

KU SCHOOL OF MEDICINE-WICHITA

Wichita Center for Graduate Medical Education
Institutional Policy and Procedure for GME Manual



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Preface

The University of Kansas School of Medicine – Wichita (KUSM-W) is the sponsoring institution for the residency and fellowship training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and located in Wichita and Salina, Kansas. The Wichita Center for Graduate Medical Education (WCGME) is a not-for-profit corporation composed of the University of Kansas School of Medicine-Wichita (KUSM-W), Wesley Medical Center, LLC, and Ascension Via Christi Hospitals Wichita, Inc. WCGME employs the residents who participate in the residency training programs located in Wichita and sponsored by KUSM-W. WCGME is responsible for coordinating the administration of salary and benefit programs for residents in the Wichita residency programs. WCGME is also delegated the oversight of accreditation requirements for the Sponsoring Institution (KUSM-W) and the graduate medical education training programs. Salina Health Education Foundation (SHEF) is the organization that employs the residents in Salina. SHEF is responsible for coordinating the administration of salary and benefits for the residents in Salina, Kansas.

KUSM-W encourages open communication between the residents, fellows, training programs and administration. For academic matters, residents and fellows are encouraged to work through their Program Director, Chair, and/or the Designated Institutional Official (DIO) for Graduate Medical Education (GME). For employment and work environment issues, residents and fellows are encouraged to address concerns to their Program Director, Chair, the Chief Operating Officer (COO) of WCGME, and/or the Director of GME at the hospitals.

The contents of this manual are presented as a matter of information only. The plans, policies and procedures described are not conditions of employment unless they are specifically included in a resident's contract. KUSM-W reserves the right to modify, revoke, suspend, terminate or change any or all such plans, policies or procedures, in whole or in part, at any time, with or without notice, so long as that change will not conflict with the resident's contract.

Some of the policies in this manual are specific to the WCGME residents and fellows. Other policies are intended for all residents and fellows in a program sponsored by the University of Kansas School of Medicine - Wichita.

Message to Residents and Fellows

It is not possible that this Policy and Procedure manual will anticipate every circumstance or question about policies in effect for KUSM-W residents and fellows. If the policy manual is silent on any specific item, the specifics to the policy will be referred to the Program Director for training purposes or WCGME or SHEF for employment purposes. During the course of your training as a resident or fellow, you may have questions about certain policies and procedures, which are not answered by this manual. You are strongly encouraged to deal openly and directly with your Program Director, Chair, Director of Graduate Medical Education, Designated Institutional Official, WCGME COO or staff to receive answers to your questions or complaints.

Glossary of Terms

Accreditation Data System (ADS): A web-based software system to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions and programs.

Adverse action: A Review or Recognition Committee's decision to confer an adverse accreditation or recognition status on a Sponsoring Institution or program (i.e., Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, Withdrawal of Accreditation Under Special Circumstances, and non-voluntary Reduction in Resident Complement).

Applicant: An individual invited to interview with a graduate medical education program.

At-home call (pager call): Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count. At-home call may not be scheduled on a resident's or fellow's one free day per week (averaged over four weeks).

Categorical resident: A resident who enters a program and has the objective of completing the entire program.

Certification: The official attestation by a specialty certifying board of an individual physician's knowledge and skills relative to the provision of high-quality care in a particular specialty, generally following successful completion of one or more examinations. The ACGME does not provide certification services.

Citation: A finding of a Review or Recognition Committee that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all residents or fellows in the program.

Clinical Learning Environment Review (CLER) Program: An ACGME program designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in Focus Areas specific to the safety of the clinical learning environment.

CLER Site Visit: A visit conducted by CLER Field Representatives that includes interviews with faculty members, program directors, residents and/or fellows, participating site personnel, institutional leadership, and other selected staff members,

and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of GME in the six CLER Focus Areas.

Common Program Requirements: The ACGME requirements that apply to all specialties and subspecialties with the exception of those subspecialties that have adopted the One-Year Common Program Requirements. These requirements are denoted by bold text within the specialty-and subspecialty-specific Program Requirement documents.

Competencies: Specific knowledge, skills, behaviors, and attitudes in the following domains; patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Complement: The maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon availability of adequate resources.

Designated institutional Official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Didactic: Systematic instruction by means of planned learning experiences.

Clinical and educational work hours: All clinical and academic activities related to the program; patient care (inpatient and outpatient); administrative duties relative to the patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise residents/fellows:

Core faculty: All physician faculty members in a specialty program who have a significant role in the education of resident/fellows and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident education and administration. All core faculty members should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents.

Fatigue mitigation: Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care (e.g., strategic napping; judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote

alertness; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

Fellow: An individual enrolled in an ACGME-accredited fellowship (subspecialty) program who has completed a residency program in a related specialty. Note: the term may also refer to other learners by individual institutions or programs.

Fitness for work: The condition of being mentally and physically able to effectively perform required clinical responsibilities and promote patient safety.

Graduate medical education: The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.

In-house call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

Milestones: Description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six ACGME Core Competency domains.

Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

External moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and any of its related participating sites.

Internal moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Must: A term used to identify a requirement which is mandatory or done without fail when the requirement is categorized as "Core" or "Outcome", and in each of the following additional circumstances regardless of the categorization assigned to the requirement:

For accreditation purposes: (1) a Sponsoring Institution or program is applying for accreditation, or (2) a program or Sponsoring Institution holds a status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probationary Accreditation.

For recognition purposes: (1) a Sponsoring Institution or program is applying for recognition, (2) a program or Sponsoring Institution holds a status of Initial Recognition, Initial Recognition with Warning, Continued Recognition without Outcomes, Continued Recognition with Warning, or Probationary Recognition.

When a “Must” requirement is categorized as “Detail,” a program holding a status of Continued Accreditation or Continued Recognition may utilize alternative or innovative approaches in meeting the associated “Core” requirement(s), where applicable.

Near miss: An event or situation that did not produce patient injury, but only because of chance.

Night float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

One day off: One continuous 24-hour period free from all administrative, clinical, and educational activities.

Participating site: An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of participating sites include: a university; a medical school; a teaching hospital, including its ambulatory clinics and related facilities; a private medical practice or group practice; a nursing home; a school of public health; a health department; a federally qualified health center; a public health agency; an organized health care delivery system; a health maintenance organization (HMO); a medical examiner’s office; a consortium; or an educational foundation.

Patient safety event: An adverse event, near miss, or other event resulting from unsafe conditions in a clinical care setting.

Post-graduate year (PGY): The denotation of a post-graduate resident’s or fellow’s progress in his or her residency and/or fellowship training; used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident’s or fellow’s year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship program is a pediatric endocrinology 1 level and a PGY-4.

Program Director: The individual designated with authority and accountability for the operation of a residency/fellowship program.

Program evaluation: Systematic collection and analysis of information related to the design, implementation, and outcomes of a graduate medical education program for the purpose of monitoring and improving the quality and effectiveness of the program.

Program Letter of Agreement (PLA): A written document that addresses graduate medical education responsibilities between an individual accredited program and a site

other than the Sponsoring Institution at which residents or fellows have required educational experiences.

Requirements (Institutional and Program):

Core Requirements: Statements that define structure, resource, and process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and Sponsoring Institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to comply with Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at states of their graduate medical education.

Resident: An individual enrolled in an ACGME-accredited residency program.

Residency program: A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.

Site visit (accreditation/recognition):

Focused site visit: A site visit that assesses selected aspects of a Sponsoring Institution or program identified by a Review or Recognition Committee.

Full site visit: A full site visit addresses and assesses compliance with all applicable requirements and encompasses all aspects of a Sponsoring Institution or program.

10-Year Accreditation Site Visit: A full site visit occurring every 10 years for each accredited Sponsoring Institution and program and preceded by a comprehensive Self-Study process that included developing a description of how the Sponsoring Institution or program creates an effective learning and working environment, and how this leads to desired educational outcomes.

Unannounced site visit: A site visit that is unannounced due to the urgency of an issue (s) that needs immediate review. A Sponsoring Institution or program may receive up to three weeks' notice of unannounced site visits.

Self-Study: An objective, comprehensive evaluation of a residency or fellowship program, with the aim of improving it, conducted ahead of the 10-Year Accreditation Site Visit. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and ‘self-identified’ areas of improvement.

Scholarly activity: Participation of residents/fellows and faculty members in research, organized clinical discussions, rounds, journal clubs and/or conferences. Some members of a program’s faculty should also demonstrate scholarly activity through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations.

Should: A term used to designate requirements so important that non-substantial compliance must be justified. A Sponsoring Institution or program may be cited for failing to comply substantially with a requirement that includes the term “should” when the requirement is categorized as “Core,” and in the following additional circumstances.

For accreditation purposes: (1) a Sponsoring Institution or program is applying for recognition, or (2) a Sponsoring Institution or program holds a status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probationary Accreditation.

For recognition purposes: (1) a Sponsoring Institution or program is applying for recognition, or (2) a Sponsoring Institution or program holds a status of Initial Recognition, Initial Recognition with Warning, Continued Recognition without Outcomes, Continued Recognition with Warning, or Probationary Recognition.

When a “should” requirement is categorized as “Detail”, a program holding a status of Continued Accreditation or Continued Recognition, may utilize alternative or innovative approaches in complying substantially with the associated Core requirement(s), where applicable.

Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, and a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, or an education foundation).

Summative evaluation: Assessment with the primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

Transfer resident: Residents are considered “transfer residents” under several conditions, including; moving from one program to another within the same or between different Sponsoring Institution(s) and within the same or a different specialty; when entering a program requiring a preliminary year at the PGY-2 level even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match (e.g., accepted to both programs right out of medical school).

The term does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

Transitions in care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

General

Every resident should expect a training program that meets or exceeds the standards of the Accreditation Council for Graduate Medical Education Essentials of Accredited Residencies Association requirements. The provision of such educational programs is the responsibility of the KUSM-W Residency Program Directors as agents of the Kansas University School of Medicine-Wichita.

Additional Compensation for Selected Training Experiences

University of Kansas School of Medicine (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Additional Compensation for Selected Training Experiences	
	DATE ISSUED: 01/12/2017	DATE EFFECTIVE: 01/12/2017
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

The purpose of this policy is to outline the procedure for programs and residents to allow additional compensation for resident shifts.

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita.

DEFINITIONS:

Internal Moonlighting: According to the ACGME the definition of internal moonlighting is “voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.”

External Moonlighting: According to the ACGME the definition of external moonlighting is “voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.”

Additional Compensation for Selected Training Experiences: These are shifts a program determines will qualify for additional compensation. This compensation is in addition to the resident’s salary as stated in their *Resident Agreement of Appointment and Employment* and is for work that is included as a part of the resident’s training and ACGME requirements.

K.S.A.40-3401(r)(2) pertains specifically to residents employed by a nonprofit corporation: “A person engaged in a postgraduate training program approved by the state board of healing arts who is employed by a nonprofit corporation organized to administer the graduate medical education programs of community hospitals or medical care facilities affiliated with the University of Kansas School of Medicine or who is employed by an affiliate of the University of Kansas School of Medicine...” Under these training purposes, a resident is not considered to be moonlighting and is therefore covered under the state professional liability plan “only when such person is engaged in medical activities which do not include extra-curricular, extra-institutional medical service for which such person receives extra compensation and which have not been approved

by the chief operating officer of the nonprofit corporation or the chief operating officer of the affiliate and the executive vice-chancellor of the university of Kansas medical center.”

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 find funding. These paid shifts will be assigned at the discretion 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 in order for a program to offer this additional compensation:

1. Program must be in good standing with full 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 is included in 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 duty hour tracking. Hours spent in additional compensation must be compliant with ACGME duty hour requirements.
8. This is not considered Internal Moonlighting.

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.

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

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Adverse Action Policy	
	DATE ISSUED: 03/30/2017	DATE EFFECTIVE: 03/14/2019
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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 this policy is to define the circumstances which may result in an adverse action such as probation, suspension, non-renewal, non-promotion, or dismissal. The Program Director has responsibility, authority and accountability for resident evaluation, promotion and disciplinary action. Each Program Director is responsible for assessing and monitoring a resident's academic and professional progress in clinical competence, the ACGME core competencies, as well as attitudes and adherence to departmental, institutional and hospital policies and procedures. Failure of a resident to meet expectations in any of these areas may result in corrective action being taken by the resident's Program Director.

POLICY:

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

I. Adverse Action

An Adverse Action occurs when a Program Director (1) places a resident on probation, (2) places a resident on suspension, (3) elects not to renew the resident's agreement, (4) elects to not promote the resident to the next year of training, or (5) dismisses 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 Wichita Center for Graduate Medical Education (WCGME) prior to the implementation of the adverse action.

The following sections explain when an adverse action may occur.

- 1. Probation** - 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. A resident may be placed on probation for any of the following reasons, but are not limited to any of the following:
 - a. Failure to maintain a DEA registration number throughout residency training;
 - b. Consistent less than satisfactory or below average evaluations by the faculty;
 - c. Failure to meet the performance standards of the training program or individual rotation(s);
 - d. 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;
 - e. Consistent delinquent episodes in the completion of medical records;
 - f. Failure to comply with the special requirements of the residency program (i.e. procedure documentation, research projects, conference attendance, etc.);
 - g. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director;
 - h. Violation of hospital rules or regulations;
 - i. Unprofessional or dishonorable conduct; or
 - j. Such other cause as, in the opinion of the Program Director, makes it advisable to place the resident on probation.

- 2. Suspension** – A resident may be suspended from some or all educational and/or clinical activities in response to the resident's inability to provide safe patient care, or for failure to meet other obligations of the educational program. Placing a resident on suspension requires written notice as described in Section II. Reasons for suspension may include, but are not limited to any of the following:
 - a. Unprofessional behavior;
 - i. Violation of patient privacy rules, including but not limited to HIPAA regulations
 - ii. Unexcused absences beyond one day without reporting to the program director
 - iii. Conduct that is illegal or unethical
 - iv. Performing resident duties while impaired
 - v. Performing clinical duties outside the resident's scope of training
 - b. Failure to comply with the conditions of probation or other corrective action(s);

- c. Academic and/or professional deficiencies warranting removal of the resident from patient care;
 - d. Such other cause as, in the opinion of the Program Director, makes it advisable to suspend the resident.
- 3. Non-Renewal of Agreement** –Previous disciplinary action is not necessarily a prerequisite for non-renewal of a resident’s agreement. A resident may be non-renewed for reasons including, but are not limited to any of the following:
- a. Failure to maintain a DEA registration number throughout residency training;
 - b. Consistent less than satisfactory or below average evaluations by the faculty;
 - c. Failure to correct deficiencies leading to probation during the probationary period;
 - d. 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;
 - e. Consistent delinquent episodes in the completion of medical records;
 - f. Failure to comply with the special requirements of the residency program (i.e. procedure documentation, research projects, conference attendance, etc.);
 - g. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director;
 - h. Violation of hospital rules or regulations;
 - i. Failure to pass step III of the USMLE or COMLEX exams before the end of the PGY-2 year; or
 - j. Such other cause as, in the opinion of the Program Director, makes it advisable to decide not to renew the agreement.

Non-renewal of agreement with a resident requires written notice as described in Section II.

- 4. Non-Promotion** – The Program Director may determine a resident has not performed to a sufficient level to justify progression to the next year of training. Non-promotion occurs when a resident’s agreement will be renewed without promotion to the subsequent training year at the completion of the current year of training. Renewal without promotion is used when a resident has not been able to clearly demonstrate the knowledge, skills, or behaviors required to advance to the next level of training and/or responsibility. Residents who repeat an entire academic year will only receive credit for the year they successfully complete all requirements. Non-promotion may also include such other causes as, in the opinion of the Program Director, makes it advisable to non-promote the resident to the next year of training. Non-promoting a resident requires written notice as described in Section II.

Residents required to repeat a rotation or assignment(s) for a portion of the academic year (not the entire academic year) due to performance concerns, failure to complete

the academic requirement(s), or extension due to a medical or personal leave of absence, do not fall under the category of non-promotion, and therefore, are not eligible for appeal.

5. Dismissal- Previous disciplinary action is not necessarily a prerequisite for dismissal. A resident may be dismissed for reasons including, but not limited to any of the following:

- a. Failure to meet the performance standards of the training program;
- b. Failure to correct deficiencies leading to probation during the probationary period;
- c. Unprofessional or dishonorable conduct or professional incompetence;
- d. 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;
- e. Unethical conduct;
- f. Performance or behavior which compromises the welfare of patients, self, or others;
- g. Inability to participate in the essential functions of the Residency Training Program, with or without accommodations, due to mental or physical condition or impairment;
- h. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director;
- i. Violation of hospital rules or regulations; or
- j. Such other cause as, in the opinion of the Program Director, makes it advisable to dismiss the resident.

A resident will be notified in writing from the program or the WCGME office of his/her dismissal thirty (30) days prior to the dismissal date but may be suspended from any participation in the program during this thirty (30) day period upon recommendation of the Program Director. Dismissal 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. 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 of WCGME.

Residents who are placed on an adverse action have the right to appeal the decision of the Program Director by following the Grievance Policy (please see Grievance Policy found in the KUSM-W policy manual).

III. 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 of the WCGME, 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. 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 he/she might otherwise have been entitled.

A resident may require remediation or be placed on an adverse action. The resident has the right to appeal an adverse action (see Grievance Policy). Not all remediation efforts are an adverse action, and therefore, may not be subject to an appeal. Below is a guide to the most common remediation or adverse actions:

Remediation or Adverse Action	Subject to Appeal	Retain in Resident File	*May be Reportable
Resident Evaluation	No	Yes	No
Improvement Plan	No	No, unless unsuccessful	No
Suspension	Yes	Yes	Yes
Probation	Yes	Yes	Yes
Non-Renewal	Yes	Yes	Yes
Non-Promotion (full year)	Yes	Yes	Yes
Non-Promotion (extension due to unsuccessful completion of rotation, medical or personal leave)	No	No	No
Dismissal	Yes	Yes	Yes

*Some of these actions may be reportable on employment applications, application for medical license, credentialing agencies or other applications. These requirements vary by state and change from time to time.

Annual Institutional Review

University of Kansas School of Medicine - Wichita	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Annual Institutional Review	
	DATE ISSUED: 11/12/2015	DATE EFFECTIVE: 11/12/2015
	DISTRIBUTION: GMEC Residency Programs	
	REVIEWED BY: Annual Institutional Review Subcommittee of the Graduate Medical Education Committee Policy and Compliance Subcommittee of the Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

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).

SCOPE:

This policy covers all ACGME training programs sponsored by the University of Kansas School of Medicine – Wichita.

POLICY:

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

1. Results of the institutional self-study and accreditation visit
2. Results of the ACGME resident/fellow and core faculty surveys
3. ACGME Notification Letter indicating accreditation status

The AIR will include monitoring procedures for action plans resulting from the review. The Designated Institutional Official (DIO) will submit a written Annual Executive Summary of the AIR to the governing body.

PROCEDURE:

The GMEC will appoint an AIR subcommittee to perform the duties of the review. Completion of the AIR is the responsibility of the GMEC. The AIR will be completed annually and follow the ACGME Institutional Requirements. The GMEC will identify institutional performance indicators that will form the basis of the review. Where appropriate, targets will be established. These indicators will be documented on a scorecard that will be updated and monitored by the AIR subcommittee and GMEC. The subcommittee will report action plans and monitor the results for measurable outcomes for improvement. The DIO will submit an annual written executive summary of the results of the AIR to the governing body.

The AIR subcommittee will be composed of the DIO, selected members of the GMEC, GME administrative staff, peer selected residents and faculty involved in the training and administration of residents.

1. The GMEC will determine the institutional performance indicators that are important to the institution, its governing body and the GME programs.
2. The AIR will be conducted at the conclusion of each academic year and will cover the activities and training results throughout the academic year.
3. The subcommittee will review the following documents from each accredited program in order to prepare for the AIR meeting:
 - a. Results of the most recent institutional self-study
 - b. Results of program self-study and accreditation visits
 - c. Most recent Program Letters of Notification of accreditation status, noting any citations or areas for improvement
 - d. Annual Program Evaluation reports
 - e. ACGME resident survey reports
 - f. ACGME faculty survey reports
 - g. Reports/data specific to institutional performance scorecard
 - h. Prior year's AIR action plans and outcomes
4. Additional information that may be included in the review:
 - a. ACGME Institutional and Common Program Requirements
 - b. KUSM-W and/or program policy manual
 - c. Duty hour reports
 - d. Medical record delinquency reports
 - e. Resident annual evaluation of the program reports
 - f. Faculty annual evaluation of the program reports
 - g. Risk Management reports
 - h. Scholarly activity reports
 - i. Program Accreditation Data System (ADS) report
 - j. Recent CLER visit reports
5. The subcommittee will review all documents and information noting areas of best practice and areas for improvement, paying particular attention to the GMEC identified institutional performance indicators and required areas for review.
6. As a result of the information reviewed, the committee will:
 - a. Identify any deficiencies in the institution/programs in achieving the institutional performance indicator targets
 - b. Develop recommendations for improving institutional oversight
 - c. Identify strengths and best practices of the institution and the programs
 - d. Identify programs not performing at target levels and identify the need for Special Review
 - i. Programs under Special Review will provide the subcommittee with progress related to action plans
 - ii. Subcommittee will determine if the program should continue under Special Review or if satisfactory progress has been made
7. The AIR will include action plan(s) that lead to improvement in areas identified as a concern, or areas that do not meet criteria set forth by the AIR subcommittee.

These action plans will be presented and monitored by the GMEC. The GMEC will assist programs by helping to identify and, where possible, obtain resources needed to overcome or correct deficiencies.

Awards, Gifts and Prizes Taxation

Wichita Center for Graduate Medical Education	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Awards, Gifts and Prizes Policy	
Wichita, Kansas	DATE ISSUED: 05/10/18	DATE EFFECTIVE: 05/10/18
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

The purpose of this policy is to describe the awards, gifts and prizes that fall under the IRS guidelines for taxable income or exception.

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

POLICY:

Awards, gifts or prizes that are not cash or cash equivalent must be evaluated separately. If an award, gift or prize has a fair market value more than \$400.00, the amount over \$400.00 will be reported as taxable income.

All cash, gift certificate or credit cards will be reported as taxable income, regardless the amount.

PROCEDURE:

WCGME will process payment for awards, gifts or prizes and follow IRS guidelines for applying compensation taxes. If taxes are required, according to the IRS, WCGME will compensate the resident and apply appropriate taxes. Resident will receive a check or electronic payment minus the required taxes. The IRS allows for an exception to the tax if the award, gift or prize has a fair market value of less than \$400.00. The exception does not apply to cash or cash equivalents (gift certificates or credit cards).

Away Rotations

Wichita Center for Graduate Medical Education (WCGME) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Away Rotation	
	DATE ISSUED: 01/01/2015	DATE EFFECTIVE: 09/12/2019
	DISTRIBUTION:	
	Residency Program Coordinators Residency Program Directors Resident Physicians	
REVIEWED BY:		
Policy and Compliance Sub-Committee of the Graduate Medical Education Committee Graduate Medical Education Committee (GMEC)		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W) and employed by Wichita Center for Graduate Medical Education (WCGME). In this policy, the term resident refers to both residents and fellows.

STATEMENT OF PURPOSE:

The purpose of this policy is to direct programs and residents on the process for requesting and approval of an away rotation. This policy also establishes procedures to ensure quality of education and appropriate supervision for an away rotation. A residency program director may request an away rotation for a resident using the processes described in this policy.

DEFINITIONS:

Two types of away rotations exist:

1. Any rotation that occurs wherein the resident cannot be claimed on the cost report for Graduate Medical Education funding. These types of rotations would include outpatient only rotations at a hospital or clinic site that is not affiliated with the sponsoring institution where a non-hospital site agreement has not been properly executed or any rotation that does not occur at the sponsoring institution or at a hospital or clinic site affiliated with the sponsoring institution. Hospital and clinic sites affiliated with the University of Kansas School of Medicine-Wichita include:
 - i. Department of Veterans Affairs-Robert J. Dole, VA Medical Center
 - ii. Shriners Hospitals for Children
 - iii. Ascension Via Christi Hospitals Wichita, Inc.
 - iv. Wesley Medical Center, LLC
 - v. COMCARE of Sedgwick County
2. Any rotation that occurs more than 60 minutes outside of the city of Wichita (domestic or international).

POLICY:

The following policies outline the procedures for a residency program director to request an away rotation. Each resident is permitted to have one month or block equivalent of away rotation experience during residency training.

A residency program director may request an away rotation for one of three reasons, including

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.

ACGME Required Training

The Accreditation Council for Graduate Medical Education (ACGME) program requirements may contain required elements of training that are not available in Wichita. Residency 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 his or her 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, then the residents are not able to request additional away rotation experiences during training.

Resident Desire for Unique Educational Experience

A residency 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 permissions.

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 forward 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 that the rotation has appropriate educational merit and rigor.
3. Rationale for why educational goals necessitate an away rotation.
4. Educational requests that can be accomplished in Wichita or at the sponsoring institution or affiliated hospitals and clinics will likely be denied.
5. Dates of rotation requested.
6. Location of rotation requested including address of facility or facilities where training will take place.
7. Name and credentials of physician who will be responsible for the education, supervision and evaluation of resident during rotation.
8. 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.
9. Programs must adhere to ACGME guidelines when applicable.

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

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 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 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, that 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 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 make a recommendation to the Office of International Programs at the University of Kansas Medical Center regarding approval for Level 1 and Level 2 countries.

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 residents' 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.

Workers Compensation

Residents will be provided a separate Workers Compensation policy to cover work related injuries or endemic disease while rotating out of the United States. Residents completing an international rotation will be assessed a \$400.00 surcharge to offset the cost of the Workers Compensation policy. A resident may use his or her educational allowance to cover the

surcharge or may pay out-of-pocket once the rotation has been approved. Payroll deduction may also be used and spread over defined pay periods not to exceed completion of residency. If approval for international rotation is retracted due to a new travel advisory, any surcharge paid by the resident will be refunded. If a resident cancels an international rotation, any surcharge paid by the resident will be refunded.

Liability Guidelines for International Rotation

1. The resident must meet with the residency 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 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.
6. Residents are encouraged to purchase additional insurance while participating in an international rotation. Such insurance may include Emergency Medical evacuation, Kidnapping and Ransom Insurance, Security Extraction, Travel assistance, Repatriation of Remains and Personal effects and property loss in addition to the Standard Accidental Death and Dismemberment coverage. This list is suggested additional insurance coverage but does not intend to be inclusive of all coverage. Travel insurance may not cover all countries or circumstances, and may not have coverage for acts of war, riots or civil disorder. Read the policy carefully before purchasing travel insurance to ensure the coverage meets the needs of the traveler and the destination.

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 residency 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, his or her 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.



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

- I am requesting an away rotation that is within the state of Kansas
- I have applied for a training license or full medical license in the state I am requesting to rotate. I understand that I will not be permitted to start the rotation if WCGME does not receive a copy of my license prior to the first day of rotation.
- I have attached documentation from the medical licensing board in the state I am requesting to rotate that a license is not needed.

Resident Signature: _____ Date: _____

Please attach a copy of the following documents:

- Goals and objectives for rotation
- Evaluation instrument for rotation

Program Director

Date

- Rotation is Approved
- Rotation is NOT Approved

If rotation is not approved, please state reason:

WCGME Chief Operating Officer

Date



THE WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION

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 duty 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 residency program director)
7. Complete any other requirements assigned by the residency program director

INTERNATIONAL ROTATION APPROVAL

Resident:

1. I have read and agree to the terms of the WCGME Policy: Away Rotations Policy
2. All information provided in this application form is accurate and true
3. I will complete all the responsibilities listed within this application
4. I agree to pay a \$400.00 surcharge towards the International Worker's Compensation policy that will cover me while I am participating in this elective international rotation.

Surcharge must be paid by the end of the academic year or will be deducted from the last paycheck.

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 that is 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 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 that 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 that WCGME will neither advance nor pay for any of the expenses that are 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 that 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



**WORKER'S COMPENSATION INSURANCE SURCHARGE
FOR ELECTIVE INTERNATIONAL TRAVEL**

PAYMENT OPTIONS

- Check Enclosed Made Payable to "WCGME"**
- Educational Allowance Fund (I acknowledge I have enough funds to cover the \$400.00 in my Education Fund)**
- Payroll Deductions (If choosing this option, fill out information below)**

REQUEST FOR PAYROLL DEDUCTIONS

I hereby authorize Wichita Center for Graduate Medical Education, Inc. (WCGME) to withhold the sum of \$_____ from each of my next _____ payroll deposits not to exceed a total of \$400.00. This request is made in order to pay for my coverage of worker's compensation insurance for my international travel.

In the event I should terminate my employment with WCGME, I understand that the unpaid portion of my total is payable in full within a period of 30 days. I also understand that, in the event the travel is cancelled, or approval is rescinded for any reason including a travel warning or alert, any portion of the premium already paid up to the maximum will be refunded.

Resident's Signature

Date

Resident's Printed Name

Approved by: _____

Chief Operating Officer – WCGME

Date

Please send completed form to:

Redonda Gates

WCGME

1010 N Kansas

Wichita, KS 67214

rgates2@kumc.edu

BLS, ACLS, PALS Certification / Recertification

Wichita Center for Graduate Medical Education Wichita, Kansas (WCGME)	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: BLS, ACLS/PALS and Other Required Certifications / Re-Certifications	
	DATE ISSUED: 01/14/2016	DATE EFFECTIVE: 11/08/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

The purpose of this policy is to standardize the required BLS, ACLS, PALS and other required certifications and re-certifications for all residents and fellows.

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by WCGME.

DEFINITIONS:

ABLS: Advanced Burns Life Support
 ACLS: Advanced Cardiac Life Support
 ALSO: Advanced Life Support in Obstetrics
 ATLS: Advanced Trauma Life Support
 BLS: Basic Life Support
 FES: Fundamentals of Endoscopic Surgery
 FLS: Fundamentals of Laparoscopic Surgery
 NRP: Neonatal Resuscitation Provider
 PALS: Pediatric Advanced Life Support

POLICY:

All WCGME residents and fellows are required to maintain active BLS and ACLS certifications throughout the training program. The only exceptions are pediatric residents who are required to have and maintain BLS and PALS (not ACLS) certifications, and Family Medicine and Med/Peds residents who are required to have and maintain BLS, ACLS and PALS. Anesthesiology residents must also obtain PALS certification prior to their 3rd year of training. Some residencies may require advanced certification such as ABLS, ALSO, ATLS, FES, FLS, NRP and PALS. 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.

Residents who do not have current BLS or ACLS/PALS certification cannot work at Via Christi Hospitals, Wesley Medical Center, the Robert J. Dole VA Medical Center or their affiliated clinics but may be able to participate in other non-clinical components of their residency training with the approval of their program director.

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 120 days prior to entering a residency program may be reimbursed up to \$350 for their course registration costs. Reimbursement forms can be obtained from the WCGME office. The original receipt must accompany the reimbursement form. For required certifications over \$350, program director must approve payment or reimbursement.

New residents who are not successful in passing the BLS, ACLS/PALS or any other required course should immediately notify their Program Director and the WCGME office to determine the next available course in which they can enroll. WCGME will not be responsible for the cost of course registration due to the resident failing. New residents who do not have BLS, ACLS/PALS or any other required certification prior to beginning residency training may be placed on leave without pay for a period up to 45 days while they attempt to secure BLS, ACLS/PALS or any other required certification. If, at the end of this 45-day period, the resident has not satisfactorily passed, the resident may be terminated at the discretion of the program director.

Recertification:

The WCGME office will notify residents of their need to recertify approximately 90 days prior to the date of the expiration. It is the ultimate responsibility of the individual resident to ensure their certifications are current and continuous. If a resident has not achieved BLS, ACLS/PALS, or any other required recertification prior to expiration, the resident may be placed on leave without pay or terminated at the discretion of the program director.

WCGME will reimburse residents up to \$350 of the cost of course registration for required recertification. For required recertification over \$350, program director must approve payment or reimbursement. Some local providers of training will bill WCGME directly which is acceptable. Following completion of a recertification course, the resident is responsible for providing WCGME with a copy of his or her new BLS, ACLS/PALS or any other required certificate.

Non-compliance with this policy may result in an adverse action such as suspension, leave without pay and possible termination from the program at the discretion of the program director.

Certificate of Completion

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Certificate of Completion	
	DATE ISSUED:	DATE EFFECTIVE: 09/13/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

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:

This policy outlines the process for preparation and issuance of completion certificates.

DEFINITIONS:

In this policy the term “resident” refers to all interns, residents and fellows in a graduate medical education (GME) training program. 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:

The University of Kansas will provide a Certificate of Satisfactory Completion upon the satisfactory completion of a full residency or fellowship program or one or more full years of an ACGME approved residency or fellowship.

PROCEDURE:

Original Certificate

1. WCGME will request and receive from program director confirmation for each graduating resident’s successful completion of the training program. This will include the name of the program and the start and end date to be printed on the certificate.
2. WCGME will request from graduating resident how they want their name printed on their certificate.
3. WCGME will prepare and print certificate.
4. WCGME will scan a copy of the completed certificate into the resident’s portfolio database maintained at the Sponsoring Institution.
5. WCGME will provide residency program completed certificate to issue at graduation.

Duplicate Certificate

1. If resident requires a duplicate certificate, the *Graduate Medical Education Certificate Re-Order Form*, found on the KU School of Medicine – Wichita website, will be filled out completely along with payment as indicated on the form.
2. Completed form and payment will be provided to WCGME for processing.
3. WCGME will prepare and print certificate and mail to graduated resident at the address indicated on the re-order form.

Clinical and Education Work Hours

University of Kansas School of Medicine - Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Clinical and Educational Work Hour Policy	
	DATE ISSUED: 01/14/2016	DATE EFFECTIVE: 03/08/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy covers all ACGME training programs sponsored by the University of Kansas School of Medicine – Wichita.

DEFINITION:

In this policy, the term “resident” refers to all interns, residents and fellows in a graduate medical education (GME) training program.

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.

The program directors and institutions are also committed to establishing and maintaining a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members are expected to demonstrate an understanding of their personal role in the following:

- Safety and welfare of patients entrusted to their care;
- Provision of patient- and family-centered care;
- Assurance of their fitness for work, including clinical activity;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness, fatigue and substance use disorders in themselves, their peers, and other members of the health care team;
- Commitment to lifelong learning;
- Monitoring of their patient care performance improvement indicators;
- Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

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.
- Resident must use sick or vacation time to cover such appointments lasting more than a half day.
- Programs should develop policies outlining how resident time will be protected when attending such appointments.
- 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 hours 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.
- 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.

Mandatory Time Free of Clinical Work and Education

- Residents should have eight 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 eight 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 in seven free from patient care and educational obligations, averaged over four weeks. At home call cannot be assigned on these free days.

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 four 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 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 the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks.
- 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 those residents employed by WCGME, the following procedures are required for logging worked hours in New Innovations. These steps do not apply to the residents in the Salina 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 be locked in New Innovations on the fifth of each month. If resident has not logged hours, or needs to make a change, WCGME must be notified to unlock New Innovations.
- WCGME will track the number of times New Innovations is unlocked for a resident to complete or correct their work hours. After three occurrences, WCGME will notify the resident’s program director.

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

Complaints from the Kansas State Board of Healing Arts

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Complaints from the Kansas State Board of Healing Arts	
	DATE APPROVED: 3/13/2014	DATE EFFECTIVE: 3/13/2014
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

The purpose of this policy is to describe appropriate handling of a request for a “Response Letter” from the Kansas State Board of Healing Arts as the result of a patient complaint against a resident. With increasing emphasis in the healthcare environment to provide patient-centered care, seeking and responding to patient feedback is a vital component in the doctor-patient relationship. Wichita Center for Graduate Medical Education (WCGME) and all the sites where residents rotate, expect a total commitment to excellence and believes in the patient’s right to courteous, prompt and complete response to their concerns, including complaints. This policy will outline the process for responding to patient complaints filed with the Kansas State Board of Health Arts.

POLICY:

A complaint is defined as an expression of dissatisfaction. A complaint can be resolved quickly with additional information and communication.

As per Kansas State Board of Healing Arts Disciplinary Procedure, when a complaint is received by the Board staff an initial determination is made: “the complaint must pertain to the practice of a profession licensed by the Board, and must allege facts constituting a violation of the laws administered by the Board. These two requirements are necessary to open a case for investigation. If the complaint contains insufficient information, more information may be requested from the complainant.”¹

PROCEDURE:

1. Once the resident is notified by the Kansas State Board of Healing Arts of a patient complaint and a Response Letter is requested, the resident will notify their Program Director.
2. If the Program Director is unreachable in a reasonable amount of time, the resident will notify either the Chair or another Core Faculty about the complaint and request for a Response Letter.
3. The resident will draft a Response Letter to be reviewed by the Program Director, or designee in the absence of the Program Director.
4. The Program Director (Chair or Core Faculty) will notify WCGME if a request for an attorney to review the Response Letter is desired.

5. If the Program Director does not feel an attorney is needed to review the Response Letter, the Letter will be forwarded by the resident to the Kansas State Board of Healing Arts as outlined in the request.
6. If the resident and/or Program Director desires The Response Letter to be reviewed by an attorney, the Response Letter will be forwarded to the WCGME DIO and COO for review to assure adequate detail is included in the letter. WCGME DIO and/or COO will contact an approved attorney to review the Response Letter prior to submission to the Kansas State Board of Healing Arts.
7. After review from the attorney, the resident will be notified of any recommended revisions to the Response Letter.
8. Resident, under the direction of the Program Director, will make the final revisions to the letter and submit to the Kansas State Board of Healing Arts.
9. A copy of the Response Letter along with the complaint will be maintained in the Program Directors file and will not become a part of the resident's official file in New Innovations.
10. Tracking and trending patient complaints is an important part of quality. Programs will track patient complaints resulting in a request for a Response Letter along with existing peer review documentation.
11. The resident and program will process patient complaints as part of its continuous quality improvement activities.

REFERENCES

¹Kansas State Board of Healing Arts: Disciplinary Procedure. www.ksbha.org.

Counseling Services

University of Kansas School of Medicine – Wichita (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Counseling Services	
	DATE ISSUED: 3/14/19	DATE EFFECTIVE: 3/14/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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:

KUSM-W recognizes that residency training places a substantial responsibility on residents that may affect their physical and/or mental health. In an effort to alleviate some of the stressful effects of participation in a residency training program, KUSM-W ensures residents have access to appropriate confidential counseling and psychological support services. Residents may utilize an Employee Assistance Program (EAP) or mental health providers by utilizing their health insurance. Residents are provided access to confidential, affordable mental health assessment, counseling and treatment.

DEFINITION:

Wichita Center for Graduate Medical Education (WCGME) is the employer for the residents located in Wichita.

Salina Health Education Foundation (SHEF) is the employer for the residents in Salina.

POLICY:

KUSM-W is invested in the total health and wellness of each resident and their families. We recognize that residents may face problems involving finances, relationships, emotional or physical difficulties, abuse of alcohol, drugs, or other chemical substances, or other problems that may disrupt their lives.

Residents are provided healthcare benefits that include access to medical and mental health appointments. In addition to services provided by the resident's insurance, both WCGME and SHEF offer a robust Employee Assistance Program (EAP) for residents and their immediate family members. The EAP provides access to certified counselors

24-hours a day, 7-days a week in addition to referrals for other professional resources when ongoing services are needed.

A referral to EAP can be voluntary or mandatory. If a mandatory referral is made, the program director will submit a "Notification of Mandatory Referral to EAP" form to the EAP. The EAP will report if the resident attends EAP session(s) and will ensure the reason for mandatory referral is addressed. The details of the session will be confidential and will not be shared with WCGME, SHEF or the program director.

The EAP contracted for WCGME residents is EMPAC and they can be reached at 316-265-9922 or 800-234-0630 for an appointment. Residents and their immediate family members are permitted six sessions per year at no cost to the resident.

The EAP contracted for SHEF residents is New Directions and they can be reached at 800-624-5544 to schedule an appointment. Residents and their immediate family members are permitted six sessions per year at no cost to the resident.

Please reference the Impaired Physician Policy found in the KUSM-W GME Policy Manual for more information about impairment, assessment and screening.

DEA Registration

Wichita Center for Graduate Medical Education Wichita, Kansas (WCGME)	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: DEA Registration	
	DATE ISSUED: 01/14/2016	DATE EFFECTIVE: 01/14/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy includes all University of Kansas School of Medicine – Wichita training programs accredited by the Accreditation Council for Graduate Medical Education and employed by WCGME.

STATEMENT OF PURPOSE:

The purpose of this policy is to standardize the initial Drug Enforcement Administration (DEA) and renewal process, cost and reimbursement.

DEFINITIONS:

DEA: Drug Enforcement Administration

POLICY:

All eligible WCGME residents are required to maintain current DEA registration during the entirety of their residency training program.

If a resident's DEA registration is limited, restricted or not allowed by the Drug Enforcement Administration, the Program Director of the resident's residency program will determine whether or not the resident is able to function as a resident in that specialty without a DEA registration or with a limited DEA registration. The Program Director will then recommend to WCGME whether the resident be allowed to continue training within the program. If the Program Director does not believe the resident can function appropriately without full DEA registration, the resident will be terminated. If the Program Director determines the resident can function without full DEA registration, the Associate Dean for Graduate Medical Education and the COO of WCGME will determine whether such continued training can occur without significant disruption to other residents. If that is the case, the resident will be allowed to continue training. If not, the resident will be terminated. Any termination under this section will be eligible for the grievance process as described elsewhere in this policy manual.

PROCEDURE:

Initial application and fee for DEA registration will be coordinated and paid by the WCGME office. DEA renewal will be paid by the resident and WCGME will reimburse the resident for the time the resident is active in their training program. If the resident pays the DEA renewal fee through their Educational Allowance, the prorated amount will be credited to their Education Allowance. If the resident pays the DEA renewal out of their personal bank account or credit card holder, they will be reimbursed through payroll and automatic deposit. Policy and procedure for Educational Allowance (please see Educational Allowance policy) reimbursement.

Disaster Plan

University of Kansas School of Medicine – Wichita Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Disaster Plan Policy	
	DATE ISSUED: 11/11/2016	DATE EFFECTIVE: 11/11/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Sub-Committee of the GMEC Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

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 ACGME defines a disaster as an event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs. This policy is designed to describe the protocol for handling such an event that affects the residency and fellowship programs under the purview of KUSM-W. 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 wellbeing, safety and educational experience.

DEFINITION:

In this policy the term resident refers to all graduate medical education trainees to include, interns, residents and fellows.

POLICY:

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.

I. 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.

II. Procedure

A. Preparation

1. All residency and fellowship programs must maintain up-to-date personal contact information for faculty, staff, residents and fellows at all times.

2. All residency and fellowship programs must prepare a phone tree for use in emergencies or disasters. This must include program faculty, staff, residents and other individuals determined by the Program Directors or the DIO to be necessary to maintain appropriate lines of communication. This phone tree must be distributed to faculty, staff, residents and other individuals involved, including the DIO, as soon as possible after the start of the program year, but no later than July 15 of each year.

B. Response

Personal Safety

1. 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.
2. Personnel who are displaced out of town should contact their program directors and reestablish communication as soon as possible

Program Continuity

1. 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.
2. 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 through the ACGME if transfers are deemed necessary.
 - A. 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.
 - B. 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 concerned 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.

3. 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.
4. The DIO will notify ACGME within 30 days of all structural changes that have been instituted as a result 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 residents, fellows and their training.

Disciplinary Action Policy

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Disciplinary Action Policy	
	DATE ISSUED: 03/30/2017	DATE EFFECTIVE: 07/12/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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 this policy is to define the circumstances which may result in an adverse action such as probation, non-renewal of Resident Agreement, termination or any action that threatens a resident's intended career development. Each program director is responsible for assessing and monitoring a resident's academic and professional progress in clinical competence, the ACGME core competencies, attitudes and adherence to departmental, institutional and hospital policies and procedures. Failure of a resident to meet expectations in these areas may result in corrective action being taken by the resident's program director.

POLICY:

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

I. Adverse Action

An Adverse Action occurs when a Program Director (1) places a resident on probation, (2) elects not to renew the agreement, (3) dismisses a resident from a residency training program, or (4) takes any action that threatens a resident's intended career development. The decision to place a resident on probation, non-renew the agreement, take any action that threatens a resident's intended career development, or dismiss the resident from the training program must be approved by the Department Chair. Any adverse action must be reviewed by the Chief Operating Officer (COO) of Wichita Center for Graduate Medical Education (WCGME) prior to the implementation of the adverse action.

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

A. Probation - A resident may be placed on probation for any of the following reasons:

1. Failure to maintain a DEA registration number throughout residency training;
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 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. Unprofessional or dishonorable conduct; or
10. Such other cause as, in the opinion of the Program Director, makes it advisable to place the resident on probation.

A resident may be put on probation prior to initiation of or exhaustion of the hearing process. 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. Non-Renewal of Agreement –Previous disciplinary action is not necessarily a prerequisite for non-renewal of a resident's agreement. WCGME may elect to non-renew a resident's agreement for any of the following reasons:

1. Failure to maintain a DEA registration number 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 COMLEX exams before the end of the PGY-2 year;
or
10. Such other cause as, in the opinion of the Program Director, makes it advisable to decide not to renew the agreement.

Non-renewal of agreement with a resident requires written notice as described in Section II.

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

1. Failure to meet the performance standards of the training program;
2. Failure to correct deficiencies leading to probation during the probationary period;
3. Unprofessional or dishonorable conduct or professional incompetence;
4. 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;
5. Unethical conduct;

6. Performance or behavior which compromises the welfare of patients, self, or others;
7. Inability to participate in the essential functions of the Residency Training Program, with or without accommodations, due to mental or physical condition or impairment;
8. Participation in non-sanctioned activities (i.e., moonlighting) without written permission of the Program Director;
9. Violation of hospital rules or regulations; or
10. Such other cause as, in the opinion of the Program Director, makes it advisable to dismiss the resident.

A resident will be notified in writing from the program or the WCGME office of his/her dismissal thirty (30) days prior to the dismissal 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. 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 of WCGME.

III. 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 of the WCGME, 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. 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 he/she might otherwise have been entitled.

Discrimination, Harassment, Intimidation

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Discrimination, Harassment Including Sexual Harassment, I	
	DATE ISSUED: 7/11/19	DATE EFFECTIVE: 7/11/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME). Special Note: Residents in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Salina Health Education Foundation (SHEF) are covered by the Salina Family Healthcare Center’s policy.

In this policy, fellows are inherently included when residents are mentioned.

STATEMENT OF PURPOSE:

WCGME is an Equal Opportunity Employer and is committed to providing an academic and employment environment that fosters excellence. WCGME is also committed to maintaining a work and educational environment free from all forms of unlawful discrimination and harassment. This policy describes some of the most common types of discrimination and harassment and the process for reporting and investigating allegations. WCGME is committed to employment and training practices that prevent discrimination and harassment on account of race, color, gender, sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability status, marital or family status, genetic information, or political affiliation that is unrelated to the residents ability to reasonably perform the duties of the resident job description.

DEFINITIONS:

Discrimination: For the purposes of this policy, discrimination is any unfair or unequal treatment of an individual based on race, color, gender, sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability status, marital or family status, genetic information, or political affiliation. Discrimination may also include interference with a resident’s educational performance or creating an intimidating, hostile, or offensive work environment.

Harassment: Harassment is a form of discrimination and includes unwelcome verbal, written, physical, or non-physical conduct with the purpose or effect of unreasonably interfering with a resident's work performance, creating an intimidating, hostile or offensive work environment or otherwise negatively affecting the resident's training and/or employment.

Sexual Harassment: Sexual harassment is any behavior, including 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:

- 1. 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 welcome.
- 2. 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.
- 3. Favoritism:** Allowing intimate relationships between individuals in a supervisory role to residents and residents that may result in creating a sexual, hostile environment due to favors given or denied as a result of the relationship.
- 4. Physical Conduct:** Unsolicited physical contact, such as touching or pinching, or unsolicited obscene or rude gestures.
- 5. Visual Harassment:** Graffiti, pornographic pictures, or pervasive displays of nudity.
- 6. Verbal:** Sexually suggestive statements, comments, jokes or lewd language.
- 7. Sexual Violence:** rape, sexual assault, sexual battery, sexual abuse, domestic violence, dating violence, stalking and sexual coercion.

POLICY:

WCGME prohibits harassment or discrimination on the basis of race, color, gender, sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability status, marital or family status, genetic information, or political affiliation.

Prohibited Behavior

Harassment and discrimination as prohibited by federal, state and municipal law and will not be tolerated. This prohibition on harassment and discrimination 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, supervisory and non-supervisory, to follow this policy and to use all efforts to further its goals.

Internal Complaint Procedure

Any resident who believes that he or she has been a victim of, or observes harassment, sexual harassment, or discrimination is encouraged to voice that concern directly by reporting any alleged harassment or discrimination to his/her Program Director and the Chief Operating Officer for WCGME. In the event the alleged harassment or

discrimination is caused by the program director, then the resident should make the report to the Designated Institutional Officer (DIO) in addition to making the report to WCGME. Residents are encouraged to put their concerns or complaints in writing.

Investigation of Reports or Concerns

Once WCGME is notified that a resident has made a report or expressed a concern about harassment or discrimination, including sexual harassment, by another employee or a non-employee in the workplace, WCGME will investigate and take prompt and appropriate corrective action. WCGME will take all action possible to see that all concerns and complaints are kept confidential as long as confidentiality can be preserved. Throughout the investigation all parties involved are expected to keep confidential information to themselves in order for WCGME to complete the investigation. Any resident who reports harassment or discrimination should not conduct his or her own investigation. The investigation may include individual interviews with the parties involved and individuals that may have observed the alleged conduct. All residents are expected to cooperate in the complaint and investigation protocol. Any employee who conceals information or knowingly provides false or misleading information will be subject to disciplinary actions. Any resident who harasses or discriminates will be subject to disciplinary action.

Resolving the Matter

The investigation may result in corrective action, which could include disciplinary action, such as suspension, probation or termination of the employee who discriminated or reassignment of the resident, if possible, if the offender is not an employee of WCGME. If the offender is associated with or employed by a participating health care provider, then WCGME will take such necessary steps as are possible to ensure that appropriate corrective action is taken with respect to that individual. If the offender is an employee, agent or member of the medical staff of a participating health care provider, WCGME will notify the CEO of the affected institution and will cooperate with the investigation and corrective action, if any is deemed necessary.

Non-Retaliation

It is not the intent of WCGME to discriminate or retaliate against any employee because he or she in good faith, presents a complaint or concern or, relates information concerning the complaint or concern. Abuse of this policy, such as making a false claim or providing false information during the investigation, will subject the resident to disciplinary action. WCGME considers retaliation to be a serious violation of this policy and urges its employees to report any incidents of retaliation immediately. WCGME will investigate and resolve reports of retaliation in the same manner as reports of harassment or discrimination.

This complaint procedure does not in any way waive or otherwise affect an employee's rights under federal or state laws governing discrimination.

Educational Allowance

Wichita Center for Graduate Medical Education (WCGME) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Graduate Medical Education	
	TITLE: Educational Allowance	
	DATE ISSUED: 01/14/2016	DATE EFFECTIVE: 01/14/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

The purpose of this policy is to define the appropriate use of the educational allowance and how to submit for reimbursement.

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

DEFINITIONS:

Educational allowance is money provided residents and fellows for professional development while in training.

POLICY:

WCGME provides an educational allowance of \$1,000 per contract year, or a prorated amount for residents transferring mid-year. These funds can be used for obtaining full Kansas licensure, renewal of DEA registration, purchasing “uniforms” or for other educational expenses approved by WCGME. This fund can also be used to purchase individual computers, iPads or other tablets, or cell phones that will be utilized while performing the functions of a resident. MP3 players, cell phone monthly agreement, expenses related to future employment, or other items that violate IRS guidelines are not an appropriate use of the educational allowance and will not be reimbursed or paid. If the purchase of a new cell phone is reflected as a monthly charge, resident will be permitted to submit receipts totaling a maximum \$300.00 for reimbursement. Itemized receipts are required for reimbursement and will be reimbursed as a lump sum up to \$300.00 per new phone. Purchase of a new phone will not be reimbursed in the last six months of the resident’s training. With the exception of uniforms, all purchases must be made on or after the start date of employment. WCGME reserves the right not to approve specific requests that are not educationally related for any resident at any time during training. This allowance is cumulative throughout training. Any unused balance will be forfeited.

PROCEDURE:

Requesting Reimbursement:

To request reimbursement, the resident must fill out an Education Allowance Reimbursement form, attach original receipts and forward to WCGME for approval and processing.

All approved educational expenses must be purchased prior to the resident's last day of employment. Use of educational allowance in the last 60 days of employment must be approved by the program director. Reimbursement can be submitted up to 30 days after termination.

Reimbursements will be processed on a weekly basis and direct deposited in the same bank account as payroll.

E-mail Accounts

Wichita Center for Graduate Medical Education (WCGME) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: E-Mail Accounts	
	DATE ISSUED: 11/08/2018	DATE EFFECTIVE: 11/08/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

The purpose of this policy is to outline how email accounts are set up and to address the expectation for email usage.

SCOPE:

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

POLICY:

All KUSM-W residents will be issued e-mail accounts at the beginning of their residency. If a resident is a KU medical school graduate, their KUMC email account will remain with them throughout residency. E-mail is an official communication mechanism used to relay information to the residents; therefore residents are expected to regularly (defined as at least once per day) check e-mail to ensure they are receiving all communications. Residents will be held responsible for all information communicated by KUMC email. Residents are expected to follow all University policies outlined at the web-address below to ensure that e-mail is responsibly used and managed.

<http://wichita.kumc.edu/information-technology/e-mail.html>

E-mail addresses will be provided to the Accreditation Council for Graduate Medical Education (ACGME) in order to allow the ACGME to conduct resident surveys.

Evaluation, Promotion and Completion

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Evaluation, Promotion and Completion	
	DATE ISSUED: 5/9/2019	DATE EFFECTIVE: 5/9/2019
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

The purpose of this policy is to provide guidance to all graduate medical education programs, residents and fellows on the criteria for evaluation, promotion, and final evaluation leading to completion of the training program.

SCOPE:

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

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 or fellow’s learning in relation to the goals and objectives of each rotation or experience. Residents and fellows will be provided ongoing feedback pertaining to the ACGME Core Competencies including clinical performance, professionalism, and medical knowledge. Faculty will directly observe, provide feedback and evaluate resident performance during each rotation or experience.

Evaluations of the resident will be documented 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.

Summative evaluations of the resident and fellow will be utilized to make decisions about promotion to the next level of training and program completion.

Evaluation tools will be objective, performance based with evaluated items derived from Accreditation Council of Graduate Medical Education 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 or fellow's progressive performance and progress toward unsupervised practice.

The Program Director or designee, with input from the CCC, will meet at least every six months with individual residents and fellows 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 and fellows in developing individualized learning plans to capitalize on strengths, identify areas for growth and develop plans for any area in which the resident or fellow has not made adequate progress. A written summary of this semi-annual evaluation will be maintained by the Sponsoring Institution and accessible for review by the resident or fellow. At least annually, there will be a summative evaluation that communicates the resident's readiness to progress to the next year of training.

Based upon written evaluations and other factors deemed appropriate, the Program Director may decide to non-renew or non-promote the resident to the next year of training. Should such a decision be made the resident should be given as much written notice as possible prior to the expiration of the resident agreement.

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. The decision to promote will be based upon evaluation criteria developed by each residency or fellowship program. Such criteria should outline the requirements of the residency program which a resident must meet in order to be promoted. 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. Additionally, any resident who is not in full compliance with the terms of the Resident Agreement may not be promoted.

Final Evaluation

Upon satisfactory completion of the program, as determined by the Program Director, the resident or fellow will receive a certificate of completion from the University of Kansas School of Medicine. The final evaluation will consider the recommendations of the CCC and be shared with the resident or fellow upon completion of the program. The specialty-specific Milestones will be used as a tool to ensure resident or fellow is able to

engage in autonomous practice upon completion of the program. The Program Director will prepare a final, written evaluation for each resident or fellow. The final evaluation should verify that the resident or fellow has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice. Further, the evaluation should verify that the resident or fellow has successfully completed all requirements of the program. A copy of the written, final evaluation will become part of the resident or fellow's permanent record maintained by the Sponsoring Institution and will be accessible for review by the resident or fellow.

Family and Medical Leave

Wichita Center for Graduate Medical Education (WCGME) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Family and Medical Leave	
	DATE ISSUED: 09/12/19	DATE EFFECTIVE: 09/12/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee (GMEC)		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W) and employed by Wichita Center for Graduate Medical Education (WCGME).

STATEMENT OF PURPOSE:

The purpose of this policy is to describe the Family and Medical Leave Act (FMLA), a federal law that guarantees eligible employees up to 12 work weeks of leave each year with no threat of job loss. This policy will also provide a general description of FMLA rights, the steps involved with taking Family and Medical Leave (FML) and requirements for return after leave.

POLICY:

The Family and Medical Leave Act (FMLA) provides eligible employees unpaid, job-protected leave for specified family and medical reasons. WCGME will provide FMLA leave to its eligible employees. As required by law, an employee may request time off without pay for a limited period with job protection and no loss of accumulated service if the employee returns to work. This leave will follow the state and federal laws that govern the Family and Medical Leave Act of 1993 (FMLA) and as intermittently amended by the US Department of Labor.

Employees are not required to share a medical diagnosis but must provide enough information to WCGME to determine if the leave qualifies for protection under FMLA. Enough information could include informing WCGME that the employee is, or will be, unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform WCGME if the need for leave is for a reason for which FMLA leave was previously taken or certified.

ELIGIBILITY:

To be eligible for leave under this policy, an employee must have been employed by WCGME for at least 12 months and must have worked at least 1,250 hours during the 12-month period preceding the beginning of the leave.

LEAVE ENTITLEMENTS:

Eligible employees are entitled to take up to 12 work weeks of FMLA leave in a 12-month period for the following circumstances:

- 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.

DEFINITIONS:

For purposes of this policy, the following definitions apply:

Child: Covered under this policy is 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: A parent is defined as 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: A serious health condition includes an illness, injury, impairment or physical or mental condition that prevents the employee from working at all or makes the employee unable to perform any one of the essential functions of his/her job and involves inpatient care or continuing treatment by a health care provider. Also included is a medical condition of a spouse, child, or parent in which the employee is “needed to care for” the family member who has a serious health condition.

As soon as practicable: As soon as practicable means as soon as both possible and practical, taking into account all the 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: The Fitness-for-Duty Certification is a form to be filled out by the employees’ health care provider certifying the employee is able to 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.

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 work day. 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.

CONFIDENTIALITY:

An employee’s or family member’s medical condition will be held in strict confidence and maintained in the employee’s medical records file and not their training file. However, the COO of WCGME and the Program Director may be informed about any necessary restrictions on the work or duties of the employee and any necessary accommodations. An employee must provide at least verbal notice sufficient to make WCGME aware the employee needs FMLA-qualifying leave, and the anticipated timing

and duration of the leave. Depending on the situation, such information may include that a condition renders the employee unable to perform the functions of the job, that the employee is pregnant, or has been hospitalized overnight, or whether the employee or the employee's family member is under the continuing care of a health care provider.

When planning medical treatment, the employee must consult the Program Director and make a reasonable effort to schedule the treatment so as not to disrupt training requirements and patient care provide by the employee.

NOTIFICATION AND REPORTING REQUIREMENTS:

1. For foreseeable leave for an employee's own serious health condition or a family member's serious health condition, or to care for a planned medical treatment for a serious injury or illness of a covered service member, the application must be submitted to WCGME at least 30 days before the date the leave is to begin. If 30 days advance notice is not practicable, the employee must provide notice as soon as practicable.
2. Application for emergency (unforeseeable) leave for a qualifying reason must be made as soon as practicable to WCGME via phone, fax, email or in person by the employee. If the employee is medically unable to apply, application can be made by his or her representative.
3. For purposes of the notice required by an employee for leave, the term "as soon as practicable" will be based on the facts and circumstances of each situation, however, the notice must be provided by the same day the employee learns of the need for leave or by the next business day. The residency program's call in procedures to report an absence remains in effect and must be followed by employees.
4. The employee or his/her representative must provide the following information:
 - a. For a leave to care for a newborn child, documentation sufficient to evidence the birth of the child during the 12 months immediately preceding the date the requested leave is to begin.
 - b. For a leave to care for an adopted or foster child, documentation sufficient to evidence the placement of the child with the employee during the 12 months immediately preceding the date requested leave is to begin.
 - c. For a leave necessitated by the employee's own serious health condition or to care for a child, parent or spouse who has a serious health condition, written certification (on the Certification of Health Care Provider FMLA Physician's Report provided by WCGME) from the health care provider of the individual with the serious health condition. WCGME reserves the right to request, at its

expense, a second opinion at any time from a health care provider of its choice regarding the employee's or the family member's serious health condition.

- d. For leaves for the employee's own serious health condition or the serious health condition of the employee's covered family member that last more than one year, WCGME may request new medical certifications.
 - e. Other information that WCGME may reasonably require.
5. A foreseeable leave will be subject to conditional approval upon submission of a completed leave application subject to verification of eligibility requirements, timely receipt (defined as 30 days) of any documentation requested and determination that such documentation is sufficient. Upon verification and receipt of requested, sufficient documentation, WCGME will notify the employee of final approval of the leave. If the employee is not approved for FMLA, WCGME will notify the employee of denial of the leave and reason for the denial. It is the employee's responsibility to follow-up with WCGME regarding approval or denial of the leave in the event the employee does not receive any notification from WCGME.
 6. Unforeseeable leaves will be conditionally approved at the time of the emergency request, subject to verification of eligibility requirements. Final approval will be determined by WCGME's COO following verification of eligibility requirements and timely receipt of sufficient documentation describing the emergency condition and the necessity for leave. Notification of final approval or denial will be given to the employee or his/her representative, via WCGME's COO or designate.
 7. Failure to provide necessary documents in a timely manner may result in postponement, denial or termination of a leave. If medical certification or a fitness for duty certificate is not timely provided by the employee or not produced at all, leave can be delayed or denied or job restoration benefits can be delayed.

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 she or he will take, and the balance will be available for the other spouse, if eligible.

TIMING OF NOTICE:

1. Employee must provide 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.
2. 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.

LEAVE: COMPENSATED OR UNCOMPENSATED:

Employees are required to use their available vacation and sick leave during family medical leave (FML) and will be paid as long as they have vacation and sick leave available. For leave that continues beyond available vacation and sick leave, employee will be unpaid.

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.

RETURN TO WORK:

Employees who have taken FML 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 he/she 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 five working days or more, will not be allowed to return to work unless he/she provides WCGME with adequate documentation from his/her health care provider that he/she 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: he/she will be restored to his/her previous job and rate of pay if he/she returns to work upon expiration of the approved leave period.
- b. With restrictions: he/she will follow restrictions provided in the doctor's certification. Failure to comply with these conditions will result in the postponement or denial of reinstatement.

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.

All forms referenced in this policy are available in the WCGME office.

Attachments:

1. FMLA Checklist
2. FMLA Request Form
3. Return to Work Certification

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/employeeeguide.pdf>

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

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. Days of FMLA leave
(maximum 12 weeks on a rolling calendar year)

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 vacation and sick days in the current contract year.
(vacation days used + sick days used = remaining "paid days of leave") 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.

Resident _____ Date _____

Program Director _____ Date _____

WCGME COO _____ Date _____

WCGME HR _____ Date _____

WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION. INC.
REQUEST FOR FAMILY OR MEDICAL OR SERVICE MEMBER'S LEAVE OF ABSENCE

Employee's Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Does your spouse work for this company? Yes No

Reason for tag leave: (check one)

- To care for my child after birth or placement in adoption or foster care
- To care for my spouse, child, or parent who has a serious health condition
- My own serious health condition makes me unable to perform at least one of the essential functions of my job
- Military caregiver leave
- Qualifying military exigency leave. *

For leave to be taken all at once, rather than intermittently or on a reduced workweek:

Date leave is to start: _____ Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced workweek. Schedule of time needed off:

* Please attach reasonable documentary proof of familial relationship if requesting leave to care for a family member. These documents will be returned to you following examination by the Chief Operating Officer.

NOTE: Intermittent or reduced-schedule leave for the birth or placement of a child is subject to WCGME's approval.

(Employee's Signature)

(Date)

(Program Director's Signature)

(Date)

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

FICA Contributions

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: FICA Contributions	
	DATE ISSUED: 05/09/2019	DATE EFFECTIVE: 05/09/2019
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

STATEMENT OF PURPOSE:

The purpose of this policy is to describe the Federal Insurance Contributions Act (FICA) and how and when FICA will be paid.

DEFINITIONS:

Federal Insurance Contributions Act (FICA) is a United States federal payroll contribution directed towards both employees and employers to fund Social Security and Medicare.

POLICY:

As applicable under federal statutes, contributions will be made by WCGME to FICA on behalf of its employees. Residents on a J-1 visa are exempt from FICA payments for the first two calendar years of their presence in the United States. After the two calendar year period, residents on a J-1 are subject to FICA withholding.

Grievance Policy

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Grievance Policy	
	DATE ISSUED: 07/09/2015	DATE EFFECTIVE: 03/14/2019
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

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

DEFINITIONS:

The ACGME Institutional Requirements state “The Sponsoring Institution must have a policy that provides residents/fellows with due process.” It goes on to state “Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest.”

Due Process is twofold – procedural and substantive. Procedural due process relates to a course of formal proceedings carried out in accordance with an established policy. Substantive due process relates to the fundamental fairness and reasonable treatment of the resident ensuring the adverse action was appropriate.

In this policy COO refers to the chief operating officer of Wichita Center for Graduate Medical Education (WCGME).

STATEMENT OF PURPOSE:

The purpose of this policy is to establish an appeals procedure consistent with the principles of due process and provide guidance for the fair resolution of disputes regarding the resident’s professional performance, conduct and eligibility for the resident to continue in the graduate medical education program. This policy is enforced to provide residents with fair, reasonable, and readily available instruction on how to appeal an adverse action such as probation, suspension, non-renewal, non-promotion, or dismissal.

Residents are entitled to an equitable system of appeal if they receive a disciplinary 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.

POLICY:

All KUSM-W residents are entitled to participate in the grievance procedure in the event an adverse action concerning residency status is taken. 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, or (5) a resident is dismissed 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 that established procedures have been followed and that 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 dismiss 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 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 he/she 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 hearing 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 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 be in attendance at the hearing as an impartial observer.

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 his/her 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. He/she 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. If the resident requests a copy of the transcript, the resident will be responsible for half the cost billed to WCGME.

X. Deliberations and the Hearing Committee Report

Deliberations of the hearing committee will immediately follow the hearing. If there isn't 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:

- a. Affirm the decision of the program director.
- b. Reverse the decision of the program director.
- c. Modify the decision of the program director
- d. Dismiss 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 WCGME. 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 his/her 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 dismissal is provided to the resident or the date on which the hearing committee upholds the notice of dismissal, whichever date is later.

Grievance Hearing Event Timeline

PLEASE SEE ABOVE POLICY FOR GREATER DETAIL OF REQUIRED ACTION

TIMELINE	RESPONSIBLE PARTY	ACTION	DATE
10 weekdays	Program Director	Notice of Adverse Action given to resident and COO	__/__/__
	Resident	Submit written request for hearing to COO by noon	By __/__/__
Upon receipt of request for hearing	WCGME COO	Notify PD of request	
		Appoint hearing committee	
		Schedule and arrange for hearing Determine method for record	
	WCGME COO	Send Notice of Hearing (at least 5 week days prior to hearing)*	By __/__/__
2 weekdays	Program Director, Resident	Objection to committee members by noon	__/__/__
	WCGME COO	Deliver objections to Chair	
	Chair	Determine validity of objections	__/__/__
	Program Director, Resident	Submit evidence to COO by noon, schedule witnesses	__/__/__
5 weekdays following final deliberations	WCGME COO	Deliver exchanged evidence to each party	
	ALL	Hearing and deliberations*	__/__/__
	Chair	Schedule final deliberations (if not done immediately following hearing)	By __/__/__
	Chair	Submit written report to COO	__/__/__ - __/__/__
	WCGME COO	Deliver final written report to both parties.	

* **Hearing** shall occur within fourteen (14) weekdays from the date of receipt of the request for hearing

Graduate Medical Education Committee (GMEC) Policy

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Graduate Medical Education Committee (GMEC)	
	DATE ISSUED: 07/11/19	DATE EFFECTIVE: 07/11/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

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

In this policy, fellows are inherently included when residents are mentioned.

STATEMENT OF PURPOSE:

The purpose of this policy is to describe the membership, meeting structure, attendance expectation, and responsibilities of the Graduate Medical Education Committee (GMEC).

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 advise 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).

POLICY:

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:
 - The DIO;
 - Chairperson from each KUSM-W department sponsoring one or more graduate medical education training programs
 - Program Directors from all residency and fellowship programs sponsored by KUSM-W
 - A minimum of two peer-selected resident members from the Resident Council
 - 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 Research
 - 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 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. The DIO will contact members who fail to achieve 50% of scheduled meetings in an academic year.
- 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.

Duties and Responsibilities

The GMEC has responsibility for oversight of:

- Institutional and each ACGME-accredited program's accreditation status
- Quality of the learning and working environment at all participating sites
- Quality of educational experiences
- Program's annual program evaluations and self-studies
- 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

The GMEC must review and approve:

- Institutional policies for GME
- Annual recommendations to the Sponsoring Institution regarding resident salary and benefits
- Applications for new accredited programs
- Requests for permanent changes in resident complement
- Major changes in each and any programs' structure or duration of education
- 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

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
 - action plans and performance monitoring procedures resulting from the AIR
- Effective oversight of underperforming program(s) through a Special Review process:
 - approve a Special Review process that establishes criteria for identifying underperformance that provides a report describing the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes

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. The following subcommittees have been approved by the GMEC:

- Annual Institutional Review (AIR)
- Clinical Learning Environment Review (CLER)
- Patient Safety and Quality Improvement
- Policy and Compliance

Health, Dental and Other Insurance Plans

Wichita Center for Graduate Medical Education (WCGME) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Health, Dental and Other Insurance Plans	
	DATE ISSUED: 03/10/2016	DATE EFFECTIVE: 03/10/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy includes all University of Kansas School of Medicine – Wichita training programs accredited by the Accreditation Council for Graduate Medical Education and employed by WCGME.

STATEMENT OF PURPOSE:

Health and dental insurance for the resident and health and dental insurance for the resident's dependents (at a monthly cost to the resident) will be provided through WCGME's employee group insurance plan. No person may be insured both as an employee and as a dependent and no person will be considered as a dependent of more than one employee.

POLICY:

Subject to enrollment and verification of eligibility, the following residents and their eligible dependents are offered health and dental plans through Wichita Center for Graduate Medical Education (WCGME). Residents and their dependents, who meet the Plan's eligibility and conditions, must complete all the required enrollment materials for the Plan to begin. The Plan begins on the first day of the month following initiation of employment. Any resident starting after the first day of the month will be eligible on the first day of the month the following month. The Plan will end on the end of the last day of the month coincident with termination of employment. Residents will be entitled to purchase COBRA continuation coverage.

Eligible dependents include:

1. Spouse. Note that for purposes of the Plan, a spouse is a person of the same or opposite sex to whom the resident is legally married under the laws of the State in which the marriage was entered into, regardless of where the resident currently resides. A person will not be considered a spouse under the Plan if (a) the marriage has been legally terminated by a court having jurisdiction over the marriage, (b) he/she is legally separated from the policy holder, or (c) either party to the marriage is legally married to another (third) party under the laws recognized by any State.
2. Children up to age 26.

3. Children who are older than 26 and disabled.

Enrollment in the Plan:

To become a Participant in the Plan, the resident must enroll using the forms provided by the Plan Administrator. The forms must be completed and returned to the Plan Administrator on or before the Plan entry date. If the forms are not completed by the date specified by the Plan Administrator, the resident and their dependents will not be eligible until the next Plan year.

1. Failure to Enroll When First Eligible. If the resident fails to enroll when first eligible, they will not be able to do so until the next Open Enrollment Period and, therefore, Plan will not take effect until the first day of the following Plan Year. The same rule applies if the resident fails to enroll any dependents when they are first eligible to enter the Plan. The Plan allows 63 days of the date on which the resident or their Dependent became eligible to participate in the Plan.
2. "Special Enrollment" (Exceptions to the eligibility rule)
 - a. Acquisition of a new dependent. If the resident acquires a new dependent as a result of marriage, birth, adoption, or appointment of legal guardianship, that dependent may enroll outside the normal Open Enrollment Period. The new dependent must be enrolled in the Plan within 63 days of the marriage, birth, adoption, or legal guardianship appointment.
 - b. Loss of Other Group Health Plan Coverage. If resident declines enrollment in the Plan for themselves and/or their dependents because the resident and/or their dependents were enrolled in another group health plan or health insurance policy, and that other coverage is subsequently lost, resident may enroll themselves and/or their dependents in the Plan outside the normal Open Enrollment Period within 63 days after the other coverage ends.

Dental

Preventive care is covered at 100% with no deductible. Preventive care includes oral exams, x-rays, cleanings, fluoride for children under the age of 19. Please refer to WCGME Employee Benefits for a more detailed description.

Flexible Spending Accounts (FSAs)

Optional participation in an FSA is available. An FSA is a plan designed to help manage the cost of health care by allowing the resident to set aside up to \$2,550 on a pre-tax basis to pay for eligible medical, dental and vision expenses. There is a rollover of up to \$500.00 at the end of each year. All expenses must be submitted within 90 days of termination to qualify for payment through the FSA.

Dependent Care (DC) FSA

Optional participation in a Dependent Care FSA is available. A Dependent Care FSA is a plan designed to help manage the cost of child care expenses. Maximum election is \$2,500/\$5,000 for married couple filing joint tax returns or single parent, \$1,250/\$2,500 for married couple filing separate tax returns. Funds are only available as they are deposited into the DC FSA.

Health Savings Account (HSA)

Optional participation in an HSA is available in conjunction with the High Deductible Health Plan. An HSA is designed to help manage the cost of health care by allowing the resident to set aside the amount they choose on a pre-tax basis (up to limits set by the IRS) to pay for eligible medical, dental and vision expenses. The money in an HSA rolls over at the end of the year and will continue to earn interest until the funds are withdrawn for medical expenses or until the resident reaches the age of 65 when the funds can be withdrawn for any reason without incurring penalties. Please refer to WCGME Employee Benefits for a more detailed description.

Life Insurance/Accidental Death and Dismemberment

Personal Life and Accidental Death and Dismemberment insurance is available to all full-time residents, with no cost to the resident, at the rate of one times Basic Annual Earnings, rounded to the next higher \$1,000, subject to a maximum of \$50,000.

Long-Term Disability

Full payment of premiums for long-term disability is paid for each resident while active in the residency program.

For more detail on Plan benefits, please see WCGME Benefits Summary on the KUSM-W website under the Graduate Medical Education and the Resident Information tab.

ID Badges

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: ID Badge	
	DATE ISSUED: 7/11/19	DATE EFFECTIVE: 7/11/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W) and employed by Wichita Center for Graduate Medical Education (WCGME).

STATEMENT OF PURPOSE:

The purpose of this policy is to document when an ID badge is required to be worn by a resident.

In this policy, fellows are inherently included when residents are mentioned.

POLICY:

Residents will be issued photo ID badges after approved to begin training and are required to wear them while performing resident-related responsibilities. To help meet institutional security requirements, residents should wear the photo ID badge appropriate to the location in which they are working. The ID badge should be worn in a highly visible manner while on hospital, university or any participating site where the resident trains. ID badges may not be traded, loaned, or shared. The ID badge is worn only by the person to whom it was issued.

Residents in the Internal Medicine, Med/Peds and Psychiatry program will be issued an ID badge from the KUSM-W at New Resident Orientation. Residents and fellows from all other training program may request a KUSM-W badge to access the library, wellness room or any other area at the University.

Residents must report lost or stolen ID badges to the site where the card was issued.

Residents must surrender their ID badge upon termination of employment or graduation from the training program.

Immunization and Vaccine

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Immunizations and Vaccinations	
	DATE ISSUED: 7/11/19	DATE EFFECTIVE: 7/11/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

In this policy, fellows are inherently included when residents are mentioned.

STATEMENT OF PURPOSE:

The purpose of this policy is to state the expectation for compliance with mandatory immunization and vaccination requirements of training sites, unless exempted for medical or religious reasons, and to state the consequence for failure to comply.

POLICY:

All residents are expected to comply with the mandatory immunization and vaccination requirements of the hospitals in which they train, unless exempted from such requirement due to medical or religious reasons.

All residents are expected to be vaccinated against influenza between September 1 and December 1 of each year. Residents who wish to be exempted from the influenza requirement for medical or religious grounds must follow the procedures established by the clinical sites in which they train. Residents who are exempted from the influenza vaccine requirement must wear face masks in all clinical areas during the influenza season.

All residents are required to have the following immunizations documented by titers, documented medical source, or vaccination from other institutions by their first day of employment and 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 QuantiFERON

All residents are required to have documentation of the required immunizations listed in this policy by their first day of employment and prior to any patient care activities or they may not begin their training program. Immunizations are provided at no cost to the resident or to the resident health insurance plan. 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. Should the University mandate a new immunization requirement, all current residents must receive/document this immunization by the deadline set forth in the notification or will be removed from their training program and placed on leave without pay until immunization is secured.

Failure to Comply with Requirement:

Any resident who fails to comply with the mandatory immunization requirements, may be placed on an adverse action including a leave without pay, suspension, probation or termination.

Impaired Physician Policy

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Impaired Physician Policy	
	DATE ISSUED: 2/05/15	DATE EFFECTIVE: 07/13/17
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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 this policy is to prevent or minimize the occurrence of impairment, including substance misuse, abuse, dependence or addiction to alcohol, illicit drugs or controlled substances. This policy also addresses the problems of impairment compassionately and confidentially while attempting to provide the resident with intervention and protect patients from any risk associated with care given by an impaired resident.

DEFINITIONS:

Wichita Center for Graduate Medical Education (WCGME): The department that employs the Wichita residents and oversees residency training accreditation for all programs sponsored by KUSM-W. For the purposes of this policy, the staff in the WCGME office will include the Designated Institutional Official (DIO) and the Chief Operating Officer (COO).

Impaired Resident: An impaired resident is a resident who is unable to practice medicine with reasonable skill and safety due to physical, behavioral, or excessive use or abuse of drugs or alcohol. An impaired resident is unable to participate effectively in educational or clinical activities.

Assessment: The purpose of the assessment is to determine whether substance misuse, abuse, dependence or addiction to alcohol, illicit drugs or controlled substances is present, the extent of the addiction and to assist in the development of a treatment plan.

Drug screening: Drug screening may be included in the assessment. Drug screening will be a biological specimen such as urine or hair samples to test for the presence of drugs.

Kansas Medical Society's Professionals Health Program (KSM-PHP): A program that offers evaluation, treatment and advocacy for Kansas physicians.

POLICY:

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 adverse action. KUSM-W recognizes that substance use disorders are illnesses. WCGME, KUSM-W and the Program Director, in its discretion, will consider several principles in the use of this policy:

1. The privacy and dignity of affected residents are to be maintained to the extent possible and allowable by law.
2. The Program Director, or designee, will work in conjunction with KUSM-W, WCGME attorney and the Kansas Medical Society- Professionals Health Program (KMS-PHP), who will together manage individual interventions and substance abuse monitoring programs.
3. The assessment and treatment of substance use disorders can involve a range of recommendations, some of which are specific, others of which are more general. Therefore, KUSM-W, and its residency programs, reserves the right to exercise judgment in evaluating such situations.
4. Treatment recommendations may be modified as appropriate.

Substance use disorders are chronic, debilitating, disease states characterized by denial and intermittent relapse. KUSM-W believes that with appropriate intervention, long-term treatment and an informed reentry process, the prognosis for successful and sustained recovery is good. The intent of KUSM-W is to aid, not to prosecute, the affected individual.

Reporting Suspected Misuse, Abuse, Dependence or Addiction:

Alcohol and substance misuse, abuse, dependence or addiction can affect job performance. Associated behaviors of misuse, abuse, dependence or addiction may impact adversely upon the work environment by contributing to or causing deterioration of job performance or related personal behavior. If a resident is suspected of these problems, a report shall be made to the resident's Program Director. If appropriate, the resident will be removed immediately from all clinical responsibilities until the issue is resolved. This report will be kept confidential as allowed by law.

In the event a resident realizes he/she has a problem, he/she may voluntarily contact the WCGME office, their Program Director, or the Kansas Medical Society's Professionals Health Program at 1-800-332-0156.

Responsibilities:

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, or WCGME.

1. Resident: The resident will immediately inform the Program Director, his/her designee or WCGME of any condition or change in status that affects their ability to perform assigned duties. The resident should promptly remove themselves from duty and patient care. Residents recognizing impairment in fellow residents must report their observations and concerns directly to a faculty member, the Program Director, or WCGME in a timely and confidential manner. An impaired resident will meet with the Program Director and comply with the plan of action.
2. Faculty Members: Any faculty member who recognizes impairment in a resident must report their observations and concerns directly to the Program Director or WCGME in a timely and confidential manner.
3. Program Director: The Program Director should remain alert to signs, information or documentation of impairment and provide first assessment/meeting with the resident. The Program Director may call the KMS-PHP to discuss the resident assessment and/or to make a direct referral. The Program Director will notify WCGME.
4. DIO/WCGME: The DIO, or designee, shall assist and facilitate any and all processes which may include notification to KMA-PHP and WCGME legal counsel. WCGME will maintain confidential documentation.

Intervention Options:

After investigation, the Program Director in collaboration with WCGME may elect to take no action but continue to monitor the behavior and performance of the resident suspected of substance misuse, abuse, dependence or addiction. During an intervention, three options will be offered to the resident, as deemed appropriate.

Option 1: Resident agrees to voluntarily enroll in a treatment program approved by WCGME or the KMS-PHP. Continued participation in the residency program will be contingent on successful completion of such a treatment program and appropriate follow-up treatment. Due to the high incidence of suicide, depression, complicated withdrawal and continued alcohol and/or drug use while awaiting treatment, the resident may be referred for a risk assessment followed by hospitalization if necessary, and must comply with such referral/recommendation. Salary will continue while the resident is in treatment, for up to 30 days. If a resident requests a grievance hearing, the salary continuation provisions of the grievance policy will control the period of salary continuation. Health and other benefits will continue during the period of leave. The use of Family Medical Leave Act will not result in the loss of employment benefits that the employee earned or was entitled to before using leave. The balance of the resident's vacation and sick leave will be used first during this 30-day leave period and then leave without pay will be provided during the remainder of the 30-day period.

Option 2: Resident agrees to undergo a diagnostic evaluation at an appropriate facility immediately. WCGME, in cooperation with the KMS-PHP, will designate the appropriate facility and/or practitioner for this assessment.

Option 3: Resident resigns effective immediately from the Residency Program.

Residents are subject to immediate termination if they do not comply with these intervention options. All intervention options, including termination will be reported as required by state law.

Upon being notified of the need for an intervention, the resident will be placed on probation with terms recommended by the KMS-PHP and approved by the Program Director in accordance with University of Kansas School of Medicine – Wichita’s (KUSM-W) Disciplinary Action Policy. Written notice of the terms of probation will be given to the resident in accordance with the Disciplinary Action Policy along with a copy of the KUSM-W Grievance Policy. After successful completion of all recommended aspects of treatment, the KMS-PHP will interview the resident. Based upon this interview and a review of relevant medical records, the KMS-PHP, in conjunction with the Program Director, will explore all aspects of the resident’s return to residency training, including reviewing the status of the resident’s probation.

Specific conditions of probation on return to residency training may include the following:

1. Outpatient therapy will be continued until the treating provider and/or KMS-PHP determines it has been completed.
2. An appropriate monitoring program will be instituted regarding substance use and associated behaviors.
3. Total abstinence from all non-prescribed, non-medically necessary drugs that effect mood, sensorium, cognition or other areas of mentation that could have an effect on work performance.
4. Adherence to all applicable standards of behavior, which are appropriate for a resident physician.
5. A contract between KMS-PHP and the resident will be executed. Adherence to its provisions is mandatory. This contract may include random laboratory drug screening or testing.

Residents who are recovering from substance misuse, abuse, dependence or addiction will be judged by their actions, not by their intentions. A list of non-permissible behaviors, such as cessation of follow-up therapy and use of drugs or alcohol, will be agreed upon by KMS-PHP and the resident. Deviation from acceptable behavior will be cause for consideration of extended or modified probation or termination.

Substance use disorders are diseases characterized by relapse. Should a relapse occur, the Program Director may recommend termination from the Residency Program or further treatment in accordance with the terms of probation. Treatment following a relapse will be expected to intensify. Upon the recommendations of the treating agency, the KMS-PHP and the resident’s therapist, the Program Director will review the resident’s status in the residency training program.

Financial responsibility for charges for any treatment program or assessment in excess of those covered by insurance will be the responsibility of the resident.

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.

Reasonable Suspicion:

At any time during a resident's training, any supervising faculty member can request a urine drug screen or blood alcohol concentration from a resident if the inappropriate use of drugs or alcohol is reasonably suspected. The resident will be required to submit to such testing. The resident's Program Director and WCGME will be notified of this action. Failure to subject to testing will result in probation, including immediate suspension of all privileges and duties pending an investigation or termination. The probation and/or termination will be in accordance with KUSM-W Disciplinary Action Policy. When appropriate, the resident will be removed from all clinical responsibilities until such issues are resolved.

Confidentiality:

All drug screening or testing will be confidential. The hospital or Medical Director of the laboratory will be contacted by WCGME with instructions about the testing. The Program Director or designated hospital official will then accompany the resident to the appropriate collection area. All testing results will be sent to WCGME, who will provide the information to the Program Director.

Before any testing will occur, a consent form will be provided to the resident for review and signature. If resident refuses to sign consent form and testing cannot be done, the resident will be removed from duty, placed on probation pending an investigation.

In the event the test results indicate a level of alcohol or controlled substances that is considered a positive screen, a confirmatory test will be performed using standard GC/MS technology at a laboratory capable of performing such tests. All positive confirmatory results will be reviewed by a certified Medical Review Officer (MRO). The MRO will have the authority upon the consent of the resident, to consult with the resident's treating physician to determine whether the positive results are based upon medically prescribed substances. In the event that the positive results are not based upon a medical prescription from the resident's treating physician, then the Program Director will meet with the resident as soon as possible and discuss potential action, which may include probation or termination from the residency program.

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 WCGME office. 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. 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.

Intellectual Property

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Intellectual Property	
	DATE ISSUED: 7/11/19	DATE EFFECTIVE: 7/11/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

In this policy, fellows are inherently included when residents are mentioned.

STATEMENT OF PURPOSE:

The purpose of this policy is to ensure the integrity of the competitive marketplace in intellectual property, and to comply with the laws regulating intellectual property. All rights to and interests in discoveries, developments, inventions or other intellectual property resulting from research or investigation conducted in the course of an investigator’s work on behalf of KUSM-W and/or any participating site, shall be the sole and exclusive property of the participating site, and no other person or entity shall have any rights of ownership or interest in such discovery, inventions or intellectual property.

POLICY:

WCGME major participating sites include KUSM-W, Wesley Medical Center and Ascension Via Christi -Wichita. This policy includes major participating sites, as well as all sites where residents rotate. 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 now exists or is established in the future. 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 in 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.

Job Description for KUSM-W Resident

University of Kansas School of Medicine – Wichita (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Job Description for KUSM-W Resident	
	DATE ISSUED: 9/12/19	DATE EFFECTIVE: 9/12/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

SCOPE:

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

For the purposes of this policy, which broadly defines the duties of residents, fellows are inherently included when residents are mentioned. For specialty specific definitions of the duties of a resident, the reader is referred to ACGME program requirements or specialty board definitions as they may also apply.

Position Summary:

The position of resident physician involves a combination of supervised, progressively more complex and independent patient evaluation and management functions, formal educational and scholarly activities. The position is physically, emotionally and intellectually demanding. Provision of care provided by the resident physician is commensurate with the resident's level of advancement and competence, under the general supervision of appropriately privileged attending physician teaching staff. Through supervised training, it is expected the resident physician will develop the skills, knowledge and attitudes required to enter the unsupervised practice of medicine.

Position Duties:

The resident physician:

- Participates in safe, effective and compassionate patient care;
- Demonstrates an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education;
- Applies cost containment measures in the provision of patient care;
- Participates in the educational activities of the training program, and, as appropriate, assumes responsibility for teaching and supervising other residents and students;
- Completes evaluations and surveys required by the program, KUMC-W and ACGME;
- Honestly and regularly reports clinical and educational work hours;
- Participates in research and scholarly activities as required by Program;
- Participates in institutional committees, subcommittees and councils as assigned;
- Maintains DEA throughout training;

- Maintains certification (BLS, ACLS, PALS, ATLS, etc.) as required by the Program and WCGME;
- Maintains current state licensure as required by WCGME;
- Performs duties in accordance with the established practices, procedures, and policies of residency programs, KUSM-W, WCGME and participating institutions including the hospitals.
- Maintains representation that resident is not excluded from federal healthcare programs;
- Maintains consistent and punctual attendance;
- Maintains ability to handle stressful situations involving patients and their diagnosis and treatment.

Working Conditions:

The work environment is usually a well-lighted, heated and/or air-conditioned indoor hospital or other clinical setting with adequate ventilation. The noise level in the work environment will depend on the location of the delivery of healthcare services but normally is low to medium. There is minimal exposure to outside elements. While performing the duties of resident physician, the individual is regularly required to talk and hear; frequently required to stand and walk; regularly required to use hands to finger, handle, grasp, grip, raise or manipulate objects, and reach with hands and arms; occasionally lift and/or move up to 50 pounds; and may involve sitting for periods of time. Specific vision abilities include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus.

Residents are permitted to request reasonable accommodations if they are unable to perform the essential functions of the job description due to a disability as permitted under the Americans with Disabilities Act. WCGME, the resident and the program director will have an interactive discussion to identify limitations and potential accommodations. WCGME, in consultation with the program director will determine if accommodations are reasonable and can be granted.

Qualifications:

Residents must meet one of the following:

- Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)
- Graduate outside the United States or Canada and holds a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)

Kansas Licensure Registration

University of Kansas School of Medicine – Wichita (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Kansas Licensure Registration	
	DATE ISSUED: 9/12/19	DATE EFFECTIVE: 9/12/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W). In this policy, fellows are inherently included when residents are mentioned.

STATEMENT OF PURPOSE:

The purpose of this policy is to outline the requirement for obtaining and maintaining either a postgraduate permit (training license) or an active license (full unrestricted license) throughout residency. In order to practice medicine in any jurisdiction in the United States, proper licensing must be obtained and maintained.

DEFINITIONS:

Kansas State Board of Healing Arts (KSBHA): Medical licensure in the United States occurs at the discretion of state specific licensing bodies. In Kansas, the Kansas State Board of Healing Arts is responsible for the licensing of physicians, including physicians in training.

Postgraduate permit: A postgraduate permit is a training license which allows residents to practice the appropriate branch of the healing arts in their postgraduate training program. The postgraduate permit does not authorize the resident to engage in private practice of the healing arts. The postgraduate permit is only valid during the period in which the resident is enrolled in the residency program and is only valid for the scope of residency training. The postgraduate permit prohibits practice outside the training program.

Active License: An active license is issued to a person authorizing the practice of medicine and surgery. Residents are eligible for an active license after successfully completing their first year of training and after passing all parts of United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA).

POLICY:

All PGY-1 residents are required to obtain a Postgraduate Training Permit from the Kansas Board of Healing Arts before commencing training. The process for obtaining this permit will be coordinated by the WCGME office. The fee for the permit will be paid by WCGME. The postgraduate training permit is valid throughout residency. If the residency program is extended, the training license will also need to be extended.

Residents may obtain an active license after successfully completing their first year of training. If a resident elects to obtain an active license, the resident will be responsible for obtaining and maintaining the license, including payment of all fees connected with an active licensure. An active license must be renewed annually. Reimbursement may be requested via the resident's professional development allowance. Copies of full licenses and renewal cards must be provided to the WCGME office.

An active license is required to moonlight. Resident applying for an active license will be required to submit evidence of professional liability insurance outside the policy provided by WCGME through the Healthcare Stabilization Fund. This professional liability policy must be maintained even if not moonlighting in order to comply with the Board of Healing Arts active license requirement. Once a resident obtains an active license, they cannot revert to a post graduate permit.

KSUM-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.

Leave Policy

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Leave Policy	
	DATE ISSUED: 05/10/18	DATE EFFECTIVE: 5/10/18
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

STATEMENT OF PURPOSE:

The purpose of this policy is to outline the different types of leave available to residents and general information concerning leave time.

POLICY:

Specific questions regarding leave should be directed to the resident’s program director. Each program director is responsible for maintaining accurate records of the amount of leave time his/her residents have used. Program director is responsible for tracking time off for all leaves to insure specialty board requirements are met prior to graduation from the program.

PROCEDURE:

Types of Leave:

Additional Time Off:

A resident may receive additional paid time off as approved by the Program Director for taking Board examinations, helping with recruiting, and other unusual situations. The need to “make up” additional time in order to meet requirements of specialty boards will be considered and determined by the Program Director.

Bereavement Leave:

If requested by resident, three consecutive days of paid bereavement leave will be granted in the case of a death in the resident’s immediate family. Immediate family includes spouse, parents and step-parents, legal guardian, children and step-children, siblings and step-siblings, grandparents and step-grandparents, and any of the same relatives of the resident’s spouse. All other considerations for bereavement leave will be at the discretion of the Program Director. Length of leave will be requested by the

resident and approved by the Program Director and WCGME. The resident's relationship to the deceased and necessary travel time shall be considered by the Program Director in determining whether to grant additional time off (with or without pay) beyond the bereavement leave outlined.

Education Leave: (Non-cumulative)

Residents may receive education leave annually, with approval of their Program Director to attend educational activities such as a conference, board preparation courses, or present their research or scholarly activity. Resident must be in good standing with the program (not on an adverse action) or at the discretion of the program director.

Family Medical Leave Act:

To be eligible for leave under this policy, the resident must have been employed with WCGME for at least 12 months and must have worked at least 1,250 hours during the 12-month period preceding the beginning of the leave.

Eligible residents are entitled to time off from work for the following circumstances:

- On the birth of their child and to care for their newborn child;
- On the placement of a child for adoption or foster care with the resident;
- When a resident is needed to care for a child, spouse, or parent who has a serious health condition;
- When a resident is unable to work at all or is unable to perform at least one of the essential functions of his or her position because of the resident's own serious health condition;
- Any qualifying contingency arising out of the fact that the spouse or a son, daughter, or parent of a resident is a covered military member on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation; or,
- To care for a covered service member if the resident is a spouse, child, parent or next of kin of a covered service member with a "serious injury or illness" incurred in the line of duty on active duty.

Please see Family Medical Leave Act policy for additional details.

Holidays:

Residents do not receive paid holidays; however, holidays are at the discretion of the Program Director. Holidays will be balanced by Program Director in a fair and equitable manner.

Jury Duty:

A resident may be summoned for jury duty during his/her training program. Due to the educational requirements of training, the court may grant an excuse from jury duty. However, if an excuse is not granted, leave with pay will be given to the resident. The resident is responsible for keeping the Program Director informed on a daily basis about the jury duty schedule.

Long-Term Disability:

WCGME provides long-term disability at no cost to the resident. The plan covers 60 percent of the resident's monthly earnings up to \$3,000 per month of benefit after 180 days of disability. Long-term disability becomes payable if the resident becomes disabled while insured under the policy, is under the ongoing care of a physician, disability results from an injury, sickness, or pregnancy, and resident provides satisfactory proof of loss within 90 days after the beginning date. The beginning date is the date on which benefits begin to accrue after the resident becomes disabled. Long-term disability is paid until the Social Security defined normal retirement age. Benefits paid from employer-paid disability plans are taxable.

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 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 called to military service may use vacation or take leave without pay during their absence. The resident will have the option to continue their WCGME health insurance coverage throughout the term of the leave. If the resident elects to continue their WCGME health insurance coverage, the resident will be responsible for paying the employee monthly health insurance premium. If leave without pay exceeds ninety (90) calendar days, resident can elect COBRA benefits.

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

1-30 days of service – report next scheduled work day 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 must make up is at the discretion of the Program Director and in compliance with ABMS Board eligibility requirements.

Residents 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.

Sick Leave: (Cumulative)

Residents receive ten (10) weekdays (cumulative up to a maximum of 30 days) with pay, annually for absence due to sick leave. Sick leave is defined as absence due to illness or medical, mental health and dental needs of the resident or their dependents. The resident's Program Director will determine whether or not make-up service and education

are necessary in order to provide credit for the residency year. Sick leave is required for illness or medical appointments requiring more than half day of leave. A note from the resident's physician may be required at the discretion of the Program Director. Note that the number of allowable absences from training varies according to the individual specialty board. Use of sick leave may require make up time for the purposes of Board eligibility which is determined by the specific policy of each specialty Board and should be discussed with the Program Director. Sick leave for contract periods of less than a full academic year will be calculated on a pro-rated basis. No lump sum payment will be made for unused sick leave upon termination, resignation or completion of training.

Vacation: (Non-cumulative)

Vacation leave provides the resident with time for rest and restoration in order to return to training with renewed vitality. This is beneficial for patient safety and resident well-being. Residents receive fifteen (15) weekdays of paid vacation annually; to be used at a time approved by their Program Director. Vacation may be taken in half day or full day blocks. Exempt employees must be paid in full day increments, so if taking a half day block of vacation, it must be combined with regular pay or sick leave to equal a full day block. If vacation leave includes a national holiday that is honored by WCGME, no additional time will be given for that day. Residents have the responsibility to schedule leave in a timely manner. Vacation leave for contract periods of less than a full academic year will be calculated on a pro-rated basis. Unused vacation leave cannot be carried forward to the new training year. No lump sum payment will be made for unused vacation leave upon termination, resignation or completion of training.

Library

University of Kansas School of Medicine – Wichita (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Library - George J. Farha Medical Library	
	DATE ISSUED: 9/12/19	DATE EFFECTIVE: 9/12/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM-W). In this policy fellows are inherently included when residents are mentioned.

POLICY:

The George J. Farha Medical Library located on the KUSM-W campus. Remote access is available to all residents free of charge via the world-wide web. Residents must have a KUSM-W ID badge to access the library and any of the services. Residents can contact the WCGME office to obtain an ID badge.

Library Hours are:

Monday – Friday..... 8:00 a.m. – 5:00 p.m.

The brick and mortar library is accessible 24 hours a day, seven days a week with an access card. Residents and fellows may register for library privileges at the circulation desk.

The online resources of the library are available from anywhere in the world where a valid internet connection can be obtained. The online resources of the library include electronic journals, books and other web-paged materials.

Loan Period:

Books may be checked out for up to four weeks at a time. Journals may be checked out for one week.

UpToDate:

UpToDate is a clinical electronic reference designed to provide current answers to patient care, diagnosis and treatment questions. UpToDate is written by a recognized faculty of experts who synthesize the best available medical evidence with the best practice to provide practical recommendations that clinicians can trust. UpToDate is available free of charge at the library on campus.

Reference Services:

The Farha Medical Library offers a free research consultative service. Reference librarians can assist with identification, location, and use of information resources. Resources may include databases, websites, printed materials, community resources, or subject experts. Librarians can also assist with searches or provide literature searches (print and electronic).

Licensing Examinations Policy

University of Kansas School of Medicine – Wichita (KUSM-W) Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Licensing Examinations	
	DATE ISSUED: 9/12/19	DATE EFFECTIVE: 9/12/19
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

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

STATEMENT OF PURPOSE:

The purpose of this policy is to describe the requirement that all residents must complete USMLE Step 1 and 2 or COMLEX Level 1 and 2 before entering residency. In addition, all residents must pass USMLE Step 3 or COMLEX Level 3 by the end of their second year of training to be advanced to a third year resident.

DEFINITIONS:

United States Medical Licensing Examination (USMLE) is a three-step examination for medical licensure in the United States. The USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills that are important in health and disease and that constitute the basis of safe and effective patient care.

Comprehensive Osteopathic Medical Licensing Examination USA (COMLEX) is a three-level, national standardized licensure examination designed for licensure for the practice of osteopathic medicine. COMLEX is designed to assess osteopathic medical knowledge, medical problem-solving knowledge, cognitive skills, knowledge fluency, clinical skills, and other competencies essential for the practice of osteopathic medicine. COMLEX is also a graduation requirement for attaining a Doctor of Osteopathic Medicine (DO) degree from colleges of osteopathic medicine in the United States. Level 3 assesses competence in the foundational competency domains required for generalist physicians to deliver safe and effective osteopathic medical care and promote health in unsupervised clinical settings.

POLICY:

All applicants to residency programs sponsored by KU School of Medicine - Wichita are required to pass Step 1 and 2 of the United States Medical Licensing Examination (USMLE) or Level 1 and 2 of the Comprehensive Osteopathic Medical Licensing Examination USA (COMLEX) before beginning a PGY 1 position.

By the end of the PGY 2 year, all residents in a program sponsored by KU School of Medicine - Wichita must pass Step 3 of the USMLE or Level 3 of the COMLEX.

Residents are strongly encouraged to take and pass USMLE Step 3 or COMLEX Level 3 during their first year of training.

Progression to the PGY 3 year will not be allowed until the exam has been passed. 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 indicating their contract will not be renewed at the end of their second year of residency training. Non-renewal in this situation is considered an adverse action as described elsewhere in this policy manual. Programs are not required to hold the position for the resident but may offer the resident a PGY 3 contract in the future if the program director chooses to do so once the resident has passed USMLE Step 3 or COMLEX Level 3. If the program director chooses to re-hire the resident, a new contract will be signed and the resident's dates of training will reflect the date they begin the third year (PGY3) of training and will continue for one full year each academic year until the program is completed.

Retaking a Failed Examination:

USMLE: Residents are permitted to take the examination no more than three times within a 12-month period. The fourth and subsequent attempt must be at least 12 months after the first attempt at the exam and at least six months after the most recent attempt at the exam.

COMLEX: Residents may retake the examination a maximum of four times within any 12-month period.

Transferring Residents:

Residents transferring from another program to 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.

Life Insurance/Accidental Death and Dismemberment

WCGME will pay full premiums for life insurance and accidental death and dismemberment each equal to the resident's annual salary raised to the next even \$1,000 up to a maximum of \$50,000.

Medical Records

Wichita Center for Graduate Medical Education Wichita, Kansas (WCGME)	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Medical Records	
	DATE ISSUED: 09/10/2015	DATE EFFECTIVE: 09/10/2015
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

To describe the expectation for medical record completion and the consequence for not completing patient encounter documentation on time. Medical record documentation should reflect the patient encounter and should be original recording of what took place at the time of the encounter by the author of the record.

SCOPE:

This policy includes all residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita (KUSM) and employed by Wichita Center for Graduate Medical Education.

POLICY:

All WCGME residents must abide by the rules and regulations established by each of the hospitals where they receive training. Adherence to the hospitals' protocols/ guidelines for hospital medical records is mandatory.

1. According to regulatory compliance standards, medical records must be completed by the attending physician or other physician within the specified period as follows:
 - a. All operative reports (for inpatient/outpatient procedures) shall be dictated or written within 24 hours following the procedure. Procedures performed outside of the operating room should be fully described in the progress notes or by dictated report immediately following the procedure.
 - b. A history and physical examination must be dictated/written within 24 hours after a patient's admission to the hospital or within thirty (30) days prior to admission or prior to surgery with a 24-hour update describing patient's current condition.
 - c. A Discharge Summary (or hospital approved equivalent for certain groups of patients) needs to be completed on all patients. Discharge Summaries must be dictated within seven days of discharge. All final diagnoses and procedures shall be present in the Discharge Summary (or equivalent) at the time of the patient discharge from the hospital. If the diagnosis is pending

- (i.e., because of a test result not yet complete), the physician should document this in the Discharge Summary (or equivalent).
- d. All entries in the medical record shall be dated, timed, and signed.
 - e. All physician telephone orders shall be signed, dated and timed within 48 hours of order given. When hospital policy requires less than 48 hours, that standard will be adhered to.
 - f. All other deficiencies must be completed within 7 days after chart being made available.
2. If the resident will be gone for one month or more, he/she must complete all record deficiencies prior to starting an out-of-town elective, leave of absence, and/or vacation. It is the resident's responsibility to notify the HIM Department of scheduled absences.
 3. The hospitals and hospital-based residency clinics will generate a report weekly that shows any resident with records 6 days old or older. An email or page (depending on the hospital) will be sent to each resident who has records meeting that criterion. Residents failing to complete delinquent records will be reported to WCGME the following day. A copy of the notification will be sent to the residents' Program Director and Coordinator.
 4. "A delinquent episode" shall be counted for each week that the resident's name appears on a hospital medical record delinquent list as detailed above. The resident will not be charged with more than one "episode" per week (regardless of the number of hospital lists on which his/her name may appear).
 5. WCGME will monitor the delinquent episodes on a weekly basis, and after the second episode, a warning notice will be sent to the resident reminding them of the medical record policy and possible consequences for noncompliance.
 6. When a resident has three or more delinquencies in a revolving 12-week period, a designated WCGME representative will notify the resident and the resident's Program Director. If these deficiencies are not corrected within five business days from the hospital's notification the resident will be required to appear before the Graduate Medical Education Committee to explain the delinquent episodes. GMEC actions could include, but not be limited to:
 - a. Verbal or written warning
 - b. Unsatisfactory quarterly evaluation
 - c. The resident may be placed on probation (within the WCGME Due Process guidelines).
 - d. Withdrawal of city-wide hospital clinical privileges.
 - e. Non-renewal of resident contract or possible termination (within the WCGME Due Process guidelines).
 7. Participating hospitals are to be notified by WCGME in advance of all pending resident terminations. Each hospital is responsible for determining whether terminating residents have medical record responsibilities at their institution. The hospital is responsible for notifying the resident regarding delinquent medical records. In the event delinquent records are not completed prior to termination,

the hospital will notify the WCGME office and the resident's final paycheck may be held pending satisfactory completion.

Moonlighting

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Moonlighting	
	DATE ISSUED:	DATE EFFECTIVE:
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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:

DEFINITIONS:

Internal Moonlighting: According to the ACGME the definition of internal moonlighting is “voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.”

External Moonlighting: According to the ACGME the definition of external moonlighting is “voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.”

POLICY:

Residents may not be required to engage in moonlighting activities; however, if a resident desires to engage in moonlighting the following guidelines must be followed. Moonlighting must never interfere with regular resident responsibilities. Moonlighting residents are expected to be present (and appropriately rested) in their educational setting during all prescribed hours. Moonlighting must never occur without advance written permission of a resident’s Program Director. The resident’s performance will be monitored by the Program Director for the effect of these activities upon residency performance.

Moonlighting is defined as any remunerative activity, outside the requirements of the residency program, in which an individual performs duties related to health care. This includes, but is not limited to: providing direct patient care, conducting “wellness” physical examinations, reviewing medical charts, EKGs, or other information for a company or an agency, clinical teaching in a medical school, providing medical opinions or testimony in court or to other agencies, and serving as a sports team physician or medical official for an event.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in remunerative Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

Reporting of the hours is the resident's responsibility. Residents may be granted permission to moonlight only if they have obtained full licensure from the Kansas State Board of Healing Arts and have their own individual DEA registration number. Residents working under J-1 sponsorship are prohibited from engaging in outside remunerative activities of any kind. This is a condition of the J-1 visa under ECFMG and INS regulations. PGY-1 residents are not permitted to moonlight.

Program Directors, acting as agents of the Dean and the university, will establish policies governing moonlighting activities for their residents that are in compliance with university and ACGME Residency Review Committee guidelines. These policies establish the maximum number of hours that a resident will be permitted to moonlight per week, month and year. Policies and procedures for requesting and granting permission for moonlighting are the responsibility of each Residency Program and its Program Director and/or Departmental Chair. Residents on formal probation may not participate in moonlighting activities until they have been restored to good standing in their programs. A copy of the letter approval form for moonlighting must be kept in the resident's program file with a copy forwarded to WCGME.

KUSM-W residents are provided professional liability insurance via a State of Kansas self-insurance program. This insurance (occurrence type with tail and with the following limits: basic coverage \$200,000/600,000; excess coverage \$800,000/2,400,000) covers residency-related acts performed under the supervision of a member of the residency teaching staff but DOES NOT cover moonlighting activities. Additional occurrence type insurance, with limits of coverage not less than those provided via the state plan, must be arranged to cover moonlighting activities. Such insurance may be purchased by the resident or may be arranged by another individual/agency (i.e., the moonlighting employer). If the resident is not personally responsible for purchasing the additional coverage, he/she must request a certificate of insurance to document the existence of the appropriate coverage.

Salary advances (zero percent interest loans) to cover the cost of premiums for such insurance are available via the WCGME office.

Residents moonlighting at a VA Medical Center do not need to purchase additional insurance to cover their VA moonlighting activities if they have signed "fee basis agreements" which result in their appointment to the VA Medical Staff. As such, the residents are covered by the Federal Tort Claims Act and do not require individual Professional Liability Insurance coverage.

The resident's performance will be monitored for the effect of these activities upon performance. Any adverse effects may lead to withdraw of permission for moonlighting.

PROCEDURE:

Once resident is approved to moonlight, they must complete the "Resident Moonlighting Request form, complete with resident's signature confirming they have a full license issued by the Kansas State Board of Healing Arts and have an individual DEA registration number. Their signature also confirms they are covered by a personal malpractice insurance policy in an amount no less than one million dollars per occurrence/three million dollars annual aggregate. The program director will also sign the Resident Moonlighting Request form verifying the resident is in good standing and approves the resident to participate in moonlighting activities.

The Resident Moonlighting Request form will be forwarded to the WCGME office to be reviewed by the WCGME Chief Operating Officer.

A copy of the signed Resident Moonlighting Request form will be scanned in New Innovations and permanently stored in the resident's training portfolio

National Provider Identifier Number (NPI)

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 WCGME residents and fellows will receive NPIs. The process for obtaining the NPI number will be coordinated by the WCGME office.

Notification of Incident/Exposure

Since residents may be serving at different hospitals during their training program, each resident will be governed by the particular facility's exposure control plan. A resident is required to follow the protocol of the hospital to which he/she is assigned if/when the incident/exposure (e.g., needle stick) occurs. All hospitals require that an incident report be completed. The hospital will send the report to the WCGME office to be documented with WCGME's Worker's Compensation Insurance Company. Initial treatment will be provided by the hospital with necessary follow up treatment by the Internal Medicine Clinic at KUSM-W. After an exposure, residents should not treat themselves or other employees involved.

The protocols for blood-borne pathogen exposure for WCGME residents at Wesley Medical Center, Via Christi Hospitals Wichita, Inc. – St. Francis and St. Joseph, and the VA Medical Center are as follows: (Note, these may be subject to change.)

Wesley Medical Center

- Wash and rinse wound area thoroughly with germicidal soap.
- Obtain source patient information and account number.
- Report to Employee Health immediately (7 a.m. – 4:30 p.m., Monday – Friday located on Level G/Medical Arts Tower). If Employee Health is closed, report to the Emergency Dept. for treatment.
- Residents should complete HNS form located on the WMC Intranet or call Ext. 23361 for assistance.
- Treatment for individuals who have an HIV positive exposure must occur within two hours.

Via Christi Hospitals Wichita, Inc.

- Clean and decontaminate exposed skin and/or mucous membranes.
- For all exposures page the House Supervisor to report the exposure. The House Supervisor will provide all necessary forms and information regarding follow-up.
- Appropriate lab procedures will be performed on the resident and/or patient. Baseline lab and initial 3-day chemoprophylaxis is at no charge.
- Consider starting HIV chemoprophylaxis within 1–2 hours of significant exposure*. Standard regime is Truvada; Combivir if pregnant. Expanded regime is Truvada and Kaletra; Combivir and Kaletra if pregnant.
- If bill is received, contact Kelli Weber at 858-3540.
- *Significant exposure is defined as a deep injury with visible blood on device causing the injury, device removed from source-patient's vein or artery, or source-patient with end-stage AIDS.

VA Medical Center

- Clean and decontaminate the wound area.
- Notify the service/unit supervisor.

- From 8 a.m. - 4:30 p.m. (Monday-Friday), notify Employee Health at extension 53389. Fill out a “Duty to Report” incident report using the employee safety hazard category. If after hours, have the operator page the Nursing Coordinator, who will provide assistance. **Please print a copy of the “duty to report” for your reference.**
- Go to the emergency department; open 24 hours. The physician on duty will order the appropriate labs for resident physician and patient.
- Please notify Dr. Mona Brake or Dr. Syed Raffi during business hours and provide a copy of the duty to report incident report so that an official VA incident report (ASIST) may be filed.
- VAMC will cover the cost of emergency care related to the incident.

On-Call Meals

Meals will be provided in hospital cafeterias or coffee shops when a resident is required to stay on hospital premises for night call.

Pagers

Pagers are provided at no cost to the resident.

WCGME Paging Protocols:

Residents in the following residency programs will be issued a pager from WCGME:

- Anesthesiology
- Internal Medicine
- Medicine / Pediatrics
- Orthopedic Surgery
- Psychiatry
- Surgery

Residents in programs not listed above will be issued a pager from the hospital to which they are assigned during their residency.

PAGER INSTRUCTIONS:

The resident can be paged through the paging operators at Wesley Medical Center, Via Christi on North St. Francis, Via Christi on East Harry, and the VA Medical Center. Operational range is approximately 15 miles. Page operators will send a message that will be either numeric (numbers only) or alphanumeric. Residents are issued a booklet that describes in detail how the pagers operate. New batteries are available through any page operator. If a resident loses or misplaces a pager, he/she should report it immediately to a page operator. The resident will then be issued a spare pager. If the lost pager is found, the resident should return the spare pager and make arrangements for resuming use of the original pager.

ACCESSING THE PAGING SERVICE:

To page a resident, contact a paging operator, give the name of the person to be paged and the message to be sent. The page operator will send the message. (See special instructions for the VA.)

Access numbers for the hospital-paging operators are as follows:

	In-house Phone	Outside Phone
St. Francis	0	268-5000
St. Joseph	0	685-1111
Wesley	0	962-3030

VA - In-house dial 53099, or from an outside phone, dial 634-3099; at the tone, press the personal page number of the resident being paged; then press seven (7); and after two tones, input the telephone number to be called.

To page directly from any touch tone phone, dial 962-PAGE (7243) after a ring and tone, press the four- (4) digit beeper number you wish to contact, another ring followed by beeps will sound; then enter the number you want your party to call. Hang up.

RESIDENT PAGER REPAIR PROCEDURES:

Residents issued a WCGME pager (see above) should contact the WCGME office for pager repair. Residents issued a hospital pager should follow the following protocol for repair.

If a pager breaks, a resident should take it to a page operator, complete a repair ticket describing the problem and apply it to the pager. (Stickers are available from the page operators.) Leave the broken pager with the page operator. The page operator will issue the resident a spare pager. A resident's personal page number will remain the same.

The resident will be notified when the broken pager is repaired and available from the page operator in the hospital where the resident is working. The resident must leave the spare with the page operator when picking up the repaired pager.

Parking

Free parking is provided in designated areas at all of the Wichita hospitals. However, parking stickers are required at the VA Medical Center. To park in a KUSM-W parking lot, a parking permit may be purchased from the Facilities Management Department at KUSM-W.

Post-Employment/Pre-commencement of Duties Lab Work

Residents are required to receive pre-commencement of duties lab work. This lab work includes, but is not limited to: PPD, tetanus, MMR, varicella titer and hepatitis surface antigen titer. Lab work connected with a resident's employment and obtained at KUSM-W Internal Medicine Clinic to meet employment requirements will be paid for by WCGME. However, any injections or immunizations received prior to employment will be reimbursed only with prior approval and arrangements. Documentation of any injections or immunizations received during residency to be included in a resident's medical file must be sent to:

Wichita Center for Graduate Medical Education – Suite 3023A
1010 N. Kansas
Wichita, KS 67214-3124

Postgraduate Permit

Kansas license (Postgraduate Permit) is provided at no cost for PGY-1 residents.

Professional and Personal Conduct

Conduct consistent with the dignity of the medical profession is required of all residents in contacts with patients and their families as well as with university and hospital personnel. Residents may not accept fees from residency patients for medical services.

Professional Liability Insurance

University of Kansas School of Medicine - Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Professional Liability Insurance	
	DATE ISSUED: 03/10/2016	DATE EFFECTIVE: 03/10/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

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

POLICY:

Residents and fellows will be provided with professional liability insurance with limits as required by Kansas law, plus excess coverage provided via the Kansas Healthcare Stabilization Fund. This insurance (claims made with tail and with the following limits: basic coverage \$200,000/600,000, excess coverage \$800,000/2,400,000) covers residency-related acts performed under the supervision of a member of the residency teaching staff. **COVERAGE PROVIDED FOR RESIDENCY/FELLOWSHIP DOES NOT COVER MOONLIGHTING.** Residents who moonlight **MUST** purchase additional professional liability insurance (See Moonlighting Policy).

Program Evaluation Committee Policy and Responsibilities

Kansas University School of Medicine Wichita	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Program Evaluation Committee Policy and Responsibilities	
	DATE ISSUED: 04/10/2014	DATE EFFECTIVE: 04/10/2014
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: GMEC	
APPROVED BY: GMEC		

STATEMENT OF PURPOSE:

All ACGME residency and fellowship programs are to implement a Program Evaluation Committee (PEC) and must have a written description of its responsibilities.

POLICY:

Training programs, through their PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written Annual Program Evaluation (APE). The PEC will identify action plans that will be monitored and measured for improvement. Annual Program Evaluation and action plans will be presented to the GMEC annually with semi-annual progress reporting.

PROCEDURE:

1. Each ACGME program will have a Program Evaluation Committee with a structure that meets the ACGME requirements:
 - a. The Program Evaluation Committee is appointed by the Program Director.
 - b. Membership must be composed of at least two program faculty members and at least one resident.
2. Function of the Program Evaluation Committee:
 - a. Plan, develop, implement and evaluate the educational activities of the program.
 - b. Review and make recommendations for revision of competency-based curriculum goals and objectives.
 - c. Address areas of non-compliance with ACGME standards and requirements.
 - d. Review the program annually using evaluations of faculty, residents and others.
 - e. Must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed below (3.a.) as well as delineate how the action plans will be measured and monitored.
3. Annual Program Evaluation (APE)
 - a. The program must monitor and track each of the following areas:
 - i. program quality;
 - residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually

- the program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program
- ii. resident performance;
- iii. faculty development;
- iv. graduate performance, including performance of program graduates on the certification examination;
- v. progress on the previous year's action plans
- b. The report must be reviewed and approved by the teaching faculty and documented in meeting minutes.
- c. The report must be presented to the GMEC annually by the Program Director for approval of action plans.

REFERENCE

ACGME Common Program Requirements: September 29, 2013

Protocol When Involved in “Malpractice” Activity

If a resident is named as a defendant in a malpractice action, the Program Director should be notified immediately. The resident must provide the WCGME office with the original copy of the notification. WCGME is responsible for notifying the appropriate individuals at the KU Medical Center and the Kansas Health Care Stabilization Fund. A representative of either KUMC or the “fund” will contact the resident regarding the appointment of an attorney. That attorney is responsible for contacting the resident with advice concerning any action which should or should not be taken in regard to the pending malpractice suit. The resident should not contact an attorney until he or she is notified by the insurance carrier(s) (KUMC and the “fund”) regarding the attorney appointed to represent him or her.

If a resident is involved in a patient care incident that he or she suspects might lead to litigation, the WCGME office should be notified so that the insurance carrier(s) can be alerted to any potential activity.

Questions or concerns about professional liability insurance coverage or actions to be taken in the event a resident is named a defendant in a suit should be directed to the Program Director or the WCGME office.

Recruitment/Selection/Appointment Policy

University of Kansas School of Medicine – Wichita Graduate Medical Education	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Resident Recruitment/Selection/Appointment Policy	
	DATE ISSUED: 05/14/2015	DATE EFFECTIVE: 05/14/2015
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Sub-Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

To provide an institutional policy for all resident and fellow recruitment and appointment that is compliant with ACGME institutional and program requirements.

DEFINITION:

This policy includes the residents and fellows applying, selected and appointed to the Wichita and Salina programs.

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. Selection of residents to participate and be enrolled in KUSM-W residency programs is the responsibility of the KUSM-W acting through its Program Directors. The KUSM-W participates in the National Resident Matching Program (NRMP) and all programs are required to abide by NRMP policies. The graduate medical education office of KUSM-W serves as the liaison between all residency programs and NRMP.

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

Selection:

The minimum criteria for medical and osteopathic graduates 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 WCGME or Salina Health Education Foundation (SHEF);
- A student in good standing or a graduate of a medical or osteopathic school approved by the Kansas State Board of Healing Arts;
- Anticipated eligibility for licensure by Kansas State Board of Healing Arts and for registration by the U.S. Drug Enforcement Agency;
- International Medical Graduates (IMG's) must have current or anticipated certification by the Educational Commission for Foreign Medical Graduates (ECFMG); or who have completed a Fifth Pathway program provided by an LCME-accredited medical school;
- For non-citizens, permanent residency status in the United States, Work Authorization, or a J-1 visa. No other visas are accepted.

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.

Required Annual Occupational Safety and Health Administration (OSHA) Health and Safety Training

Annual OSHA Health and Safety training is mandatory.

Residency Closures and Reductions

In the event that the WCGME Board of Directors chooses to reduce the number of residents in a program, the following must occur except under dire financial circumstances:

1. Prior to Board action, the Board of Directors or Executive Committee will discuss and consider the impact a reduction of resident numbers will have on services provided by the residency with the Program Director.
2. The WCGME Board of Directors or Executive Committee will notify the Program Director of the decision to reduce the number of residents in their program at least 9 months prior to the NRMP Match.
3. Residents under contract will be informed of the decision to reduce the number of residents in a program as early as possible once the decision is made.
4. Residents under contract will be allowed to complete their program if they continue to meet the requirements for advancement and graduation.
5. WCGME institutions will provide the Program Director with the necessary resources to graduate residents under contract.
6. Changes in services provided by the residents that occur as a result of a reduction are at the discretion of the Program Director.

Resident Council

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Resident Council	
	DATE ISSUED: 09/13/2018	DATE EFFECTIVE: 09/13/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

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 a forum for residents to communicate and exchange information on their educational and work environment, their program and other resident issues. All programs sponsored by KUSM-W will be represented on the Resident Council. Any and 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), faculty members or other administrators. Each meeting must have sufficient time to conduct business in the absence of the DIO, COO, 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 peer select members for the Resident Council. Residents at any PGY

level may be peer-selected as a Council Member. Each program is responsible for holding its own election under the supervision of its chief resident(s). All serving members will have an equal vote when present at Resident Council meetings. Each program will have at least one representative with each department retaining the right to elect an additional member. 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 peer selected residents will be provided to the WCGME Office Coordinator by July 21st of each academic year. During the first meeting of the academic year, the Resident Council will elect officers.

Officers:

Officers will include a President, Vice President, Secretary, Treasurer, GMEC Representative 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 resident designees to the GMEC or any of its subcommittees at any time per his or her availability and discretion.

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 his or her availability and discretion.

Secretary. The Council Secretary will record meeting minutes and maintain a roster of attendees. The Secretary will be responsible for ensuring that 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, the Office Coordinator will email a copy 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 the drafting of any Council resolutions.

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

GMEC Representative (2). The GMEC Representatives will attend the GMEC meeting and provide a report of Council activities, resolutions, and requests for action. These individuals will

have full voting privileges on the GMEC. It is required that each GMEC meeting have a resident representative present to conduct business, and any GMEC subcommittee member or non-Resident Council member may fulfill this designation in the event that no Resident Council member is available to attend.

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.

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 peer-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 peer selected by the program.

Vacancy:

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

Meetings:

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

Attendance:

In an effort 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 peer-selected 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 each Council meeting. 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

University of Kansas School of Medicine - Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Restrictive Covenants	
	DATE ISSUED: 01/14/2016	DATE EFFECTIVE: 01/14/2016
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee		
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy covers all ACGME training programs sponsored by the University of Kansas School of Medicine – Wichita.

POLICY:

Residents are not required to sign a noncompetition contract.

Salary

Salaries paid to residents are determined on an annual basis. Resident salaries will be commensurate with their level of training in their designated program.

Residents will never be paid at a PGY level higher than the number of years for which the residency is approved to offer training.

Social Media Policy

University of Kansas School of Medicine – Wichita Graduate Medical Education	STANDARD POLICY and/or PROCEDURE	
	TITLE: Professionalism in the Use of Social Media	
	DATE ISSUED: 05/14/2015	DATE EFFECTIVE: 05/14/2015
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Sub-Committee of the GMEC Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for all Kansas University School of Medicine – Wichita ACGME-accredited sponsored residency programs.

STATEMENT OF PURPOSE:

The purpose of this policy is to provide guidance regarding appropriate use of social networking and/or electronic communication.

DEFINITIONS:

Social networking includes all online or internet sites such as Facebook, LinkedIn, Twitter, Flickr, Instagram, MySpace and YouTube, to name a few. Social networking may also include community forums, chat rooms, list serves, social bookmarking sites and other forums.

POLICY:

Social media offers a unique opportunity to connect and communicate. Kansas University School of Medicine – Wichita’s Graduate Medical Education programs support the use of social media initiatives that seek to share and support its educational, research and clinical missions. Professional conduct is critical when utilizing social media keeping information confidential and technically secure. All information posted on internet sites should be considered public and permanent.

Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA)

Patient privacy is of utmost importance. Protected health information (PHI) must never be posted on the internet. Residents must adhere to all HIPAA principles and policies at each site where they train. Please refer to policies and guidelines including HIPAA, Release of Information and Conflict of Interest whenever communicating patient information. Residents are to be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information on line.

Security of Social Media Sites and Digital Communications

Social media sites like Facebook, Twitter and others are considered open systems and are not to be used to receive, discuss or post electronic patient identifiable health information. Sending email messages to outside mailboxes is considered unprotected.

To send patient information via the internet, the communication must be sent encrypted to ensure the patient information is unreadable while in transit, or with written consent from the patient. If patient information is sent any other way, it is a breach of patient privacy and could be a HIPAA violation.

Improper use of social media is any communication through social networking that:

- directly incites violence or other immediate breach of the peace;
- is contrary to the best interest of the university and its training programs;
- discloses without authority any confidential information, protected healthcare information, personnel records, personal financial information, or confidential research data;
- contains derogatory statements about patients, students, co-workers, supervisors, or faculty;
- provides medical advice on a social networking site;
- exhibits behavior that would be deemed unprofessional

What to consider when using social media:

- be respectful and professional to fellow residents, business partners, competitors and patients;
- before you post something consider who all may have access to your comment;
- it is not advisable to “friend” patients on any social networking site;
- any information posted that identifies an institution in which the resident is working

Privacy Settings

It is highly recommended that privacy settings be set at the highest level on all social networking sites.

Adverse Action

Failure to follow these guidelines may be considered a breach of confidentiality, professionalism, or a HIPAA violation, resulting in any and all consequences deemed appropriate by the program and/or institution.

Special Review

University of Kansas School of Medicine – Wichita	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Special Review	
	DATE ISSUED: 11/12/2015	DATE EFFECTIVE: 11/12/2015
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Annual Institutional Review Subcommittee of the Graduate Medical Education Committee Policy and Compliance Subcommittee of the Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

STATEMENT OF PURPOSE:

To define the Graduate Medical Education Committee's (GMEC) responsibility related to effective oversight of all Accreditation Council for Graduate Medical Education (ACGME) accredited programs specific to review and identification of underperforming programs.

SCOPE:

This policy covers all ACGME training programs sponsored by the University of Kansas School of Medicine – Wichita.

POLICY:

The GMEC is responsible for oversight of all ACGME-accredited programs in accordance with the Institutional Requirements. The purposes of program reviews are:

1. To assess a program's compliance with and fulfillment of the ACGME's Institutional, Common and Program Specific Requirements.
2. To identify program strengths and deficiencies in the quality of resident and fellow education.
3. To comply with the ACGME's Institutional Requirement for demonstrating oversight of the accredited programs, including effective oversight of its underperforming programs.
4. To provide program review that will be presented to the GMEC for approval. Reports will describe the review process, identification of non-compliance, need for improvement goals, corrective actions and the process by which the program will monitor outcomes.
5. The GMEC will assist programs by helping to identify and, where possible, obtain resources needed to overcome or correct deficiencies.

PROCEDURE:

Special Review: The following criteria have been established by the GMEC as evidence that a program is underperforming and requires a Special Review.

1. Significant Citations or Areas for Improvement identified by the ACGME's Review Committee (RC) {aka, Residency Review Committee (RRC)} through its annual review and documented in the Notification Letter. The AIR subcommittee will determine the significance of citations or areas for improvement for Special Review.
2. Accreditation status less than "Continued Accreditation" awarded by the RC.
3. Significant or recurring deficiencies identified by the GMEC's Annual Institutional Review (AIR).
4. Recurring deficiencies identified through GMEC oversight.
5. Multiple targets not met on the Institutional Performance Scorecard. The AIR subcommittee will determine significant non-compliance resulting in Special Review.
6. Failure to submit an Annual Program Evaluation with action plans.
7. Failure to submit adequate and timely follow up required by GMEC.
8. Failure to submit ACGME required data on or before identified deadlines.
9. Communications about or complaints against a program indicating potential egregious or substantive non-compliance with the ACGME Institutional, Common or Program Specific Requirements.
10. Non-compliance with institutional policy.
11. A program's inability to demonstrate success in any of the following focus areas:
 - integration of residents/fellows into patient safety programs;
 - integration of residents/fellows into quality improvement programs;
 - establishment and implementation of supervision policy;
 - demonstrated process for transitions of care;
 - compliance with duty hours and a policy that includes fatigue management and mitigation;
 - education, mentoring and monitoring of professionalism

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.

A Program Director can independently request a Special Review of their program by the AIR subcommittee at any time during the academic year. The DIO can independently request a Special Review of a program by the AIR subcommittee at any time during the academic year. If a Program Director or the DIO request 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.

Student Loan Deferments and Verification of Employment

Wichita Center for Graduate Medical Education Wichita, Kansas	STANDARD POLICY and/or PROCEDURE	
	Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Student Loan Deferments and Verification of Employment	
	DATE ISSUED:	DATE EFFECTIVE: 09/13/2018
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
APPROVED BY: Graduate Medical Education Committee		

SCOPE:

This policy is for residents and fellows in a training program sponsored by the University of Kansas School of Medicine – Wichita and employed by Wichita Center for Graduate Medical Education (WCGME).

POLICY:

All student loan deferments and verification of employment forms needing an official signature should be sent to WCGME for processing.

PROCEDURE:

1. Please allow ten days for processing.
2. A copy of the completed form will be kept on file in the Resident Management Software used by the WCGME office.
3. Residency enrollment can only be verified from the start and end dates listed in the Resident Agreement.
4. Resident signature MUST be on the deferment or verification form providing a formal release of information.
5. DO NOT complete the question asking the name of the hospital where your residency is located.
6. WCGME will forward the deferment or verification, if an address is provided. A self-addressed, stamped envelope is helpful and appreciated.

Supervision

The Kansas University School of Medicine – Wichita will provide the resident with appropriate supervision for all educational clinical activities, commensurate with an individual resident's level of advancement and responsibility. 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 though residents participate in the care of patients, the ultimate responsibility for the patient rests with the supervising faculty member(s). The Wichita Center for Graduate Medical Education does not engage in the practice of medicine nor do they supervise the practice of medicine. 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. The KU - Wichita Graduate Medical Education Committee monitors the supervision and guidance of the residents through a continuous review process. In addition, supervision policies of each residency are monitored by the Accreditation Council for Graduate Medical Education (ACGME) through resident and faculty surveys, departmental reports and clinical learning environment reviews (CLER visits).

Termination and/or Transfer Protocol

When a resident plans to terminate their contract with WCGME or to change to another WCGME residency program the protocol is as follows:

1. The resident should be counseled regarding the clause in the WCGME contract stating that a 30-day written notice is required to terminate their contract. This is required for changing programs within WCGME as well as terminating employment with WCGME.
2. The resident should send a written notice of termination or program change to both WCGME and to their Program Director. This letter should be received at least 30 days prior to the effective date of termination.
3. The Program Director should acknowledge the resident's termination letter in writing to the resident and forward a copy to WCGME.
4. If a resident is transferring programs, the two affected Program Directors should discuss this transfer prior to the resident being offered a contract.
5. The Program Director offering a contract must send a letter to WCGME authorizing WCGME to extend a contract stating the length of the contract and PGY-level of the individual.

Transition of Care

University of Kansas School of Medicine – Wichita	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Transition of Care	
Graduate Medical Education	DATE ISSUED: 05/10/2018	DATE EFFECTIVE: 05/10/18
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
Wichita, Kansas	REVIEWED BY: Policy and Compliance Subcommittee of the Graduate Medical Education Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

The purpose of this policy is to ensure the quality and safety of patient care when transferring responsibility from one resident to another.

SCOPE:

This policy covers all ACGME training programs sponsored by the University of Kansas School of Medicine – Wichita.

DEFINITIONS:

Clinical transition of care is the communication process that enables the transfer of professional responsibility and accountability for the care of patients from one provider to another. Handoff is the provision of verbal and/or written information from one healthcare provider to another so that pertinent care, treatment, or service needs as well as the patient’s current condition and any recent or anticipated changes are accurately communicated. Handoff uses interactive communication allowing the care providers the opportunity to ask and respond to questions.

In this document, the term “resident” refers to all interns, residents and fellows in a graduate medical education (GME) training program.

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 that 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.

Handoffs may include pertinent information in the following areas:

- Identifying information (name, location, history)
- Diagnosis, procedures, condition
- Problem list
- Medications and other treatments
- Pertinent and pending laboratory results or other relevant studies
- Important contact information (patient's attending of record, family, referring physician)
- Opportunities to ask questions, summarize information received and review historical information

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 them in a structured process. Programs should develop processes by which handoffs are regularly monitored for effectiveness.

Travel and Reimbursement Policy

University of Kansas School of Medicine Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Travel and Reimbursement Policy	
Wichita Center for Graduate Medical Education	DATE ISSUED: 03/12/15	DATE EFFECTIVE: 03/12/15
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Sub-Committee Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

STATEMENT OF PURPOSE:

To provide a financially responsible and consistent process for assessing the need for business travel and for reimbursing business expenses. To ensure compliance with applicable regulations and business practices. To provide clarity regarding acceptable and unacceptable travel reimbursement practices.

DEFINITIONS:

In the document, the term, “resident” refers to all PGY trainees.

EXPENDITURE POLICY:

WCGME reimburses for education and business associated expenses within identified guidelines and under the following conditions:

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

Policy:

This policy is established to provide fairness and consistency in reimbursing for business-related expenses, to ensure compliance with IRS requirements, and to establish a clear understanding of *acceptable and unacceptable* practices.

PROCEDURE:

- I. Expense Reimbursement
 - a. Original itemized receipts must be attached to a completely documented expense report which includes dates of travel and location.
 - b. Tips should be added to the cost of expenditure (meals, taxi, etc.) and should reflect good business judgment as to amount.
 - c. Non-business related or extravagant expenses will not be reimbursed.
 - d. Spouse or family travel expenses are not to be included.
 - e. Each individual incurring reimbursable expense must submit a separate expense report. If traveling in a group, all expenses must be submitted individually.
 - f. Traveler’s signature is required on the form.

- g. All business related reimbursements must be documented on a check request form with original receipt.
- II. Travel Authorization
 - a. Business travel must be approved in advance.
- III. Air Travel
 - a. If mode of transportation chosen is not most economical, cost justification must be provided.
 - b. There will be no reimbursement for Frequent Flyer miles used for business.
 - c. Refunds/Unused Tickets – Cancel any unneeded reservation immediately. Completely unused tickets that are refundable must be returned for refunding. Canceling the reservation alone does not generate a refund. Non-refundable tickets – if unused will be reimbursed with appropriate justification.
 - d. Cash advances for pre-payment of hotel, registration and incidental expenses will be granted with prior approval. Upon return from business travel, all pre-paid expenses must be submitted with original receipts.
- IV. Hotel
 - a. A single room with private bath at a business-class hotel is the standard. Luxury accommodations will not be reimbursed unless prior approval is received, or other rooms are not available.
 - b. If alternative lodging is arranged (staying at local relative's house), the savings are non-reimbursable.
 - c. No reimbursement will be made without original itemized hotel receipt.
- V. Transportation
 - a. All reasonable taxi fares will be reimbursed. The hotel limousine service should be used whenever available and adequate under the circumstances.
 - b. Rental cars must be pre-approved with a business justification by the Program Director.
- VI. Meals
 - a. Reimbursement will be for the traveler only.
 - b. Original itemized receipt from the restaurant must be attached.
 - c. Meals charged to the hotel room should include an itemized receipt.
 - d. If the meal is served in connection with a professional meeting and is not included in the registration fee, the actual expense will be reimbursed.
 - e. Meal amounts are expected to be reasonable.
 - f. Alcoholic beverages are reimbursable with meal.
 - g. Spouse or family meals are not reimbursable.
- VII. Entertainment
 - a. Only those entertainment expenses, including meals, which are essential to business travel, will be reimbursed.
 - b. Business entertainment must include justification and documentation of individuals attending.
- VIII. Mileage

- a. Traveler will be reimbursed for the use of their personal vehicle at the current IRS published rate.
 - b. Dates of travel, location and mileage documentation are required.
- IX. Parking and Tolls
 - a. Reimbursement is authorized for parking charges, and other reasonable travel expenses directly related to authorized travel with original receipts.
- X. Miscellaneous
 - a. Gift cards and retail points are not reimbursable.

University Fees

Payment of annual KU Student Center fees will automatically be made by WCGME.

Vendor Relations

University of Kansas School of Medicine – Wichita Wichita, Kansas	STANDARD POLICY and/or PROCEDURE Institutional Policy and Procedure for Graduate Medical Education	
	TITLE: Vendor Relations	
	DATE ISSUED: 07/09/2015	DATE EFFECTIVE: 07/09/2015
	DISTRIBUTION: Residency Programs Residency Program Directors Resident Physicians	
	REVIEWED BY: Policy and Compliance Sub-Committee of the GMEC Graduate Medical Education Committee	
	APPROVED BY: Graduate Medical Education Committee	

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 University of Kansas School of Medicine - Wichita, as the sponsoring institution, has policies that are appropriate for residents to follow, including a policy on Vendor Relations and Contracts. As these situations relate to KUSM-W residents, the University of Kansas Medical Center policy will apply to all KUSM-W residents.

It is the policy of KUSM-W that interactions with industry should be conducted so as to avoid or minimize conflicts of interest and the appearance of conflicts of interest. When a conflict of interest does arise it must be addressed appropriately. All vendor representatives (representatives) are expected to abide by this Vendor Relations Policy (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.

The goals of this policy are to establish guidelines for interactions with industry representatives for KUSM-W residents and to safeguard education, research and patient care against market-driven conflicts of interest. The overriding goal of this policy is to ensure that the integrity of the educational, research and clinical programs at all the University of Kansas School of Medicine-Wichita participating sites are not compromised by financial or other personal relationships with industry. Interactions with industry occur in a variety of contexts including educational and research support of KUSM-W residents and marketing of new healthcare, pharmaceutical and medical device products. KUSM-W residents may also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the University and participating sites. KUSM-W and its participating sites fully recognize that a healthy interaction between academia and industry is part of the mission. However, these interactions must be ethical and cannot create conflicts of interest that could

endanger patient safety, sway clinical decisions contrary to the patient's best interests, and alter data integrity or the integrity and independence of our education and research programs or the reputation of the institution. As part of this policy, KUSM-W recognizes that ethical interactions are the responsibility of both industry and KUSM-W residents.

POLICY:

This policy applies to all KUSM-W residents and all industry representatives with whom they may come in contact. This policy incorporates the following:

- Meals, Gifts and Compensation
- Promotional Items and Drug Samples
- Support for Educational and Other Professional Activities
- Travel Funds
- Speakers Bureaus and Ghostwriting
- Consulting and Research Contracts
- On Site, University or Hospital-Based Training Programs
- Disclosure of Relationships with Industry
- Compliance by sales and marketing representatives
- Training Regarding Potential Conflict of Interest
- Future Directions

I. Gifts

- 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 or cash. It is strongly advised that no form of personal gift from a vendor be accepted under any circumstances.^{2, 3}
- 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 gifts or compensation for prescribing or changing a patient's prescription. KUSM-W residents cannot accept 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).⁴

- 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. WCGME staff will not circulate announcements of vendor-sponsored events or provide e-mail lists or address lists of KUSM-W residents.

II. 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.

III. 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."⁵ They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both KUSM-W-sponsored and other events. The standards are appended to this policy and may be found at www.accme.org.
- B. Educational, unrestricted grants that are compliant with the 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

IV. Funds for Travel

- A. Manufacturers interested in having KUSM-W residents attend meetings should provide unrestricted grants to a designated fund for educational conferences and meetings. The EVC will then disburse funds to faculty and training program directors. Neither faculty nor trainees will be directly dependent on industry generosity for educational opportunities.
 - 1. 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.⁶

V. 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 a 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:⁷
 - 1. Financial support by industry is fully disclosed by the meeting sponsor.
 - 2. 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.
 - 3. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 - 4. 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.
 - 5. The lecturer makes clear that content reflects individual views and not the views of KUSM-W or its member institutions.
 - 6. 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.

VI. 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.

VIII. Disclosure of Relationships with Industry

- A. In scholarly publications, individuals must disclose their related financial interests in accordance with the recommendations of the International Committee of Medical Journal Editors.⁸ The standards are appended to this policy and may be found at www.icmje.org.

IX. 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.

X. Training Regarding Potential Conflict of Interest in Interactions with Industry

A. All KUSM-W residents will receive annual training regarding potential conflicts of interest in interactions with industry.

² American Medical Association. "Statement on Gifts to Physicians from Industry." (<http://www.ama-assn.org/ama/pub/category/4001.html>) Opinion 8.061, "Gifts to Physicians from Industry" is intended to provide ethical guidance to physicians. Other parties involved in the healthcare sector, including the pharmaceutical, devices and medical equipment industries and related entities or business partners, should view the guidelines as indicative of standards of conduct for the medical profession. Ultimately, it is the responsibility of individual physicians to minimize conflicts of interest that may be at odds with the best interest of patients and to access the necessary information to inform medical recommendations. The guidelines apply to all forms of gifts, whether they are offered in person, through intermediaries, or through the Internet. Similarly, limitations on subsidies for educational activities should apply regardless of the setting in which, or the medium through which, the educational activity is offered.

³ Accrediting Council for Continuing Medical Education. "Standards for Commercial Support" (www.accme.org) when commercial interests contribute funds and services for the development of CME activities, it is considered commercial support. Commercial support has significantly enhanced the ability of the CME enterprise to fulfill its purpose. However, commercial support has the potential to introduce commercial bias that threatens the integrity of the CME enterprise. When individuals have financial relationships with commercial interests and are in a position to control the content of CME, there is also the potential for commercial bias. The Accreditation Council for Continuing Medical Education (ACCME) believes that CME must be free of the control of commercial interests. The ACCME believes that this independence from commercial interests will help ensure that CME is free of commercial bias.

⁵ See FN 3

⁷ Industry-Supported Scientific and Educational Activities: (<http://www.fda.gov/cder/guidance/isse.htm>) This guidance was prepared by FDA's Intra-Agency Working Group on Advertising and Promotion. This guidance represents the Agency's current thinking on industry-supported scientific and educational activities. The agency is providing this guidance to describe the agency's enforcement policy with regard to scientific and educational activities supported by industry. The guidance seeks to clarify the distinction drawn by the agency between scientific and educational activities that FDA considers non-promotional and those that the agency considers promotional, and to provide guidance on how industry may support such activities without subjection to regulation under the labeling and advertising provisions of the act.

⁸ International Committee of Medical Journal Editors (<http://www.icmje.org>). II. Ethical Considerations in the Conduct and Reporting of Research; II.A Authorship and Contributorship; II.A.1. Byline Authors: An "author" is generally considered to be someone who has made substantive intellectual contributions to a published study... Authorship credit should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

Visiting Residents

All 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.

Workers' Compensation

WCGME maintains workers' compensation insurance for use in accordance with Kansas laws. In the event you are injured on-the-job, you need to report the incident and the injury to the WCGME office. If you need medical care, WCGME will authorize the care from its approved medical providers and direct you to the appropriate one. If you elect 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. You must complete an incident report and provide a copy to WCGME. If you are injured at one of the hospitals, that institution may require you to follow its incident reporting policy. WCGME reserves the right to investigate the alleged injuries.