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Revised June 2010
Purpose
The purpose of this policy is to ensure that there is a clear statement of institutional commitment for training programs at the University of Chicago Hospitals.

This commitment must meet the Accreditation Council for Graduate Medical Education (ACGME) criteria as well as state and federal laws, orders, and regulations concerning discrimination and equal opportunity.

Institutional Organization and Commitment
The University of Chicago Hospitals provides residency programs with guidance and supervision of all trainees.

The Hospitals is committed to quality education and patient care by providing an ethical and professional milieu, and the necessary educational, financial and human resources to support graduate medical education, in compliance with ACGME institutional and program requirements, and an assessment of the quality and compliance with ACGME requirements of the residency programs.

The Graduate Medical Education Committee provides the leadership for this continuing assessment and is supported by the administration and teaching staff.

Educational Administration
The Dean of the Biological Sciences Division has the authority and responsibility for the oversight and administration of all training programs.

The Graduate Medical Education Committee (GMEC) monitors and advises on all aspects of Resident/Fellow education. The voting membership of the GMEC is comprised of the program directors of all ACGME approved core programs or their designees, residents/fellows nominated by their peers, appropriate faculty members, the Dean of the Biological Sciences Division or his/her designee, the GMEC chair, the Designated Institutional Official, and other individuals as determined by the Committee.

Responsibilities of the GMEC include the following:
Establishment and implementation of policies and procedures that affect all training programs regarding the quality of education and the work environment for the Residents/Fellows in each program.

Establishment and maintenance of appropriate oversight of, and liaison with, program directors and assurance that program directors establish and maintain proper oversight of, and liaison with, appropriate personnel of other institutions participating in programs sponsored by the University of Chicago Hospitals.

Establishment and implementation of formal written policies governing resident duty hours that are consistent with ACGME Institutional and Program Requirements (REF: GMEC Policy #08).

Assurance that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies.

Regular review of all ACGME letters of accreditation and the monitoring of action plans for the correction of concerns and areas of noncompliance.

Regular review of the University of Chicago Hospitals Letter of Report from the Institutional Review Committee and developing and monitoring action plans for the correction of concerns and areas of noncompliance.

Review and approval prior to submission to the ACGME:
- All applications for ACGME accreditation of new programs and subspecialties
- Changes in resident complement
- Major changes in program structure or length of training
- Additions and deletions of participating institutions used in a program
- Appointment of new program directors
- Progress reports requested by any Review Committee
- Responses to all proposed adverse actions
- Requests for increases or any change in resident duty hours
- Requests for “inactive status” or to reactivate a program
- Voluntary withdrawals of ACGME-accredited programs
- Requests for an appeal of an adverse action
- Appeal presentations to a Board of Appeal or the ACGME

Conducting internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees.
Assurance that all programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements.

Establishment and implementation of formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with both the institutional and relevant program requirements (REF: GMEC Policy #03).

Assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation.

Annual Review of, and making recommendations on, stipends and benefits and the funding for resident positions, and support services to assure that these are reasonable and fair.

Monitoring of the programs in establishing an appropriate work environment and duty hours of residents.

The GMEC is required to meet four times a year at a minimum.

Interpretation, Implementation and Revision
The Graduate Medical Education Committee is responsible for the interpretation, implementation, and revision of this policy.
Internal Program Review

Policy

The Graduate Medical Education Committee (GMEC) will review all ACGME-accredited programs according to the protocol described below and in compliance with ACGME Institutional Requirements Section IV (Internal Review). Specifically, internal reviews will assess for each program:

- Compliance with the Common, specialty/subspecialty-specific Program and Institutional Requirements;
- Educational objectives and effectiveness in meeting those objectives;
- Educational and financial resources;
- Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- Effectiveness of educational outcomes in the ACGME general competencies;
- Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies; and
- Annual program improvement efforts in:
  - Resident performance using aggregated resident data;
  - Faculty development;
  - Graduate performance including performance of program graduates on the certification examination; and
  - Program quality including the following parameters:
    - Confidential and written evaluation of the program at least annually by residents and faculty; and
    - Program improvement initiatives (including a documented written plan of action) resulting from input provided by residents and faculty.

Internal Review Committee (IR) Membership

Internal reviews will be conducted by teams including:

- At least one program director or faculty member from a residency/fellowship program other than the one under review who will serve as IR co-chair with the GME Director;
- A resident/fellow from a program other than the one being reviewed;
- The GME Director who will serve as IR co-chair; and
- Additional internal or external reviewers or administrators from outside the program under review who may also be included at the discretion of the Chair of the GMEC or IR co-chairs.
**Internal Review Scheduling**

Internal reviews will be conducted prior to the current accreditation mid-cycle as indicated in the Institutional Review Document (IRD) Section 3 (Internal Review Schedule). The following guidelines will apply:

1. **Five or four-year cycle** – 1 to 2 months prior to the ACGME designated mid-cycle date with a progress report addressing recommendations in 6 months following review by the GMEC.

2. **Three-year cycle** – 2 to 3 months prior to the ACGME designated mid-cycle date with a progress report addressing recommendations in 3 months following review by the GMEC.

3. **Two-year cycle** – program leadership will meet with the DIO/GMEC Chair and GME Director within one month following receipt of the Letter of Notification. An internal review will be scheduled to occur in 6 to 8 months. A progress report addressing recommendations will be due 3 months following review by the GMEC.

4. **One-year cycle** – program leadership will meet with the DIO/GMEC Chair and GME Director within one month after the receipt of the Letter of Notification. An internal review will be conducted within 8 months. Progress reports will normally be required every 2 months thereafter until the next site visit.

If a program has no residents/fellows enrolled at the time of the scheduled review, the GMEC will conduct a modified review to ensure that the program has identified and maintained adequate faculty, staff resources, clinical volume and other necessary curricular elements required to be in substantial compliance with ACGME Institutional, Common and specialty/subspecialty-specific Program Requirements prior to the program enrolling a resident/fellow. After enrollment of a resident/fellow an internal review will be conducted within the second six-month period following commencement of training.

**Protocol**

1. The following material and data will be utilized for the internal review process:
   a. ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements in effect at the time of the review. Additionally, specialty/subspecialty-specific Program Requirements approved by ACGME but not yet effective may be utilized;
   b. Most recent accreditation letter of notification and progress reports sent to the respective RRC;
   c. Reports from previous internal reviews of the program;
   d. Program documentation checklist;
   e. Internal Review Self-Study Report;
   f. Internal Review Checklist – Institutional Requirements for Internal Reviews;
   g. Program policies on eligibility/selection, evaluation, promotion, disciplinary action, supervision, duty hours and moonlighting;
   h. Resident and faculty evaluation of the overall program;
   i. Program Goals and Objectives;
   j. Results from internal or external resident surveys, e.g., ACGME online surveys;
   k. Minutes from the most recent annual program review meeting.

2. The internal review process will normally adhere to the following sequence:

   Dates for program internal review meetings will be set in accordance with the timeline described above. Following the setting of a date for the internal review meetings the GME Office will:
   1. Provide to the program under review an electronic copy of the Internal Review Self-Study and list of additional documentation to be submitted. Completed documents are due to the GME Office at least one week prior to the scheduled meeting date;
   2. Review team members will be provided copies of submitted documentation prior to the review meetings;
3. Review team members will meet with the following:
   - Program director
   - Key faculty representing major participating sites
   - Residents/fellows representing all PG years (peer-selected)
   - Program coordinator

4. The GME Director or designee will review program documentation to ensure compliance with Common Program Requirements and UCMC GME policy. Results from the documentation review will be included in the internal review report.

5. The co-chairs will utilize the internal review report template and distribute a draft to all review team members, program director and GMEC Chair. Feedback will be incorporated into the final internal review report.

6. The GMEC will review findings and recommendations, suggest possible additional steps, approve the report and date for submission of a progress report addressing recommendations.

**Progress Report**

Upon recommendation of the review team and approval by the GMEC progress reports may be required and will be submitted to the GMEC Chair. Receipt of internal review progress reports will be documented in GMEC minutes.

**Interpretation, Implementation and Revision**

The Office of Graduate Medical Education is responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

__________________________     ________________________
Everett E. Vokes, M.D.     Michael A. Simon, M.D.
Interim Dean, Biological Sciences Division  Assoc. Dean for Graduate Medical Education
and the Pritzker School of Medicine  Chair, Graduate Medical Education Committee
Interim Chief Executive Officer  ACGME Designated Institutional Official
University of Chicago Medical Center

Issued: October 2000  Page 3 of 3
Revised: September 2009  Internal Program Review
Reviewed:  Graduate Medical Education Policy 02
Purpose
The purpose of this policy is to set forth the requirements for applicants to the training programs at the University of Chicago Hospitals (UCH), to set forth the standards for the Hospitals and the individual training programs for the selection and promotion of residents in the training programs and to establish the institutional review of these matters, consistent with the program requirements of the ACGME and any applicable state and federal laws or regulations.

Graduate Medical Education Committee ("GMEC") The GMEC has the responsibility to monitor and advise on all aspects of residency education, including eligibility, selection and promotion. Each program is required to create written criteria for eligibility, selection and promotion and submit these criteria to the GMEC as part of the Internal Residency Program Review. Each program is also required to submit a written description of the processes by which these criteria will be implemented. The GMEC will review these criteria and their implementation for compliance with ACGME and institutional requirements.

Eligibility
To apply for a clinical training program position at the UCH, applicants must have one of the following qualifications:

- be graduates of United States or Canadian medical schools accredited by the Liaison Committee on Medical Education (LCME)
- be graduates of United States osteopathic medicine colleges accredited by the American Osteopathic Association
- be graduates of medical schools located outside the United States or Canada and have one of the following:
  - a current valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment.
  - a full and unrestricted license to practice medicine in the State of Illinois
- be graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME accredited medical school (see "Institutional Requirements" III.A.1.d. in the current Graduate Medical Education Directory).
Enrollment of Noneligibles
A training program's ACGME accreditation may be withdrawn if an applicant is enrolled who does not meet the above criteria.

Nondiscrimination
UCH and the individual programs shall not discriminate against any person in the selection or promotion process because of race, color, religion, sex, national origin, age, marital status, disability or veteran status.

Selection
Applicants are chosen according to criteria established by the individual programs.

These criteria include, but are not limited to:
- Preparedness
- Ability
- Aptitude
- Academic Credentials
- Communication Skills
- Personal Qualities such as motivation and integrity

Method of Selection
- Selected applicants are interviewed by the training program director and/or chairman of the department as designated by each department.
- Applicants are interviewed by faculty members and other program representative as designated by the training program written criteria.
- Evaluation of applicant interviews and credentials are reviewed by the program's selection committee.
- Selection of each applicant is based on the criteria listed in this policy.

Program directors may send applications for training programs to candidates at their discretion, as long as ACGME requirements, federal, and state nondiscrimination and equal opportunity laws, orders, and regulations are met.

Promotion
The decision whether to promote a resident is the responsibility of the residency director with the advice of the faculty of the program. Each program will develop written criteria for promotion based on the specialty and subspecialty requirements of the ACGME. The method of evaluation shall consist of direct observation of the resident as well as by indirect observation through rotation, evaluations, correspondence between programs and written examination (National Board, Inservice Exams). It is expected that residents will participate in all aspects of the curriculum, as well as in the periodic evaluation of educational experiences with teachers. It is further expected that residents will complete all administrative responsibilities of a resident. All contract renewals are subject to
review by the Hospitals to insure that the resident is in full compliance with all applicable Hospitals' policies, rules and regulations.

**Residency Training Program Director**
Nothing in this policy limits the training program directors' choices in selecting candidates when ACGME requirements, federal, and state nondiscrimination and equal opportunity laws, orders, and regulations are met.

Nothing is this policy limits the training directors' policies for promotion when ACGME requirements, federal, and state nondiscrimination and equal opportunity laws, orders, and regulations are met.

**Interpretation, Implementation and Revision**
The Office of Housestaff Affairs and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

---

James L. Madara, M.D.  Michael C. Riordan  Michael A. Simon, M.D.
Dean  President and  Assoc. Dean for Graduate
Vice President for  Chief Executive Officer  Medical Education
Medical Affairs  University of Chicago  Chair, Graduate Medical
Biological Sciences Division  Hospitals and Health System  Education Committee

Issued: September 1995  Revised: January 2005  Reviewed: 03

Resident Eligibility, Selection, and Promotion  Graduate Medical Education Policy
Visas, Licenses, Matriculation, and Orientation

Purpose
The purpose of this policy is to ensure that matriculation and orientation activities of all training programs at the University of Chicago Medical Center meet the Accreditation Council for Graduate Medical Education (ACGME) criteria as well as state and federal laws, orders, and regulations concerning discrimination and equal opportunity. Residents are required to obtain visas and licenses before they are matriculated.

Matriculation
Matriculation for each trainee is based on the starting date of the trainee's contract. A health screening examination is scheduled prior to the starting date of the contract. The trainee's appointment will not start until successful completion of the health screening including all required follow-up tests.

When the starting date of a trainee is delayed because of licensure, visa, or any other problem, the starting and ending dates in the trainee's contract and personnel files are changed to reflect the later starting date.

The training program director, in accordance with ACGME criteria, state and federal laws, orders, and regulations, may make a determination as to whether or not the lost time may be made up within the contract period.

Licensure
Trainees are required to hold temporary (training) or permanent State of Illinois licenses. No resident may participate in patient care activities, attend rounds, or be identified as a University of Chicago Medical Center resident or fellow until a valid Illinois medical license is obtained. Failure to obtain Illinois licensure by the contract starting date will delay the start date and may terminate the contract. The cost of obtaining licensure, either temporary or permanent, is the responsibility of the trainee.

Visas
When trainees are not United States Citizens, they must obtain and show proof of their visa status. The Medical Center will solicit verification of such status from third parties. Failure to show proof of visa status by the contract starting date will delay the start date and may terminate the contract.
The J-1 visa is the preferred visa at the University of Chicago Medical Center. GMEC sponsored programs wishing to sponsor individuals on H1-B visas assume all financial costs related to the application process and continuation expenses associated with this class of visa. Programs are required to utilize the law firm with whom UCMC contracts for visa-related services. Additionally, approval from the GME Executive Committee is required prior to engaging the law firm representing UCMC.

The GME Office will provide facilitation assistance with the H1-B visa process.

**Orientation**

The Office of Graduate Medical Education has the responsibility to present a general orientation for all matriculated residents prior to commencing their clinical program.

Orientation content may include, but is not be limited to, presentations of benefits, payroll, health screening, identification photographs, training sessions required by law; and other information sessions specific to the policies and procedures of the University of Chicago Medical Center as determined necessary.

Departments are responsible for scheduling departmental orientation of clinical policies and procedures for new residents.

**Interpretation, Implementation and Revision**

The Office of Graduate Medical Education and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

James L. Madara, M.D.
Dean, Biological Sciences Division
and the Pritzker School of Medicine
Chief Executive Officer
University of Chicago Medical Center

Michael A. Simon, M.D.
Assoc. Dean
for Graduate Medical Education
Chair, Graduate Medical Education Committee

Issued: October 2000
Reviewed: January 2009
Reviewed: Visas, Licensure, Matriculation, and Orientation
Graduate Medical Education Policy 04
Purpose

The purpose of this policy is to ensure that salary and benefits for trainees in training programs at the University of Chicago Medical Center meet the Accreditation Council for Graduate Medical Education (ACGME) criteria as well as state and federal laws, orders, and regulations concerning discrimination and equal opportunity.

Definitions

**Resident** is the term the Graduate Medical Education Directory and the ACGME use to designate all trainees at any training level in ACGME accredited programs. Trainees in accredited subspecialty training programs are specifically included.

**Fellow** is a term used by some training programs to indicate trainees in subspecialties.

Salary

Salaries for residents are equitable and are set by PGY status rather than specialty. National and local reports issued by the Association of American Medical Colleges of salaries for previous years are taken into consideration. There is more latitude for compensating fellows with a range established for each PGY year. No contact is made with other hospitals to ascertain what they are planning to pay. Trainee salaries are set by the UCH SMG annually.

Vacations

Residents and fellows paid by the Hospitals receive 20 days of paid vacation each year. Vacation days cannot be carried over to the next year and do not accrue during leave of absence. Program directors and trainees arrange vacation time by mutual agreement.

Sick Days

Residents and fellows paid by the Hospitals receive five paid sick days a year. Sick leave days may not be used for vacation time. Sick days cannot be carried over to the following year and do not accrue during leave of absence.
**Additional Benefits and Amenities**
A description of additional benefits may be found in the current edition of "Housestaff Benefits."

**Interpretation, Implementation and Revision**
The Office of Housestaff Affairs and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

---

Bryce Weir, MD, PhD  
Interim Dean  
Vice President for Medical Affairs  
Biological Sciences Division  
University of Chicago

Ralph W. Muller  
President  
University of Chicago  
Hospitals and Health System

Michael J. Koetting  
Chair  
Graduate Medical Education Committee

Issued:               Revised:  March 2001               Reviewed:  05
Salary, Vacation, and Sick Days  
Graduate Medical Education Policy  
Page 2 of 2
Purpose

The purpose of this policy is to ensure that benefits for trainees in training programs at the University of Chicago Medical Center meet the Accreditation Council for Graduate Medical Education (ACGME) criteria as well as state and federal laws, orders, and regulations concerning discrimination and equal opportunity. The current edition of the "Housestaff Benefits" Handbook should be referenced for other leaves available to housestaff.

Leave of Absence

Trainees may request a personal leave of absence from their program directors in cooperation with the Office of Housestaff Affairs. The request should be predicated on an unusual or substantial personal situation not covered by FMLA, such as illness or death of a family member or civil or military obligation.

A written leave agreement must be formalized with the program director prior to the start date of the leave.

In most cases, a leave of absence should not exceed 8 weeks. During a given leave, a trainee must first use any available vacation allowance. Under no circumstances should additional paid leave be granted to compensate the trainee for vacation time used during a leave of absence.

Benefits coverage is continued during leave under the conditions specified by the UCH Personnel Policy 502.

If a personal leave compromises a trainee's ability to satisfy the criteria for completion of a residency program or specialty board requirements, the written leave agreement should specify how these requirements will be made up. A trainee may be required to extend the training period for any dates of absence in excess of allowable vacation time. During the extension, the housestaff member will receive the regular salary and benefits except for vacation allowance.

Interpretation, Implementation and Revision
The Office of Housestaff Affairs and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

James L. Madara, M.D.  
Dean  
Vice President for Medical Affairs  
Biological Sciences Division  
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Michael C. Riordan  
President and  
Chief Executive Officer  
University of Chicago Hospitals and Health System

Michael A. Simon, M.D.  
Chair  
Graduate Medical Education Committee

Issued:  
Revised: February 2004  
Reviewed: 06  
Page 2 of 2  
Leave of Absence  
Graduate Medical Education Policy
Purpose
The purpose of this policy is to ensure the graduate medical education programs at the University of Chicago Medical Center (UCMC) meet the Accreditation Council for Graduate Medical Education (ACGME) requirements as well as state and federal laws, orders, and regulations concerning off-duty activities.

Definitions and Requirements -

Extra Service Pay refers to professional activity not considered a required experience in the curriculum. The following elements are applicable to extra service pay:
1. Prior permission by the program director is required.
2. Professional activity is performed under the direct supervision of an attending physician.
3. Professional activity is performed in facilities and settings under corporate ownership of UCMC.
4. Compliance with ACGME duty hour standards must occur.
5. Residents/fellows may not be compelled or required to participate in activities required for extra service pay.

Internal Moonlighting refers to professional activity not considered an integral part or required experience in the curriculum. The following elements are applicable to internal moonlighting:
1. Prior permission by the program director is required.
2. Professional activity is performed without direct supervision within facilities under corporate ownership of UCMC.
3. An appointment to the UCMC medical staff is required.
4. An unrestricted Illinois medical license is required.
5. Compliance with ACGME duty hour standards must occur.
6. Residents/fellows may not be compelled or required to engage in internal moonlighting.

External Moonlighting activity includes professional activity not considered an integral part or required experience in the curriculum. The following elements are applicable to external moonlighting:
1. Prior permission by the program director is required.
2. Professional activity is performed without direct supervision within facilities not under corporate ownership of UCMC unless expressly stipulated pursuant to a
contractual relationship between UCMC and the facility in which external moonlighting will occur.

3. An unrestricted Illinois medical license is required.

4. Professional liability insurance is not provided by UCMC. Additionally, UCMC assumes no responsibility for professional activities performed by individuals engaged in external moonlighting.

5. Residents/fellows may not be compelled or required to engage in external moonlighting.

Restrictions:

A Resident or Fellow with either a temporary Illinois license or a J-1 visa is not permitted to moonlight.

Interpretation, Implementation and Revision:

The Office of Graduate Medical Education and the Office of Legal Affairs are responsible for the revision of this policy.

The Chief Compliance Officer and the Office of Legal Affairs are responsible for resolving billing issues concerning residents and fellows.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

James L. Madara, M.D.
Dean, Biological Sciences Division
and the Pritzker School of Medicine
Chief Executive Officer
University of Chicago Medical Center

Michael A. Simon, M.D.
Assoc Dean for Graduate Medical Education
Chair, Graduate Medical Education Committee
ACGME Designated Institutional Official
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<th>Extra Service Pay (UCMC Hospitals/Clinics)</th>
<th>Internal Moonlighting (UCMC Hospitals/Clinics)</th>
<th>External Moonlighting (non-UCMC Hospitals/Clinics)</th>
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<tr>
<td>Direct Supervision Required?</td>
<td>YES</td>
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<tr>
<td>Prior approval by PD Required and Documented?</td>
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<td>Academic appointment?</td>
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<td>COULD BE REQUIRED BY EXTERNAL SITE</td>
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<td>Credentialing packet?</td>
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<tr>
<td>Moonlighting contract?</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>UCH Medical Staff?</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Unrestricted License Required?</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Must comply with Duty Hour Standards?</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Covered by UCMC Malpractice?</td>
<td>YES</td>
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<td>Visa Issues J-1 or H-1b</td>
<td>Not permitted if J-1 H1-b under some circumstances</td>
<td>H-1b if qualified</td>
<td>H-1b must get on their own</td>
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</table>
RESIDENT/FELLOW REQUEST FOR APPROVAL OF MOONLIGHTING ACTIVITY

Resident/Fellow Name: __________________________________________________________

Program: ___________________________________________ PGY: ________________

Moonlighting Activities:

1. The UCMC does not require any Resident/Fellow to engage in moonlighting.

2. A Resident / Fellow with either a temporary Illinois license, or any type of visa, is not permitted to engage in Moonlighting (Internal or External).

3. Residents/Fellows may engage in patient care activity beyond the scope of the GME sponsored program only with prior written approval by the Program Director.

4. In the event that approval is given for a Resident/Fellow to engage in any clinical practice outside of the Program, UCMC accepts no responsibility for such practice and provides no liability coverage under the self-insurance trust unless otherwise expressly agreed to in writing between UCMC and the facility in which moonlighting will occur.

5. Moonlighting that occurs within the residency program and/or the sponsoring institution, i.e., internal moonlighting, must be counted toward the 80-weekly limit on duty hours. The resident/fellow agrees to remain in compliance with ACGME duty hour standards.

6. The Resident/Fellow understands and agrees that, except as specifically agreed in writing, s/he does not represent the University of Chicago Medical Center when performing any clinical activities outside of the residency program or outside of the University of Chicago Medical Center.

7. Except in the performance of clinical activities pursuant to the Program, no suggestion by word, uniform or use of documents that the individual functions as a representative of the University of Chicago Medical Center will be made.

8. While engaging in Moonlighting the Resident/Fellow stipulates that no use of any equipment or documents (including prescription pads) supplied by UCMC will occur.

Description of Proposed Moonlighting Activity (including dates):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Resident/Fellow Signature: _________________________ Date: ________________

Approved by Program Director: _________________________ Date: ________________
Duty Hours and Working Environment

Purpose
The purpose of this policy is to ensure training programs at the University of Chicago Hospitals meet the ACGME requirements established for resident training hours. Duty hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

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

In-house Call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

At-home (pager) Call is defined as call taken from outside the assigned institution.

Duty Hour Requirements
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
Call Activity
- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- The frequency of at-home call is not subject to the every third night limitation. However, at home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Moonlighting
Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. (See also GMEC Policy #7 “Off Duty Activities”)

Oversight
The GMEC is responsible for establishing and implementing formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. Requirements for residents on-call or duty hours should reflect an educational rationale and patient need (including continuity care).

- Each program must establish written policies and procedures with regard to resident duty hours and working environment consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents. The policies must be approved by the GMEC and distributed to the residents and the faculty.

- Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

- Programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

- Programs are to monitor the duty-hours and call schedules and adjustments made as necessary to address excessive service demands and/or resident fatigue.

- Work extraneous to the resident educational program should be minimized.
Monitoring
Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Program directors are responsible for obtaining data on compliance with the Resident Duty Hours Policy for their programs. Each resident will be responsible for providing accurate and timely data on compliance with the Resident Duty Hours policy to her/his program director and the ACGME when this information is requested.

- The Office of Housestaff Administration will be responsible for providing an institutional system for measuring compliance with duty hours. The system will be available to all programs, and they are encouraged to use this system. It is the responsibility of each program to actually apply the system to its residents.

- If a program chooses not to use the institutional system, the program director must develop an alternative approach for measuring compliance with duty hours. The alternative system must be capable of providing the GMEC with a report that provides quantitative data on the major elements of duty hour compliance – total number of hours by week, number of hours of consecutive on-call, and days off. The reporting format must be approved in advance by the GMEC.

Compliance
- Program compliance will be reviewed by the GMEC on a regular basis. All programs will be required to report to the GMEC semi-annually. Each program should be cognizant of what data it may need for its RRC, regardless of the schedule of GMEC review.

- If a program is found to be out of compliance, more frequent monitoring of the program will result. The GMEC will ask the program director to explain to the GMEC the source of the problems and the steps that are being taken to bring the program into compliance.

- If a program is out of compliance for two consecutive reporting cycles, the GMEC will meet with the program director and the Department Chair to determine if there is any reason why the GMEC is not required to notify the RRC/ACGME.

Duty Hours Exception
Where permitted by the respective RRC, programs may apply for an exception to the 80-hour duty requirement. Prior review and endorsement of the GMEC is required. Following is the GMEC’s procedure and criteria for endorsing requests for an exception to the duty hour limits.

Criteria for Requesting an Exception
- Key educational objectives cannot be accomplished within the present ACGME standards

- Negative effect on patient safety
Procedure for Requesting an Exception

- The Program should submit its request for endorsement to the Chair of the GMEC. The request should include, at a minimum, the following:
  - The educational rationale (described in relation to the program’s stated goals and objectives for the particular assignments, rotations, and levels of training) for which the increase is requested.
  - The impact on patient safety that would result if an increase were not approved.
  - Evidence of faculty educational activities regarding the effects of resident fatigue and sleep deprivation.
- The Chair of the GMEC will place the request on the Agenda for the next GMEC meeting. The program director should be present at the meeting to present the request.
- Following the meeting, the GMEC will either provide a written statement to the RRC of the institutional endorsement of the request, or, if the GMEC does not endorse the request, the program director will be so notified along with the reasons.

Please refer to “RRC Procedures for Granting Duty Hours Exceptions” (attached) for information regarding the process, criteria and documentation programs will need to follow when making a request for exemption to their specific RRC.

Ancillary Support

- Residents on duty are to be provided with adequate and appropriate sleeping quarters and food services 24 hours a day.
- Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services are to be provided in a manner appropriate to and consistent with educational objectives and patient care.
- Appropriate security and personal safety measures are to be provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (eg, medical office building).
- Appropriate laboratory, pathology and radiology information systems are to be available to support timely and quality patient care.
- A medical records system documenting the course of each patient’s illness and care is to be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.
Interpretation, Implementation, Revision

The Graduate Medical Education Committee (GMEC) is responsible for the interpretation of this policy, and the GMEC and Program Directors are responsible for the implementation of this policy.

The Office of Housestaff Administration and Legal Affairs are responsible for the revision of this policy.
Purpose
To establish minimum requirements for supervision of residents/fellows enrolled in GME programs sponsored by the University of Chicago Medical Center (“UCMC”) GME Committee (“GMEC”) and in accordance with Accreditation Council for Graduate Medical Education (“ACGME”) Institutional Requirements section III.B.4. Applicable state and federal laws, orders, and regulations concerning supervision and oversight of graduate medical education activities are also within the scope of this policy.

Policy
It is GMEC policy that all residents/fellows enrolled in programs sponsored by the UCMC’s GMEC be supervised by a physician with appropriate credentials and privileges as determined by the Program Director. Supervision will be provided in a manner to enable residents/fellows to assume progressively increasing responsibility according to each resident’s/fellow’s level of education, ability, and expertise. Each Program Director must support safe and appropriate patient care, in part, through proper supervision.

At all times patient care will remain the ultimate responsibility of qualified physicians holding appropriate clinical privileges. Requirements for on-site supervision will be established by the Program Director for each GMEC sponsored program in accordance with ACGME requirements and will be monitored through periodic program reviews. Institutional oversight will occur through the GMEC internal review process. The type of supervision (direct or indirect) required by residents/fellows at various levels of training must be consistent with the common program requirement for progressively increasing responsibility and the applicable specialty/subspecialty requirements established by the individual RCs, as well as standards for patient care and supervision published by other regulatory bodies, including the Joint Commission.

As the basic principles of supervision are patient safety, education, and communication, resident and fellow supervision is to be documented appropriately and accurately in the patient’s medical record.

Responsibilities of the Program and Program Director:

- Develop written descriptions of the roles, responsibilities and patient care activities of residents/fellows and review such descriptions annually. Such descriptions shall also include identification of the mechanism by which the
residents/fellows’ supervisors and Program Director make decisions about each resident’s or fellow’s progressive involvement and independence in specific patient care activities.

- Develop a list of procedures that residents or fellows may be allowed to perform independent of the physical presence of an attending. Once competency has been documented in any of these specific procedures by the Program, the resident or fellow may perform these procedures without direct supervision.
- Ensure that faculty at non-UCMC training sites supervising residents and fellows hold appropriate appointments and credentials.
- Develop and maintain a system for documenting supervision in the resident/fellow rotation schedules and the attending on-call schedules. Ensure availability of backup at all times through more senior residents/fellows and appropriately credentialed attending physicians.
- Monitor supervision of residents or fellows and ensure that supervision is consistent with: a) Provision of safe and effective patient care; b) Educational needs of the residents or fellows; c) Opportunities for progressive responsibility appropriate to resident/fellow level of education, competence, and experience; and d) Other applicable Program requirements.

Interpretation, Implementation and Revision

The Office of Graduate Medical Education and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

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Everett E. Vokes, M.D.
Interim Dean, Biological Sciences Division and the Pritzker School of Medicine
Interim Chief Executive Officer
University of Chicago Medical Center

Michael A. Simon, M.D.
Assoc. Dean for Graduate Medical Education
Chair, Graduate Medical Education Committee
ACGME Designated Institutional Official

Issued: September 1995
Revised: October 2009
Reviewed: Graduate Medical Education Policy 09
Dismissal

Purpose
The purpose of this policy is to ensure that dismissal of trainees in training programs at the University of Chicago Hospitals is in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Dismissal

A. Grounds for Dismissal

Any Housestaff member who fails to comply with the terms of his/her contract, including, without limitation:

- failure to fulfill the educational and clinical requirements of the graduate medical education and clinical training program to the satisfaction of the Program Director;
- failure to acquire at least the same professional knowledge, skill and judgment that residents in the relevant department normally acquire at the same level of post graduate medical education training, or;
- failure to carry out satisfactorily his/her professional responsibilities,
- failure to maintain a current professional license, or;
- failure of Housestaff members who are not U.S. citizens to maintain a current visa, or;
- Housestaff member is, or becomes, ineligible to participate in the Medicare Medicaid or other governmental payment program.

B. Recourse

Any Housestaff member who is dismissed during the course of a one-year appointment may have the matter reviewed via the established grievance procedure. (See Housestaff Handbook for Grievance Policy)
**Interpretation, Implementation and Revision**

The Office of Housestaff Affairs and Medical Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

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James L. Madara, M.D.  
Dean  
Vice President for Medical Affairs  
Biological Sciences Division  
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Michael C. Riordan  
President and Chief Executive Officer  
University of Chicago Hospitals and Health System

Michael A. Simon, M.D.  
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Issued: September 1995  
Revised: January 2005  
Reviewed: 10

Page 2 of 2  
Dismissal  
Graduate Medical Education Policy
Resident/Fellow Evaluation

Purpose
The purpose of this policy is to set forth the standards and processes for the evaluation of residents/fellows in GMEC sponsored programs and to establish the institutional review process for these matters, consistent with institutional and program requirements set forth by ACGME and any applicable state and federal laws or regulations.

Graduate Medical Education Committee
The Graduate Medical Education Committee (GMEC) has the responsibility to monitor and advise on all aspects of residency education, including evaluation of residents.

Program Director
The responsibility for overseeing the evaluation of residents/fellows rests with the Program Director.

Evaluation
Each program is required to create written criteria for evaluation based on the specialty and subspecialty requirements set forth in ACGME Specialty/subspecialty and Common program requirements. Each program is required to create and utilize competencies-based evaluation forms. It is recommended that programs utilize electronic formats for resident/fellow evaluations. The criteria and evaluation forms must be submitted to the GMEC as part of the Internal Review protocol. The GMEC will review criteria and adequacy of completion rates for compliance with ACGME requirements.

Each program is required to assure that faculty members and others who supervise residents/fellows submit completed evaluation forms in a timely manner and submit them to the program director. Each program will maintain a file from which completed evaluations for each resident/fellow may be accessed.

Each program is required to enact processes to ensure that residents/fellows receive timely feedback about performance. Review of evaluations with the resident/fellow must be documented.

Each program shall identify those persons or committees with responsibility to review resident/fellow evaluations, make decisions and recommendations regarding promotion or changes in academic status.
**Additional Professional/Performance Development**

As part of resident/fellow evaluation the Program Director may conclude that a resident/fellow requires a formal program of professional/performance development to address academic or performance deficiencies which are beyond the norm for the respective PGY level. Such a program of professional/performance development must be documented in writing and must state clearly the areas where performance improvement is needed and the parameters by which successful completion of the Additional Professional/Performance Development plan will occur. A period of Additional Professional/Performance Development is not disciplinary in nature and will not be reflected as discipline in the resident/fellow program file. If performance successfully meets expectations the Additional Professional/Performance Development period will not be reported as a disciplinary matter in the resident/fellow record.

Imposition of Additional Professional/Performance Development requirements may not be reviewed under the GME Grievance Procedure.

If the resident/fellow does not successfully meet performance criteria noted in the Additional Professional/Performance Development, the Program Director may address the issues in a disciplinary manner, including suspension, probation, failure to promote or termination, all of which is subject to review under the GME Grievance Procedure.

**Interpretation, Implementation and Revision**

The Graduate Medical Education Committee is responsible for the revision, interpretation and implementation of this policy.

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Everett E. Vokes, M.D.  
Interim Dean, Biological Sciences Division  
and the Pritzker School of Medicine  
Interim Chief Executive Officer  
University of Chicago Medical Center

Michael A. Simon, M.D.  
Assoc. Dean for Graduate Medical Education  
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ACGME Designated Institutional Official
Non-renewal of Agreement

Purpose
The purpose of this policy is to ensure that non-renewal of trainee agreements at the University of Chicago Hospitals is in accordance with the Accreditation Council for Graduate Medical Education (ACGME) criteria.

Non-renewal of Agreement
The University of Chicago Hospitals (Hospitals) will provide the Housestaff member with written notice of the Hospitals’ intent not to renew a yearly contract prior to completion of a multi-year residency program, by the second Monday in February for contracts which run from July 1 to June 30. If the contract runs for a period other than July 1 to June 30, then the Hospitals will provide the Housestaff member with a written notice of the Hospitals’ intent not to renew the contract no later than four months prior to the end of this contract. However, if the primary reason(s) for the non-renewal occur(s) after the second Monday in February or within the four months prior to the end of the contract, the Hospitals will provide the Housestaff member with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

Recourse
Housestaff members who have received a written notice of intent not to renew their agreements have the ability to implement the institution’s grievance procedures as outlined in the Housestaff Handbook.

Interpretation, Implementation and Revision
The Office of Housestaff Administration and Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.
Purpose

The purpose of this policy is to ensure institution or program closure or program reduction in size at the University of Chicago Medical Center are in accordance with the Accreditation Council for Graduate Medical Education (ACGME) criteria, as well as applicable state and federal laws, orders, and regulations.

Closure and/or Reduction in Size

In the event The University of Chicago Medical Center and/or a Program in which Residents are enrolled is closed or discontinued, or there is a proposed reduction in the size of a residency program, the Medical Center shall provide the DIO, GMEC and Residents with notification as soon as possible after the decision is made.

In the event of such a reduction or closure, residents already in the program will be allowed to complete their education, or the institution shall provide the Resident with assistance in obtaining appointment to another ACGME residency program.

In the event the institution elects to no longer be a sponsor of ACGME-accredited programs, the institution shall provide residents with assistance in obtaining appointment to another ACGME-accredited program as soon as possible after the decision is made.

Interpretation, Implementation and Revision

The Office of Graduate Medical Education and the Office of Legal Affairs are responsible for the revision of this policy.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

___________________           __________________
Everett E. Vokes, M.D.              Michael A. Simon, M.D.
Interim Dean, Biological Sciences Division          Assoc. Dean for Graduate Medical Education
and the Pritzker School of Medicine          Chair, Graduate Medical Education Committee
Interim Chief Executive Officer          ACGME Designated Institutional Official
University of Chicago Medical Center
Purpose

The purpose of this policy is to

- provide the Grievance Procedure to all participants in graduate medical education
- to ensure that the grievance procedure at the University of Chicago Medical Center is in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements and Association of American Medical Colleges guidelines.

Issues Subject to Review

This Grievance Procedure applies to the following actions by a Program:

- termination or dismissal from the program
- disciplinary suspension or probation
- non-renewal of a contract during a residency program to which the resident has been admitted

Additional Professional/Performance Development is not subject to this Policy (see GMEC Policy #11 Resident Evaluation)

Notification

The program director will notify the resident in writing when a decision has been made which is subject to this procedure. The notification will be either hand delivered or mailed to the address which is on file with the Program and the Office of Housestaff Administration. It is the responsibility of each resident to notify both the Program and the Office of Housestaff Administration of any change of address.

Request for Reconsideration

Within 5 business days of receipt of written notice of an action by the Program Director which is subject to review under the Grievance Procedure, the Housestaff member may submit to the Program Director a written request for reconsideration, specifying the action to be reconsidered. The written request shall be hand delivered, faxed or mailed to the Program Director and must bear a delivery date or postage date five (5) business days from the date of receipt of the written notice of an action. This time frame may be extended for additional time, not to exceed 30 days, if the Housestaff Member has been out of town and did not receive the written notice of action.
Within ten (10) business days after receiving such a request, the Program Director shall reconsider the matter. The Program Director may, but is not required to consult with his or her Section Chief, Department Chair, evaluation committee or other faculty as part of the process of reconsideration. The Program Director will notify the resident, in writing, about the decision after reconsideration. The notification will be either hand-delivered or mailed to the address which is on file with the Program and the Office of Housestaff Administration.

**Review by Housestaff Grievance Committee**

If the decision issued upon reconsideration continues to be subject to review under the Grievance Procedure, the Housestaff member may request a review by a Housestaff Grievance committee. Within five (5) business days after receipt of the written notice of the decision after reconsideration by the Program Director, the housestaff member shall submit a written request for review by a Housestaff Grievance Committee. This must be done as follows:

The written request shall be hand delivered, faxed or mailed to the Chair of the Graduate Medical Education Committee and must bear a delivery date or postage date five (5) business days from the date of receipt of the written notice of reconsideration. A copy shall be sent to the Program Director in the same manner. The date of receipt by the Chair of the GMEC shall be the date by which other dates in this process are calculated (“the Trigger Date.”)

The written request for a Housestaff Grievance Committee review must state in detail the issues requested to be reviewed.

The Chair of the Graduate Medical Education Committee shall, within ten (10) business days of the Trigger Date, appoint a Housestaff Grievance Committee (“The Committee”) consisting of two members of the medical staff, two chief residents, and a senior Hospitals’ Vice President.

The Grievance Committee shall, within fourteen (14) business days of the Trigger Date, meet and chose a Chair, select a date for the Grievance Hearing and decide procedures by which the hearing will be conducted. The procedures shall be outlined in writing and given to all parties to the Grievance (the resident and Program Director). Any questions by the parties about the conduct of the Grievance Hearing shall be submitted, in writing, to the Chair of the Grievance Committee. The decision of the Committee about how the Hearing will be conducted is final.

The Grievance Hearing shall be held within thirty (30) days following the Trigger Date, unless an alternative date is agreed to by the Chair of the Grievance Committee, the Program Director and the Housestaff member due to the unavailability of necessary participants to the hearing.
The Program Director and the Housestaff Member shall submit a list of proposed witnesses and written materials pertinent to the issues being raised by the Housestaff member to the Grievance Committee Chair seven (7) days prior to the Hearing Date. The Program Director will, at the same time, submit a copy of those materials to the resident and the resident will submit a copy of his/her materials to the Program Director.

The Grievance Hearing is intended to be an informal process for hearing all of the information pertinent to the decision of the Program Director and is not intended to be a legal proceeding. Rules for court proceedings do not apply. No transcript or recording is made of the Hearing.

The Housestaff member and the Program Director shall each have the right to be present at the Hearing and each may be accompanied by an advisor or attorney. The advisor or attorney shall be present to assist their client, but may not make any statements and may not question witnesses. The Housestaff member and the Program Director may make a statement outlining their position at the beginning of the Hearing and, if requested by the Committee, at the conclusion of the Hearing. All questioning of witnesses shall be done by the members of the Grievance Committee. Any questions that arise during the Hearing regarding how the hearing is to be conducted, shall be resolved by the Grievance Committee in closed session.

Standard of Review

The Grievance Committee will consider whether the decision of the Program Director was supported by the facts. The Grievance Committee can reverse, modify or change the decision of the Program Director only if it was arbitrary and capricious, or if there was no evidence supporting the decision. A decision is arbitrary and capricious if made on unreasonable grounds or without proper consideration of circumstances. If the Committee concludes that the decision was not arbitrary and capricious and that there was evidence supporting the decision, the decision of the Program Director will be affirmed.

Following the Hearing, the Committee will meet privately to consider its decision.

The Committee shall issue its decision in writing to the Housestaff member and the Program Director within seven (7) days following the date of the review. In no case shall the Committee modify the decision of the Program Director in a manner as to make it more adverse to the resident than the decision issued by the Program Director following reconsideration. The Chair of the Committee will send the decision to the Housestaff Member, the Program Director and the Chair of the GMEC. For the resident, the decision will be either hand-delivered or mailed to the address which is on file with the Program and the Office of Housestaff Administration. The decision will be hand delivered to the Program Director’s Office.
Review by Representatives of the Dean and Medical Center President

If either the Program Director or the Housestaff member is dissatisfied with the decision of the Committee, he or she may request further review by the Medical Center President and the Dean of the Biological Sciences Division. Such a request must be made in writing to the offices of the President and the Dean within five (5) days following the date the Committee issued its written decision. The request for review must bear a delivery date or postage date five (5) business days from the date of receipt of the written notice of reconsideration. A copy shall be sent to the Chair of the Grievance Committee and the other party to the Grievance. The Grievance committee shall deliver to the Medical Center President and the Dean a copy of its decision and the written materials which it reviewed in hearing the Grievance.

The Medical Center President and the Dean may appoint designee(s) (none of whom shall have been decisionmakers in the proceedings above) to review the materials and advise the President and Dean about this Grievance.

The Medical Center President and the Dean, or their designees, shall be limited to a review of the written materials from the Grievance Committee.

The Medical Center President and Dean shall only reverse, change or modify the decision of the Grievance Committee if they conclude that the decision was arbitrary and capricious and not supported by the facts presented at the Grievance Hearing.

Within fourteen (14) days of receipt of the request for review, the President of the Medical Center and the Dean, shall in writing affirm, reverse, or modify the decision of the Grievance Committee (but shall not modify such decision in a manner as to make it more adverse to the resident than the decision issued by the Program Director following reconsideraion.) Their decision shall be delivered or mailed to the Housestaff Member, the Program Director, the Chair of the Grievance Committee, and the Chair of the GMEC.

The decision of the Medical Center President and the Dean shall be final.

Interpretation, Implementation and Revision

The Graduate Medical Education Committee and Medical Legal Affairs are responsible for the revision of this policy.

James L. Madara, M.D.
Dean, Biological Sciences Division
and the Pritzker School of Medicine
Chief Executive Officer
University of Chicago Medical Center

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Assoc. Dean for Graduate Medical Education Committee
Chair, Graduate Medical Education Committee

Issued: April 2007
Revised:
Reviewed:
Disaster Policy

Purpose
The purpose of this policy is to ensure the graduate medical education programs at the University of Chicago Medical Center (UCMC) meet the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Definitions
Disaster is an event or set of events (e.g., natural disaster, internal disaster, etc.) causing significant alteration to the residency experience at one or more residency programs.

Disaster Declaration
Within UCMC a formal disaster declaration will be made only by the CEO of the institution. Upon declaration and following notification to the GMEC Committee, the DIO will notify the ACGME Institutional Review Committee Executive Director and provide an initial report on anticipated challenges in meet Institutional and Program Requirements..

Procedure
The University of Chicago Medical Center (UCMC) seeks to provide a stable educational and employment environment for Residents. If an event or set of events causes significant alteration to the residency experience in more or more residency programs the following steps will occur:

1. As soon as possible, the GME Office, in conjunction with the GMEC will:
   a. Gather data/information from programs regarding the extent of damage and the impact of the disaster on the short-term (days/weeks) and long-term (weeks/months) function of individual programs and/or sites of training.
   b. The DIO will collaborate with program directors to assess the short-term and long-term impact on clinical operations at sites affected by the disaster.
   c. The DIO will contact ACGME within two business days of the initial assessment to provide an update on the disaster and initial steps taken by the institution and the GMEC.

2. The DIO will continue to communicate with the ACGME regularly as needed to provide updates on any additional program or institutional issues. Within 30 days of the disaster, the DIO will contact the ACGME with regard to final plans to reconfigure any programs.
3. The GMEC will meet regularly and as necessary to monitor operational effects on the quality of education provided to affected programs and to make decisions regarding needed additional actions. The GME Office will continue to provide administrative support to all affected programs during this period.

**Issues to be reviewed, assessed or acted upon by the GMEC**

a. Patient safety  
b. Safety of residents, faculty and staff  
c. Supply and availability of faculty and residents for clinical and educational activities  
d. Extent/impact of damage to the physical plant/facilities  
e. Extent/impact of damage to clinical technology and clinical information systems  
f. Extent/impact of damage to communication technology (e.g., phones, pagers, intra/internet)  
g. Changes in the volume of patient activity in the short-term and long-term

If the GMEC determines that a program or the institution cannot provide an adequate educational experience for a resident because of the disaster, both individual programs and the institution will work to:

a. Temporarily relocate a resident to a site of training within the current local affiliate training sites. For residents temporarily relocated to an affiliated training site. UCMC will continue to pay resident stipends and benefits for a period not to exceed 90 days,

Or

b. Arrange a temporary transfer for a resident to another ACGME program until the institution can provide an adequate educational experience for the resident. To the extent possible, the program will inform the resident being transferred the minimum duration of the transfer and the anticipated total duration of the transfer. UCMC will continue to pay resident stipends and benefits (according to the then-current UCMC stipend schedule) as long as funds are deemed available by UCMC. Further, UCMC will work with the institution to which the resident is temporarily assigned to negotiate financial support from that site for residents temporarily assigned there,

Or

c. Assist the resident in a permanent transfer to another program/institution. For residents permanently transferring to another institution, UCMC will not cover stipends and benefits.

**Continuation of Financial and Administrative Support in the Event of Disaster**

Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. In addition, continuation of financial support will be dependent on current policies related to reimbursement.
Notification to Residents
Not less than 30 days prior to the end of the academic year, the program will inform residents of the status of the program for the next academic year.

Interpretation, Implementation and Revision:

The Office of Graduate Medical Education and the Office of Legal Affairs are responsible for the revision of this policy.

The Chief Compliance Officer and the Office of Legal Affairs are responsible for resolving billing issues concerning residents and fellows.

The Graduate Medical Education Committee is responsible for the interpretation and implementation of this policy.

James L. Madara, M.D.
Dean, Biological Sciences Division
and the Pritzker School of Medicine
Chief Executive Officer
University of Chicago Medical Center

___________________________
Michael A. Simon, M.D.
Assoc Dean for Graduate Medical Education
Chair, Graduate Medical Education Committee
ACGME Designated Institutional Official
Restrictive Covenants

Purpose
The purpose of this policy is to ensure the graduate medical education programs at the University of Chicago Medical Center (UCMC) meet the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Policy
Programs sponsored by the GME Committee, in addition to UCMC as the Institutional Sponsor, cannot require residents to sign a non-competition guarantee.

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