to personal and family safety and then render humanitarian assistance where necessary. In the case of anticipated disasters, residents who are not designated in one of the clinical sites' emergency staffing plans should secure their property and prepare to evacuate should the order come.
- Personnel who are displaced out of town should contact their program directors and reestablish communication as soon as possible

Program Continuity

- Following the declaration of a disaster, the DIO, working with the GMEC and other leadership, will establish a central point of operations from which to manage the disaster response. It is anticipated that this will be the Wichita Center for Graduate Medical Education (WCGME) office in Wichita and the Salina Health Education Foundation (SHEF) office in Salina. Should these offices be unavailable, an appropriate alternative will be determined.
- The DIO and GMEC will determine whether existing educational and training programs can continue with or without restructuring at their home facilities or whether temporary or permanent transfer of residents to other facilities or programs is necessary and appropriate. The DIO will work with the ACGME if transfers are deemed necessary.
 - Temporary transfers are those which may encompass one or more rotations for a resident or fellow but will not be for the duration of the remainder of the resident's or fellow's training, except in some cases for personnel in the final year of their training. Residents and fellows participating in temporary transfers will remain WCGME employees in

Wichita and SHEF employees in Salina and receive paychecks and benefits from WCGME or SHEF.

- Permanent transfers are those in which residents or fellows leave their current program and finish their residency or fellowship training at another institution. In such cases, the resident(s) or fellow(s) permanently transferring are no longer WCGME or SHEF employees and will not receive further paychecks from WCGME or SHEF. Permanent transfers will only be negotiated if, in the opinion of the DIO and the Program Director, the residency program will not be able to resume functioning at an educationally appropriate level in a time period which will not unduly adversely affect the resident.
- The DIO will work to ensure that financial and administrative support of all programs and residents will continue for the duration of the emergency. Since residents are paid by electronic direct deposit, it is not anticipated that any interruption will occur for the resident's salary and benefits, and liability coverage
- The DIO will notify the ACGME within 30 days of all structural changes that have been instituted because of the disaster. In addition to a description of the changes the DIO's report will include anticipated durations for any changes as well as anticipated effects on the training for the residents and fellows.

Pandemic

Personal Safety

- During a pandemic, resident and fellow physicians in teaching hospitals play an integral role in ensuring continuous patient care. KUSM-W will remain committed to supporting the health and well-being of residents and faculty members and the patients they serve.
- At no time should a resident assume care of patients during a pandemic without having adequate training, resources and supervision to care for the patient.

Program Continuity

- Following the declaration of a pandemic, the DIO, working with the GMEC and other leadership, will establish a central point of operations from which to manage the pandemic response. It is anticipated that this will be the Wichita Center for Graduate Medical Education (WCGME) office in Wichita and the Salina Health Education Foundation (SHEF) office in Salina. Should these offices be unavailable, an appropriate alternative will be determined. Electronic communications will be integral to ensure that all individuals remain up to date.
- The DIO will work to ensure that financial and administrative support of all programs and residents will continue for the duration of the pandemic. Since residents are paid by electronic direct deposit, it is not anticipated that any interruption will occur for the resident's salary and benefits.
- Programs should continue providing education to residents, when feasible, utilizing remote conferencing technology, web-based resources, and other innovative tools. Programs will document educational activities during the pandemic and how education was provided to meet educational and accreditation requirements.

Altered Schedules

- Increased or altered clinical demands may be emergently created by a pandemic. Resident schedules, rotations or other experiences may be altered to

assist in meeting such increased demands. The DIO will coordinate with individual program directors and the chief executive officers of the primary clinical sites for each program to determine how resident workload may be realigned to meet the increased clinical demands created by a pandemic.

- Any time a resident or fellow's schedule will be altered as the result of a pandemic, the DIO should be informed of the change.
- When a pandemic happens, clinical activity may change. During a pandemic, clinics may be cancelled, or the program may experience a decrease in patient volumes that could adversely affect required clinic visits.
 - The DIO will work with the ACGME to determine if requirements will be waived or altered given the pandemic state.
 - The Program Director will consult the appropriate specialty board to determine if board eligibility requirements will change given the pandemic state.
- Ultimately, the Program Director must assure that each graduate is ready for autonomous practice. Regardless of changes made by the ACGME or specialty board, the Program Director must assure this readiness prior to graduation. As such, if the pandemic prevents a resident from achieving the required competency for graduation, residency training will be extended.
- There will be no change to existing work hour requirements, including limiting residents and fellows to 80 hours per week. The work hour requirements are especially important in the high-stress environment of a pandemic for the care of patients and resident safety and well-being.

Every disaster and pandemic will have unique challenges. KUSM-W reserves the right to implement policies based on the well-being of the resident, the education of the resident, and the health and safety of all affected.

Drug Free Workplace & Testing

POLICY:

Wichita Center for Graduate Medical Education (WCGME) and KUSM-W are committed to promoting a drug free workplace. The unlawful manufacture, distribution, dispensing, possession, or use of any controlled substance is prohibited. This policy also pertains to prescribed medications which could impair job performance.

This Drug Free Workplace policy allows for a resident/fellow to complete drug and/or alcohol testing where there is reasonable suspicion of drug or alcohol use/abuse. Some examples that might require testing include, but are not limited to:

- Unusual behavior such as slurred speech or unusual energy levels for which an explanation is not apparent
- Drastic changes in performance or behavior
- Unusual drug administration procedures or documentation, including those as noted by a review from the pharmacy staff of any teaching site
- Reports by faculty, peers, or other co-workers of unauthorized drug and/or alcohol use or being under the influence on the job
- Alcohol odor on the individual's breath
- Unusually high medication errors
- Any behavior that poses a threat to self, patients, or co-workers
- Employee injury

If there is reasonable suspicion of drug or alcohol use/misuse, the program director, department chair or faculty member will immediately notify the Wichita Center for Graduate Medical Education (WCGME) office and speak with the Designated Institutional Official (DIO) or Chief Operating Officer (COO). If determined the resident should be tested, the resident will be immediately removed from patient care activities. WCGME will arrange for a screening at our contracted third-party site as well as cover the cost for the test. The program director, or another designated individual, will accompany the resident to the testing site.

The resident will be suspended from all duties pending screening results. The results of the screening will be confirmed by the Medical Review Officer (MRO) for the testing site and reported to the resident and the WCGME office. Screens reported as indeterminate or negative dilute will be immediately repeated, sometimes under direct observation, if required by the MRO. The resident will be required to use PTO while awaiting test results. If results come back negative the PTO time will be returned to the resident for future use. If the resident has no PTO time remaining, they will be on leave without pay while awaiting test results.

Refusal to Screen or Altered Testing

An employee who refuses drug and/or alcohol testing, adulterates or dilutes their specimen, substitutes their specimen with that from another individual, sends an imposter for testing, will not sign required forms, or refuses to cooperate with all steps of the testing so that it prevents timely completion of the test is subject to disciplinary action up to and including termination.

Test Results

Any resident or fellow who receives a positive test result may face disciplinary action, up to and including termination. The opportunity to provide a legitimate medical explanation, such as a physician's prescription, will be given. A medical marijuana prescription will not be accepted as a legitimate medical explanation. Marijuana use, whether for medical purposes or not, is prohibited in the State of Kansas and shall be considered a positive test.

Residents/fellows will be referred to the Professionals Health Program with assistance from Kansas Medical Society (KMS). KMS serves as a resource for the resident/fellow dealing with impairment. If treatment is required, as a condition of employment, KMS will work with the resident to facilitate and provide support. KMS will notify WCGME when the resident can safely return to work/training and if there are any restrictions. Treatment plans are the personal and financial responsibility of the resident.

If test results are negative, the resident will be released to return to work/training.

Additional Policy/Procedure Information

Patient safety is a priority for WCGME and KUSM-W. It is expected all residents/fellows be able to always meet the physical and cognitive demands of the clinical setting as well as exhibit sound judgment. Residents who are seriously ill, injured or taking medication that impairs judgment (including, but not limited to, lawfully prescribed medications) may not be able to meet this standard, and therefore may not be suitable for the clinical environment where patient safety is the utmost concern. A determination of any conditions on a resident's or fellow's ability to participate in clinical experiences or to otherwise proceed with the Wichita Center for Graduate Medical Education at KU School of Medicine-Wichita program will be handled on a case-by-case basis by the Program Director, DIO and COO. Any resident may be required at any time to submit to immediate drug screening for cause. Any violation of this policy may result in discipline for the employee, up to and including termination.

Evaluation, Extension, Promotion, Completion & Verification of GME Training (IV.D.1.)

POLICY:

Evaluation and Feedback

University of Kansas School of Medicine-Wichita residents and fellows will be evaluated by their supervisors utilizing program-specific evaluation forms. Each training program will have a comprehensive evaluation process that provides an objective assessment of the resident's learning in relation to the goals and objectives of each rotation or experience. Residents will be provided ongoing feedback pertaining to the Accreditation Council of Graduate Medical Education (ACGME) Core Competencies. Faculty will observe, provide feedback, and evaluate resident performance during each rotation or experience. Faculty should provide feedback frequently throughout the course of each rotation.

Evaluations of the resident will be documented in a timely manner at the completion of the assigned rotation. For block rotations greater than three months in duration, evaluations will be documented at least every three months. Longitudinal experiences, such as continuity clinics, will be evaluated at least every three months and at completion.

Evaluation tools will be objective, performance based with evaluated items derived from ACGME competencies and specialty specific Milestones. Evaluations will be obtained from multiple evaluators such as faculty, resident peers, patients, self and other professional staff members. Evaluations will be provided to the Clinical Competency Committee (CCC) for assessing resident's progressive performance and improvement progress toward unsupervised practice.

The Program Director or designee, with input from the CCC, will meet at least every six months with each individual resident to provide semi-annual evaluations of performance. Semi-annual evaluations should include discussion of individual progress on achieving specialty-specific Milestones. Further, semi-annual evaluations should be used to assist residents in developing individualized learning plans to capitalize on strengths, identify areas for growth and develop plans for any area in which the resident has not made adequate progress. At least annually, there will be a summative evaluation that communicates the resident's readiness to progress to the next year of training.

A written summary of each semi-annual evaluation as well as the annual summative evaluation will be provided to the resident and uploaded into New Innovations.

Extension

Program directors are responsible for communicating with the resident/fellow, the employer and the DIO the duration of any potential extension of training no more than 30 days from return of leave of absence or failure to pass an educational rotation or experience.

Promotion

After satisfactory completion of the requirements for each year of the graduate medical education experience, as attested to by the Program Director with input from the Clinical Competency Committee, a resident in good standing may be promoted to the next year of their program subject to the terms, limitations and conditions described in this document and the Resident Agreement.

All residents must successfully complete Step III of the USMLE or COMLEX Level 3 examination series to be promoted to the PGY-3 level. Residents who do not successfully complete Step III or Level 3 by the end of their PGY2 will receive a non-renewal letter.

Final Evaluation

Upon resident satisfactory completion of the program, the Program Director will prepare a written final evaluation. The final evaluation should verify that the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice and the resident has successfully completed all requirements of the program. Additionally, a Verification of Graduate Medical Education Training (VGMET) form should be completed on each graduate at the time of graduation. A copy of the written, final evaluation as well as the VGMET should be provided to the resident and should be forwarded to WCGME to become part of the resident's permanent training record.

Conflict of Interest

All evaluators should use judgement to determine if they should complete an evaluation of an individual with whom they may have a perceived or actual conflict of interest. Efforts should be made to avoid situations in which a resident is supervised or evaluated by an individual where outside relationships or interactions may compromise the fairness of the evaluation.

Certificate of Completion

The University of Kansas will provide a Certificate of Satisfactory Completion upon the completion of an ACGME approved residency or fellowship.

Verification of Graduate Medical Education Training

To standardize the process for GME training verifications the following form should be utilized to complete verification requests for former residents/fellows of KUSM-W.

https://www.aha.org/system/files/media/file/2019/05/AHA-ACGME-OPDA_VGMET_Fillable_Form.pdf

Family and Medical Leave

POLICY:

All duly appointed residents and fellows within a KUSM-W education program who have worked for the Wichita Center for Graduate Medical Education (WCGME) for at least 12 months and worked at least 1,250 hours during the previous 12-month period are eligible for leave under the Family and Medical Leave Act (FMLA) for one or more of the qualifying reasons listed below. If Family Medical Leave (FML) is taken, depending on the length of time a resident is on leave, residency training may need to be extended, contingent upon specialty or subspecialty board requirements.

Except in case of emergency, prior to beginning FMLA leave, all required documentation must be submitted in accordance with the procedure outlined below, reviewed by the Program Director and delivered to WCGME.

A resident is prohibited from moonlighting while on Family Medical Leave.

Qualifying Reasons for Leave and Length of Leave:

- On the birth of an employee's child and to care for and bond with the newborn.

- On the placement of a child for adoption or foster care with an employee and for bonding with the newly placed child.
- When an employee is needed to care for a child, spouse, or parent who has a qualifying serious health condition under the federal law.
- When an employee is unable to work due to a qualifying serious health condition under the federal law that makes the employee unable to perform the essential functions of his or her position.
- An eligible employee who is a covered service member's spouse, child, parent, or next of kin may take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.
- An employee does not need to use all FMLA protected leave in one block. When it is medically necessary, or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Timing of Notice:

- Employee must provide the Program Director and WCGME at least 30 days advance notice before FMLA leave is to begin, if the need for the leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of a family member.
- If 30 days' notice is not practicable, such as because of a lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, notice must be given as soon as practicable.

PROCEDURE FOR REQUESTING LEAVE

Request Form

A request for Family and Medical Leave of Absence form must be completed by the employee. This form must be completed in detail, signed by the employee, submitted to the Program Director for proper approvals, and forwarded to WCGME. The forms are available from the WCGME office. It is the employee's responsibility to obtain the forms. If possible, the forms should be submitted 30 days before the effective date of the leave.

Notification of Eligibility

The employee will be notified of his/her eligibility for leave within five (5) business days of WCGME's receipt of the request for an FMLA-qualifying reason or its knowledge that the leave may qualify under this policy. This notice will include the employee's requirement to substitute paid leave and the amount of time leave will be paid under other WCGME policies. The requirements of recertification and Fitness-for Duty Certificates upon return from leave and other information will be included in the notice.

Notice of Designation of Leave (DOL):

Within five business days after the employee has provided FMLA notice, WCGME will complete and provide the employee with the DOL Notice of Eligibility and Rights.

Periodic Recertification/Intention to Return to Work/Return to Work

WCGME may require an employee on FMLA leave to report periodically on his/her status and the intention of the employee to return to work, and also periodic recertification of the medical condition only if leave is taken for the employee's own serious health condition. These requests will be made by WCGME in writing to the employee and mailed to the employee at his/her last known address.

An employee taking leave due to the employee's serious health condition will be required to obtain certification that the employee is able to resume work prior to the return from any FMLA leave.

Employees who return to work from family leave of absence within or on the business day following the expiration of the 12 weeks are entitled to return to their job or the equivalent position without loss of benefits or pay.

Payment During FMLA:

Residents are required to use their available paid time off (PTO) or Medical/Parental Caregiver leave concurrently with FMLA leave. The resident will not be compensated for leave that continues beyond available paid leave.

Status of Employee Benefits During FMLA:

Health Insurance: Group health insurance will continue for employees on leave as if they were still working. Employee contributions will be required either through payroll deduction or by direct payment to WCGME. Residents will be responsible for their portion of the insurance premiums while on an unpaid leave. If employee is more than 30 days late in making a payment towards their premiums, WCGME may terminate the employee's insurance coverage. WCGME will provide written notice to the employee that payment has not been received and allow at least 15 days after the date of the letter before stopping coverage. Employee contribution amounts are subject to any change in rates that occur while the employee is on leave.

Intermittent Leave or Reduced Leave Schedule:

Under certain circumstances, an employee may be entitled to take FMLA leave on an intermittent or reduced schedule basis. Intermittent leave is FMLA leave taken on separate blocks of time due to a single qualifying reason. A reduced leave schedule is a leave schedule that reduces an employee's usual number of working hours per work week, or hours per workday. Intermittent leave and reduced leave schedule must be approved by the Program Director with consideration to training and specialty specific board eligibility requirements. WCGME will permit residents or fellows to take intermittent or reduced schedule leave when there is a medical need for such leave for an employee's own serious health condition, to care for a spouse, parent, child with a serious health condition, or to care for a covered service member with a serious injury or illness.

When Both Spouses are Employed by WCGME:

The leave available for the birth or care for newborn, or placement of a child for adoption or foster care or leave available to care for a serious health condition of a parent (not a parent-in-law) will be limited to 12 workweeks between the employees collectively. In this situation the employee with the greater seniority will have first choice as to the amount of leave the employee will take, and the balance will be available for the other spouse, if eligible.

Return to Work:

Employees who have taken FMLA are subject to the following reinstatement conditions:

1. An employee whose leave is for a reason other than his/her own serious health condition will be restored to his/her previous job and rate of pay or an equivalent job if the employee returns to work upon expiration of the approved leave period.
2. An employee whose leave is occasioned by his/her own serious health condition that required an absence of three working days or more, will not be allowed to return to work

unless the employee provides WCGME with adequate documentation from his/her health care provider that the employee is able to return to work (with or without restrictions). A Fitness-for Duty Certificate from the employee's health care provider must certify that the employee is able to resume work and specifically address the employee's ability to perform the essential functions of the employee's job. The health care provider will be provided with the Fitness-for Duty Certificate together with a copy of the employee's job description. The employee will be responsible for getting these forms to his/her health care provider. The employee will be responsible for the cost of the certification unless this requirement is prohibited by another state or federal law. The employee will not be entitled to be paid for the time or travel costs spent in acquiring the certification. The form is available from the WCGME office.

- a. Without restrictions: the employee will be restored to the previous job and rate of pay if the employee returns to work upon expiration of the approved leave period.
- b. With restrictions: the employee will follow restrictions provided in the doctor's certification. Failure to comply with these conditions will result in the postponement or denial of reinstatement.

Failure to Return to Work:

If the resident/fellow does not intend to return to work after the period of FMLA leave, the resident must notify the Program Director and WCGME office in writing immediately. Failure to report to work at the expiration of the leave, unless an extension has been requested, may be considered a resignation.

For more information about FMLA leave, please refer to these websites:

<https://www.dol.gov/whd/fmla/employerguide.pdf>

<https://www.dol.gov/whd/fmla/employeeguide.pdf>

<https://www.dol.gov/whd/fmla/index.htm>

DEFINITIONS:

For purposes of this policy, the following definitions apply:

Child: The biological, adopted, step or foster child of the employee. The legal ward of the employee. A child for whom the employee stands in loco parentis (is a substitute parent). The child must be under 18 years of age and unmarried, or age 18 and over, but incapable of self-care due to a temporary or permanent mental or physical disability.

Spouse: The legal husband or wife of the employee, including a common law spouse, and a spouse in a legal same-sex marriage.

Parent: The biological, adoptive, step or foster father or mother of the employee. A parent is also an individual who stood in loco parentis (as a substitute parent) for the employee when the employee was a child. FMLA does not include "parents-in-law."

Serious Health Condition: An illness, injury, impairment or physical or mental condition that involves inpatient care (an overnight stay in a medical care facility) or continuing treatment by a health care provider. Ordinarily, unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave.

As soon as practicable: As soon as both possible and practical, considering all facts and circumstances in the individual case. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, it should be practicable for the employee to provide notice of the need for leave either the same day or the next business day.

Fitness-for-Duty Certification: A form to be filled out by the employees' health care provider certifying the employee can resume work. Fitness-for-duty certification is only needed when FMLA leave is due to the employee's own serious health condition. WCGME may contact the employee's health care provider for purposes of clarifying and authenticating the fitness-for-duty certification. Clarification may be requested only for the serious health condition for which FMLA leave was taken. WCGME may delay restoration of employment until the employee submits the required fitness-for-duty certification.

<https://www.kumc.edu/documents/wichita/GME/WCGME-Leave-Request-Form.pdf>

PROGRAM NAME FMLA Leave Checklist

Have you been at KUSM-W for greater than one year? Yes No
You do not qualify for FMLA

Determine number of days of FMLA leave you need/want.
(maximum 12 weeks on a rolling calendar year) Days of FMLA leave

Determine number of remaining *Board Eligibility* days within the current contract year.
Any days taken beyond the allotted Board Requirement days per contract year will likely lead to extension of your training
 Remaining *Board Eligibility* days

Determine number of remaining paid leave days in the current contract year.
 Remaining days of *paid leave*

After the “remaining days” have been used, additional days are unpaid and will require out of pocket payment for healthcare coverage

Meet with WCGME to discuss the FMLA process and to obtain required FMLA forms. Return all FMLA paperwork to WCGME for processing. This includes medical form from physician. Upon WCGME’s review of FMLA documentation, notice will be provided indicating approval of leave, request for additional information if the certification is inadequate, or if leave is not approved.

***HR Benefits Specialist – Kara Visokey
316-293-2699***

Meet with the Program Director to discuss plans for call coverage, rotation coverage, and coverage of academic responsibilities.

When you return to work, contact the HR Benefits Specialist (Kara Visokey) and the Program Director to be removed from FMLA status.

Before returning to work, provide WCGME “Fitness-for-Duty Certificate” from health care provider, certifying you are able to resume work.

WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION, INC.
FMLA RETURN TO WORK CERTIFICATION
(Fitness-For-Duty Certification)

Employer's contact information: _____
Name Telephone number

Employee's Name: _____
First Middle Last

Employee's job title: _____

Employee's regular work schedule: _____

Employee's essential job functions: See attached job description

Instructions to Health Care Providers: Your patient was granted leave under FMLA and the time for that leave has expired. WCGME requires all employees taking leave for their own serious health condition to submit a Return to Work Certification concerning the employee's ability to perform the essential functions of the position. Answer, fully and completely, all applicable parts. Your answer should be based upon your medical knowledge, experience, and examination of the patient. Limit your responses to the condition for which the employee was granted leave. If the job description is not attached to this form when you receive it from your patient, do not complete the form until you have received the job description. Please note: The employer's COO, identified above, may contact you for the purposes of clarifying and authenticating the fitness for duty certification. Clarification may be requested only for the serious health condition for which FMLA leave was taken.

Provider's name and business address:

Type of practice/medical specialty: _____

Telephone: (____) _____ Fax: (____) _____

Medical Facts: _____

Reason for FMLA leave: _____

Employee ____ is ____ is not able to resume work. (Check the applicable answer.)

Date Employee is able to resume work: _____

Employee ____ is ____ is not able to perform the essential functions of the job

____ with no restrictions ____ with restrictions (Check the applicable areas.)

Describe restrictions, if any, on the employee's ability to perform essential functions of the job:

Signature of Health Care Provider

Date

Graduate Medical Education Committee (GMEC)

POLICY:

The Graduate Medical Education Committee (GMEC) provides oversight and governance to all graduate medical education training programs under the sponsorship of the University of Kansas School of Medicine - Wichita and advises the Dean on graduate medical education issues. The role of the GMEC is to monitor all aspects of graduate medical education and to ensure substantial compliance with the institutional, common program and specialty specific requirements of the Accreditation Council for Graduate Medical Education (ACGME).

Membership

The Associate Dean for GME, serves as the ACGME Designated Institutional Official (DIO) and Chair of the GMEC.

- The GMEC includes the following voting members:
 - DIO
 - Chairperson from each KUSM-W department sponsoring one or more graduate medical education training program
 - Program Directors from all residency and fellowship programs sponsored by KUSM-W
 - A minimum of two peer-selected resident members from among the ACGME-accredited programs
 - Directors of Medical Education for Ascension Via Christi Hospitals and Wesley Medical Center
 - Dean of KUSM-W
 - Quality Improvement and Patient Safety officer or designee from Ascension Via Christi and Wesley Medical Center

- The GMEC includes the following non-voting members:
 - The Chief Operating Officer for Wichita Center for Graduate Medical Education
 - Accreditation Coordinator for GME who will provide accreditation expertise and provide administrative support
 - Associate Dean for Faculty Affairs and Development
 - Subcommittee chairs who are not already a GMEC member will become a non-voting, ex officio member of the GMEC

Meetings and Attendance

- Meetings are held bimonthly (odd months) with distribution of the agenda at least one week prior to the meeting.
- Members are expected to attend each meeting. If unable to attend, voting members may designate someone to attend in their place. The designee will have voting privileges. A designee for a voting member will be counted as if the member was present.
- A quorum of voting members must be present for the meeting to begin.
- Official business will not be conducted without the presence of at least one resident member.
- Others who are involved in GME may be invited to attend meetings as needed but cannot vote.
- The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

Duties and Responsibilities

The GMEC has responsibility for oversight of:

- Institutional and each ACGME-accredited program's accreditation and recognition statuses.
- Quality of the learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and at all participating sites.
- Quality of educational experiences in each ACGME-accredited program that leads to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements.
- Programs' annual program evaluations and self-studies.
- Programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually.
- Processes related to reductions and closures of each and any program(s), major participating sites, and the Sponsoring Institution.
- Provision of summary information of patient safety reports to residents, faculty members, and other clinical staff members. At a minimum, this oversight will include verification that such summary information is being provided.

The GMEC must review and approve:

- Institutional policies for GME.
- GMEC subcommittee actions that address required GMEC responsibilities.
- Annual recommendations to the Sponsoring Institution regarding resident salary and benefits.
- Applications for accreditation of new programs.
- Requests for permanent changes in resident complement.
- Major changes in each and any programs' structure or duration of education, including any change in the designation of a program's primary clinical site.
- Additions and deletions of participating sites.
- Appointment of new program directors.
- Progress reports requested by an ACGME Review Committee.
- Responses to Clinical Learning Environment Review (CLER) reports.
- Program requests for exceptions to clinical and educational work hour requirements.
- Voluntary withdrawal of an ACGME program accreditation.
- Requests for appeal of an adverse action by an ACGME Review Committee.
- Appeal presentations to an ACGME Appeals Panel.
- Exceptionally qualified candidates for residency appointments who do not satisfy the Sponsoring Institution's eligibility policy and/or resident eligibility requirements in the Common Program Requirements.

The GMEC must have effective oversight of the Annual Institutional Review (AIR) to include:

- Identifying institutional performance indicators:
 - the most recent institutional letter of notification
 - results of ACGME resident and faculty surveys
 - accreditation information, including accreditation and recognition statuses and citations
- DIO will submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body annually. The written executive summary will include:

- Summary of institutional performance on indicators for the AIR
- action plans and performance monitoring procedures resulting from the AIR
- Effective oversight of underperforming program(s) through a Special Review process:
 - The Special Review process will include a protocol that;
 - establishes a variety of criteria for identifying underperformance that includes program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies
 - results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines

The GMEC will approve subcommittees and subcommittee members to help facilitate the work of the GMEC. Subcommittee membership must include a peer-selected resident. Each subcommittee will identify a chair. If the chair is not a member of the GMEC, the chair will become a non-voting, ex officio member of the GMEC while in the role of subcommittee chair. Subcommittees do not have approval rights. Subcommittee actions must be reviewed and approved by the GMEC.

Grievance (IV.E.)

POLICY:

Residents are entitled to an equitable system of appeal if they receive an adverse action (see Adverse Action Policy) regarding academic and/or professional performance. Each residency program is responsible for determining the academic standards required for satisfactory progress through each year of training and the completion of the requirements.

All KUSM-W residents are entitled to participate in the grievance procedure in the event an adverse action concerning residency status is taken. Regardless of employer, for grievance, all mentions of COO refer to the WCGME COO. An adverse action occurs when:

1. a resident is placed on probation
2. a resident is placed on suspension
3. a resident is not promoted to the next year of training
4. a program elects not to renew the resident agreement
5. a resident is terminated from a residency training program

If any of these actions are taken, the resident is entitled to a grievance hearing as explained below.

The grievance procedure is a method by which an impartial committee reviews the facts presented during a hearing to ensure established procedures have been followed and the procedures achieved the goals of fairness and accuracy. The committee has the authority to affirm the action, reverse the action, modify the action, or terminate the resident.

A resident's salary will continue during the time they are exercising the grievance procedure rights by requesting and proceeding with a hearing.

I. Request for Hearing

A resident shall have ten (10) weekdays following receipt of adverse action to file a written request for a hearing. Such request shall be delivered to the COO or designee by noon on

the tenth weekday following notification of an adverse action. Request must be delivered either in person or by certified or registered mail. If the request is mailed (certified or registered only) it must be postmarked by the tenth weekday.

Upon receipt of a request for a hearing, the COO or designee will notify the program director.

II. Waiver by Failure to Request a Hearing

A resident who fails to request a hearing within the time and in the manner specified waives any right to such hearing and to any review to which the resident might otherwise have been entitled.

III. Notice of Time and Place of Hearing

Upon the receipt of a request for a hearing, the COO or designee shall appoint a hearing committee and shall schedule and arrange for a hearing. The hearing shall occur within fourteen (14) weekdays from the date of receipt of the request for hearing. At least five (5) weekdays prior to the hearing, the COO or designee shall provide the resident and the program director notice in writing of the time, place, date and membership of the committee for the hearing. A copy of the notice of adverse action and a copy of this grievance policy will also be included. The notice of hearing may be delivered in person or by certified or registered mail (return receipt requested). If delivered in person, a receipt will be signed. If either party refuses to sign the hand-delivered receipt, then such refusal shall be considered as an acknowledgment of delivery and noted on the receipt.

Following receipt of the notice of hearing, either party may note their objection, if any, to any hearing committee member on the grounds of bias or prejudice. The objection must be explained concisely in writing and given to the COO or designee no later than noon on the date designated in the notice of hearing.

The COO or designee shall deliver the objections to the Chair of the hearing committee, who will decide if the objection has any validity. If the Chair decides the objection is not valid, the decision will be provided, in writing, to the party making the objection within two weekdays after the objection is made. If the Chair decides the objection is valid, the hearing committee member shall be removed, and the COO or designee shall appoint a new member and provide notice to both parties within two weekdays after the objection is made. Notification may be delivered in person or by certified or registered mail (return receipt requested). If delivered in person, a receipt will be signed. If either party refuses to sign the hand-delivered receipt, then such refusal shall be considered as an acknowledgment of delivery and noted on the receipt. If either party objects to the newly appointed committee member, they will have the right to object in the same manner as explained previously.

If either party objects to the presence of the Chair, the COO or designee shall designate another committee member to rule on the objection in the same manner as explained previously. The opportunity to object to a committee member as biased or prejudiced, and the ruling on that objection, shall not delay the scheduled hearing.

IV. Evidence

The program director and the resident shall submit evidence and list of witnesses to the COO or designee no later than noon on the date designated in the notice of hearing. The COO or designee will deliver the evidence and list of witnesses to both parties. Any evidence the parties want the hearing committee to consider shall be designated as an

exhibit, marked with an exhibit sticker (provided with the notice of hearing) and referred to in their presentation during the hearing. Only evidence submitted at this time may be referenced and considered during the hearing.

Should either party elect to call witnesses to participate in their presentation, it will be the program director or resident's responsibility to notify and schedule witnesses for the hearing.

V. Appointment of Hearing Committee

The hearing committee shall be composed of six (6) persons and shall be appointed by the COO or designee to include: 1. Designated Institutional Official for Graduate Medical Education, or designee, who will serve as the Chair, 2. a program director from a non-affected residency, 3. a department chair, or second program director, from a non-affected residency, 4. a member of the faculty from a non-affected residency, 5. a graduate medical education management representative, which may include, but not be limited to, the medical education director or the vice president for medical staff affairs, and 6. a resident from a non-affected residency program. No member of the committee shall be personally involved in the circumstances or events described in the notice of adverse action.

Attorneys are not allowed to attend grievance procedure hearings. The COO or designee shall attend the hearing as an impartial observer and advisor.

VI. Personal Presence

The presence of the resident who requested the hearing shall be required. Any resident who fails, without cause, to appear and proceed, or who appears but refuses to proceed in accordance with these grievance procedures, at such hearing shall be deemed to have waived their rights in the same manner as if no request for hearing had been made.

The presence of the program director who initiated the proceedings giving rise to the hearing shall be required. If the program director fails, without cause, to appear and proceed, or who appears but refuses to proceed in accordance with these hearing procedures, at such hearing, the resident's position shall be adopted as if no adverse action had been taken. If the program director, due to an unforeseen emergency is unable to attend the grievance hearing, the program director may substitute a designee at the discretion of the program director. The designee will represent the program director during the grievance hearing. The grievance hearing will proceed, and the outcome will not be amended upon the return of the program director.

VII. Presiding Officer

The Chair of the hearing committee shall be the presiding officer and shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The Chair shall be responsible for enforcing and conducting the order of procedure during the hearing and shall make all rulings on matters of procedure or the admissibility of evidence. The Chair does not have a vote during deliberations.

VIII. Opportunity to be Heard

Both the resident and the program director shall be given an equal opportunity to be heard for such amounts of time as deemed fair and reasonable by the Chair. The program director and resident shall also be given the opportunity for a brief rebuttal. The program director's case shall be presented first and shall be followed by the resident's response.

The program director shall then be given an opportunity for rebuttal followed by the resident's rebuttal.

Both parties shall be present for the other side's presentation but shall not be allowed to interrupt the opposing party's presentation.

The parties will present their positions in an organized narrative format, which can be supplemented by questions and answers.

Witnesses will be present in the hearing room only during the time of their testimony or presentation. Each party may question the other party and their witnesses. Members of the hearing committee may question the parties and their witnesses.

IX. Record of Hearing

A record of the hearing shall be kept. The COO or designee shall select the method to be used for making the record such as a court reporter, electronic recording unit, detailed transcription or minutes of the proceedings. The deliberations of the hearing committee will not be recorded or transcribed. WCGME shall pay any associated costs for the record of hearing for the Wichita residency programs. SHEF shall pay any associated costs for the record of hearing for the residents in the Salina residency program. If the resident requests a copy of the transcript, the resident will be responsible for half the cost billed to WCGME or SHEF.

X. Deliberations and the Hearing Committee Report

Deliberations of the hearing committee will immediately follow the hearing. If there is not sufficient time to begin or complete deliberations, the Chair will schedule time for remaining deliberations within two (2) weekdays of the hearing. The final decision of the hearing committee shall be decided by a majority vote. The vote may be taken by voice or in writing.

Within five (5) weekdays after final deliberation of the hearing, the hearing committee shall make a written report of its findings and recommendations and the chair shall submit the report to the COO or designee. The COO or designee will then deliver the report to the program director and to the resident. The written report may be delivered in person or by certified or registered mail (return receipt requested). If delivered in person, a receipt will be signed. If either party refuses to sign the hand-delivered receipt, then such refusal shall be considered as an acknowledgment of delivery and noted on the receipt.

The grievance committee may decide to:

1. Affirm the decision of the program director
2. Reverse the decision of the program director
3. Modify the decision of the program director
4. Terminate the resident

The decision of the grievance committee shall be binding, and immediately effective and appropriate action shall be promptly implemented. The decision shall be final and cannot be appealed through any person or entity affiliated with KUSM-W. In the event the decision of the program director is reversed, the resident will be reinstated into the program and a plan of transition for the reinstatement will be developed within ten (10) weekdays by the program director for continuation of the resident's training.

XI. Resident Compensation

A resident shall continue to draw their salary according to the resident agreement until completion of the grievance procedure.

This agreement states that termination of salary and benefits will occur thirty (30) days after written notice of termination is provided to the resident or the date on which the hearing committee upholds the notice of termination, whichever date is later.

Harassment, Mistreatment, Non-Discrimination & Non-Retaliation (IV.I.3. and IV.I.5.)

POLICY:

It is the policy of KUSM-W sponsored programs and WCGME to ensure the rights of residents and fellows to an environment free from all forms of discrimination, intimidation, mistreatment, and all forms of harassment, including sexual harassment (herein after referred to as harassment), based on an individual's legally protected status.

Harassment, discrimination, and retaliation as prohibited by federal, state and municipal law will not be tolerated. This prohibition on harassment, discrimination and retaliation applies to all aspects of employment, including, but not limited to hiring, firing, promotion, assignment, compensation, discipline, and other terms and conditions of employment. It is the responsibility of all employees and others involved in graduate medical education to follow this policy and to use all efforts to further its goals.

Examples of Discrimination/Harassment/Mistreatment

- Harmful, injurious, or offensive conduct.
- Verbal attacks such as words, statements or actions that are disrespectful, berating, humiliating, sarcastic, insulting or mocking.
- Aggressive behavior such as yelling, swearing, throwing objects, hitting, and physically restraining or using silence in a hostile manner.
- Insults or unjustifiably harsh language in speaking to or about a person.
- Telling jokes or relating stories that are inappropriate.
- Public belittling or humiliation.
- Commenting judgmentally about residents, faculty, students, patients, or staff.
- Physical attacks (e.g., hitting, slapping, or kicking a person).
- Exploiting by requiring performance of personal services (e.g., shopping, babysitting, errands).
- Intentional neglect or lack of communication.
- Assigning tasks for punishment rather than for objective evaluation of performance.
- Other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner.
- Unfair or unequal treatment of an individual based on race, color, sex which includes sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability, marital or family status, genetic information, political affiliation, or any other protected status under law.

Sexual Harassment:

Sexual harassment is any behavior, such as physical contact, advances, and comments in person, through an intermediary, and/or via phone, text message, email, social media, or other

electronic medium, that is unwelcome; based on sex or gender stereotypes; and is objectively offensive. Sexual harassment may include but is not limited to:

- Unwelcome Sexual Advances: A resident who is repeatedly propositioned by an individual in a supervisory role, i.e., program director or chair or their assistant, attending physician, senior resident, or another resident trying to establish an intimate relationship that is not welcomed.
- Coercion: Asking a resident for a date or sexual favor with a stated or unstated understanding that a favor will be bestowed, or a reprisal made regarding accepting or rejecting such offer.
- Favoritism: Intimate relationships between individuals in a supervisory role and residents that may result in creating a sexual, hostile environment due to favors given or denied because of the relationship.
- Physical Conduct: Unsolicited physical contact, such as touching or pinching, or unsolicited obscene or rude gestures.
- Visual Harassment: Graffiti, pornographic pictures, or pervasive displays of nudity.
- Verbal: Sexually suggestive statements, comments, jokes or lewd language.
- Sexual Violence: Any physical act which is sexual in nature that is committed by force or without the full and informed consent of all persons involved. Sexual violence may include but is not limited to rape, sexual assault, sexual battery, sexual exploitation, sexual abuse, domestic violence, dating violence, stalking and sexual coercion. Sexual violence can occur between strangers or acquaintances, including people involved in an intimate or sexual relationship. Sexual violence can be committed by men or by women, and it can occur between people of the same or different sex.

Internal Complaint Procedure

Any resident who believes to have been a victim of, or observes harassment, discrimination, mistreatment, or retaliation is encouraged to voice their concern directly by reporting to the Program Director and the Chief Operating Officer for WCGME and/or the DIO. In the event the alleged harassment, discrimination or retaliation is caused by the program director, then the resident should also make the complaint to the Designated Institutional Officer (DIO). If the complaint involves the WCGME COO, then the complaint should be made to the DIO. If the complaint involves the DIO, then the complaint should be made to the Dean of KUSM–Wichita. Residents are encouraged to put their concerns or complaints in writing. The complaint should include the following, to the extent known and available:

1. Name and contact information (telephone, email address) for the complainant
2. Name of person(s) directly responsible for the alleged discrimination, harassment, retaliation
3. Date(s) time(s), and place(s) of the alleged violation(s)
4. Nature of the alleged violation(s); i.e., race, sex, disability discrimination, harassment, or retaliation
5. Detailed description of the specific conduct that is the basis of the alleged violation(s)
6. Copies of any documents or other tangible items pertaining to the alleged violation(s)
7. Names and contact information for any witnesses to the alleged violation(s)
8. Any other relevant information

Upon notification of a situation involving harassment, mistreatment and/or discrimination, an investigation will be initiated to gather all facts regarding the complaint. This investigation will be conducted under the direction of the WCGME Representative(s) and will be conducted in as timely and confidential manner as is possible.

All employees are required to cooperate with any investigation into a potential violation of this policy. Failure to cooperate may result in corrective action, up to and including discharge from employment.

Upon completion of the investigation, a determination will be made in writing by the WCGME Representative regarding resolution of the case. If warranted, corrective action will be taken, up to and including discharge from employment.

Retaliation

Residents who utilize these procedures or persons who participate in an investigation should not be subjected to retaliation. Retaliation against a person who files a discrimination or harassment complaint, or a person who participates in an investigation of a complaint, is a violation of law and WCGME policy. Retaliation may take the form of direct or indirect unwanted contact from the respondent or someone acting on the respondent's behalf. Retaliation may also take the form of giving additional assignments that are not assigned to others in similar situations, unreasonable assignments, or poor evaluations. Phone calls, email, or other attempts to discuss the complaint may be perceived as retaliation. Disciplinary action, harassment, unsupported negative evaluations, or other adverse changes may also constitute retaliation. Retaliation will not be tolerated and could result in suspension, reassignment, termination, or other disciplinary action.

WCGME takes all discrimination complaints seriously. However, knowingly filing a false complaint is considered serious misconduct and is also subject to an adverse action.

This complaint procedure does not in any way waive or otherwise affect an employee's rights under federal or state laws governing discrimination, harassment, or retaliation. Patient or visitor reports of discrimination and/or harassment should be reported to the hospitals' risk management departments.

Impaired Physician (IV.I.2.)

POLICY:

Physician impairment has the potential to be harmful to patients as well as to the educational training and future career of the resident or fellow. Misuse, abuse, dependence or addiction to alcohol, illicit drugs or controlled substances by a physician is incompatible with the safe practice of medicine and may constitute grounds for an assessment and/or intervention and possible termination.

With appropriate intervention, long-term treatment and an informed reentry process, the prognosis for successful and sustained recovery is good. Our intent is to help the affected resident receive help that will allow them to successfully complete the training program and maintain a healthy lifestyle.

Reporting Suspected Misuse, Abuse, Dependence or Addiction

Alcohol and substance misuse, abuse, dependence or addiction can adversely impact the work environment by contributing to or causing deterioration of job performance or related personal behavior. Anyone who has reasonable concern or significant information that patient care is, or could be, affected by a possible resident impairment, has the responsibility to report the concern to the Program Director and the DIO at KUSM-W. The DIO, or designee, shall assist and facilitate processes which may include notification to Kansas Medical Society's Professionals Health Program (KMS-PHP).

If appropriate, the resident/fellow will be removed immediately from all clinical responsibilities until the issue is resolved. This report will be kept confidential as allowed by law.

Drug Screening/Testing:

All residents will be subject to drug and alcohol screening and/or testing if there is a reasonable suspicion of misuse or abuse. Please see the Drug Free Workplace & Testing policy for more information on testing

All records relating to substance abuse treatment and medical care will be kept confidential and separated from the resident's personnel and training information, except as revealed by law enforcement agencies if these agencies become involved. Testing and medical information will be stored in a medical file in a separate, locked cabinet in the GME office at KUSM-W. Only designated personnel will have access to this information. These records will be maintained until the resident graduates. If a resident resigns or is terminated the records will be maintained for five years from the date of resignation or termination. Any restrictions on the work or duties of the resident will be shared with the resident's Program Director as necessary. This policy is intended to complement but not supersede any substance abuse policies of hospitals where the resident rotates. It is the resident's responsibility to be informed of such policies at all rotation locations.

An employee who refuses drug and/or alcohol testing, adulterates or dilutes their specimen, substitutes their specimen with that from another individual, sends an imposter for testing, will not sign required forms, or refuses to cooperate with all steps of the testing so that it prevents timely completion of the test is subject to disciplinary action up to and including termination.

Test Results

Any resident or fellow who receives a positive test result will be referred to the Professionals Health Program with assistance from Kansas Medical Society (KMS). KMS serves as a resource for the resident/fellow dealing with impairment. If treatment is required, as a condition of employment, KMS will work with the resident to facilitate and provide support. KMS will notify WCGME when the resident can safely return to work/training and if there are any restrictions. Treatment plans are the personal and financial responsibility of the resident.

Intellectual Property

POLICY:

This policy includes WCGME, KUSM-W, and all sites where residents rotate. This policy also includes any work done at home while employed as a resident. A resident performs services as directed by and on behalf of the participating sites to which the resident is assigned. As such, the resident is subject to all policies applicable at the participating sites, including without limitation, any policy concerning protection of trade secrets and/or proprietary information of the participating site. In the event of a conflict between the terms of a WCGME policy and a policy of a participating site, the terms of the participating site's policy shall control.

If at any time during the residency tenure a resident is involved with the creation or development of a discovery arising out of or in connection with the resident's association of any kind or nature with a participating site, the resident shall be at all times subject to the applicable participating site's policy covering patents and/or copyrights of proprietary information and/or trade secrets, if any such policy exists. The participating site's policy may also require a resident to assign all of

the resident's rights in a discovery to the participating site. Except as provided in such policy of the participating site and subject to the provisions of K.S.A. §44-130, a resident is entitled to pursue the discovery as the resident determines. WCGME waives any and all rights of any kind or nature it may have and to any discovery whether created or developed by a resident or a participating site.

Discovery is defined to include without limitation, any and all information, suggestions, ideas, inventions, experiments, innovations, formulas, "know-how," processes, machines, manufactures, composition of matter or design, devices, computer software program, any variety of plant, or any new or useful improvement thereon or derivative thereof, whether or not patentable or capable of copyright protection.

Moonlighting (IV.K.1., and IV.K.1.a-d))

POLICY:

Moonlighting is defined as any activity, outside of the requirements of the residency program, in which an individual performs duties related to health care. This may include, but is not limited to, performing direct patient care, providing clinically related consultation services, reviewing medical charts or information for a company or agency, serving as an expert witness providing medical opinions or testimony in legal matters, serving as a team physician or medical official for an event or teaching in a medical school.

Requirements for Moonlighting

In order to moonlight, a resident must have either a Kansas Resident Active License or a Kansas Active License. A resident is not permitted to moonlight using a postgraduate or training permit. Moonlighting outside of the state of Kansas is not permitted.

Additionally, a resident or fellow wishing to moonlight must obtain an individual professional liability insurance policy separate from the policy provided through their residency training. This individual professional liability insurance policy must comply with the requirements of the Kansas Statutes Annotated (K.S.A) as referenced in the requirements for licensure by the Kansas State Board of Healing Arts.

Prior to participating in any moonlighting activities, a resident or fellow must obtain the written permission of their program director and the Chief Operating Office of WCGME on the Moonlighting Request Form which follows this policy. As part of that form, the resident/fellow must provide a detailed statement of the medical services to be provided as part of the moonlighting activity.

A copy of the Moonlighting Request Form, Kansas Resident Active or Kansas Active license and individual professional liability insurance policy will be scanned into New Innovations as a permanent part of the resident training portfolio.

Residents are not required to engage in moonlighting activities. Additionally, the Sponsoring Institution or individual programs may prohibit moonlighting.

Obtaining Permission for Moonlighting

Each program director, in consultation with their respective department chair, must maintain written policies which govern the procedures to be used by residents or fellows in that program to request to moonlight. Written program policies that govern moonlighting activities must comply with University and ACGME accreditation requirements.

Any resident in either the PGY-1 year or working under J-1 sponsorship is not permitted to moonlight.

Reporting of Moonlighting Hours

Residents are responsible for accurately reporting all moonlighting hours on the submitted monthly timecard. The hours spent moonlighting are counted toward the resident's total hours worked for the week. Thus, moonlighting hours are counted toward the maximum allowable clinical and educational work per rotation.

Residents and fellows may be approved to moonlight during unassigned time or while on paid time off as approved by the program director. Any resident or fellow utilizing Medical/Parental/ Caregiver leave, Leave without Pay or Family Medical Leave Act leave may not moonlight during that time.

Each residency and fellowship program director is responsible for monitoring moonlighting activities performed by residents and fellows in that program. Any adverse impacts of moonlighting on quality of patient care, work performance, clinical and education work hour rule compliance or resident wellbeing will be grounds for rescinding resident permission to moonlight.

Moonlighting must not interfere with a resident's ability to achieve the goals and objectives of their residency training program. Further, moonlighting must not impair the resident's fitness for work in the residency program nor compromise patient safety.

Paid Time Off and Leave of Absence (IV.H.1.)

POLICY:

Because of the nature of healthcare, residents and/or fellows may be assigned to work on any day of the week or at any time during the day or night. All resident and fellow work assignments must adhere to the Accreditation Council of Graduate Medical Education (ACGME) Clinical and Educational Work Hour requirements.

Residents and fellows complete timecards documenting the times and locations of all of their work assignments including time spent working from home or on at home call. These timecards are completed each calendar month. While individual programs may have rotation lengths that vary, all timecards are completed monthly.

As part of the ACGME Clinical and Educational Work Hour requirements, residents/fellows are expected to have one day (24 continuous hours) off in seven free from any clinical work or required education. During that day off, the resident/fellow is not expected to use any type of leave and is not expected to be available to work on that day off. Thus, each month, each resident/fellow should have four ACGME required days free from any clinical work or required education.

For all days that are not the ACGME required days off each month, a resident/fellow should meet one of the following criteria:

- Resident/fellow is scheduled to work and will log the appropriate time and location of their work on their timecard in a timely manner.
- Resident/fellow is not scheduled to work because their clinical assignment is not operating on that day, i.e. an ambulatory clinic that is closed on the weekend. However, the resident/ fellow is considered available to work if needed for emergency coverage, backup call or to accommodate necessary schedule changes and should be available to do so. The resident/fellow will log any work that does occur on their timecard in a timely manner.
- Resident/fellow is scheduled to be on leave and is utilizing a leave category as defined by their employer. The resident/fellow should log the appropriate leave category on their timecard in a timely manner.

All residents and fellows completing a training program sponsored by the University of Kansas School of Medicine- Wichita have a specified amount of varying types of paid leave available to them determined by their employer (i.e. SHEF or WCGME). The determination of whether or not leave qualifies as paid leave rests solely with the employer.

Employees of SHEF

Residents who are employed by SHEF should refer to the Smoky Hill policy manual for a description of available paid leave categories, amounts and provisions for use.

Employees of WCGME

Residents and fellows who are employed by WCGME have access to the following types of paid leave:

Paid Time Off Leave

Each employee is provided with 20 weekdays of paid time off (PTO) each academic year. An employee is expected to use PTO time for any weekday that he/she/they wishes to be

unavailable for work. Unused paid time off does not roll over from one academic year to the next, thus total available PTO time can never exceed 20 weekdays for the academic year. An employee must advance to the next academic year to receive a new allotment of PTO.

PTO can be used in half or full day increments. When a full day of PTO is used, the resident is not expected to work at all on that weekday. No lump sum payment will be made for unused PTO leave upon termination, resignation, non-renewal or completion of training.

Each individual residency and fellowship program should have mechanisms in place to allow a resident/fellow to request weekend days off. While these days do not require the use of PTO, residents and fellows should be able to plan in advance for events that occur on weekend days and request that days off be scheduled on those days. Further, residents and fellows should receive notice of whether or not these days off were granted in a timely manner that allows them to plan for time away. For example, in most cases, residents/ fellows should be able to plan a week of PTO time in advance and request weekend days off on either side of a week of PTO.

If a resident or fellow needs to unexpectedly be free from duty on a weekend, PTO is not charged. However, individual residency and fellowship programs may implement systems that ensure adequate backup coverage and require the resident to cover a future weekend responsibility to account for the weekend day that required an absence.

Medical, Parental, Caregiver Leave

Upon entry into each residency or fellowship program, the employee is given a bank of 30 weekdays (6 weeks) of paid leave that can be used throughout residency if any of the following circumstances occur:

- On the birth of an employee's child and to care for and bond with the newborn.
- On the placement of a child for adoption or foster care with the resident and for bonding with the newly placed child.
- When an employee is needed to care for a child, spouse, or parent who has a serious health condition.
- When an employee is unable to work at all or is unable to perform at least one of the essential functions of his/her/their position because of his/her/their own serious health condition.

During this leave, health and disability insurance benefits for the employee and eligible dependents will continue. Additionally, the resident/fellow will receive 100% of their salary during this absence.

To utilize Medical, Parental, Caregiver (MPC) leave, the employee must complete the Request for Leave Form which follows this policy. The employee should obtain their program director's signature and submit the form to the Chief Operating Officer of WCGME at least 30 days before the date leave is to begin. If 30 days advance notice is not practical, then the resident/fellow must provide as much notice as possible. A doctor's note on letterhead or appropriate FMLA paperwork must be provided as supporting documentation to qualify and receive Medical, Parental, Caregiver Leave. Failure to provide necessary documents in a timely manner may result in postponement, denial or termination of a leave.

It should be noted that while a resident/fellow may experience circumstances that would qualify for medical, parental or caregiver leave more than once during completion of a training program, only the first 6 weeks of this type of leave that occur during training will be paid.

The resident/fellow does not need to use the medical, parental, caregiver leave in a single block of time. A resident could choose to use 2 weeks of medical, parental, caregiver leave in PGY-1 and then an additional 4 weeks in PGY-3 if he/she/they had a qualifying condition on both occasions and met all of the conditions to request leave as noted above.

Please note that an employee may or may not also qualify for Family Medical Leave Act Leave while on a Medical, Parental or Caregiver Leave. Similarly, an employee may qualify for Family Medical Leave Act leave even after he/she/they has exhausted the Medical, Parental, Caregiver Leave benefit. The employee should use the Request for Leave form to clarify what type(s) of leave are requested.

Bereavement Leave

If requested by an employee, three consecutive days of paid bereavement leave will be granted in the case of a death in the resident/fellow's immediate family. Immediate family includes the following:

- Spouse
- Parent, stepparent, spouse's parent or stepparent
- Child, stepchild or spouse's child
- Sibling, stepsibling or spouse's sibling or stepsibling
- Grandparent or step-grandparent or spouse's grandparent or step-grandparent

All other considerations for bereavement leave will be at the discretion of the Program Director and the WCGME COO.

USMLE Step 3 / COMLEX Level 3

Residents will be granted 2 days once during residency to take Step 3 / Level 3. These two days are in addition to the 20 PTO days as passing Step 3 / Level 3 is an institutional requirement of training. Residents will log these two days in New Innovations using the duty type "other" and indicating Step 3/ Level 3 examination in the comments section. If a resident needs to repeat a Step 3 or Level 3 examination, a resident must use PTO or other leave type.

Jury Duty Leave

A resident or fellow may be summoned for jury duty during his/her/their training program. Due to the educational requirements of training, the court may grant an excuse from jury duty. A resident should contact the Chief Operating Officer of WCGME as soon as a jury summons is received to obtain assistance with being excused. However, if an excuse is not granted by the courts, leave with pay will be given to the resident. The resident is responsible for keeping the Program Director informed about the jury duty schedule.

Military Duty Leave

Requests for military leave must be submitted in writing to the Program Director and WCGME and be accompanied by official military orders. The military orders should contain the dates of deployment. Residents/fellows required to fulfill military obligations are still required to complete all training program requirements for Board eligibility. This may necessitate a change in the original date for the completion of the program.

Residents/fellows called to military service may use PTO or take leave without pay during their absence. The employee will have the option to continue their WCGME health insurance coverage throughout the term of the leave. If the resident/fellow elects to continue their WCGME

health insurance coverage, the employee will be responsible for paying the employee monthly health insurance premium. If leave without pay exceeds ninety (90) calendar days, resident/fellow can elect COBRA benefits.

To be eligible for protection under Uniformed Services Employment and Reemployment Rights Act (USERRA), the Service Member (employee) must report back to work or apply for reemployment within the following guidelines:

- 1-30 days of service – report next scheduled workday after safe travel and 8 hours rest
- 31-180 days of service – apply within 14 days after completion of service
- 181+days of service – apply within 90 days after completion of service

In all cases of military leave WCGME will comply with USERRA and evaluate cases as necessary based on what the law requires. The number of months a resident/fellow must make up is at the discretion of the Program Director and in compliance with ABMS Board eligibility requirements.

Residents/fellows called to military service should contact the WCGME office to discuss their options and should forward a copy of their military orders for placement in their personnel file.

Medical, Dental, and Mental Health Appointments

Employees may have need to attend medical, dental or mental health appointments during working hours. The residency or fellowship program will allow residents/fellows to attend appointments as needed. All employees are asked to utilize professional judgement when scheduling appointments.

Conferences and Outside Educational Courses:

A resident or fellow may be approved by the program director to participate in educational courses or conferences that occur outside of the program. In this case, a resident/fellow is considered to be working and should log “other” on his/ her/their timecard with an explanation of the nature of the assignment. The resident/fellow would not be required to use leave time for this purpose.

If a resident/fellow would like to attend an educational course or conference and the program director does not approve the course to count as educational time, then the resident/fellow would need to utilize leave to attend this event.

Job/ Future Training Interviews:

Residents/fellows are expected to use PTO or leave without pay to attend job or fellowship interviews that occur on days the resident/fellow is scheduled to be working.

Specialty Board Examinations:

Residents/fellows are expected to use PTO or leave without pay to complete specialty Board Examinations that are not required to continue in the training program and that occur on days the resident/fellow is scheduled to be working.

Holidays:

WCGME does not recognize nor do resident/fellow employees of WCGME receive paid holidays.

Extension of Residency Training:

Whether a resident leave is paid or unpaid does not determine whether an extension of training is needed. Having paid leave available does not mean that a training extension is not needed; conversely, utilizing unpaid leave does not mean that a training extension must occur. A

resident/fellow may be required to extend training for a variety of reasons, including, but not limited to;

- Compliance with American Board of Medical Specialties regulations concerning board eligibility, such as regulations that govern how much time a resident can be away from the program in a given academic year or throughout training
- Need for additional educational time to complete ACGME required experiences, procedures or patient visits
- Need for additional educational time to satisfactorily complete the educational requirements of the training program
- Program director and/ or program Clinical Competency Committee determination that resident is not yet competent to advance to the next level of training or independent practice.

Program directors are responsible for communicating with the resident/fellow, the employer and the DIO the duration of any potential extension of training no more than 30 days from return of leave of absence or failure to pass an educational rotation or experience.

Individual Program Policies:

Each individual program must have an up-to-date policy that describes the process by which leave requests will be made, considered and approved. Individual program policies may limit the number of residents who can be on leave on a given day or may limit rotations during which leave can be taken. Additionally, individual program policies may define how much time can be taken away from a specific rotation before the resident/fellow is required to repeat the rotation in order to receive academic credit for the experience. However, individual programs cannot create policies which offer residents/fellows additional paid leave time that is not offered by the employer.

<https://www.kumc.edu/documents/wichita/GME/WCGME-Leave-Request-Form.pdf>

Performance Improvement Plan

POLICY:

Academic Performance Improvement actions are designed to define and correct areas of marginal and/or unsatisfactory performance to help a resident struggling with an academic deficiency. These actions include structured feedback and/or developing a Performance Improvement Plan (PIP).

The program director will determine when a resident has a significant deficit in their performance or is performing below the expectation and in need of improvement. As soon as it is determined a resident needs remediation, the program should develop a PIP to identify areas for improvement and plans to help the resident progress.

1. The PIP must be in the form of a letter to the resident from the program director and should follow the PIP template available from the Graduate Medical Education (GME) office at KUSM-W. The PIP must include:
 - formal notice to the resident of the specific academic deficiencies
 - remedial action or improvement that is required
 - plan of remediation to improve the deficiencies and action plans provided by the program and/or faculty
 - defined period of time with a start and end date (e.g., 60 or 90 days)

2. The PIP must be reviewed and approved by the department chair and the Designated Institutional Official (DIO) before it is presented to the resident.
3. The PIP must be signed by the program director (or appropriate designee), presented to the resident in person and co-signed by the resident. The resident signature on the PIP reflects the occurrence of the discussion and acknowledges receipt of the document. A refusal to sign the PIP does not negate the implementation or requirements of the plan.
4. A copy of the signed PIP must be placed in the resident's file and forwarded to the GME office at KUSM-W.
5. At the end of the PIP period, the program director must provide the resident with written notice as to whether the resident has or has not satisfactorily remediated the deficiency. A copy of this written notice will be placed in the resident's file and forwarded to the GME office at KUSM-W.
6. At the end of the PIP timeframe, the program director must document in writing the conclusion/outcome of the PIP. This document must be signed by both the program director and resident.
7. When verifying residency or completing documents such as credentialing or licensure, the successful remediation of a Performance Improvement Plan will not be reported as an adverse or disciplinary action.
8. If the Program Director determines the resident did not sufficiently meet all the expectations of the PIP by the end of the PIP deadline, the resident may be issued an updated PIP or be placed on an adverse action such as suspension, probation, non-renewal or termination.
9. A PIP is academic in nature and is not appealable pursuant to the Grievance and Due Process policy.

Pre-Employment Requirements

POLICY:

WCGME requires residents to complete/pass the following items as a condition of appointment to the residency program and employment. Any applicant who refuses to comply with this process, who tests positive on a drug screen without a valid reason, or who has a record of activity unsuitable to obtain a postgraduate training license, will not meet the qualifications for employment. This process must be completed, and results verified prior to the training start date. Failure to receive results prior to the training start date will result in a delayed start, including a delayed payroll start date.

Immunizations and Vaccines:

All residents are required to have the following immunizations or valid exemption documented by their first day of employment or prior to any patient care activities:

- Hepatitis B
- Influenza
- Measles, Mumps, Rubella (MMR)
- Varicella
- Tetanus/Diphtheria/Pertussis (Td/Tap)
- Other immunizations may be required by statute or regulation

Also required is appropriate tuberculosis testing.

Residents that elect to receive an immunization that is a series of shots may begin working once they have received the first shot and continue as long as they remain current with the subsequent mandated shots.

All residents are expected to comply with the mandatory immunization and vaccination requirements of the hospitals in which they train, unless appropriately exempted from such requirement. Modifications may be made in order to comply with appropriate exemptions.

WCGME will not cover or reimburse the cost of required immunizations.

Background Check:

All appointments are contingent upon satisfactory results of a background check. The background check consists of:

1. 7-year unlimited U.S. country criminal search (current, maiden, and alias names)
2. Nationwide healthcare fraud and abuse scan
3. Nationwide record indicator with sex offender index
4. Social security alert
5. Residency history

Should the Kansas State Board of Healing Arts not grant a medical training license, WCGME will inform the program director in writing and inform the program director to request a waiver from the National Residency Matching Program (NRMP) to release the program from matching with the resident and from WCGME employing the resident.

Urine Drug Screen:

All residents will complete a pre-employment urine drug screen through the contracted provider. Any confirmed positive result for an illegal or non-prescribed substance will render the resident ineligible for appointment and employment. If a positive result is received, the MRO will contact WCGME about prescription medications the employee may be taking. All final determinations will be made by the drug screen vendor's MRO. Should the resident challenge the results of the drug screen, this information will be forwarded to the drug screen vendor, which will send the sample to another lab for re-testing (positive samples are retained by the drug screen vendor for one year). The results of a re-test will be considered final. The results of a positive drug screen will be communicated in writing to the resident and program director by the Chief Operating Officer of WCGME.

Any resident who refuses to undergo drug testing shall not be considered qualified for employment and a Match waiver from the NRMP will be requested. If a waiver is granted, the offer of employment and residency training will be rescinded.

Dilute Negative Results

If a dilute negative result is received, it will be treated as a negative result and the resident will be required to re-test at another date.

Residents who appear unfit for duty due to intoxication or impairment from substance use, may be required to pass drug and/or alcohol testing. Please see Impaired Physician Policy.

National Provider Identifier Number (NPI):

Providers must obtain and share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

Effective May 23, 2007, state law, K.S.A. 39, 7-121f(c), mandated that all Medicaid pharmacy claims include the prescriber's unique identification number. The State of Kansas thus requires individual NPI numbers for all prescribers who prescribe medications to Medicaid beneficiaries. The prescriber's individual NPI must be sent to Kansas Medical Assistance Program (KMAP) for

posting on website for pharmacy providers to access. Pharmacy providers are required to process the electronic pharmacy claims with the prescriber's individual NPI. Prescribers are not allowed to use a group or entity NPI because this would not allow for the required unique prescriber identification.

Though residents and fellows are not billing providers and are not required by the federal government to have an NPI until they complete their training, the State of Kansas requires all providers who write prescriptions that are filled at retail pharmacies to have an NPI. For this reason, all KUSM-W residents and fellows must obtain NPIs.

Kansas Licensure Registration:

All PGY-1 residents are required to obtain a Postgraduate Training Permit from the Kansas Board of Healing Arts before commencing training. The fee for the permit will be paid for by WCGME. The postgraduate training permit is valid throughout residency. If the residency program is extended, the postgraduate permit (training license) will also need to be extended. Extension of a postgraduate permit will require completion of a supplemental application. The training permit only allows the resident to practice medicine in connection with his/her duties as a resident physician. Therefore, the training permit does not permit residents to treat or prescribe medications for self, family members, friends, or anyone not assigned to the resident through the residency training program. Please see the Kansas State Board of Healing Arts website regarding requirements for obtaining a postgraduate training permit.

Occupational Safety and Health Administration (OSHA) Health and Safety Training:

Annual OSHA Health and Safety training is mandatory. All incoming residents will be given the safety guide and attestation form as part of the required onboarding paperwork.

Privacy and Information Protection

POLICY:

WCGME cooperates with law enforcement inquiries and enforcement activities. WCGME will disclose employees' personal information, if required to do so to comply with any valid legal process or governmental request (such as a search warrant, subpoena, statute, or court order). WCGME may use information in a de-identified format for research or quality improvement. WCGME will treat information as an asset that must be protected against loss and unauthorized access. Procedural and technical safeguards are used to protect all information, including personal information, application and onboarding documents, test results and all training record documents, whether electronic or hard copy. These safeguards include, but are not limited to, encryption and the use of firewalls. We cannot, however, protect against user misuse, loss, or alteration of any user editable content.

PROCEDURE:

WCGME will collect and download resident application information after matching with applicants. As a part of onboarding, WCGME will collect information such as demographics, applications, transcripts, test results, immunization records, drug screen results, and information collected through the pre-employment background check. WCGME will also assist residents with applications to the Kansas State Board of Healing Arts (KSBHA), Drug Enforcement Administration (DEA), and other agencies or vendors required for residency training. These applications may contain confidential information that will be stored and maintained by WCGME.

WCGME uses a resident management suite to store residency related data. The system selected and approved by the WCGME Board of Directors and GMEC is New Innovations. New Innovations uses a Security Assertion Markup Language (SAML) and Single Sign-On (SSO) and provides a military-grade encryption. New Innovations is SOC2 certified, utilizing standard operating procedures for organizational oversight, vendor management, risk management and regulatory oversight. New Innovations ensures sensitive data is secure. A resident's health information is not maintained in New Innovations but is maintained in a secured location separate from any other personnel information and accessible by only designated personnel.

WCGME, at the delegation of the Sponsoring Institution, the University of Kansas School of Medicine–Wichita, will only share resident information on an “as needed basis” for education and training or for legal requirements, such as responses to properly issued subpoenas or court orders, requests for employment, education, or income verification. This policy acknowledges the partnership between WCGME, KUSM-W and participating sites. WCGME reserves the right to determine what protected information can be shared when necessary to meet regulatory standards or training requirements.

WCGME will acquire, maintain, and retain all information related to resident training, progression through residency and documentation of completion (whether resident successfully completes training, transfers programs, resigns or is terminated). The resident training record will be retained permanently either electronically or hard copy.



PRIVACY INFORMATION AGREEMENT

This agreement is between

Name

Role in GME

Signature

Date

And Wichita Center for Graduate Medical Education (WCGME) at the delegation of the University of Kansas School of Medicine – Wichita (KUSM-W).

This agreement relates to resident’s private personal and graduate medical education training protected information, whether stored in New Innovations, hard copy or any other system. This agreement must be signed annually. Failure to sign and agree to the privacy of personal and graduate medical education information, including resident protected information, will result in removal of rights to access the resident management system, New Innovations.

Please see Privacy and Information Protection policy.

Professionalism and Misconduct

POLICY:

It is the policy of KUSM-W and WCGME to treat all individuals within partnering programs and facilities in which patient care and/or training is being conducted, with courtesy, respect, and dignity. KUSM-W and WCGME require all residents and fellows to always conduct themselves in a professional and cooperative manner during residency/fellowship training, both in and out of hospitals and medical sites. They must be able to demonstrate a commitment to carrying out professional responsibilities and adhere to ethical principles.

It is expected the residents/fellows demonstrate:

- Compassion, integrity, and respect for others
- Cooperation with peers and superiors
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, health, or sexual orientation.

To meet these expectations, residents/fellows must adhere to the following:

Work Ethic:

- Arrive on time for work, educational assignments, and training experiences.
- Respond promptly to all tasks and meet any deadlines set.
- Respond to consult requests and pages in a timely, respectful fashion.
- Complete required documentation honestly and accurately including clinical and educational hour reporting and procedure logging.
- Fulfill educational and professional responsibilities, including scholarly activities.
- Adhere to recognized ethical codes governing the applicable profession and specialty.
- Adhere to applicable laws and regulations. Residents are required to report to program administration and the GME office any civil actions, which may affect the ability of the resident to perform their duties safely and effectively, as well as all criminal citations, charges, arrests, convictions, and pleas.
- Maintain a professional appearance in the work environment.
- Adhere to all institutional policies and guidelines

Accountability:

- Personal health status: Immunizations, etc.
- Education requirements: BLS, ACLS, PALS, USMLE Step3/Complex 3, other program requirements
- Medical Records: all residents/fellows must comply with applicable hospital/site protocols and guidelines. Adherence to the hospitals' medical records protocol is mandatory.
 - Responsibility to complete charts is still required even when a resident/fellow rotates away from that hospital/site.
 - Residents/fellows are expected to keep all medical records, charts and/or reports up to date and signed.

- Medical record documentation must be current and completed prior to completion of the training program and exiting KUSM-W and WCGME.

Altruism

- Exhibit a responsiveness to patient needs that supersedes self-interest.

Humanitarianism

- Practice with an awareness of social disparities including, but not limited to, socioeconomic status, race, gender, and culture.

Teamwork and Respect of Others

- Treat patients and their family members, all members of the healthcare team, faculty, leadership and administrative staff with respect and dignity.
- Respect patient privacy and autonomy.
- Manage conflicts respectfully away from patient care and crowded staff areas.
- Seek assistance, when necessary, from resources available through the program, WCGME or KUSM-W.
- Understand and accept bias based on gender, age, culture, ethnicity, religion, disability, or sexual orientation seriously harms the learning environment and is strictly prohibited.
- Refrain from disruptive behavior including but not limited to:
 - Harassment or discrimination
 - Verbal threats and outbursts
 - Undue criticism intended to belittle or berate others
 - Arguing in front of patients and families
 - Physical actions that threaten others
 - Inappropriate physical contact

Social Media and Institutional Representation

- Maintain appropriate standards in all social media postings with clear demarcations between personal and professional lives. Protect personal, institutional, and professional reputation when posting, commenting, or contributing to on-line forums.
- Residents and fellows are personally responsible for their social media posts. These do not express the opinion or position of KUSM-W or WCGME. KUSM-W and WCGME workforce members engaged in personal and professional social media communications that reference KUSM-W related content should do so in a manner consistent with the Sponsoring Institution's mission and values, administrative policies and procedures, and safeguards to ensure the privacy and security of patient health information.
 - KUSM-W/WCGME residents/fellows shall not sign up for personal social media accounts using their KU assigned email address.
- Avoid behavior that could be harmful to KUSM-W and its relationship to patients and the community or could harm patients.
- Maintain professional boundaries and avoid inappropriate relationships with patients, patients' families, or their supervising or supervised team members. Inappropriate relationships include romantic or sexual relationships, exploitative financial relationships, or relationships that take advantage of real or perceived authority in any other way.

Professionalism will be evaluated through direct observation by attending physicians, patients and family, hospital leadership and administrative staff and assessed on rotation evaluations and milestone assessments.

Unprofessional conduct may be reported to the Program Director or Designated Institutional Official. All reports will be investigated. Those with merit may be subject to remediation/disciplinary actions up to and including performance improvement plan, being brought before the GMEC, probation and/or non-renewal of contract or termination.

Recruitment/Selection/Appointment Policy (IV.B.1.)

POLICY:

Recruitment

Recruitment of residents for University of Kansas School of Medicine-Wichita (KUSM-W) sponsored programs is a responsibility of each separately accredited residency program. KUSM-W participates in the National Resident Matching Program (NRMP) and all programs are required to abide by NRMP policies.

Applicants invited to interview will be informed in writing or electronically of the terms, conditions, and benefits of appointment to a KUSM-W residency or fellowship programs. This information will include financial support (salary and benefits), paid leave, professional liability, hospitalization, health, disability and other insurance provided residents/fellows and their eligible dependents.

KUSM-W sponsored programs should engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of individuals.

Selection

The minimum criteria for applicants to be considered for KUSM-W residencies are:

- Academic and clinical qualifications to be appointed as a resident physician in the University of Kansas School of Medicine-Wichita sponsored residency programs.
- Eligible for employment by either Wichita Center for Graduate Medical Education (WCGME) or Salina Health Education Foundation (SHEF).
- All applicants must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:
 - graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or
 - graduation from a medical school outside the United States or Canada, and meeting one of the following additional qualifications:
 - holds a currently valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or
 - holds a full and unrestricted license to practice medicine in the State of Kansas.
- Anticipated eligibility for licensure by Kansas State Board of Healing Arts and for registration by the U.S. Drug Enforcement Agency.
- For non-citizens, permanent residency status in the United States, Work Authorization, or a J-1 visa. No other visas are accepted.

All prerequisite post-graduate clinical education required for initial entry or transfer must be completed in an ACGME-accredited residency program, AOA-approved residency program,

Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada, or in a residency program with the ACGME International (ACGME-I) Advanced Specialty Accreditation.

Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

Program directors must not appoint more residents than approved by the Review Committee of the ACGME without a temporary or permanent increase in complement.

Programs may not discriminate on the basis of a resident's sex, race, age, gender and/or gender identity, religion, color, national origin, disability, veteran status or any other applicable legally protected status.

Resident Transfers

The program director must obtain verification of previous educational experiences, a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.

This does not preclude residency programs from developing additional criteria.

Agreement of Appointment

Residents will be provided a written agreement (contract) outlining the terms and conditions of their appointment to their training program. The contents of the agreement will include the ACGME requirements for a resident contract which will be amended from time to time as requirements change.

Reimbursement for Education or Business-Related Expenses

POLICY

WCGME is committed to fairness and consistency in the reimbursement of educational or business-related expenses by ensuring compliance with IRS requirements. Acceptable and unacceptable practices for an individual, including residents, fellows, faculty, program directors or program coordinators, who request a reimbursement for educational purposes or travels for education or business using WCGME or program budget funds is outlined below.

1. There must be an education or business reason for the expense
2. The expense must be reasonable
3. The requestor must substantiate the expense

USMLE/COMLEX

WCGME will reimburse the resident one time when passing Step 3/Level 3. Resident will register and pay for the exam. Once resident has received a passing score, resident will submit a check request along with a receipt showing proof of purchase and a copy of the exam results to the WCGME office. WCGME will reimburse resident through direct deposit into the same account set up through payroll.

BLS, ACLS and PALS

Registration fees for new residents participating in the certification course will be paid by WCGME. New residents who have become BLS, ACLS/PALS certified no more than 90 days prior to entering a residency program may be reimbursed up to the maximum allowed per certification. Reimbursement forms can be obtained from the WCGME office. The original receipt must accompany the reimbursement form.

Reimbursement for BLS, ACLS and PALS will be capped at the following rates:

BLS: \$50.00

ACLS: \$250.00

PALS: \$250.00

See Requirements to Maintain Training policy for information on certification renewal.

Drug Enforcement Administration (DEA)

Initial application fee for DEA registration will be paid by the WCGME office. DEA renewal will be paid by the resident and WCGME will reimburse the resident the prorated amount for the remaining time the resident is active in their training program.

<https://www.kumc.edu/documents/wichita/gme/WCGME-Certification-DEA-Exams-Reimbursement-Form.pdf>

Travel

1. All travel must be approved in advance per individual program policy.
2. Original itemized receipts must be attached to a completely documented expense report which includes dates of travel and location. The expense report must be signed by the traveler. (Please see Travel Reimbursement Form)
 - a. No expenses will be reimbursed without accompanying original receipts.
3. Non-business related or extravagant expenses will not be reimbursed.
4. Significant other and/or family travel expenses will not be reimbursed and should not be submitted for reimbursement.
5. Each individual incurring reimbursable expense must submit a separate expense report. If traveling in a group, all expenses must be submitted individually.
6. Transportation
 - a. The most economical mode of transportation will be reimbursed. If a traveler chooses to utilize another mode of transportation, that will be reimbursed only to the amount that the most economical mode would have cost. For example, if air travel is most economical and someone choose to drive to a destination, mileage will only be reimbursed up to the cost of the airfare.
 - b. Air Travel
 - i. Air travel will be reimbursed up to the cost of an economy airline ticket departing from the airport closest to home and arriving at the airport closest to the conference destination.
 - ii. There will be no reimbursement for Frequent Flyer miles used for business.
 - iii. In the event an airline ticket will not be used, the traveler should cancel any unneeded reservation as soon as possible and return for refunding any unused, refundable tickets. If a ticket was non-refundable and unused, it will only be reimbursed upon consideration of traveler submitted justification for cancellation of the ticket.
 - iv. Travel insurance will not be reimbursed.
 - c. Ground Transportation

- i. If a traveler is using a private automobile to drive to conference or meeting, roundtrip mileage between home and the conference destination will be provided at the IRS approved rate.
 - ii. Ground transportation used to and from the airport or during a conference for daily commuting to a meeting will be reimbursed as direct costs for transportation services and/or mileage for use of a private vehicle up to a maximum of \$150.00 per conference.
 - iii. Rental cars must be pre-approved with a business justification by the Program Director.
 - d. Parking and Tolls
 - i. Reimbursement is authorized for parking charges, and other reasonable travel expenses directly related to authorized travel with original receipts.
 - ii. Reimbursement for parking is included in the \$150 maximum per conference.
- 7. Lodging
 - a. A single room with private bath at a business class hotel is the standard.
 - b. Luxury accommodations will not be reimbursed.
 - c. If a traveler chooses alternative lodging such as staying with a relative, the savings are non-reimbursable.
- 8. Food and Beverage
 - a. Only the traveler may be reimbursed. Significant others and/or family members meals are not reimbursable.
 - b. If a meal is charged to a hotel room, an itemized receipt must still be submitted for reimbursement. The hotel receipt alone will not be sufficient.
 - c. The cost of food and beverage will be reimbursed up to a maximum of \$100 per day, averaged over the dates of the meeting. Example: If the meeting is 3 days you would have \$300 for food/beverage. The max amount allowed may vary based on your program. It is the responsibility of the resident/fellow to confirm maximum limits before traveling.
 - d. Tips should be added to the cost of expenditure, should reflect good business judgment as to amount and should be no more than 20% of the total bill.
 - e. Alcoholic beverages and alcohol related expenses will not be reimbursed.
- 9. Entertainment
 - a. Expenses will not be reimbursed for entertainment with the exception of meals as described above.
- 10. Miscellaneous
 - a. Gift cards and retail points are not reimbursable.
 - b. Pre-payment of hotel, registration and incidental expenses will be granted with Program Director and WCGME approval.
 - c. Upon return from business travel, all pre-paid expenses must be submitted with original receipts.

<https://www.kumc.edu/documents/wichita/gme/WCGME-expense-travel-form.xlsx>

Requirements to Maintain Training

POLICY

All WCGME residents are required to maintain the following registrations, licensures, or certifications for the entirety of their residency training.

- **DEA: Drug Enforcement Administration**
 - Residents must maintain a valid DEA license for the duration of residency. DEA renewal will be paid by the resident and WCGME will reimburse the resident the prorated amount for the remaining time the resident is active in their training program.
 - Residents are not permitted to prescribe medications for self, family members, friends, or anyone not assigned to the resident through the residency training program. The only exception is patients treated through approved moonlighting.

- **USMLE and COMLEX Examinations**
 - All residents in a program sponsored by KU School of Medicine - Wichita must pass Step 3 of USMLE or Level 3 of COMLEX by the end of the PGY 2 year. Residents will be allowed two paid days to take Step 3/Level 3 examination. Time off must be approved by Program Director and logged in New Innovations under “Other” with a notation of Step 3 or Level 3 examination.
 - Residents who fail to pass USMLE Step 3 or COMLEX Level 3 by the end of their second year of residency training will receive a non-renewal notification. Non-renewal in this situation is considered an adverse action as described elsewhere in this policy manual, and as such, resident will have the right to appeal the adverse action through the grievance policy. Residents who have not tested, who have not received scores or who have failed the exam are considered to not have a passing score and will be non-renewed.
 - Residents entering a residency or fellowship program at KUSM-W at the PGY 3 level or higher are required to have passed USMLE Step 3 or COMLEX Level 3 prior to starting their position.

- **Certifications**
 - All residents are required to obtain and maintain specific certifications as determined by their program and specialty. Please see table below for individual requirements. If a resident does not successfully renew required certifications, they may be removed from clinical duties until certification is obtained.
 - WCGME does not accept online certification or recertification unless they are approved by the American Heart Association and include a hands-on skills session. The WCGME office must be provided a copy of all current certificates required by the program.
 - WCGME will not be responsible for the cost of course registration due to the resident failing.

Program	Required prior to start of residency and to remain current throughout training	Will be scheduled by program based upon curriculum
Anesthesiology	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	<ul style="list-style-type: none"> • Advanced Trauma Life Support (ATLS) • Emergency Neurological Life Support (ENLS)

		<ul style="list-style-type: none"> • Pediatric Advanced Life Support (PALS)
Child and Adolescent Psychiatry	<ul style="list-style-type: none"> • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	
Family Medicine-Via Christi	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	<ul style="list-style-type: none"> • Advanced Life Support in Obstetrics (ALSO) • Advanced Trauma Life Support (ATLS) • Neonatal Resuscitation Provider Course (NRP) • (STABLE)
Family Medicine-Wesley	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	<ul style="list-style-type: none"> • Advanced Life Support in Obstetrics (ALSO) • Advanced Trauma Life Support (ATLS) • Neonatal Resuscitation Provider Course (NRP)
Gastroenterology	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
Internal Medicine	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
Medicine-Pediatrics	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	<ul style="list-style-type: none"> • Neonatal Resuscitation Provider Course (NRP) • Pediatric Fundamental Critical Care Support (PFCCS)
Obstetrics and Gynecology	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	<ul style="list-style-type: none"> • Advanced Life Support in Obstetrics (ALSO) • Neonatal Resuscitation Provider Course (NRP) • Essentials in Minimally Invasive Gynecologic Surgery (EMIGS)
Orthopedic Surgery	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
Pediatrics	<ul style="list-style-type: none"> • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	<ul style="list-style-type: none"> • Neonatal Resuscitation Provider Course (NRP) • Pediatric Fundamental Critical Care Support (PFCCS)
Psychiatry	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
Radiology	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
Sports Medicine	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) 	
General Surgery	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) • Pediatric Advanced Life Support (PALS) 	<ul style="list-style-type: none"> • Advanced Trauma Life Support (ATLS) • Advanced Burn Life Support (ABLS) • Fundamentals of Endoscopic Surgery (FES) • Fundamental of Laparoscopic Surgery (FLS)

- **Kansas Licensure Registration**

All residents are required to obtain a Postgraduate Training Permit from the Kansas Board of Healing Arts before commencing training. If the residency program is extended, the postgraduate permit (training license) will also need to

be extended. Extension of a postgraduate permit will require completion of a supplemental application.

KUSM-W does not recognize an Institutional License for residency related activity. Residents must have either a postgraduate permit or active license throughout residency. Failure to maintain or renew either a postgraduate permit or active license could result in suspension or immediate dismissal and termination of the Resident Agreement.

The training permit only allows the resident to practice medicine in connection with his/her duties as a resident physician. Therefore, the training permit does not permit residents to treat or prescribe medications for self, family members, friends, or anyone not assigned to the resident through the residency training program, nor does it allow a resident to engage in moonlighting activities.

Please see application for Kansas Postgraduate Permit for full details of required information, attestation questions, authorizations, and releases.

- **Annual Occupational Safety and Health Administration (OSHA) Health and Safety Training:**
Annual OSHA Health and Safety training is mandatory. Each year, all residents will be provided a safety guide and attestation form. Residents are expected to review the safety guide and then complete the attestation form. All residents will be instructed on how to complete the attestation form and submit to WCGME.

Resident Council

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W).

STATEMENT OF PURPOSE:

The purpose of the Resident Council is to provide an open forum for the free exchange of ideas between resident trainees regarding all aspects of employment and training.

DEFINITIONS:

In this policy, resident refers to all interns, residents and fellows in a training program sponsored by KUSM-W. The University of Kansas School of Medicine – Wichita (KUSM-W) is the Sponsoring Institution for the residents who train in Wichita and Salina. Wichita Center for Graduate Medical Education (WCGME) is the entity that employs the residents in Wichita. Salina Health Education Foundation (SHEF) is the entity that employs the residents in Salina.

POLICY:

KUSM-W will provide the opportunity and availability for a forum where residents can communicate and exchange information with other residents on their education, work environment, their program, and other resident issues. All programs sponsored by KUSM-W will be represented on the Resident Council. All residents will have the opportunity to directly raise a concern to the Resident Council. Resident Council will be held, at least in part, without the presence of the Designated Institutional Official (DIO), Wichita Center for Graduate Medical Education (WCGME) Chief Operating Officer (COO), program directors, faculty members or

other administrators. Each meeting must have sufficient time to conduct business in the absence of the DIO, COO, program directors, faculty members or other administrators. Residents will have the option to present concerns that arise from discussions at the Resident Council to the DIO and/or GMEC without fear of intimidation or retaliation.

PROCEDURE:

At the beginning of each academic year, residents in each training program sponsored by KUSM-W will select members for the Resident Council. Residents at any PGY level may be peer-selected as a Council Member. For the purposes of the Resident Council policy manual, department refers to a categorical program as well as its associated fellowship(s). For example, the Gastroenterology fellowship will be considered a part of its parent program Internal Medicine. Each program and fellowship is responsible for holding its own election without influence from program leadership. All serving members will have an equal vote when present at Resident Council meetings. Each categorical program may elect two representatives and each fellowship may elect one representative. The minimum term of service is one academic year. There will be no maximum length of service. Programs are encouraged to elect Council members with staggered two-year terms to ensure continuity on the Council and uniform representation.

Names of the selected residents will be provided to the WCGME Office by July 21st of each academic year. By the second meeting of the academic year, the Resident Council will have elected officers. During the final Resident Council meeting of the academic year, the members of the sitting residency council will elect the President for the upcoming academic year. As this position does not have an official vote on the council as outlined below, the position exists outside of the selection process outlined above for resident council members and does not count as one of the representatives for his or her program.

Officers: Officers will include a President, Vice President, Secretary, GMEC Representatives and GMEC Subcommittee members.

President. The Council President will preside over each meeting of the Council. As presiding officer, the president will not cast an official vote regarding Council business unless there is a tie. The Council President may assume the role of GMEC Representative or GMEC Subcommittee member if there are less than two residents available to attend the GMEC or any of its subcommittees at any time per their availability and discretion. The president and vice president will plan the events that are intended to provide a social gathering of all residents such as "First Friday."

Specific requirements for position: Election for president as above

Vice President. The Council Vice President will assume the role as presiding officer in the absence of the Council President. The Vice President will ensure that all meetings are conducted professionally and according to a standard of order deemed appropriate by the office. The Council Vice President may assume the role of GMEC Representative or GMEC Subcommittee member if there are less than two resident designees to the GMEC or any of its subcommittees at any time per their availability and discretion. The vice president will work with the president to plan the events intended to provide a social gathering of all residents.

Specific requirements for position: none

Secretary. The Council Secretary will record meeting minutes and maintain a roster of attendees. The Secretary will be responsible for ensuring a quorum is in place before an official vote can take place. A copy of the meeting minutes will be kept on file with the WCGME office. Once minutes have been signed by the Secretary, a copy will be e-mailed to all residents. In

months in which the Resident Council meets but the GMEC does not, the Secretary will work with the President and Vice President to document any concerns requiring action by WCGME or the DIO prior to the next meeting of the GMEC. The Secretary is also responsible for helping draft Council resolutions.

Specific requirements for position: none

Treasurer. The Council Treasurer will track the budget and expenses and report on the same to the Council. This includes tracking receipts and reporting on the same to the WCGME office including balances and costs.

Specific requirements for position: none

GMEC Representative (2). There will be two peer-selected residents/fellows from the ACGME-accredited programs at KUSM-W to be the GMEC Representative. This selection process is facilitated through the WCGME office. The GMEC Representatives will attend the GMEC meetings and provide a report of Council activities, resolutions, and requests for action. They will also report to the Resident Council the activities and actions of the GMEC. These individuals will have full voting privileges on the GMEC. It is a requirement that each GMEC meeting have a resident representative present to conduct business. The two peer-selected residents will be ex officio members of the Resident Council without vote, unless they are also a Resident Council member representing a training program.

Expectation: There will be at least one resident present at each GMEC meeting. The President, Vice President or any Resident Council member may fill in for the GMEC Representative if neither member is able to attend a meeting. Resident members will attend at least 50% of all meetings or request to be replaced in the same election process held prior to the start of each academic year.

Specific requirements for position: completed one year as a part of a KUSM-W program before eligibility for peer selected GMEC Representative.

GMEC Subcommittee Members. The GMEC oversees the work of the subcommittees. These subcommittees are defined by the GMEC and require at least one resident per subcommittee. Resident Council will facilitate the appointment of residents on each subcommittee which may include at least one resident member who is not on Resident Council. It is anticipated that the existence, identity, and roles of these subcommittees become consistent over the course of future academic years to provide continuity and effectiveness as a member of the subcommittee.

Specific requirements for position: none, however, it is traditional to have at least one “new” subcommittee member (i.e., a resident not previously on the subcommittee) and one “old” subcommittee member (i.e., a resident previously on the subcommittee) to ensure continuity.

Resignation:

Council members have the right to resign by submitting a written statement to the Council President. The President will then notify the department to host a selection process to replace the representative.

Removal:

The mission of the Resident Council is to ensure proper representation and peer selection is maintained. If a program believes that it is no longer being properly represented, a program can initiate a vote of no confidence upon the submission of signatures of one-third of its residents to its chief resident. The Council member will then be removed via majority vote. If the program is no longer represented as a result of removal, then a new Council member must be selected by the program in the same fashion as it does at the beginning of the academic year.

Vacancy:

If at any time a Resident Council member is dismissed, terminated, or voluntarily resigns from the training program, that program will select another resident to sit on the Resident Council in the same selection fashion as it does at the beginning of the academic year. If the president position is vacant, a new president will be elected from the resident council body.

Meetings:

Resident Council will meet once per month starting in August and extending through June each academic year. The Council will not meet in July which is reserved for peer selection process. The WCGME office will coordinate the meeting location each month and notify the Council members. Meetings will be held at KUSM-W.

Attendance:

To promote continuity and cohesion, programs are encouraged to ensure they are properly represented at each meeting. Program administration is encouraged to relieve Council members of clinical duties to attend Resident Council meetings. The Council President or Vice President will notify the chief resident of any program which fails to maintain representation at two-thirds of Council meetings.

Quorum:

Representatives from two-thirds of the departments must be present to perform official Council business. Each Council member or department may appoint temporary Council members to ensure representation in the event a Council member cannot attend a meeting.

WCGME Representative:

The WCGME COO or designee will be invited to address the council at the onset of each meeting. While not serving as a voting member of the council, the COO or designee will be invited to answer questions regarding matters of interest to the Council members and to share information to be disseminated to the resident community at large through its delegated Council members and meeting minutes. WCGME COO or designee will be released from participation following their contributions.

Prior Business:

Issues raised at prior meetings will be addressed as needed and specified in prior meeting minutes. Issues will remain on the Resident Council agenda until sufficient resolution.

GMEC Report:

GMEC Representative(s) will report Resident Council activities, questions, and concerns at each GMEC meeting. Representative(s) will also report GMEC activities to Council Members.

GMEC Subcommittee Reports:

Members of the GMEC subcommittees will report subcommittee activity to the Council Members.

Budget:

WCGME will provide the Resident Council with the approved budget at the beginning of each academic year and will report remaining balance at the request of the Council President. Money remaining at the end of the academic year will be rolled over to the next academic year. Resident Council is not approved to go over budget.

Restrictive Covenants (Non-Compete) (IV.M.)

POLICY:

A restrictive covenant, in its broadest sense, is a provision that precludes an employee from competing with the employer and/or from working for a competitor of the employer, for some period after the employment has been terminated.

The Accreditation Council for Graduate Medical Education (ACGME) specifically prohibits the use of restrictive covenants in trainee agreements. It is the policy that neither the University of Kansas School of Medicine, Wichita Center for Graduate Medical Education (WCGME), Salina Health Education Foundation (SHEF), nor any of its participating sites, residency or fellowship programs may require residents or fellows to sign a noncompetition contract (restrictive covenant). The residents and fellows will not be asked to enforce any covenants intended to restrict their choice of practice location, practice structure, or the post-residency professional activity of individuals who have completed any post-graduate medical education training program sponsored by KUSM-W.

Supervision (IV.J.1.)

POLICY:

Supervision provides safe and effective care to patients, ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and establishes a foundation for continued professional growth. Through the GMEC, the Sponsoring Institution will oversee the supervision of residents consistent with all ACGME requirements, institutional policies, and individual program-specific policies. KUSM-W will also oversee the mechanisms by which residents can report inadequate supervision in a protected manner that is free from reprisal.

The Sponsoring Institution will ensure the resident has appropriate supervision for all educational and clinical activities, commensurate with an individual resident's level of advancement and responsibility as determined by the program director and program faculty. It is acknowledged that residents will assume progressively increasing responsibility according to their level of education, ability and experience as determined by the teaching staff. It is also acknowledged that even though residents participate in the care of patients, the ultimate responsibility for the patient rests with the supervising faculty member(s). The faculty member is always the attending of record regardless of the resident's level of supervision.

Program faculty are responsible for determining when a resident physician is unable to function at the level required to provide safe, high quality patient care, and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by resident physicians who are overly fatigued, not clinically competent for a specific level of supervision or otherwise impaired. Faculty schedules must be structured to provide residents with continuous supervision and consultation. Residents must be supervised by teaching faculty in such a way that they assume progressively increasing authority and responsibility according to their level of education, ability, and experience. Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Programs, in partnership with the Sponsoring Institution will define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

The Sponsoring Institution, through the GMEC, monitors the supervision and guidance of the residents through a continuous review process. In addition, each residency program will have a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

Neither the University nor the Program Director is responsible for supervision of the resident during moonlighting or locum tenens activities. All residents are required to follow the applicable policies and approval processes prior to engaging in either activity.

Transition of Care

POLICY:

Effective handover of care is a critical part of the team process and an essential component for the delivery of safe quality health care. Each training program under the Sponsoring Institution must design clinical assignments to minimize the number of handovers in patient care.

Schedule overlaps should include time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues. Each training program must develop handoff procedures that are structured and reflect best practices (in-person whenever possible and which occur at a time and place with minimal interruptions and distractions). The handover of care must be timely, relevant, structured and contribute to safe patient care. Clinical handover allows for the transfer of accountability and responsibility of some or all aspects of patient care to another resident. Residents may use both written (hand or electronic) and verbal communication for each patient they are handing off to another resident or healthcare provider. Residents are expected to be physically present for the handover of care and to refer to the written communication as needed. The electronic medical record should be used as a vehicle for communicating patient information during the transition of care.

PROCEDURE:

Residents will communicate information to facilitate safe, consistent patient care. The handoff will be verbal or written communication so that the service, care, and treatment needs are accurately communicated. Handoff must include up-to-date information regarding the patient's condition/status (i.e., critical, stable, guarded, etc.), diagnoses, care, treatment, medications, services and any recent or anticipated changes. The receiver of the information must have the opportunity to review patient historical data, which may include previous care, treatment, and services. Effective communication for a handoff allows the opportunity to ask and respond to questions and allows for the verification of information and ensures the receiving party understands the information conveyed. Interruptions and distractions during a handoff must be limited to minimize the possibility that information could fail to be communicated or forgotten.

Faculty oversight of the handoff process may occur directly or indirectly, depending on trainee level and experience. All programs should use applicable tools (such as handoff template or computerized form generated from the electronic medical record) to assist in a structured process. Programs should develop processes by which handoffs are regularly monitored for effectiveness. KUSM-W, in partnership with the residency programs, will facilitate professional development for core faculty members and residents regarding effective transitions of care. Programs will ensure and monitor the effective, structured patient hand-over process.

Vendor Relations (IV.L.)

POLICY:

The purpose of this policy is to ensure graduate medical education activities at KUSM-W and affiliated training sites are not compromised through vendor influence, either collectively or through interactions with individual residents. Interactions with industry representatives should be conducted to avoid or minimize conflicts of interest and the appearance of conflicts of interest. All vendor representatives are expected to abide by this Vendor Relations Policy and applicable laws and regulations while on participating sites of KUSM-W premises or while interacting with KUSM-W residents. All gifts (including *de minimus* gifts) are prohibited and may not be accepted by KUSM-W residents from representatives. This policy applies to all KUSM-W residents and all industry representatives with whom they may come in contact.

1. Meals, Gifts and Compensation

- A. Personal gifts, regardless of value, from vendor representatives to all KUSM-W residents are prohibited, including, but not limited to loans, economic opportunities, meals, tickets or vouchers for entertainment events, pens, notepads, gift cards or cash. It is strongly advised that no form of personal gift from a vendor be accepted under any circumstances.
- B. KUSM-W residents must consciously and actively separate clinical care decisions and research activities from any perceived or actual benefits expected from any company. The overriding principle at KUSM-W and its members is that healthcare providers represent their patients' best interests and not those of vendors. It is not acceptable for patient care decisions to be influenced by the possibility of personal financial gain.
- C. KUSM-W residents cannot accept meals, gifts, or compensation for prescribing or changing a patient's prescription. KUSM-W residents cannot accept meals, gifts, or compensation for listening to a presentation by a representative.
- D. KUSM-W residents cannot accept compensation, including the defraying of costs, for attending a CME event or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).
- E. Representatives cannot use KUSM-W residents or resources to distribute information about vendor-sponsored events. This includes KUSM-W residents' e-mail, mailings, e-page, or other mass notification methods. The Graduate Medical Education (GME) staff will not circulate announcements of vendor-sponsored events or provide e-mail lists or address lists of KUSM-W residents.

2. Promotional Items and Drug Samples

- A. KUSM-W residents will not accept or distribute items (e.g., pens, note pads, and similar "reminder" items). Promotion of drug or medical device products may not be for uses not reflected in United States Food and Drug Administration (FDA) approved product labeling. Under no circumstances can promotional items be used in patient care areas.
- B. Proper discretion will be utilized to assure the distribution of drug samples is for the benefit of the patient, not for product promotion.

3. Support for Educational and Other Professional Activities

- A. Individuals should be aware of the Accrediting Council for Continuing Medical Education (ACCME) "Standards for Commercial Support" that provides useful guidelines for evaluating all forms of industry interaction. This includes both on- and off-campus interactions for KUSM-W-sponsored and other events.
- B. Educational, unrestricted grants that are compliant with ACCME Standards may be received from industry but must be administered through the KU Endowment Association (KUEA), departments or divisions and not by individual faculty. KUSM-W residents must follow these standards and other protocols adopted by KUEA,

departments or divisions of the University or its sponsoring institutions, and their research organizations

4. Travel Funds

- A. Manufacturers interested in having KUSM-W residents attend meetings should provide unrestricted grants to a designated fund for educational conferences and meetings. Funds will then be disbursed to faculty and training program directors. Neither faculty nor trainees will be directly dependent on industry generosity for educational opportunities.
- B. With respect to the airfare, lodging, and transportation costs to and from the airport, KUSM-W residents subject to the provisions of this policy will not solicit or accept free or special discount travel or related expenses from a source outside state government, except when the person's presence at a meeting, seminar or event serves a legitimate educational purpose or interest and the Program Director or Department Chair authorizes or would authorize payment for such travel and expenses.

5. Speakers Bureaus and Ghostwriting

- A. The sharing of ideas and information, by experts in a particular field, is valued and supported by KUSM-W; accordingly, resident opinion must be data-driven and not for hire. Residents should be aware that Speaker's Bureaus are typically an extension of manufacturers' marketing apparatus. Though residents are not prohibited from participating as members of speaker's bureaus for vendors such as pharmaceutical or device manufacturers, residents should consider the guidelines enumerated below before entering into a contract or service agreement with a vendor.
- B. KUSM-W residents who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:
 - I. Financial support by industry is fully disclosed by the meeting sponsor.
 - II. The speaker should be solely responsible for designing and conducting the activity and the activity will be educational, non-promotional and free from commercial bias.
 - III. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 - IV. The KUSM-W participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
 - V. The lecturer makes clear that content reflects individual views and not the views of KUSM-W or its member institutions.
 - VI. The use of the KUSM-W name or its member institutions in non-KUSM-W events is limited to the identification of the individual by his or her title and affiliation.
- C. KUSM-W residents are prohibited from publishing articles under their own names that are written in whole or material part by industry employees. Authors must be responsible for the content and must actively participate in the preparation of the article.

6. Consulting and Research Contracts

- A. The process of discovery and development of new drugs and devices benefits from academic participation. However, participation by KUSM-W residents should result in impartial collection and interpretation of data. To ensure scientific integrity, interactions must be transparent and allow free exchange of ideas. Consulting fees or honoraria for speaking must always take place with an explicit contract with specific deliverables, and

the deliverables must be restricted to scientific issues, not marketing efforts. A contract with no identified deliverables is tantamount to a gift and is prohibited.

- B. To promote scientific progress, KUSM-W acknowledges that the University will accept grants for general support of research (no specific deliverable products) from pharmaceutical and device companies, provided that the unrestricted grants are made with the approval of the EVC, or designee, to KUEA accounts not designated for use by specific individuals. As long as the institution stands between the individual investigator and the company making the grant, the likelihood of undue influence is minimized. To better ensure independence, scientific integrity and full transparency, consulting agreements and unconditional grants will be posted on the University website by the Office of Compliance.

7. Disclosure of Relationships with Industry

- A. In scholarly publications, individuals must disclose their related financial interests.

8. Compliance by Representatives

- A. Representatives shall comply with all applicable rules, regulations, policies and procedures of KUSM-W as they exist now and as they may be amended from time to time, including, but not limited to, all policies and procedures relating to ingress and egress to and from the premises, parking, confidentiality of patient information, safety, smoking, waste disposal and infection control.
- B. When a representative not adhering to this policy is identified, they should be reported to the University Office of Compliance, who then notifies the representative of the infraction. Restriction, up to and including the removal of the representative from KUSM-W participating site, is possible based upon the type of infraction or the number of re-occurring infractions of the policy. KUSM-W retains the sole discretion in making their enforcement decisions.
- C. KUSM-W reserves the right to immediately have any vendor representative removed from any KUSM-W participating site for failure to follow this policy.
- D. Representatives who violate this policy shall not be permitted to market or detail at KUSM-W and may be barred from any participating site.

The contents of this policy including descriptions of allowable and prohibited practices is not intended to be exhaustive, and any other interactions between residents and vendor representatives that have the appearance of compromising impartiality in clinical practices are likewise discouraged. Because residents train in various participating sites, it is possible residents will encounter conflicting policy statements on various aspects of vendor interactions and conflict of interest. Where a conflict exists between this policy and that of another organization, it is the overarching policy of KUSM-W that the stricter or more stringent policy will apply to a given situation within that site.

Visiting Residents

POLICY:

Acceptance of visiting residents is optional, and no training program is required to accept visiting residents.

All approved visiting resident rotations must be coordinated through WCGME to assure all necessary paperwork is completed. WCGME requires a 60-day notice on all visiting resident rotations. However, if the Kansas Board of Healing Arts is unable to issue a license number by

the date the visiting resident is to start the rotation, the rotation will be delayed until a license is obtained.

WCGME will not provide salary support or liability insurance to visiting residents/fellows.

- Resident salary is provided by the visiting resident's home institution.
- Liability insurance for visiting residents will also be provided by the visiting resident's home institution and meet the limits set forth by Kansas.

Required Items for Visiting Residents:

Medical School Diploma
Current Photograph
Kansas License Verification
DEA Verification
OIG Verification
EPLS Verification
NPDB Verification
Malpractice Insurance Certificate
ECFMG Certificate (if applicable)
Criminal Background Check
Health Record Verification
Drug/Alcohol Screen Results
Signed copy of "Statement of Responsibility"
Signed copy of "PHI"

Workers Compensation and Notification of Incident/Exposure

POLICY:

WCGME maintains workers compensation insurance for use in accordance with Kansas laws. In the event a resident is injured or is exposed to a toxic or infectious agent while on the job, they must provide an incident report to their Program Director, WCGME and the facility where the event occurred. Since residents may be serving at different hospitals/facilities during their training program, each resident will be governed by the specific facility's exposure control plan. If the resident needs medical care, WCGME will authorize the care from approved medical providers and direct the resident to the appropriate location. If the resident elects to choose another provider for purpose of examination, diagnosis, or treatment, WCGME will only be responsible for the payment of fees and charges up to a total overall amount of \$500.00. If the incident causes the resident to be pulled off service for any reason, the program will be notified. WCGME reserves the right to investigate the alleged injuries.

Please see Workers Compensation Information for Kansas Employers and Employees website for more detailed information related to Kansas employees.