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Applicant Requirements

In order to begin a program sponsored by the UAMS COM, all applicants must meet the requirements for eligibility and selection as specified by policy 1.200 Recruitment and Appointment of the Graduate Medical Education Committee, the program’s criteria, and the criteria found in the Program’s ACGME Requirements.

The applicant must

- Supply proof that he/she meets all criteria to their program director;
- Complete a pre-employment negative drug screen as specified by the UAMS Medical Center Drug Testing policy;
- Complete a successful criminal background check; and
- Complete all steps in the electronic onboarding checklist within the designated time frame.

Supplying misinformation on any of the documents is grounds for disciplinary action, including immediate dismissal from the program.

Orientation/Registration

All incoming residents/fellows are expected to attend Orientation/Registration scheduled the third week in June. The three-day orientation includes many important sessions about policies, communication and teaching skills, cost containment, quality assurance, infection control, physician impairment, risk management, medical documentation, electronic medical records, and benefits. All residents/fellows must complete the registration process on day 3 in order to begin their education in hospital rotations on July 1.

Stipends

Stipends for residents are competitive with other state schools in the southern region.

**PGY 1:** $53,615
**PGY 2:** $54,365
**PGY 3:** $56,158
**PGY 4:** $57,799
**PGY 5:** $60,216
**PGY 6:** $62,840
**PGY 7:** $64,330

Pre-Employment Drug Test

UAMS has a drug testing policy which includes pre employment, random and for cause testing. All residents accepted into residency/fellowship programs at UAMS College of Medicine
(UAMS COM) must submit to a drug screen. Appointment or acceptance into the training program will be finalized only upon completion of a negative drug screen. The procedure for submitting the sample for testing is provided after Match Day.

Background Check

Appointment or acceptance into the training program will be finalized only upon completion of a criminal background check.

All candidates for residency positions will be notified upon invitation for interview (or during telephone interview if an in-person interview will not be held) that all appointments to residency positions are contingent upon successful completion of a criminal background check. This notification will include a representative sample of unfavorable information that might prevent appointment as a UAMS Resident.

All applicants for UAMS residency positions are required to authorize the performance of a criminal background check (CBC) at the time the position is offered, or in the event of matched applicants, at the time that the match result is received.

The resident will be asked to disclose any of the below listed situations prior to the obtaining of the CBC. If the CBC returns negative information, the resident will have an opportunity to challenge erroneous information, or explain accurate negative information, prior to a final decision. Failure to disclose relevant and accurate information that is later discovered on a CBC adds an additional measure of concern about the applicant’s (or resident’s) qualification for appointment as a resident physician.

The following CBC findings may be inconsistent with appointment as a resident physician in UAMS College of Medicine programs. If any of these findings are identified on the CBC, the offer of a position may be withdrawn, or employment terminated. Please note the following list is representative, but not inclusive, of reasons an applicant may be denied housestaff status.

- Felony convictions that may be reasonably related to the practice of medicine.
- Felony convictions related to the illegal possession, use or distribution of drugs or controlled substances.
- Felony convictions or misdemeanor convictions involving violence against another person.
- A pattern of repeated felony or misdemeanor convictions that calls to question the individual’s ability or willingness to comply with the law, particularly as related to one’s future ability to practice medicine.
- Registered sex offender status (or legal requirement to register but not registered)
- Arrests where the final legal status has not yet been determined.
- Dishonorable discharge from the Armed Forces of the United States
- Exclusion from participation in Medicare or similar programs.

Applicants to whom any of the findings above may apply are encouraged to discuss the situation with the program director prior to acceptance of a position or rank order listing.
Benefits for Housestaff

See Appendix A for more information on:

- Medical (Classic, Health Savings Plan, and Premier)
- Dental
- Vision (Basic and Enhanced)
- Life Insurance (Basic, Optional, and Dependent)
- AD&D
- Long Term Disability (Paid by UAMS and Voluntary Optional LTD)

For other benefit summaries, see the UAMS HR website: https://hr.uams.edu/benefits/summaries-rates/

GME Leave Benefits

Vacation

Residents receive 21 days (only 15 weekdays i.e. M-F may be taken) of paid vacation each year. This cannot be “carried over” from one year to the next. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility.

Sick Leave

Residents have 12 days of sick leave for medical reasons during each year of training. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility. The sick leave cannot be “carried over”. Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

Professional & Educational Leave

Programs will define and allocate professional and educational leave up to a maximum of 5 days per year, in addition to sick and vacation time. Professional and educational leave may not be carried over from one year to the next.

Family Medical Leave Act (FMLA)

After a year of employment, residents and fellows are eligible for FMLA. Please see your program coordinator for details.

Holidays

Resident physicians are not granted holidays or compensatory time off for holidays worked. However, if a holiday occurs during a rotation, it will be at the discretion of the Program Director and attending physician as to whether the resident will or will not report to duty on this day.
Leave of Absence

Unpaid absence from the educational activities of the residency program when no sick or vacation leave exists to cover the absence and it is leave other than FMLA-qualified leave.

Bereavement

Sick leave may be granted to employees due to the death or serious illness of a member of the employee’s immediate family. Immediate family is defined as the father, mother, sister, brother, spouse, child, grandparent, grandchild, in-laws or any other person acting as a parent or guardian of an employee. The department head may grant sick leave for death or family illness in an amount which is reasonable for the circumstances.

Civil Leave (Jury Duty)

Please see your program coordinator for details.

Military Leave

The Uniformed Services Employment and Reemployment Rights Act does not apply to residents enrolled in the GME program. Residents who are members of the National Guard or any of the Uniformed Services of the United States may be called to duty in such uniformed service. The resident shall notify the Program Director in writing upon learning that he/she has been called to duty in a uniformed service. Prior to leaving the program for active duty, the resident and Program Director shall discuss the tentative plans for the resident’s return to the program including the level of re-entry. Within the abilities of the program to accommodate the resident’s re-entry in the program, the duration of absence from the program and the resident’s activities during the absence, the program will make every effort to ensure that the resident re-enters the program at the level commensurate with his/her abilities.

Additional Benefits

Workers’ Compensation

ALL employees on UAMS payroll are entitled to apply for workers’ compensation. If you have an on-the-job injury, you may be eligible for benefits, including medical care and income replacement, under workers’ compensation. How to apply for Workers’ Compensation.

Meals

Residents receive 20% discount with ID at UAMS dining facilities.

Parking

Paid resident parking is available on UAMS campus and at partner sites such as Arkansas Children’s, VA, and Baptist
Professional Liability Insurance Coverage

The University of Arkansas for Medical Sciences, through the Medical College Physician’s Group, provides each resident with medical professional liability coverage for their activities within the residency/fellowship program. The coverage is written on a claims-made basis. Each resident/fellow is provided coverage in the amount of $500,000 per medical incident with an annual aggregate of $1,500,000. In addition to the limits of liability, the cost of legal defense is also provided. Hence, each resident/fellow is protected against claims for medical negligence for acts and/or omissions surfacing as a result of their UAMS COM approved activities. The coverage provided does not extend to activities outside the residency program. For this reason, any resident involved in moonlighting activities should secure his/her own professional liability coverage for the outside activities. To get more information view the Risk Management and Prevention Guide or contact the Insurance/Claims Management Division of the Office of General Counsel at 614-2077.

UAMS Fitness Center

 Residents have access to UAMS Fitness Center for $15 a month.

Merchant Discounts

There is a list of merchants who offer discounts to employees, students, and alumni of the University of Arkansas for Medical Sciences when your UAMS ID badge is presented. This list is subject to change at any time without notice, and may not include all merchants who offer discounts to UAMS employees. We suggest you ask businesses if they offer educational, healthcare or state government discounts before making a purchase.

UARK Federal Credit Union

UARK offers a wide variety of loans at very competitive rates. Some of our low-cost or no-cost convenience services include checking, home banking, payroll deduction, credit and check cards, online loans, and much, much more. The more you use our services, the more you benefit! UARK is conveniently located at UAMS on the ground floor of the Central Building!

UAMS Library

The UAMS Library offers a number of online services for house staff. Residents can schedule consultations and classes or Request a Library Search. Librarians are available to assist in finding information for patient care or research and assisting with bibliographic software, database searching, resource use, and basic data management. Access to over 100 digital resources can be found on the A-Z Database page. The UAMS Library also has over 50 computers available for use and provides various study areas. Food and drinks are allowed throughout the Library, and vending machines are located in a small lounge located on the 1st level. After the Library is closed, residents still have access to the 1st floor. To access the after-hours area, enter through the North Lobby of the ED II Building and use a valid UAMS ID
badge in the card swipe. The area is monitored by security cameras and panic alarms are placed throughout the study rooms to be used to notify the UAMS Police in an emergency.

**Student Success Center**

The [Student Success Center](#) is housed on the 3rd floor of the UAMS Library. Services include but are not limited to writing support, presentation support, laptop lending, and tech support for laptops and mobile devices. For more information, please visit their website.

**Professional Requirements**

**Licensure**

Licensure is distinct from both accreditation and certification and is the process of government through which an individual physician is given permission to practice medicine within a particular licensing jurisdiction. Medical licenses are granted by the [Arkansas State Medical Board](#) (ASMB) in each licensing jurisdiction. Individuals in training programs in the State of Arkansas are not required to have a license while rendering services within the training program.

**Medicare Enrollment**

Most physicians and non-physician practitioners enroll in the Medicare program to be reimbursed for the covered services they furnish to Medicare beneficiaries. However, with the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to register in the Medicare program for the sole purpose of ordering or referring items or services for Medicare beneficiaries. These physicians and non-physician practitioners do not and will not send claims to a Medicare Administrative Contractor for the services they furnish. Licensed and Non-licensed Interns, Residents and Fellows in an approved medical residency program are among those who may register in Medicare solely for the purpose of ordering and referring. Once registered, you will be placed on the Medicare Ordering and Referring Registry and will be deemed eligible to order and refer patients to Medicare enrolled providers and suppliers. Residents and fellows will complete the Medicare Enrollment form when entering their training program.

**DEA Registration**

You cannot obtain a DEA number unless you have a license. Because residents and fellows in the State of Arkansas are not required to have a license while rendering services within a training program, most will not have a DEA number. UAMS Residents and fellows will use the hospitals' DEA number and add their unique identifier as a suffix. Each hospital, University Hospital (UH), Arkansas Children’s Hospital (ACH), and the Central Arkansas Veterans Healthcare System (CAVHS), will have their own DEA number to be used exclusively for patients at each institution and their associated clinics. Visit the [DEA Website](#) to learn more.
Employment of Foreign Nationals

UAMS may employ any immigrant or non-immigrant, provided that such employment conforms to the provisions of the Immigration and Nationality Act (INA), as amended, the regulations of the US Citizenship and Immigration Services (USCIS), and to those standards established by UAMS. Any decision reached by the University will not be affected by the race, color, age, religion, sex, disability, national origin or veteran status of the prospective employee. See UAMS Administrative Policy 4.5.25 for more details.

The Office of Immigration Services (OIS) provides assistance, resources and advice on a variety of immigration-related employment topics. The OIS also provides an International Medical Orientation Handbook, Destination: Arkansas – Foreign National Orientation Booklet, which contains useful information about the US and Arkansas culture. For more information, please visit the OIS Website. For general questions regarding immigration, email OIS at ASKImmigration@uams.edu.

NPI Numbers

In order for UAMS to be in compliance with the HIPAA NPI Final Rule, each billable UAMS health care provider must have a NPI and UAMS must use this NPI in all appropriate HIPAA-standard electronic transactions after the HIPAA deadline. For UAMS, it is crucial that “billable” practitioners obtain their NPI. Your NPI will be a 10-digit unique number that will be used on electronic third-party health care claims to identify you as the provider of medical services. Your NPI will be your single unique identifier across ALL health plans throughout the United States, thus eliminating the current use of different numbering systems. Your NPI travels with you and will be valid for your work at UAMS or any other health care system.

You must maintain your NPI profile on the NPPES website. If you have changes such as primary work address, phone number, new medical license, please log into the NPPES website and change your information period.

Annual Records and Requirements to Continue in a Training Program

Prior to the beginning of each academic year, a resident must complete the Physician Health Questionnaire; the Attestation about policies and procedures; the annual Agreement of Appointment and return these to the coordinator of the resident’s program by the designated date. Residents/fellows who return the forms will be eligible to receive the increase in stipend for the next PGY level.

UAMS Drug-free Awareness Statement & Practitioner Health Questionnaire

At the beginning of the program, all residents/fellows receive the UAMS Drug-free Awareness Statement and acknowledge receipt by signing the receipt form and returning it to the Director of Housestaff Records. All residents/fellows must complete the Practitioner Health Questionnaire and return it to the Associate Dean for GME. This questionnaire is updated yearly at the time of contract renewal. Questionnaires are confidential. Questionnaires with concerns are reviewed by the UAMS or ACH Medical Staff Health Committees, which
recommend a plan of action/follow-up for the resident/fellow and reviews this with the respective program director and departmental chairperson.

Use of Records for Educational Research

Many UAMS COM faculty members and staff are engaged in on-going efforts to monitor and improve the undergraduate and graduate medical school curriculum. In addition, our accrediting agencies expect us to assess ourselves on an on-going basis and participate in the community of scholars sharing what has been learned. The public dissemination of knowledge is one of the responsibilities of our profession. To this end, such things as test scores, faculty and preceptor ratings, clinical skills and other performance-based assessments, and follow-up surveys and evaluations will be analyzed to address such questions. If the information is released publicly, it is only released in an aggregated form to maintain confidentiality. Individual students and residents/fellows are not identified. Personally identifiable information is kept confidential, and the privacy of students and residents/fellows is protected to the maximum extent allowed by law. If you have any questions concerning this policy, please contact the Associate Dean for Graduate Medical Education.

Resident Support Services

Resident Council

Resident Council is a platform for residents/fellows at the University of Arkansas for Medical Sciences (UAMS) to communicate and exchange information with each other relevant to their programs and their learning and working environment. The Council’s focus is self-defined on a yearly basis. The Council should meet at least quarterly. The Council has the option to conduct their meetings with or without the Associate Dean for Graduate Medical Education (GME), faculty members, or other administrators present. The Council reports issues and needs as well as a summary report of each meeting to the Graduate Medical Education Committee (GMEC) through its three voting representatives.

Arkansas Employee Assistance Program (EAP)

The EAP provides professional counseling and/or referral to community resources for a wide range of problems and situations including stress management, financial concerns, alcohol and other drug abuse, elder care, job/career issues, parenting, legal issues, marital/family problems and personal/emotional concerns. UAMS has pre-paid the entire cost of the EAP so that the resident/fellow is not charged for services provided within the EAP. To contact EAP, call 686-2588.

Housestaff Mental Health Service (HMHS)

Provided by the UAMS College of Medicine for residents, the HMHS assures timely access to a complete mental health program including diagnostic evaluation; medication management; counseling; and preventative programs. Services may be accessed by calling 686-8408. This is the UAMS Student Wellness Program (SWP) contact number. Please identify yourself as a resident/fellow to the receptionist, and she will schedule an appointment with the psychiatrist
who is covering housestaff. Please visit the Resident Wellness website for more information: https://residentwellness.uams.edu

Employee Health/Student Preventive Health Services (EH/SPHS)

The EH/SPHS provides the MMR vaccine, an annual TB skin test, an annual flu shot, and chemoprophylaxis medication if indicated following blood or body fluid exposures for residents. All residents must have a TB skin test and flu shot annually while in the program.

Work Environment

Call Rooms

Call rooms are provided for residents/fellows who stay overnight. The location and access to the call rooms will be supplied at the beginning of each rotation at each institution. No other living quarters are provided.

ID Badges

UAMS will furnish required ID badges at orientation. Additional badges may be required for rotations at partner sites such as Arkansas Children’s, VA and Baptist. Fees are charged for replacement ID badges.

Official Means of Communication

E-mail is the official means for transmission of information between the College of Medicine Dean's Office/Director of Housestaff Records and all residents. E-mail information and instructions are regarded the same as any written hard copy and will often be the only form in which this information is delivered. University policy states that residents/fellows should not have an expectation of privacy on workplace computers and UAMS e-mail address. All residents have an electronic mail box in the UAMS e-mail system and are members of the COMHS Group distribution list maintained by the Director of Housestaff Records. Each resident/fellow is responsible for regular (e.g. weekly) checks of his/her e-mail.

Sexual Harassment and Anti-Discrimination

The University of Arkansas for Medical Sciences is committed to providing an academic and employment environment that fosters excellence. Harassment of any kind, racism and discrimination subvert this mission and will not be tolerated. All students, residents/fellows, physicians and other staff and employees shall abide by the Title IX policy.
Benefits for Housestaff

January 2020

The University of Arkansas for Medical Sciences offers a variety of benefits to eligible Housestaff (Physician Residents) and their families. The following information is intended to be a brief summary of these benefits and is not a guarantee of benefits. All Housestaff members should seek information from the Housestaff Office of the College of Medicine regarding eligibility costs and benefit plan options. Please refer to the Summary Plan Description (SPD) for a full description of each Insurance or Group Benefit Plan. SPDs are posted on Human Resources’ web site, along with insurance rates and our Notice of Privacy Practices. Printed copies are available by request from Human Resources.

UAMS Office of Human Resources
(501) 686-5650
www.hr.uams.edu (click on Benefits tab)

Rules about enrollment deadlines and effective dates

1. All new Residents are required to complete an Acknowledgement of Benefit Policies form when completing their onboarding in the My Compass system. This form outlines benefits eligibility criteria, insurance enrollment deadlines and retirement participation information.

2. Medical Insurance takes effect the first day of the training program, provided the Resident completes the required enrollment forms in My Compass within their first 30 days of initial appointment to the training program.

3. All other benefits are generally effective the first of the month following the date the Resident completes the required enrollment forms. In order to be eligible for benefits to take effect the earliest possible date, the Resident must complete and remit the required forms before the first day of beginning the training program.

4. There are no late enrollments for Medical Insurance or Dental Insurance, nor does the University guarantee an annual open enrollment. Unless a Resident elects to make a change on account of and consistent with a “qualified event” (e.g. marriage, birth, divorce), the first 30 days of their benefits-eligible training may be their only opportunity to enroll.

Information about responsibilities for the cost of coverage

1. Medical, Dental, Basic Life Insurance: Coverage includes the following, provided the Resident enrolls within 30 days of the initial appointment to the training program.

   a. Medical Insurance for the Resident: UAMS will pay the premiums for the Resident’s Classic Plan or Health Savings Plan coverage only, provided the Resident makes positive election for coverage.

   b. Medical Insurance for Family Members: UAMS will pay a portion of the premium in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.

   c. Dental Insurance: UAMS will pay a portion of the premium for the Resident and his/her family members in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.
d. **Basic Life Insurance for the Resident**: UAMS will pay the premiums for the Resident’s coverage.

2. **Basic Housestaff Long Term Disability for the Resident**: UAMS will pay the premiums for the Resident’s coverage. **All housestaff members must participate and must enroll either in My Compass or through the College of Medicine’s Housestaff Office.**

3. **Other insurance plans**, including Vision, Optional Life, Dependent Life, Accidental Death & Dismemberment, and Critical Illness: the Resident is responsible for the cost of coverage, upon making positive election.

For information about the following descriptions, contact the UAMS Office of Human Resources by phone at (501) 686-5650, by email at AskHR@uams.edu, or visit our web site, www.hr.uams.edu.

**Medical Plan**

You have three medical plans to choose from: **Classic, Premier, and Health Savings**. All plans cover a wide range of traditional expenses such as doctor visits, surgical services, pregnancy, emergency room services, hospital stays, and diagnostic testing. Towards the goal of assisting you in being healthy, most in-network preventive care is covered in full, at no cost to you. All plans are administered by UMR but are self-insured by the University of Arkansas.

- **Classic** is the primary plan. It is similar to an HMO as care can only be provided through in-network providers (exception for emergencies that arise while traveling). However, the network is national under UnitedHealthcare.

- **Premier** is the “gold” plan with the highest premiums. But you’ll pay the least out-of-pocket of the three medical options when you receive care from in-network providers. Benefits are also available out-of-network, although at a lower rate.

- The **Health Savings Plan** has the lowest premiums. But until you meet the deductible, you pay for all expenses yourself. Once you meet the deductible, you share the cost of covered medical and prescription drug expenses with the Plan through coinsurance. This plan includes a Health Savings Account (HSA) – a tax-advantaged account used to pay eligible medical, dental, vision and prescription expenses. Money in your HSA stays with you year after year, no “use it or lose it” rule. The HSA belongs to you, which means you can take it with you if you leave the University. Your HSA grows through contributions made by the University and you. You cannot enroll in this plan if you have other health coverage or are eligible for Medicare. This plan is a qualified high deductible plan per IRS regulations.

Rates, summary plan descriptions and a side-by-side “medical plans at a glance” comparison of the plan options are posted on our web site. Do not just look at the premium costs; carefully review the benefits.

Enjoy cost savings by choosing to come to UAMS for your care. The UAMS SmartCare benefit option is available under all three plans. You’ll enjoy lower copays, deductibles and coinsurance costs, as well as a dedicated employee concierge to help you make appointments. To select a UAMS physician, visit www.uamshealth.com.

Free disease management counseling for chronic conditions such as diabetes, asthma, hypertension, high cholesterol, obesity and tobacco use is available through UMR. Visit our web site for additional programs such as the Maternity Management program where you can save $300 on hospital delivery costs and the Real Appeal weight loss program.

Those who participate in the annual wellness program and completed the required steps are eligible to receive enhanced medical benefits the following year, including avoidance of a tobacco surcharge.
You may enroll in Medical Insurance at these times:
1) within your first 30 days of employment (coverage takes effect the first day of your training program); or
2) within 30 days of a qualified event such as marriage, birth of a child, divorce, death or spouse’s loss of coverage. Coverage takes effect the first day of the month following the date your written election and dependent documentation is received by Human Resources.

Dental Plan

The dental plan is designed to assist you in maintaining good oral health. The plan helps you pay for basic dental exams, restorative care, cleaning services and preventive services. It also covers more intensive and specialty dental needs including extractions, oral surgery, crowns, bridges, spacers and implants. The dental plan is administered by Arkansas Blue Cross and Blue Shield but is self-insured by the University of Arkansas.

A schedule of benefits and the SPD are posted on our web site.

You may enroll in Dental Insurance at these times:
1) within your first 30 days of employment; or 2) within 30 days of a qualified event such as marriage, birth of a child, divorce, death or spouse’s loss of coverage. Coverage takes effect the first day of the month following the date your written election and dependent documentation is received by Human Resources.

Vision Plan

The vision plan, insured through Superior Vision, benefits those who have vision impairments and wear corrective eye wear. The plan helps to lower your out-of-pocket costs when you get an eye exam and purchase frames, lenses or contacts. There are also discounts for refractive surgery.

You may enroll in the vision plan within your first 30 days of employment. Newly eligible family members (e.g. new spouse) may also be added within 30 days, with documentation. Open enrollment periods will be offered at the discretion of the carrier.

Visit our web site for a detailed description of the two visions plans, Basic and Enhanced.

Life Insurance

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

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

You may purchase life insurance on your spouse and eligible children by enrolling in Dependent Life Insurance. The benefit is payable to you in the event of their death. You may choose $10,000, $15,000, or $20,000 coverage for your spouse. Children are automatically covered at one-half of the elected spouse’s coverage.

These plans are described in detail in the SPD’s which are posted on our web site. You may enroll in the Optional and/or Dependent Life Insurances within your first 30 days of employment. After this period you can apply for coverage through Evidence of Insurability, but the carrier reserves the right to deny coverage based on health condition.
Accidental Death and Dismemberment

You may purchase AD&D insurance to provide coverage for yourself, your spouse and your eligible children in the event of accidental death (full benefit) or dismemberment (partial benefit). Coverage amounts are available in $25,000 increments up to a maximum of $300,000. If you elect family coverage, you would first elect your coverage amount; then your spouse is covered at 60% of that amount and children are covered at 20% of that amount up to $25,000.

You may enroll in AD&D insurance at any time. This plan is described in detail in the SPD posted on our web site.

Disability

Disability coverage assists in replacing earnings in the event of a long-term injury or illness which prevents you from working. UAMS provides Basic Long Term Disability to eligible Housestaff at no cost. The monthly benefit amount is $1,000. Coverage is effective as of your date of eligibility with completed application in the My Compass onboarding system or to the College of Medicine Housestaff Office.

You may purchase Optional Long Term Disability which provides up to an additional $5,000 per month benefit. You may also add the following benefits to coverage: Cost of Living Adjustment (COLA) rider for inflation protection and Future Insurance Option (FIO) rider guaranteeing future insurability.

This disability program is structured to benefit you while at UAMS and throughout your working career. All inquiries should be made to James D. Foss & Associates at 221-3700, or by email to FossBenefits@uams.edu.

Critical Illness

The Critical Illness plan pays money directly to you in a lump-sum should you or a covered family member be diagnosed with invasive cancer, heart attack, stroke or other critical illness. You may use this payment as you see fit, such as paying for copays and deductibles, travel to treatment centers, child care, rent, etc. A $50 annual wellness credit is also paid for completing a health screening test such as a mammogram or colonoscopy. $10,000 and $20,000 coverage is available. Visit our web site for rates and a complete list of qualifying conditions.

You may enroll in Critical Illness Insurance within your first 30 days of employment. Changes may also be made within 30 days of a qualified event such as marriage or birth of a child. Coverage takes effect the first day of the month following the date of your written election.

Section 125 Flexible Benefit Plan

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

While our insurance plans do cover many health care expenses, there are co-payments, deductibles and services which may not be covered. With our Health Care Flexible Spending Account, you may set aside up to $2,700 annually through payroll deductions to be used for such out-of-pocket medical expenses, and thereby pay for these expenses with pre-tax dollars. This increases your take-home pay by reducing your taxes. Many employees choose to establish an account to pay their medical insurance co-pays and deductible, orthodontia costs, and prescription eyewear costs.
With a **Dependent Care Flexible Spending Account**, you may set aside up to $5,000 annually through pre-tax payroll deductions to be used for dependent care expenses ($2,500 if you are married and file separately). The account may be used to help pay for daycare or care of other immediate family members. If you elect to participate, you may not take the childcare credit for the same expenses when you file your income tax returns.

You may elect to participate in any of these three Section 125 Flexible Benefit Plan benefits within your first 30 days. The next opportunity to renew or change your election will be the Section 125 annual open enrollment period, to be effective January 1 of the following year. You may also make changes within 30 days of a qualified event (as defined by the IRS; includes marriage, birth of a child, divorce and death).

For more information, visit our web site. **Note that Health Savings Medical Plan participants are not eligible to enroll in a Health Care Flexible Spending Account.**

### Voluntary Benefits

The University of Arkansas offers the advantage of group discounted rates for the following benefit plans. You would contact the carrier to apply for coverage. Visit our web site for contact information.

- **Group Home/Auto Insurance** is provided through Liberty Mutual. You can apply for coverage at any time.

- **Identity Theft Protection** is provided through ID Watchdog. You may enroll at any time.

- **Prepaid Legal** is provided through LegalShield. You may enroll at any time.

### Retirement Plan

You are eligible to make personal, tax-deferred contributions to Tax Deferred Annuities, or TDAs. You may choose either or both of the two available fund sponsors: Teachers Insurance and Annuity Association (TIAA) and **Fidelity Investments**. You may elect to make contributions at any time during your employment at UAMS. Forms are available in Human Resources. For more information, visit our web site.

### College Tuition Discount

Eligible Housestaff and their families receive a tuition waiver benefit at all of the University of Arkansas campuses.

Employees may take up to 132 undergraduate semester credit hours at 50% of the cost of tuition. Spouses and unmarried dependent children may take up to 132 undergraduate semester credit hours and receive a 50% tuition discount at the employee's campus or 40% tuition discount at other University of Arkansas campuses. The discount is applicable to web based or distance education courses offered through any campus or through eVersity.

Visit our web site to apply online for a tuition discount.
### Miscellaneous Benefits

<table>
<thead>
<tr>
<th>Left Column</th>
<th>Right Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business travel insurance</td>
<td>GreenRide (carpooling)</td>
</tr>
<tr>
<td>Cafeteria discount</td>
<td>Library privileges</td>
</tr>
<tr>
<td>Univ. of Ark. Federal Credit Union</td>
<td>Employee Walk-In Clinic</td>
</tr>
<tr>
<td>Discounts at area merchants &amp; restaurants</td>
<td>Medical and Dental clinics on campus</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Prescription discount; on-campus delivery service</td>
</tr>
<tr>
<td>Fitness Center on-site</td>
<td>Vacation/theme park discounts</td>
</tr>
<tr>
<td>Gift shops</td>
<td>Workers’ Compensation</td>
</tr>
</tbody>
</table>

The University of Arkansas for Medical Sciences does not discriminate in employment or in any of its services on the basis of race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation.

BG 10-28-2019
## COM and AHEC Medical Resident Physician

### Insurance Rates

**Monthly Rates (12 pay periods per year)**

**January 2020**

<table>
<thead>
<tr>
<th>Medical - Classic</th>
<th>Total</th>
<th>UAMS Cost</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>428.50</td>
<td>(428.50)</td>
<td>0</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>973.90</td>
<td>(795.97)</td>
<td>177.93</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>801.66</td>
<td>(689.71)</td>
<td>111.95</td>
</tr>
<tr>
<td>Employee, Spouse, and Child(ren)</td>
<td>1,357.30</td>
<td>(1,081.76)</td>
<td>275.54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical - Health Savings Plan</th>
<th>Total</th>
<th>UAMS Cost</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>395.56</td>
<td>(395.56)</td>
<td>0</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>900.22</td>
<td>(795.97)</td>
<td>104.25</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>741.44</td>
<td>(689.71)</td>
<td>51.73</td>
</tr>
<tr>
<td>Employee, Spouse, and Child(ren)</td>
<td>1,256.14</td>
<td>(1,081.76)</td>
<td>174.38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical - Premier</th>
<th>Total</th>
<th>UAMS Cost</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>508.52</td>
<td>(428.50)</td>
<td>80.02</td>
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<tr>
<td>Employee and Spouse</td>
<td>1,161.32</td>
<td>(795.97)</td>
<td>365.35</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>952.24</td>
<td>(689.71)</td>
<td>262.53</td>
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<td>Employee, Spouse, and Child(ren)</td>
<td>1,610.54</td>
<td>(1,081.76)</td>
<td>528.78</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Dental</th>
<th>Total</th>
<th>UAMS Cost</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>32.00</td>
<td>(8.00)</td>
<td>24.00</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>66.00</td>
<td>(16.50)</td>
<td>49.50</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>55.70</td>
<td>(13.93)</td>
<td>41.77</td>
</tr>
<tr>
<td>Employee, Spouse, and Child(ren)</td>
<td>89.70</td>
<td>(22.43)</td>
<td>67.27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$ 5.76</td>
<td>$ 11.62</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$ 11.43</td>
<td>$ 22.97</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$ 11.19</td>
<td>$ 22.52</td>
</tr>
<tr>
<td>Employee, Spouse, and Child(ren)</td>
<td>$ 17.01</td>
<td>$ 34.22</td>
</tr>
</tbody>
</table>

| Basic Life         | No cost to you. Paid by UAMS. |

<table>
<thead>
<tr>
<th>Optional Life</th>
<th>You pay the full premium, per following calculation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take your annual base salary.</td>
<td></td>
</tr>
<tr>
<td>2. Multiply by 1, 2, 3 or 4 (based on your coverage election).</td>
<td></td>
</tr>
<tr>
<td>3. Round to higher thousand. $500,000 is maximum coverage.</td>
<td></td>
</tr>
<tr>
<td>4. Take off the last 3 zeroes (divide by 1,000).</td>
<td></td>
</tr>
<tr>
<td>5. Multiply by your Age Rate below = your cost.</td>
<td></td>
</tr>
</tbody>
</table>

### YOUR CURRENT AGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 30</td>
<td>0.042</td>
</tr>
<tr>
<td>30 but less than 35</td>
<td>0.059</td>
</tr>
<tr>
<td>35 but less than 40</td>
<td>0.067</td>
</tr>
<tr>
<td>40 but less than 45</td>
<td>0.084</td>
</tr>
<tr>
<td>45 but less than 50</td>
<td>0.126</td>
</tr>
<tr>
<td>50 but less than 55</td>
<td>0.193</td>
</tr>
<tr>
<td>55 but less than 60</td>
<td>0.361</td>
</tr>
<tr>
<td>60 but less than 65</td>
<td>0.554</td>
</tr>
<tr>
<td>65 but less than 70</td>
<td>1.067</td>
</tr>
<tr>
<td>70 and older</td>
<td>1.722</td>
</tr>
</tbody>
</table>

(coverage reduced at ages 70, 75)
# COM and AHEC Medical Resident Physician Insurance Rates

## Dependent Life
You pay the full premium.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td>$2.85</td>
</tr>
<tr>
<td>$15,000</td>
<td>$15,000</td>
<td>$4.27</td>
</tr>
<tr>
<td>$20,000</td>
<td>$20,000</td>
<td>$5.69</td>
</tr>
</tbody>
</table>

## AD&D
You pay the full premium.

### Amount of Employee Coverage

<table>
<thead>
<tr>
<th>EE only</th>
<th>EE &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,000</td>
<td>$0.38</td>
</tr>
<tr>
<td>$50,000</td>
<td>$0.75</td>
</tr>
<tr>
<td>$75,000</td>
<td>$1.13</td>
</tr>
<tr>
<td>$100,000</td>
<td>$1.50</td>
</tr>
<tr>
<td>$125,000</td>
<td>$1.88</td>
</tr>
<tr>
<td>$150,000</td>
<td>$2.25</td>
</tr>
<tr>
<td>$175,000</td>
<td>$2.63</td>
</tr>
<tr>
<td>$200,000</td>
<td>$3.00</td>
</tr>
<tr>
<td>$225,000</td>
<td>$3.38</td>
</tr>
<tr>
<td>$250,000</td>
<td>$3.75</td>
</tr>
<tr>
<td>$275,000</td>
<td>$4.13</td>
</tr>
<tr>
<td>$300,000</td>
<td>$4.50</td>
</tr>
</tbody>
</table>

### Rates

<table>
<thead>
<tr>
<th>Age Range</th>
<th>EE</th>
<th>EE+S</th>
<th>EE+C</th>
<th>EE+S+C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>1.40</td>
<td>2.70</td>
<td>2.40</td>
<td>3.70</td>
</tr>
<tr>
<td>25-29</td>
<td>1.90</td>
<td>3.70</td>
<td>2.90</td>
<td>4.70</td>
</tr>
<tr>
<td>30-34</td>
<td>2.60</td>
<td>5.00</td>
<td>3.60</td>
<td>6.00</td>
</tr>
<tr>
<td>35-39</td>
<td>3.60</td>
<td>7.10</td>
<td>4.60</td>
<td>8.10</td>
</tr>
<tr>
<td>40-44</td>
<td>5.80</td>
<td>11.60</td>
<td>6.80</td>
<td>12.60</td>
</tr>
<tr>
<td>45-49</td>
<td>9.40</td>
<td>19.30</td>
<td>10.40</td>
<td>20.30</td>
</tr>
<tr>
<td>50-54</td>
<td>13.70</td>
<td>28.70</td>
<td>14.70</td>
<td>29.70</td>
</tr>
<tr>
<td>55-59</td>
<td>18.80</td>
<td>39.80</td>
<td>19.80</td>
<td>40.80</td>
</tr>
<tr>
<td>60-64</td>
<td>26.70</td>
<td>56.70</td>
<td>27.70</td>
<td>57.70</td>
</tr>
<tr>
<td>65-69</td>
<td>38.40</td>
<td>78.90</td>
<td>39.40</td>
<td>79.90</td>
</tr>
<tr>
<td>70-74</td>
<td>27.35</td>
<td>53.25</td>
<td>28.35</td>
<td>54.25</td>
</tr>
<tr>
<td>75+</td>
<td>38.15</td>
<td>69.05</td>
<td>39.15</td>
<td>70.05</td>
</tr>
</tbody>
</table>

### Spouse's Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td>$0.75</td>
</tr>
<tr>
<td>$15,000</td>
<td>$15,000</td>
<td>$1.50</td>
</tr>
<tr>
<td>$20,000</td>
<td>$20,000</td>
<td>$2.25</td>
</tr>
</tbody>
</table>

## Long Term Disability
No cost to you. Basic plan paid by UAMS.

## Voluntary Optional LTD
Rates quoted by Jim Foss & Associates, 221-3700, within 30 days of hire.

## Critical Illness
You pay the full premium.

- EE = Employee only
- EE+S = Employee plus Spouse
- EE+C = Employee plus 1 or more Children
- EE+S+C = Employee plus Spouse plus 1 or more Children

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Age Range</th>
<th>EE</th>
<th>EE+S</th>
<th>EE+C</th>
<th>EE+S+C</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>Under 25</td>
<td>1.40</td>
<td>2.70</td>
<td>2.40</td>
<td>3.70</td>
</tr>
<tr>
<td></td>
<td>25-29</td>
<td>1.90</td>
<td>3.70</td>
<td>2.90</td>
<td>4.70</td>
</tr>
<tr>
<td></td>
<td>30-34</td>
<td>2.60</td>
<td>5.00</td>
<td>3.60</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td>35-39</td>
<td>3.60</td>
<td>7.10</td>
<td>4.60</td>
<td>8.10</td>
</tr>
<tr>
<td></td>
<td>40-44</td>
<td>5.80</td>
<td>11.60</td>
<td>6.80</td>
<td>12.60</td>
</tr>
<tr>
<td></td>
<td>45-49</td>
<td>9.40</td>
<td>19.30</td>
<td>10.40</td>
<td>20.30</td>
</tr>
<tr>
<td></td>
<td>50-54</td>
<td>13.70</td>
<td>28.70</td>
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<tr>
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<td>39.80</td>
<td>19.80</td>
<td>40.80</td>
</tr>
<tr>
<td></td>
<td>60-64</td>
<td>26.70</td>
<td>56.70</td>
<td>27.70</td>
<td>57.70</td>
</tr>
<tr>
<td></td>
<td>65-69</td>
<td>38.40</td>
<td>78.90</td>
<td>39.40</td>
<td>79.90</td>
</tr>
<tr>
<td></td>
<td>70-74</td>
<td>27.35</td>
<td>53.25</td>
<td>28.35</td>
<td>54.25</td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td>38.15</td>
<td>69.05</td>
<td>39.15</td>
<td>70.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Age Range</th>
<th>EE</th>
<th>EE+S</th>
<th>EE+C</th>
<th>EE+S+C</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>Under 25</td>
<td>1.40</td>
<td>2.70</td>
<td>2.40</td>
<td>3.70</td>
</tr>
<tr>
<td></td>
<td>25-29</td>
<td>1.90</td>
<td>3.70</td>
<td>2.90</td>
<td>4.70</td>
</tr>
<tr>
<td></td>
<td>30-34</td>
<td>2.60</td>
<td>5.00</td>
<td>3.60</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td>35-39</td>
<td>3.60</td>
<td>7.10</td>
<td>4.60</td>
<td>8.10</td>
</tr>
<tr>
<td></td>
<td>40-44</td>
<td>5.80</td>
<td>11.60</td>
<td>6.80</td>
<td>12.60</td>
</tr>
<tr>
<td></td>
<td>45-49</td>
<td>9.40</td>
<td>19.30</td>
<td>10.40</td>
<td>20.30</td>
</tr>
<tr>
<td></td>
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<td>28.70</td>
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<td></td>
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<tr>
<td></td>
<td>60-64</td>
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</tr>
<tr>
<td></td>
<td>65-69</td>
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<td>78.90</td>
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<td>79.90</td>
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<tr>
<td></td>
<td>70-74</td>
<td>27.35</td>
<td>53.25</td>
<td>28.35</td>
<td>54.25</td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td>38.15</td>
<td>69.05</td>
<td>39.15</td>
<td>70.05</td>
</tr>
</tbody>
</table>

## Notes
- Multiply above rates by 2.
Resident Agreement of Appointment

Agreement made this ________ day of ______, 2020 by and between the Board of Trustees of the University of Arkansas acting for and on behalf of the University of Arkansas for Medical Sciences ("UAMS") and __________, MD/DO/MBBS (hereinafter "Resident ").

The resident is hereby employed by UAMS as a PGY (X) in UAMS College of Medicine (COM) (Specialty). In this capacity, the resident will participate in a graduate medical education program that includes, but is not limited to, classroom and didactic sessions, patient care responsibilities, and other activities as determined by resident’s specific graduate medical education program.

The resident agrees to perform all duties and services in a competent, professional, and effective manner. The resident agrees to abide by the policies, procedures, rules and regulations of the UAMS COM as the Sponsoring Institution (SI) and participating sites as these policies, procedures, rules and regulations currently exist and may from time to time be amended. The resident agrees to abide by the statement of resident responsibilities. (See below).

RESIDENT RESPONSIBILITIES
The goal of the residency program is to provide the resident with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care and treatment of patients. To achieve this goal, the resident agrees to do the following:

a) Under the direction of the Program Director (or designee) and supervision by Attending physicians, assume responsibilities for the safe, effective and compassionate care of all assigned patients, consistent with the resident’s level of education and experience.

b) Participate fully in the educational and scholarly activities of the residency program and, as required, assume responsibility for teaching and supervising other residents, medical students and other ancillary health students.

c) Develop and participate in a personal program of self-study and professional growth with guidance from the teaching staff.

d) Participate in institutional programs, committees, councils, and activities involving the medical staff as assigned by the program director, and adhere to the established policies, procedures and practices (to include standards of behavior) of UAMS and its participating sites.

e) Participate in the evaluation of the program and its faculty.

f) Develop an understanding of ethical, socio-economic, and medical-legal issues that affect the practice of medicine.

g) Participate in educational experiences required to achieve competence in patient care, medical knowledge, practice-based learning improvement, interpersonal and communications skills, professionalism, and systems-based practice.

h) Keep charts, records, and reports up-to-date and signed at all times, and complete medical records according the rules and regulations of the participating hospital.
i) Demonstrate responsibility for the management of their time before, during, and after clinical assignments.

j) Adhere to Accreditation Council for Graduate Medical Education (ACGME) institutional and program requirements including the accurate reporting of clinical learning and educational work hours.

k) Complete all steps in the electronic on-boarding checklist and any additional written or electronic documentation required to complete the appointment process within the designated timeframe.

l) Decline anything of monetary value from patients or industry without verification of its appropriateness with UAMS Administrative Guide policies.

m) Conduct himself/herself in accordance with the laws and regulations that apply to compliance matters and to report any information of possible wrongdoings, errors, or violations of the law to the FGP Compliance Officer.

DURATION OF APPOINTMENT
The term of this Agreement is for one (1) year beginning (Start Date) and ending (End Date).

FINANCIAL SUPPORT
The resident shall receive as compensation for the term of this Agreement an amount equal to $(X).

CONDITIONS FOR PROMOTION/REAPPOINTMENT OF RESIDENTS
Residents are promoted/reappointed on the basis of terms outlined in UAMS Graduate Medical Education Committee’s (GMEC) Policy 1.300. In the event the resident is not to be reappointed, the resident will be furnished written notice of non-reappointment at least four (4) months prior to the expiration date of the current period of appointment.

GRIEVANCE AND DUE PROCESS
Any resident who disputes any action of any party shall have the right to appeal said action through the UAMS GMEC Policy 1.410. Violations of the resident agreement may also be appealed in the same manner.

PROFESSIONAL LIABILITY INSURANCE
Professional liability insurance coverage, including “tail coverage,” will be provided in an amount and with coverage to be determined by UAMS for acts or omissions of the resident in the scope and course of his or her duties. The provisions applicable to such coverage are contained in the insurance contract. A copy of the insurance contract may be viewed upon request. This professional liability insurance will only provide coverage for the resident in the performance of duties and obligations of this Agreement. It is the sole responsibility of the resident to obtain and provide professional and general liability insurance coverage for all employment or professional activity (i.e., “moonlighting”) engaged in by the resident which is not an official part of the resident’s training program.
BENEFITS

Information about benefits for residents may be found at:

a) Health Insurance: Coverage for the resident and member of their immediate family, (i.e., legal spouse and children), is available and is effective on the first day of the resident is required to report to the training program, provided the resident submits the required enrollment forms to UAMS Human Resources within their first 30 days of initial appointment to the training program. UAMS will pay the premiums for the resident’s Classic Plan coverage only, provided the resident makes positive election for coverage. For family members, UAMS will pay a portion of the premium in accordance with the University of Arkansas benefit plan document, provided the resident makes positive election for coverage.

b) Dental Insurance: UAMS will pay a portion of the premium for the resident and their family members in accordance with the University of Arkansas benefit plan document, provided the resident makes positive election for coverage.

c) Disability Insurance: UAMS will pay the premiums for the resident’s coverage.

d) Basic Life Insurance: UAMS will pay the premiums for the resident’s coverage.

e) Leave: Residents have an annual vacation allowance of 21 vacation days and 12 sick leave days. The GMEC has outlined policies that govern leave, including Parental, Educational Leave, Bereavement Leave, FMLA, Leave of Absence, and Military Leave. Unused leave will not be paid as a terminal benefit and will not be rolled over to the next year. Vacation Leave must be scheduled and approved in advance by the respective Program Director or their designee.

f) Mental Health Services: The SI provides access to confidential counseling, medical and psychological support services in accordance with the provisions of the UAMS Medical Benefit Plan, the UAMS Employee Assistance Program, and the UAMS Housestaff Mental Health Services program.

PROGRAM COMPLETION AND BOARD ELIGIBILITY

Completion of training is based on program requirements set forth by the ACGME and program specific board certification requirements. Although UAMS provides leave, some board requirements limit the amount of leave a resident can take. Each resident should confer with Program Director to ensure that all requirements have been met for completion of training. Once a resident has satisfactorily met the requirements, a certificate of completion will be issued.

CLINICAL LEARNING AND WORKING ENVIRONMENT AND MOONLIGHTING

As outlined by ACGME requirements, residents are expected to appear for duty appropriately rested and fit to provide the services required by their patients. The clinical learning and working environment and the content of the educational curriculum are determined by the Program Director. Residents will not engage in employment outside the residency program without the written approval of the Program
Director and the Associate Dean for GME. The GMEC has outlined policies to govern requirements to participate in moonlighting, GMEC Policy 3.300.

**TERMINATION**

This agreement may be terminated for cause in accordance with the procedures set out in the policies of the GMEC of the UAMS COM as may be changed or supplemented from time to time by the GMEC. Any such changes or supplements during the period of this agreement shall become effective when promulgated or adopted by the GMEC.

**DRUG SCREEN AND BACKGROUND CHECK**

This appointment is conditioned upon successfully passing a pre-employment drug screen in accordance with the UAMS Administrative Guide Drug Testing Policy and upon satisfactory completion of a criminal background check. In cases where employment may have been initiated prior to the criminal background check, UAMS reserves the right to determine the resident’s suitability for continued employment.

This agreement is executed in the State of Arkansas and shall be interpreted in accordance with Arkansas law. The agreement shall not be amended, changed or modified except by an Agreement in writing signed by all parties.

IN WITNESS WHEREOF, the parties have executed this agreement on the date and year first above written.

FOR THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS ACTING FOR AND ON BEHALF OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

____________________________________________________  ________________________
Resident         Date

____________________________________________________  ________________________
Associate Dean for Graduate Medical Education     Date

____________________________________________________  ________________________
Program Director        Date
Appendix C: GMEC Policies

Education Administration

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PURPOSE
To provide guidelines for Program Directors and Program Coordinators with regards to maintaining the educational records of residents/fellows.

POLICY
There are two types of records maintained for residents/fellows who are currently in or have completed ACGME-accredited residency/fellowship training programs sponsored by the College of Medicine.

1. **Dean’s Office Personnel File**: the Assistant Dean for Housestaff Affairs (ADHA) maintains a file on each resident/fellow which includes:
   - biographical data sheet,
   - VISA information and ECFMG certification,
   - signed letter of appointment (contract)
   - other employment information.

When the resident/fellow graduates or leaves the program, this record is converted to an electronic record. The ADHA maintains a record of training dates for each resident/fellow, which are used to verify information requested by licensing bodies or hospitals and the home address and/or business address after the resident leaves UAMS. The ADHA verifies only the dates the trainee was in a program in the COM, but does not verify successful completion or credit for training. Information about successful completion or credit for training is maintained by the training program director.

2. **Department File**: the training program director maintains the permanent educational record for each resident/fellow. The educational record should include, but is not limited to, the bulleted items below. The first three items described below should be kept for a minimum of 7 years after the resident has graduated.

   - **documents** considered directly related to the academic and professional development of the resident; examples include in-service examinations, surgical procedure/log books, results of skills tests, results of assessments of the general competencies, permission to moonlight, conference attendance, duty hour logs, ECFMG & Visa certificates (permanent).

   - **documents about medical conditions** - should be kept separate from the resident’s educational or personnel file.
• **optional documentation** - documentation primarily to assist the program director in remembering the facts can be placed in a separate file maintained by the program director.

• **interview materials** – Material from applicants interviewed but not hired, should be kept for 3 years. Materials on applicants who were not interviewed does not need to be kept.

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

• **written evaluations by faculty and others** - these may be monthly, quarterly, rotational, every six months, annually, end of training. Such evaluations stipulate the degree to which the resident/fellow has mastered each component of clinical competence and skills identified in the program's curriculum. These should be reviewed periodically with the resident/fellow, and the resident/fellow should acknowledge (usually by signature) that the review has been provided.

• **program director's final written evaluation for each resident/fellow who completes the program.** This evaluation must include a review of the resident/fellow's performance during the final period of training and should verify that the resident/fellow has demonstrated sufficient competence to enter practice without direct supervision and should verify successful completion or credit for training.

• **documentation of disciplinary or remediation actions** - when a training program director counsels a resident/fellow about a particular academic or behavioral issue, the training program director should record the discussion in written format. Documentation that reflects the legitimate professional development and skills of the resident/fellow should remain a part of the permanent record. However, if a resident/fellow had one episode of difficulty and then improved to the expected level, the program director would have the discretion to remove this documentation from the permanent file. Training program directors may seek advice from legal counsel about documents and records in cases of disciplinary actions. Documents about formal grievance proceedings should be kept separate from the resident’s educational file.

For residents who do not complete the program or who are not recommended for Board certification, most programs will keep the entire file indefinitely in case of a subsequent legal action.

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

**Reference: UAMS Administrative Guide 3.2.01 Record Retention**
Purpose
To define the requirements for Sponsoring Institution’s Statement of Commitment, inter-institutional affiliation agreements and program letters of agreement for the University of Arkansas for Medical Sciences College of Medicine (UAMS COM) and its sponsored residency programs.

Definitions

**Affiliation Agreement:** A written document that addresses legal, educational and funding responsibilities between the sponsoring institution and a major participating site.

**Program Letter of Agreement (PLA):** A written document that addresses Graduate Medical Education (GME) responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents receive a required part of their education.

**Participating Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a university, a medical school, a teaching hospital which includes 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.

**Sponsoring Institution:** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, 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, an educational foundation).

**Statement of Commitment:** A written statement that documents the Sponsoring Institution’s commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be reviewed, dated, and signed at least once every five years by the Designated Institutional Official (DIO), a representative of the Sponsoring Institution’s senior administration, and a representative of the Governing Body.
Policy

Affiliation Agreement
The Sponsoring Institution retains responsibility for the quality of GME, including when resident education occurs in other sites. The Sponsoring Institution along with the GMEC is responsible for the review and approval of additions and deletions of each of its ACGME-accredited programs’ participating sites. Any affiliation agreement, educational and/or financial, that outlines the responsibilities between the Sponsoring Institution and a participating site’s institution and/or between a program and a participating site’s institution should be reviewed by the Associate Dean for Graduate Medical Education.

Procedure:

1. Programs will enter the Affiliation Agreement into the UAMS contracting web-based system along with a Program Letter of Agreement between two institutions.
2. Program will obtain review and approval of Affiliation Agreements by Assistant Dean for Housestaff, Associate Dean for Graduate Medical Education and UAMS Legal Counsel through the UAMS contracting process.

Program Letters of Agreement (PLA)
Each Program Director must prepare appropriate letters of agreement between the residency program sponsored by the UAMS COM and each of the participating sites to which the residents rotate for a required assignment. The PLA must be renewed at least every ten years. Programs should review PLAs annually to ensure that they have current, accurate information. If there are changes in Program Director, Site Director, educational content or information listed below, PLA must be updated. The PLA should include:

A. Identify the faculty who will assume educational and supervisory responsibility for the residents;
B. Specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance;
C. Specify the duration and content of the educational experience;
D. State the policies and procedures that govern resident education during the assignment.

Procedure:

1. Programs must ensure that all participating sites are identified in ACGME Accreditation Data System (WebADS).
2. For all required assignments at any participating site, for any contract or affiliation agreement and for any extramural rotation, programs must develop a Program Letter of Agreement using the UAMS GME PLA template.
3. Programs must complete the template to include the educational content addendum and obtain required signatures. The DIO’s signature should be the last signature obtained.
4. Programs must keep a copy of the signed document for their records.
5. Programs must upload the completed and signed PLA into New Innovations.
6. Programs must have a plan for ensuring that PLAs are current.
**Statement of Commitment**

As required by the ACGME, UAMS GME must have a written statement documenting the SI’s commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel. That statement of commitment must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution’s senior administration, and a representative of the Governing Body.

**Procedure:**

1. The UAMS GME office will maintain a Statement of Commitment and ensure that this document is kept current.
2. Any changes to the statement will be reviewed and approved through the GMEC before signatures are obtained by the required personnel.
Purpose:
To define the procedure for obtaining sponsorship by the University of Arkansas for Medical Sciences College of Medicine (UAMS COM) for a new residency (includes fellowship) program.

Policy:
The UAMS COM sponsors only residency programs that are approved by the American Medical Association, recognized by the American Board of Medical Specialties, and can be accredited by the Accreditation Council of Graduate Medical Education (ACGME). All new residency programs must support the strategic plan of the UAMS COM and the participating institutions and consider the fiscal situations of each entity.

All new programs operate under the auspices of the Graduate Medical Education Committee (GMEC) according to the GMEC Policy 1.100 Graduate Medical Education (GME) Programs and Residents.

The GMEC will consider an application for a new program based upon the state’s healthcare needs, institutional needs, institutional ability to support the program, and the ability of a program to comply with accreditation regulations.

Procedure:
1. The Department Chair and/or the Program Director (PD) candidate will request the internal UAMS Program Self-Study Questionnaire (PSSQ).
2. The Associate Dean for GME and the GME Office will review the PSSQ. Further information or clarification will be requested as necessary.
3. If initial approval is granted, the Department Chair and/or the PD candidate must meet with the Associate Dean for GME to discuss sponsorship of the desired new program. If the sponsorship request is for a fellowship program, the categorical residency PD should also be included in the discussion.
4. Based on the review of the PSSQ and initial meeting, the Associate Dean for GME will submit a recommendation for sponsorship to the COM Dean and other appropriate leadership personnel (Integrated Clinical Enterprise, Chief Clinical Officer for UAMS Medical Center, and Chief Clinical Officer for Arkansas Children’s Hospital). The COM Dean makes the final decision regarding approval of sponsorship for a new program.
5. After sponsorship approval, the new program request will be submitted to the GME Administrator to add to the GMEC agenda for review and approval. Individual members of the GMEC will be invited to be involved in
the detailed application process. The Associate Dean for GME will then notify the Department Chair and PD candidate of the decision.

6. The GME Administrator will open the ACGME application in WebADS.
7. The PD candidate will complete the ACGME application for accreditation (Program Information Form) in WebADS.
8. Once completed, the Program Director will provide the GME administrator four (4) complete copies of the ACGME application including all supplemental information for review, editing, revision, and approval. Copies must be provided eight (8) weeks prior to the ACGME submission target date.
9. The application will be reviewed by the GME Office faculty, staff, and GMEC members who will make recommendations for revisions. Required revisions must be made by the PD candidate in WebADS.
10. Revised hard copies of the ACGME application must be resubmitted to the GME office. This process will continue until the application is in the final state for submission.
11. The program then enters the final version in WebADS. At which time the DIO will then submit the application to the ACGME.
Purpose
To define the circumstances, eligibility requirements and approval procedures for residents from training programs not sponsored by University of Arkansas for Medical Sciences College of Medicine (UAMS-COM), who seek to engage in clinical educational activities at UAMS. This policy covers residents who are currently enrolled in Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency/fellowship programs. Observers, and physicians who are not currently enrolled in ACGME or AOA accredited training programs are excluded as defined below.

Exclusions
This policy does not apply to medical students, visiting faculty, employees or those persons involved in the interview process for faculty or employee positions at UAMS, nor to persons who may occasionally attend didactic offerings (e.g., conferences, grand rounds, lectures, journal clubs). See UAMS Administrative Guide, Policy 12.1.01 UAMS Policy on Academic Visitor Status for UAMS Campus, for information On Academic Visitor Appointment Form and Special Considerations for Visiting College of Medicine Housestaff. (B.4)

Physicians not currently enrolled in an ACGME or AOA accredited training program are not eligible to receive training or experience within a UAMS-COM-sponsored ACGME-accredited training program and is not eligible for short term or elective rotations offered by these training programs. The physician does not qualify for the exemption of the requirement to have an Arkansas State License (Arkansas Medical Practice Act, Sub-Chapter 2 – General Provisions, 17-95-203) and is not eligible for support through DGME payments from Medicare.

Definitions:
Resident: a physician enrolled in an ACGME-accredited program sponsored by the UAMS-COM at the PGY-1 level or above. This includes all other terms such as intern, fellow, housestaff member, or house officer.

Non-UAMS Resident: a physician enrolled in an ACGME or AOA accredited program sponsored by an institution other than the UAMS-COM. For purposes of this policy, UAMS Regional Programs residents are considered non-UAMS COM residents and must complete documentation for a short term rotation.

Short Term/Elective Clinical Rotation: an educational experience (usually several weeks to months in duration) in a patient care area offered by an ACGME-accredited program sponsored by UAMS-COM to non-UAMS-COM residents, which has clearly defined goals and objectives, is taught and supervised by faculty members within the program, and for which the resident receives evaluation and credit for the experience.

Observer: a physician who wishes to view care of patients (e.g., clinical rounds, outpatient clinics, or surgery).

Policy:
The UAMS-COM does not allow observers within the ACGME-accredited residency/fellowship programs.

During a short term rotation non-UAMS-COM residents:
1. Are actively involved in the educational activities of the training program as a learner;
2. Are supervised by qualified program faculty members;
3. Are evaluated by the teaching faculty at the completion of the rotation; and
4. Do not have a faculty appointment,
5. Cannot bill for clinical service.

A physician, not currently enrolled in a residency/fellowship program accredited by the ACGME or AOA, who wishes to seek clinical training experiences offered within a particular UAM-COM Clinical Department should contact the Departmental Chairperson. The GMEC, the UAMS-COM Housestaff Office and the GME Office do not provide oversight, administration or certification of these physicians.

1. Short Term Clinical Rotations:
It is the responsibility of the UAMS program director/coordinator to work with the resident or faculty requesting the rotation and provide “A” through “H” below. Requests must be made at least two months prior to the resident beginning the elective.

The PCO Sharepoint Site (Visiting Residents or Students) contains MS Word documents for the biographical data and the Academic Visitor Form Appendix A. There is also a helpful ACH GME Onboarding activities checklist.

When the resident’s home institution requires documentation that cannot be signed by the DIO (requires legal counsel, risk management or vice chancellor involvement), such documentation will preclude the rotation.

From the visiting resident:
   A. Completed Visiting Housestaff Biographical form found at the end of this policy.
   B. TB skin test or documentation within the last year
   C. Flu shot documentation, timing directed by the Arkansas Department of Health. For example, a visitor may present at a time when there is no vaccine and no active flu.
   D. MMR documentation

From the resident’s home institution:
   E. A statement as to whether the resident is in good standing in the program;
   F. The financial source of stipend and benefits (includes health insurance) while the resident is visiting at UAMS-COM. UAMS Regional Programs residents will complete compensation section on Academic Visitor Appointment Form.
   G. Proof of and source of payment for malpractice coverage while at UAMS-COM. The resident is not covered by the State of Arkansas sovereign immunity. Waived for UAMS Regional Programs residents.

From the UAMS Program Director:
   - Under UAMS SPONSORING OFFICIAL AND UNIT:
      o the Requesting Official must be the UAMS program director.
      o the appointment period start and end dates should be one week before and one week after actual dates. This is in order to have badge and IT access when needed.
   - Under SOURCES TO PAY FOR EXPENSES:
      o UAMS Regional Programs will complete the UAMS Funds name/account line and,
      o Other Costs –check box for Non-UAMS.
      o Purpose/Justification of Appointment and Scope of Responsibilities should state the goal of the rotation (i.e. what the resident will be doing while here).
• Under APPROVALS OBTAINED BY SPONSORING COLLEGE OR UNIT:
  o HIPAA Compliance, IT Confidentiality Agreement are required of everyone. Submit a copy of the HIPAA Required Privacy & Security Training page and the Confidentiality Agreement form.
  o IT Security - System/Database Approvals are needed if the visitor will access a medical records system on the UAMS campus.
  o Conflict of Interest Office, Research Compliance, and Professional Staff Services are not usually applicable to resident/fellow visitors.
  o Immigration Office approval is necessary if the visitor is on a visa.

• Under SIGNATURES:
  o The form will be turned in to the GME office with the Department Head’s signature,
  o The GME Office will obtain signature of Dean and Provost.

Once approved, the GME Office will copy and send the request packet (A-H above) to risk management, COM Housestaff Office, and return originals to the program coordinator.

Appointment
The program coordinator, or a designated department person of the department hosting the visitor will enter the Non-employee Visiting Resident into SAP if: UAMS Network Access is needed or the rotation will take place at ACH. The coordinator will delete the Non-employee Visiting Resident at the end of the rotation or at the end of an academic year, if there are multiple rotation dates that are not consecutive months. If needed, step-by-step instructions can be obtained from the GME Office.

  a) If rotation is only at UAMS:
    • And no UAMS network access is needed, do not enter into SAP
    • If network access is needed, enter resident into SAP as a Non-employee Visiting Resident
  b) If rotation is at ACH only:
    • Enter resident into SAP as a Non-employee Visiting Resident. The SAP number is necessary for ACH onboarding trainings.
    • Enter resident into the ACH CAPS system to obtain a badge/IT access.


Reference:
UAMS Administrative Guide policy 4.5.28 Services for Non-Employees
UAMS Administrative Guide policy 4.5.30 Non-Employee Assignments
UAMS Administrative Guide policy 11.3.05 UAMS ID Badge Issuance and Replacement
UAMS Administrative Guide policy 12.1.01. Academic Visitor Status for UAMS Campus

Last Update 1/9/2017
Visiting Housestaff Biographical Data

PLEASE PRINT OR TYPE

Name: ______________________________, ______________________________, _____________________________, _________

Last First Middle (no initial) Suffix (Jr., etc)

UAMS Regional Program Resident SAP Number: ______________________________

UAMS REGIONAL PROGRAM RESIDENTS SKIP TO SIGNATURE

Home Address: _______________________________________________________________________________________________

Sex: Male    Female    Date of Birth: _______/_______/_______ _________/_________/_________

Social Security Number

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Emergency Notification: __________________________________________                  Relationship: ______________________

Phone Number: (_______) _____________

Undergraduate Education (in chronological order):

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Entered Medical School From:

City, _____________,___________, _____________, State/Country

Name of Medical College: _______________________________________________________________________________________________

City, _____________,___________, State/Country

Degree Received: M.D. ___; D.O. ___; M.B.B.S. ___; Date Degree Conferred: ________________, _______, _____________

Month     Day     Year

ECFMG Certificate Number: _____________________
Postdoctoral medical education position(s) you have held since receiving the medical degree or its equivalent. **Chronological**, account for every year after conferred medical degree leaving **no gaps in time**.

**Name of Institution** – Full Name, No Abbreviations: ________________________________

City: ___________________________ State: __________ Appointed as*: _______________________

Name of Program: _______________________________ Name of Program Director: _____________________________

Dates of Attendance: From (Month & Year) ________________ To (Month & Year) _____________________________

**Name of Institution** – Full Name, No Abbreviations: ________________________________

City: ___________________________ State: __________ Appointed as*: _______________________

Name of Program: _______________________________ Name of Program Director: _____________________________

Dates of Attendance: From (Month & Year) ________________ To (Month & Year) _____________________________

**Name of Institution** – Full Name, No Abbreviations: ________________________________

City: ___________________________ State: __________ Appointed as*: _______________________

Name of Program: _______________________________ Name of Program Director: _____________________________

Dates of Attendance: From (Month & Year) ________________ To (Month & Year) _____________________________

*Rotating Intern, Intern, Resident, Chief Resident, Fellow, Resident/Fellow, Resident/Instructor, Other-specify

**State Medical License** if applicable: ___________________, ___________________; ___________________, ___________________.


I certify this form to be complete and correct to the best of my knowledge.

________________________________________________________________________________

Date: ______________

Housestaff Member Signature
Purpose:
To address interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.

Policy

The Graduate Medical Education Committee has adopted the UAMS Administrative Guide policies for gifts and conflicts of interest as they apply to vendors. UAMS Graduate Medical Education utilizes these three UAMS Administrative Guide policies to address vendor interactions:

1) Ethical Conduct/Gift policy, number 4.4.09
2) Conflict of Interest for Academic Staff policy, number 4.4.10
3) Industry Interaction policy, number 4.4.12

For questions related to outside vendor interactions, please contact the Office of Institutional Compliance within the Human Resources office at 501-686-6556.
Policy 1.200
Graduate Medical Education Committee

Section
Educational Administration

Subject
Recruitment and Appointment

Policy Requirements
ACGME Institutional: IV.A. & B
ACGME Common: I.C.; III.A.
UAMS Administrative Policy 4.5.31, UAMS Medical Center Policy HR. 3.02.

Version History
Date developed: 1/1989
Replaces: previous policy of same name, dated 8/2010
Legal Review: 7/2019

Purpose

To define the requirements and procedures for the recruitment and appointment of residents to Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by the University of Arkansas for Medical Sciences College of Medicine (UAMS COM). To define the process for monitoring each of the ACGME accredited programs for compliance.

Policy

A. The recruitment and appointment of residents to programs sponsored by the UAMS COM is based on, and is in compliance with, the institutional, common and specific program requirements of the ACGME.

B. Each program must establish and implement written policies and procedures for the eligibility, application and selection processes of residents based on this policy. Each program’s written procedure will include the criteria, including requirements related to a resident ability to perform clinical and other duties, and procedure used by the program to select residents and the length of time the program keeps the applications on file. Implementation of the program policy is the responsibility of the Departmental Chairperson, the Program Director, and/or departmental faculty.

C. Programs that sponsor visas must plan for the additional administrative burden and financial resources required for sponsorship. Frequently, foreign nationals require extended time (funding) in the program due to immigration document processing. Programs may need to assume responsibility for funding outside of traditional program year.
D. National Resident Matching Program (NRMP) Match Participation Agreement for Application and Programs (5.1 Match Commitment) states that failure to start the training program on the date specified in the appointment contract, without a waiver from the NRMP, constitutes a breach of the Match Agreement and may result in penalties.

E. The program must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status or genetics. The program must have policies and procedures related to recruitment and retention of a diverse and inclusive workforce.

F. A program’s compliance with the terms of this policy is monitored annually when the Program Director and/or Program Coordinator submits to the Director of Housestaff Records verification that all incoming residents of the program meet the eligibility requirements.

G. Transfers must meet eligibility and selection criteria and successfully complete the criminal background check. Program must ensure that Graduate Medical Education (GMEC) policy 1.210 on Resident Transfers has been followed.

H. Health insurance benefits will begin for the residents and their family on the first officially-recognized day of the program.

I. If an applicant’s required training time will extend beyond the initial residency period (IRP) assigned by Centers for Medicare and Medicaid Services (CMS) for funding, programs must verify that additional funds are available through the appropriate GME mechanism. An example is a resident who changes programs by re-entering the Match, since CMS does not ever assign a new IRP.

J. All candidates for residency programs are subject to background checks subject to UAMS Administrative policy 4.5.31 and UAMS Medical Center policy HR. 3.02.

Procedure

Recruitment

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,

b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,

c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program; or, has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school.
In addition to ACGME requirements, the following apply:
   a) Since pursuing a career in Arkansas is desired, no program shall admit a resident/fellow that the Arkansas State Medical Board (ASMB) will not consider for an Arkansas license. See Arkansas Medical Practices Act 17-95-401 through 17-95-407 on Licensing, Regulations 3 & 14 of the Regulations of the Arkansas State Medical Board.
   b) Successful completion of any step of the USMLE or COMLEX in no more than 3 attempts per step (ASMB Regulations 3 & 14).
   c) An applicant must demonstrate the following English language proficiency:
      1. Proficiency in reading and writing (printing) English text;
      2. Proficiency in understanding spoken English on conversational and medical topics;
      3. Proficiency in speaking English on conversational and medical topics.
      Any appointed resident found to be in violation of the English proficiency eligibility requirement will be referred, at the expense of the program, for appropriate remediation.
   d) The ability to reside continuously in the U.S. for the entire length of training.

Appointment

The Resident Agreement of Appointment is for the duration of no longer than 1 year but may, under some circumstances, be less than 1 year.

A resident is considered appointed in the COM when all required onboarding processes have been successfully completed.
Purpose
To define the policy regarding resident transfers.

Definitions

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.

Policy
Program directors must obtain verification of previous educational experiences and a summative competency-based performance evaluations prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.

Prior to any discussion or action related to a resident transfer at University of Arkansas for Medical Sciences College of Medicine or elsewhere, written acknowledgement from the current Program Director must be obtained. Failure to obtain written acknowledgement could result in the disallowance of transfer. Program Directors should act within the most current Match regulations before discussing transfers.
Receiving Program Directors will complete Transfer Request form and submit to Associate Dean for Graduate Medical Education for review. Program Director must obtain approval from Associate Dean for Graduate Medical Education before an offer is made. Approved resident transfers will be reported to Graduate Medical Education Committee.
Purpose:
To outline the procedure for extramural experiences (rotations).

Definitions:
Extramural Experience (Away Rotation) – a clinical experience, either required or elective for graduate medical trainees, that occurs at a non-UAMS institution.

Extramural Required Experience (Rotation): an experience that is necessary for residents to meet program requirements.

Extramural Elective Experience (Rotation): an experience that is outside of the required clinical training and that is paid for by a source other than the UAMS Housestaff.

Each program must develop a written policy on resident participation in extramural rotations, required and elective, to include the criteria for resident participation in extramural rotations, the evaluation process for residents as part of the rotation and the description of how the level of supervision for the resident will be determined for the rotation. Programs may opt whether to allow residents/fellows to participate in elective away rotations. However, programs must verify that rotational experience meets requirements for credit by their specialty board and/or any ACGME requirements for credit for the rotation.

Any time spent at an extramural location for an experience which is not specifically required under the Program Requirements, or which can be obtained through regularly available paid rotations/sources will not be supported by UAMS Housestaff.

Extramural Required Experience Policy:
It is the responsibility of any UAMS ACGME-accredited program to provide any clinical experiences required by ACGME for completion of clinical training. In circumstances where this training is not available and an extramural required experience is requested, the UAMS GME office requires the program to submit a plan of action to outline how the program will meet their requirements as outlined
by the ACGME instead of utilizing extramural rotations. Program policies should include GME approval for these rotations as outlined below.

Procedure for Approval for Extramural Required Experience:

1. Requests for funding approval for extramural required experience should be made to GME Program Administrator at least 4 months prior to the rotation experience, so that these funding requests may be reviewed by the GMEC Finance subcommittee.

2. Program should complete the Extramural Experience Request Form in as much detail as possible before submitting form to GME Program Administrator for review by GMEC Finance Subcommittee. Signatures are not needed on the form at this time.

3. The GME office will return the Extramural Experience request form to the program with information about the approval/disapproval of funding for rotation.

4. Once funding is approved, the UAMS program will ensure that a Program Letter of Agreement (PLA) is signed by the appropriate individuals, is current and is in place prior to the rotation. The UAMS program must use the PLA template that has been approved by UAMS General Counsel. A template of the PLA can be found on the GME website. A copy of the signed PLA should be provided to the GME Office as along with the completed Extramural Experience request form.

5. Once funding is approved, the UAMS program will contact the participating institution to confirm the liability amounts for covering the UAMS resident/fellow while on the rotation. If UAMS liability amounts are less than the amount of coverage required by the participating institution, the program will contact the UAMS Director of Insurance and Claims Management via e-mail to request assistance and advice for liability coverage during the rotation. Documentation of response from Director of Insurance and Claims Management and subsequent actions should be part of the resident’s record for this rotation.

6. Once the program has approval for funding, has a signed PLA in place and has verified the appropriate liability amounts are in place, a completed Extramural Experience request form should be submitted to the GME Office at least 2 months prior to the rotation. The document should be signed by Program Director, individual authorizing funding and the UAMS Director of Insurance and Claims Management prior to submission to the GME Office. The program should include a copy of the signed PLA and the action plan. Documents should be submitted for review in order to receive final approval from DIO for the extramural required experience at least one month prior to the start of the rotation. A copy of the signed form should be kept as part of the resident’s folder.

Extramural Elective Experience Policy:

The UAMS GME office will not financially support extramural experiences which are not specifically required by Program Requirements as outlined by the ACGME. Programs are required to have a policy outlining their process for approval of resident participation in an extramural elective experience as well as their plan for financial support of the rotation. Program plans should include GME approval for these rotations as outlined below.
Procedure for Approval for Extramural Elective Experience:

1. Prior to submission of the Extramural Rotation Request Form, the UAMS program will ensure that a Program Letter of Agreement (PLA) has been signed by the appropriate individuals, is current and is in place prior to the rotation. The UAMS program must use the PLA template that has been approved by UAMS General Counsel. A template of the PLA can be found on the GME website. A copy of the signed PLA should be provided to the GME Office as along with the completed Extramural Experience request form.

2. The UAMS program will contact the participating institution to confirm the liability amounts for covering the UAMS resident/fellow while on the rotation. If UAMS liability amounts are less than the amount of coverage required by the participating institution, the program will contact the UAMS Director of Insurance and Claims Management via e-mail to request assistance and advice for liability coverage during the rotation. Documentation of response from Director of Insurance and Claims Management and subsequent actions should be part of the resident’s record for this rotation.

3. Once the program has approval for funding, has a signed PLA in place and has verified the appropriate liability amounts are in place, a completed Extramural Experience Request Form should be submitted to the GME Office at least 2 months prior to the rotation. The document should be signed by Program Director, individual authorizing funding and the UAMS Director of Insurance and Claims Management prior to submission to the GME Office. The program should include a copy of the signed PLA. Documents should be submitted for review in order to receive final approval from DIO for the extramural required experience at least one month prior to the start of the rotation. A copy of the signed form should be kept as part of the resident’s folder.

Resources:

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization or Drug Screening Records</td>
<td>All GME Trainees’ health screening and maintenance information including immunization and drug screening records are stored with Employee Health.</td>
</tr>
<tr>
<td>Proof of HIPAA completion</td>
<td>GME Trainee can print out his/her own transcript on My Compass</td>
</tr>
<tr>
<td>Certificate of Malpractice Insurance</td>
<td>GME Trainees can request copy from program</td>
</tr>
<tr>
<td>Program Letter of Agreement</td>
<td>UAMS PLA template is available on UAMS GME website. If Host Institutions requires that their PLA template be used, program should provide that document to UAMS GME for review.</td>
</tr>
<tr>
<td>Program Letter for Away Rotation</td>
<td>GME Trainee’s program director may provide a verification letter indicating that the trainee is in good standing.</td>
</tr>
<tr>
<td>Medical License</td>
<td>If medical licensure is required for rotation, resident and fellow will obtain appropriate licensure at their own expense.</td>
</tr>
</tbody>
</table>
# Extramural Rotation Request Form

Date of Request ____________

<table>
<thead>
<tr>
<th>Program Requesting Rotation:</th>
<th>Resident Requesting Extramural Rotation: (include name, PGY level and phone number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Name/Type:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Required Extramural Rotation:</th>
<th>Elective Extramural Rotation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Rotation:</td>
<td>Dates of Rotation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of payment for Resident Salary/Benefit while on required extramural rotation:</th>
<th>Source of payment for Resident Salary/Benefit while on elective extramural rotation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Authorized by:</td>
<td>Funding Authorized by:</td>
</tr>
<tr>
<td>□ GME Finance Subcommittee (Date)___________</td>
<td></td>
</tr>
<tr>
<td>□ Funding was not Authorized (Date)___________</td>
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</tbody>
</table>

☐ A signed copy of the Program Letter of Agreement was provided to GME Office

<table>
<thead>
<tr>
<th>Rotation Experience: Meets Board Eligibility Requirements</th>
<th></th>
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<table>
<thead>
<tr>
<th>Name and Address of Participating Institution for Extramural Rotation:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Name and Contact Information of Faculty/Physician Supervisor during Extramural Rotation:</th>
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</table>

Goals and objectives of rotation: Please specify how this rotation experience will enhance the education of the trainee.
Program Director’s Acknowledgement: I endorse the educational value that this rotation offers in the education of the trainee and have approved the rotation for the trainee listed above. I am aware that adequate supervision of the trainee must be provided at the participating institution. I acknowledge that communication has been made with the faculty supervisor at the rotating site regarding the educational goals and objectives, supervision and evaluation of the trainee during the rotation. By signing below I am in agreement with the terms of the extramural rotation.

<table>
<thead>
<tr>
<th>Name and Signature of Program Director:</th>
<th>Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name and Signature of UAMS Director of Insurance and Claims Management:</th>
<th>Date:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name and Signature of UAMS Individual that approved funding source:</th>
<th>Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Name and Signature of UAMS DIO:</th>
<th>Date:</th>
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<tbody>
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</table>

Additional Information Needed for Extramural Required Rotation: Please attach Action Plan and/or complete the information below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What caused the program to need this rotation?</td>
<td></td>
</tr>
<tr>
<td>What Program Requirement is being met by this rotation?</td>
<td></td>
</tr>
<tr>
<td>What plans are in place to address this deficiency in training at UAMS?</td>
<td></td>
</tr>
<tr>
<td>What is the timeline for implementation of a plan to correct this deficiency?</td>
<td></td>
</tr>
</tbody>
</table>
Policy: The UAMS Graduate Medical Education Committee (GMEC) recognizes that the Accreditation Council for Graduate Medical Education (ACGME) accredits few combined training programs. However, with the approval of the appropriate American Board of Medical Specialties and with knowledge of the appropriate Residency Review Committee, completion of combined programs may be accomplished in the College of Medicine.

Definition: Combined specialty programs: Programs recognized by two or more separate specialty boards to provide graduate medical education in a particular combined specialty. Each combined specialty program is made up of two or three programs, accredited separately by the ACGME at the same institution (source: ACGME Glossary).

Procedure:
1. This procedure must be complete at least 4 months before the training begins.
2. The appropriate certification board and/or sub-boards must approve the training. Boards that do not approve this type of request should, at a minimum, acknowledge receipt of the request for approval.
3. Training-specific documentation will include at a minimum:
   • a block diagram for the duration of the training,
   • available selective and electives,
   • totals of research and clinical months, and
   • source of funding for each year of the program.
4. The appropriate ACGME Residency Review Committees must acknowledge the program’s enterprise of combining programs.
5. The ACGME Accreditation Data System (WebADS) will define how the resident will be listed in WebADS for each year of the program.
6. The GMEC will acknowledge that steps 2-5 have been completed.
7. All of the above documentation (2-5) must be kept in the resident’s file.
Purpose and Scope:
To describe the policy and procedures pertaining to evaluation and promotion of residents (includes fellows).

Policy:
The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. When available, evaluation should be guided by specific national standards-based criteria. Other professional health care staff, peers, patients or their families and medical students may also evaluate residents.

The Program Director must immediately notify the Associate Dean for GME if he/she intends to non-reappoint or non-promote a resident. The Program Director must notify the resident of the decision to non-promote or non-reappoint by a written notice at least four months prior (usually March 1) to the expiration of the current period of appointment, regardless of PGY level of the resident. However, if the primary reason(s) for the non-reappointment occur(s) within the four months prior to the end of the current appointment, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. Residents have the right to due process relating to any actions such as suspension, non-renewal, non-promotion; or dismissal. A resident involved in non-reappointment or non-promotion has a right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident Grievances.

Evaluation Plan
1. Each residency program (includes fellowships) must have an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include: The use of methods that produce an accurate, objective assessment of residents' competence in the 6 ACGME competencies based on the specialty-specific Milestones; patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice,
2. Mechanisms for providing regular and timely performance feedback to residents that includes at least written semiannual evaluation that is communicated to each resident in a timely manner,
3. A process involving use of assessment results which document progressive performance improvement appropriate to educational level. The maintenance of a record of evaluation for each resident that is accessible to the resident.

Procedure
The Program Director, with participation of members of the teaching staff and Department Chair shall:
1. Communicate the written criteria and processes for evaluation and promotion to each resident;
2. Participate in training to use evaluation tools for fair and consistent evaluations.
3. Evaluate the knowledge, skills and professional growth of the residents, using appropriate written criteria and processes to determine advancement in the program including objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific milestones.

4. Prepare a written semiannual evaluation, or more often as dictated by the residency review requirements.

5. Through the Clinical Competence Committee review all resident evaluations, prepare and assure reporting of Milestones evaluation semi-annually to the ACGME, and advise the program director regarding resident progress, including promotion, remediation and dismissal.

6. Communicate each evaluation to the resident in a timely manner.

7. Advance the resident to a position of higher responsibility on the basis of satisfactory progressive scholarship and professional growth appropriate to the educational level.

6. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

7. Provide a written, summative evaluation for each resident who completes the program as part of the resident’s permanent record maintained by the department. The final evaluation must include a review of the resident’s performance during the final period of education, verify that the resident has “demonstrated sufficient competence to enter practice without direct supervision” and be signed by the program director.

8. Notify both the Associate Dean for GME and UAMS General Counsel immediately and in writing if he/she intends to non-promote or non-reappoint a resident.

9. Notify the resident of the decision to non-promote or non-reappoint by a written notice at least four months prior to the expiration of the current period of appointment unless the primary basis for such action occurs within the final four months of the current appointment.

Definitions

Promotion is advancement based on merit to a higher rank or title. Failure to perform at an acceptable level in the period of current appointment means that an individual will not be promoted.

Non-promotion means that the resident fails to perform at an acceptable level in the period of current appointment or cannot reasonably function satisfactorily at the next level and is not advanced to a higher rank or title. A non-promotion does not necessarily mean either non-reappointment or dismissal, but merely that the resident will not be advanced to the next level of appointment at the completion of the contract period.

Non-reappointment means that a resident is not offered a next successive contract for appointment at the end of the current appointment period (usually June 30). Non-reappointment is not a dismissal as governed by GME Committee Policy 1.420 and, therefore, does not require cause.

Clinical Competency Committee is appointed by the Program Director and must be composed of three members of the program faculty. The committee must have a written description of its responsibilities. At a minimum the committee should review all resident evaluations semi-annually; prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, advise the program director regarding resident progress, including promotion, remediation, and dismissal.
Purpose:

To ensure that residents have opportunity to raise concerns and provide feedback in a confidential manner.

Policy

Each UAMS College of Medicine (COM) Accreditation Council for Graduate Medical Education (ACGME) accredited program must have a written policy that outlines a procedure and the various methods by which residents can raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. This policy must identify how these procedures will be communicated to all residents at a minimum annually.

Resident Council

In order to provide a platform for residents across the COM ACGME accredited program to communicate and exchange information with other residents, the COM will support a Resident Council. The Resident Council will be composed of peer-elected residents and will meet regularly throughout an academic year. Any resident within a COM ACGME accredited program has the opportunity to directly raise a concern directly to this body. Resident Council will conduct their meetings, at least in part, without the DIO, faculty members or other administrators present.

The Resident Council chair/co-chairs will serve as member(s) of the COM Graduate Medical Education Committee (GMEC) and will provide regular updates to that committee as well as have the opportunity to present concerns that arise from discussion at Resident Council meetings to the DIO and the GMEC.

Office of GME

The UAMS COM GME has an open door policy. A resident may request a meeting with the Associate Dean for GME to discuss concerns or provide feedback in a confidential manner.

| Policy 1.400  |
| Graduate Medical Education Committee |
| Section |
| Educational Administration |
| Subject |
| Addressing Concerns in a Confidential Manner |
| Policy Requirements: |
| ACGME Institutional: II.C; III.A. |
| ACGME Common: II.A.4.1).(10); VI.B.7 |
| Version History: |
| Date Developed: 1/2000; replaces previous policy of same name, dated 3/03 |
| Legal Review: 7/2019 |
**Illumine**

*Illumine* is the confidential reporting system that supports implementation of the UAMS COM Professionalism Guideline. Residents may use Illumine to report unprofessional behavior on the part of a UAMS credentialed provider or other resident for investigation.

**Resources**

The UAMS COM GME has developed a brochure, *Raising Concerns*, which outlines ways in which a resident may raise concerns or provide feedback.

**Related GMEC Policies**

1.410 Grievances  
1.420 Disciplinary Actions  
1.500 Appropriate Treatment of Residents
Purpose
To outline the procedures for submitting and processing resident/fellow grievances at the program and institutional level, in order to minimize conflicts of interest.

A grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a resident who believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner. An action may not form the basis of a grievance if the resident merely challenges the judgment of the faculty as medical educators in evaluating the performance of the resident.

Definitions

GME Appeals Board: A group of faculty members and residents appointed by the Dean of the College of Medicine (COM) and assembled to hear formal resident grievances.

Grievance: An expression of dissatisfaction when a resident believes that any decision, act, or condition affecting his or her program of study is arbitrary, illegal, or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: duties assigned to a resident; application of hospital or college policies; questions regarding the non-reappointment, non-promotion, suspension, or dismissal of a resident; and discrimination because of race, national origin, gender, religion, age, disability, or status as a disabled or Vietnam-era veteran; subject to the exception that complaints of sexual harassment will be handled in accordance with the specific published policies of the University of Arkansas for Medical Sciences.

Grievance Panel: Those members of the Graduate Medical Education (GME) Appeals Board selected, by a drawing, to hear a grievance, in accordance with Step II of the grievance procedure.

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

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

Working Days: Monday through Friday, excluding official UAMS holidays.
Policy
When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination, or reprisal. Each participant in a grievance shall do his or her part to protect this right.

No resident, faculty member, member of the Grievance Panel or GME Appeals Board, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.

Records shall be kept of each grievance process. These records shall be confidential to the extent allowed by law, and shall include, at a minimum: the written grievance complaint filed by the grievant, the written response filed by the respondent, the recording and documents of the hearing, the written recommendation of the Grievance Panel, the results of any appeal, the decision of the Dean, and any other material designated by the Dean or the Dean’s designee. A file of these records shall be maintained in the office of the Associate Dean for GME for three years after the final date of resident’s employment.

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

Procedure
Step I: Initial Attempt of Resolution
A. The grievant must submit a written statement to the residency (fellowship) Program Director specifying the violation(s) alleged, the reason for the grievant’s belief that he or she is aggrieved, and the remedy sought. This written statement must be received by the Program Director within ten (10) working days following the incident which forms the basis for the grievance.

B. Within ten (10) working days of receipt of the written statement, the Program Director and Departmental Chairperson will attempt to resolve the grievance by a discussion with the grievant. The Program Director and Departmental Chairperson have the discretion, after discussion with the grievant, to discuss the grievance with the respondent in an effort to resolve the grievance.

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

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

Step II: Formal Grievance to the Dean
A. Filing a grievance:
   1. Grievances submitted to the Dean of the COM shall be in writing and shall provide the following information: name and address of the grievant; nature, date, and description of the alleged violation(s); name(s) of person(s) responsible for the alleged violation(s); requested relief for
corrective action; and any background information the grievant believes to be relevant.

2. A grievance must be submitted to the Dean within ten (ten) working days of the completion of the initial attempt of resolution, outlined in Step I above.

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

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

D. Pre-Hearing Procedures:
   1. Selection of Grievance Panel: When a grievance is referred to the GME Appeals Board, a Grievance Panel, composed of two (2) residents and four (4) faculty shall be selected as follows: The Dean, or the Dean’s designee, and the grievant will review the membership of the GME Appeals Board. The Dean, or the Dean’s designee, in that person’s sole discretion, shall remove any member who may be considered inappropriate for the hearing (e.g., a resident or faculty member directly involved in the issue being appealed should not sit on the panel for that complaint). The names of the remaining members will then be written on tabs of paper, folded, and randomized by mixing. The grievant will draw names from the container. The first two residents and first four faculty names will constitute the Grievance Panel, provided they are available to attend the Hearing. The third resident name and the fifth faculty name drawn are the first resident and faculty alternates, respectively; the fourth resident name and the sixth faculty name drawn are the second resident and faculty alternates, respectively, etc., until all resident and faculty names are listed in a sequence of priority.
   2. Scheduling of Hearing: The Hearing will be conducted no sooner than fifteen (15) working days and no later than twenty (20) working days after the drawing unless the Dean determines there is a specific reason why another time must be selected.
   3. Representation: The grievant and the respondent may have one (1) person, who may be an attorney, to assist in the initiation, filing, processing, or hearing of the formal grievance. However, this person may not address the Grievance Panel, speak on behalf of the grievant or respondent, question witnesses, or otherwise actively participate in the hearing. The Grievance Panel may also be assisted and advised by University counsel at its discretion.
   4. Evidence: No later than five (5) working days prior to the hearing, the grievant and the respondent shall provide the Dean, or the Dean’s designee, with all documents to be used and relied upon at the hearing and, also, with the name, address, and telephone number of any representative and witnesses. There will be a simultaneous exchange of this information between the parties, which will be facilitated by the Dean, or the Dean’s designee, five (5) working days before the date of the hearing. Evidence not exchanged five days prior to the hearing will not be allowed to be submitted thereafter without a showing of good cause.
5. Information to the Grievance Panel and Election of Chairperson: No later than three (3) working days prior to the Hearing, the Dean shall assemble the six members of the Grievance Panel. The Dean should provide the Grievance Panel with the documents and information submitted by the parties (as specified in paragraph 4 above), confirm the date of the Hearing, and withdraw from the room. The Grievance Panel should convene briefly for the sole purpose of electing a faculty member as chairperson and deciding whether the Grievance Panel requests the assistance of University counsel. The substance of the grievance shall not be discussed at this initial meeting, and neither the grievant, the respondent, nor their respective representatives are permitted to attend.

E. Hearing Procedures:

1. Record of the Hearing: The hearing will be recorded by recording devices supplied by UAMS. These recordings shall be maintained for a period of five (5) years after resolution of the grievance. The grievant or respondent may obtain a copy of the tapes from any recorded hearing, at the requesting party's expense. The deliberations of the Grievance Panel will not be recorded.

2. Dean's Announcement: At the beginning of the hearing, the Dean will announce the date, time, place, and purpose of the hearing, and will ask the members of the Grievance Panel to identify themselves by name and department. The grievant and the respondent will then identify themselves by name and department. Finally, any representative accompanying the grievant or the respondent shall identify himself or herself by name and title. The Dean will then give the Grievance Panel its charge. Following the charge, the Dean will withdraw from the room.

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

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

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

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

7. Transmittal of the Recommendation: Within seven (7) working days after the hearing is concluded, the Grievance Panel shall transmit a written copy of its recommendation to the Dean. The Dean
will then mail, by certified mail, return receipt requested, a copy of the written document to the grievant and respondent at addresses previously provided by the grievant and the respondent. The Dean may also submit the document via e-mail or by other means of notification.

8. Appeal of Recommendation of the Grievance Panel:

If either the grievant or the respondent wish to appeal the recommendation of the Grievance Panel, the grievant or respondent shall, within five (5) working days of the receipt of the recommendation, appeal the grievance recommendation to the Dean. The appeal shall be in writing, and it shall be based on one of the following: a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a significant procedural defect took place. These are the only grounds for contesting the determination of the Grievance Panel. Within five (5) working days of this appeal, the Grievance Panel will reconvene, in private, to consider whether there is merit to the appeal, review its previous determination, and revise it if appropriate. No new evidence or testimony shall be introduced at this time. Within two (2) working days of its having reconvened, the Grievance Panel will present its determination, revised or unchanged, in writing to the Dean. Within five (5) working days of receipt of the determination from the Panel, the Dean may accept it, amend it, reverse it, or refer it back to the Panel for reconsideration. The grievant and the respondent shall be notified in writing of the Dean’s decision by certified mail, return receipt requested. The decision of the Dean shall be final, and there shall be no appeal.

If the Dean receives no appeal, by either the grievant or the respondent, within the five (5) working day period described above, the Dean may consider the recommendation at the end of that time period. The Dean may accept the Grievance Panel recommendation, amend it, reverse it, or refer the grievance back to the Grievance Panel for reconsideration. The decision of the Dean shall be final, and there shall be no appeal.
**Purpose**
To outline due process relating to probation, suspension, non-renewal, non-promotion or dismissal regardless of when the action is taken during the appointment period.

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

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

Dismissal: the condition in which a resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident’s Agreement of Appointment, and termination of all association the University of Arkansas for Medical Sciences College of Medicine and its participating teaching hospitals.

**Policy**
Each program must implement written criteria and processes for academic and other disciplinary actions within the program including, but not limited to probation, suspension, non-renewal, non-promotion and dismissal from the residency program. The specific actions of probation, suspension non-renewal, non-promotion and dismissal must follow the guidelines listed below. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. A resident involved in any of the actions of probation, suspension, non-renewal, non-promotion and dismissal has the right to appeal according to the Graduate Medical Education Committee (GMEC) Policy, 1.410, Adjudication of Resident Grievances.

In the event of a disciplinary action, the Program Director must notify the Associate Dean of Graduate Medical Education (GME).
Probation
A resident may be placed on probation by a Program Director for reasons including, but not limited to any of the following:
   a. failure to meet the performance standards of an individual rotation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GMEC, UAMS or the participating institutions;
   d. misconduct that infringes on the principles and guidelines set forth by the training program;
   e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
   f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.

Due Process
When a resident is placed on probation:
   1. The Program Director shall notify the resident in writing. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.
   2. Prior to the end of the defined probation period, the program must notify the resident in writing of their probation status. Based upon a resident’s compliance with the remedial steps and other performance during probation a resident’s probation status may be:
      a. removed from probation;
      b. continued on probation;
      c. placed on suspension; or
      d. dismissed from the residency program.

Suspension
A resident may be suspended from a residency program for reasons including, but not limited to any of the following:
   a. failure to meet the requirements of probation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GMEC, UAMS or the participating institutions;
   d. misconduct that infringes on the principles and guidelines set forth by the training program;
   e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
   f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program;
   g. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
   h. if a resident is deemed an immediate danger to patients, himself or herself or to others;
   i. if a resident fails to comply with the medical licensure laws of the State of Arkansas.

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

2. A copy of the statement of suspension shall be forwarded to the Associate Dean for GME and the Assistant Dean for Housestaff Affairs.

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

4. At any time during or after the suspension, resident may be:
   a. reinstated with no qualifications;
   b. reinstated on probation;
   c. continued on suspension; or
   d. dismissed from the program.

5. Once a determination of resident status has been made, program must provide written notification to the resident, Associate Dean for GME and the Assistant Dean for Housestaff Affairs.

Non-renewal/Non-promotion
The Program Director must notify the Associate Dean for GME if he/she intends to non-reappoint or non-promote a resident. The Program Director must notify the resident of the decision to non-promote or non-reappoint by a written notice at least four months prior (usually March 1) to the expiration of the current period of appointment, regardless of PGY level of the resident. However, if the primary reason(s) for the non-reappointment occur(s) within the four months prior to the end of the current appointment, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment.

Dismissal
Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:
   a. failure to meet the performance standards of the program. This disciplinary action should be the result of an unsuccessful progressive discipline process.
   b. failure to comply with the policies and procedures of the GMEC, UAMS or the participating institutions;
   c. illegal conduct;
   d. unethical conduct;
   e. performance and behavior which compromise the welfare of patients, self, or others;
   f. failure to comply with the medical licensure laws of the State of Arkansas;
   g. inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States, if required by the individual residency program.
   h. misrepresentation of information in the residency appointment application.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct, including, but not limited to, theft of money or property; physical violence directed at an employee, visitor, or patient; use of, or being under the influence of, alcohol or controlled substances while on duty; patient endangerment; illegal conduct.
Due Process
Prior to any proposed dismissal action, the Program Director must contact the Associate Dean for GME and provide written documentation outlining the reasons leading to the proposed dismissal action. Following Associate Dean for GME review and approval of proposed dismissal action, the Program Director shall notify the resident in a written statement that dismissal is being considered. This statement should include:
   a. reasons for the proposed action,
   b. the appropriate measures and timeframe for satisfactory resolution of the problem(s).

If the situation is not improved within the timeframe, the resident will be dismissed. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Associate Dean for GME and the Assistant Dean for Housestaff Affairs.
Purpose

To communicate potential problems and liabilities associated with the use of the Internet and electronic communication systems.

Social networks and other electronic communication systems are great tools for connecting, engaging, and communicating to patients, students, faculty, staff, parents, alumni, fans, and friends. These tools allow the university to broadcast relevant news and to build goodwill with our community.

There is the potential for significant risks associated with inappropriate use. Residents and fellows who use these websites and applications must be aware of the critical importance of privatizing these websites and applications so that only trustworthy “friends” have access to the sites. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from the University.

Definitions

Electronic communication systems – websites or web-based services that users may join, view, and/or post information to, including but not limited to weblogs (blogs), internet chat rooms, online bulletin boards, and social networking sites including but not limited to Facebook, Instagram, LinkedIn, Snapchat, Twitter, and YouTube.

Confidential Information – information concerning UAMS research projects, confidential employee and student information, information concerning UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential Information
shall include Protected Health Information. Confidential Information includes information maintained or transmitted in any form, including verbally, in writing, or in any electronic form.

**Protected Health Information (PHI)** – information that is part of an individual’s health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act, health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

**Policy**

The following policies are intended to provide you with a quick reference to policies and practices at UAMS. Please see UAMS Compliance 360 for any updated information.

1. Individuals may not share confidential information in violation of HIPAA or FERPA related to UAMS business on electronic communication systems, including but not limited to, personnel actions, internal investigations, research material, or patient/student/faculty information. This includes sharing photos or partial information even when names of patients, students, or faculty are not used. This includes any activity that would cause UAMS to not be in compliance with state or federal law.

2. All laptops and any other mobile device storing or manipulating data containing Confidential Information or PHI must use encryption. Submit a ticket with the UAMS Information Technology Department for assistance.

3. Individuals assume personal liability for information they post on electronic communication systems, including but not limited to personal commentary, medical advice, photographs, and videos. UAMS does not endorse or assume any liability for residents’ personal communications.

4. Individuals should not use UAMS email addresses to register on social media or other electronic communication systems utilized for personal use.

5. Individuals should exercise appropriate discretion in sharing information, with the knowledge that such communications may be observed by patients, faculty, students, other residents, and potential employers.

6. Individuals should not post defamatory information about others, activities or procedures at UAMS or other institutions through which they rotate.

7. Individuals should not represent or imply that they are expressing the opinion of UAMS or other institutions through which they rotate.

8. Individuals should not misrepresent their qualifications or post medical advice.
9. Individuals should refrain from using social media while on work time and using UAMS equipment, unless it is work-related as authorized by your program director.

10. Since information posted on the Internet is public information, UAMS may review electronic communication systems for content regarding residency applicants and current residents.

11. Employers, organizations, and individuals may monitor and share information they find posted on electronic communication systems.

12. If known or suspected material has been posted, the person who discovered the material should report the incident using the official processes outlined by the UAMS HIPPA office.

13. Disciplinary actions may occur in compliance with GMEC policy 1.420 Academic & Other Disciplinary Actions.

14. All major forms of communication that carry the name or logo of UAMS, including social media accounts, whether intended to reach internal or external audiences, will be developed in consultation with the UAMS Office of Communications & Marketing (OCM).

References
UAMS Compliance 360 http://inside.uams.edu/compliance/uams-policies/
UAMS HIPPA Office http://hipaa.uams.edu/default.htm
Department of Information Technology, Submit a Ticket https://uams.service-now.com/navpage.do
UAMS Office of Communications & Marketing (OCM) https://creativeservices.uams.edu/
UAMS Social Media Guidelines http://inside.uams.edu/social-media/
Purpose:

To ensure that University of Arkansas for Medical Sciences (UAMS) College of Medicine Accreditation Council of Graduate Medical Sciences-accredited programs provide a professional, respectful and civil environment that is free from unprofessional behavior.

Policy

The Graduate Medical Education Committee (GMEC) has adopted the following UAMS Administrative policies to address appropriate treatment of residents:

1) UAMS Administrative Guide, Policy 4.4.01 Employee Basic Code of Conduct
2) UAMS Administrative Guide, Policy 11.3.07 Workplace Violence Prevention Plan
3) UAMS Administrative Guide, Policy 11.4.01 Employee/Student Incident/Injury Reporting

Exclusions from this Policy:
Specifically, this policy is not intended to include complaints of sexual harassment or complaints of discrimination on the basis of disability, race, color, sex, creed, veteran’s status, age, marital or parental status or national origin. The GMEC defers to the UAMS Institutional Policies 3.1.48 (Title IX, Sex Discrimination, Sexual Harassment, Sexual Assault, Sexual Misconduct, Sexual Violence, Stalking, Gender-Based Harassment and Retaliation) and 3.1.10 (Anti-Discrimination) to address these complaints (http://www.uams.edu/AdminGuide/index.html).

Incidents related to Graduate Medical Education that are covered under UAMS Administrative or Institutional Policies must be reported to the Associate Dean for Graduate Medical Education.
Purpose
To outline the Sponsoring Institution’s commitment to providing residents/fellows with financial support and benefits.

Policy
The Sponsoring Institution will maintain a written Statement of Commitment to Graduate Medical Education that outlines its responsibility to provide the necessary financial support for administrative, educational, and clinical resources, including personnel to its Accreditation Council of Graduate Medical Education-accredited programs. Graduate Medical Education Committee (GMEC) Policy 1.110 outlines the requirements for the Statement of Commitment.

Programs in partnership with the Sponsoring Institution must ensure the availability of adequate resources for resident education including appropriate financial support and benefits for all residents/fellows. The program’s education and clinical resources must be adequate to support the number of residents appointed to the program.

Annually the GMEC will review and approve the recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits.

Extension of Training Time
When a program director is made aware of the need to extend an individual’s training time, whether for medical reasons, family reasons, visa issues, remediation, etc., the program director should complete the Training Extension Form, which will be sent to the Assistant Dean for Housestaff Affairs for review and approval. Additional funding may not be available for extension of the training period. Extension of training time may impact board eligibility. Extension of the training period and the reason should be documented on the resident/fellow’s final summative evaluation.
Policy:
The Finance Subcommittee of the GME Committee will review any need for a resident or fellow to extend the training time beyond the number of training months/years stipulated by the program’s ACGME Letter of Notification.

The subcommittee will also review all circumstances requiring the extension of any training year across fiscal years. The training year and fiscal year is from July 1 to June 30.

A year of training comprises 356 days and includes the yearly allotment of sick and vacation time.

Additional funding may not be available for extension of the training period.

Procedure:
When a program director is made aware of the need to extend an individual’s training time, whether for medical reasons, family reasons, VISA issues, remediation etc, the program director should inform the Assistant Dean for Housestaff Affairs, in writing, of the reason and length of the requested extension and any alternate solutions considered by the program.

The Assistant Dean for Housestaff Affairs will report requests for extensions of a training program to the finance subcommittee at its monthly meeting.

An aggregate accounting of the past year’s extended program days/months will be presented to the Residency Position Allocation Committee as an informational item for the following year’s budget.

Extensions of the training period and their reason must be documented on the resident/fellow’s final evaluation.
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**Version History**

| Date developed: 1/89                             |
| Legal Review:                                    |

**Purpose**

To define the policy for vacation and other leaves of absence, consistent with applicable laws. To ensure that Accreditation Council of Graduate Medical Education (ACGME)-accredited programs provide residents/fellows with accurate information regarding the impact of an extended leave of absence upon board eligibility.

**Definitions**

**Sick Leave:** Paid absence from scheduled work for reason of illness or injury.

**Family Medical Leave Act:** The Family and Medical Leave Act of 1993 ("FMLA") requires certain employers to allow eligible employees to take up to 12 weeks of leave (paid and/or unpaid) to care for a newborn or newly adopted child, to recuperate from their own serious illness, to care for a seriously ill family member, and to care for service members injured in the line of duty, or qualifying exigency. An eligible employee is one who has at least 12 months of employment with the State of Arkansas and has worked at least 1,250 actual work hours during the previous 12-month period. Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable.

**Leave of Absence:** Unpaid absence from the educational activities of the residency program when no sick or vacation leave exists to cover the absence and it is leave other than FMLA-qualified leave.

**Vacation Leave:** Paid absence from the residency program typically used for recreation or personal business.

**Professional or Educational Leave:** Paid time away from the training site that is paying that day's resident stipend, for educational or professional meetings.

**Holiday:** Paid time off only if resident's scheduled assignment (clinic) is closed.
**Military Leave:** Absence from the residency program to fulfill obligations of the National Guard or any of the Uniformed Services of the United States as defined in 38 U.S.C. 4303.

**Policy**

Resident physicians are in the unique position of having a role as students and employees. Although brief periods of leave usually can be accommodated, time away from the residency (fellowship) program may affect not only the resident’s ability to sit for boards, but also may negatively impact the program financially and through its accreditation status. Extending the resident’s time in a program may not be possible due to the lack of salary funding, and/or fines imposed by the U.S. Citizenship & Immigration Service (INS). Additionally, the program may not receive approval from the ACGME to increase the resident complement for the additional educational time.

Information on leave outlined by specific specialty boards can be found on the American Board of Medical Specialties web site at:  [http://www.abms.org/About_ABMS/member_boards.aspx](http://www.abms.org/About_ABMS/member_boards.aspx)

Each program must establish and implement a written policy and procedures for leave based on this Graduate Medical Education Committee policy and in compliance with institutional, common and specific program requirements of the ACGME and the criteria for board eligibility outlined by program specific board specialties.

**It is the responsibility of the Program Director to:**

1. Keep accurate records of sick leave, vacation leave, leaves of absence, professional or educational leave and training status not only for billing purposes but also to have adequate information for Board certification;
2. Determine whether the resident will be required to spend additional time in the program to compensate for an extended leave period and be eligible for certification for a full training year;
3. Provide the resident with the program’s written policy concerning the effect of leave, for any reason, on satisfying the criteria for completion of the residency program. The program’s policy will contain information on access to eligibility requirements, usually the American Board of Medical Specialties web site [http://www.abms.org/About_ABMS/member_boards.aspx](http://www.abms.org/About_ABMS/member_boards.aspx)
4. Provide resident in writing, the consequences of exceeding the amount of leave set by the ACGME and/or the Specialty Board.
5. Notify the Assistant Dean for Housestaff Affairs to discuss the accounting of the leave, financial compensation, and record keeping requirements.

**It is the responsibility of the resident to:**

1. Notify the Program Director as soon as possible about the need to take leave for any reason;
2. Supply the necessary written information about the reason for any type of leave;
3. Gain a thorough understanding of the effect the leave will have on meeting the requirements of the residency (fellowship) program and board certification.

**Sick Leave Policy**

Sick leave for medical reasons will be granted with pay for a **maximum of 12 days during each year** of the residency program. Sick leave does not accrue. Sick leave may not be borrowed from future credits. Residents do not receive payment for unused sick leave at the completion
of the program. Any day that the resident is on the schedule to work will be charged as sick leave if the resident is unable to work due to illness. To access sick leave a resident must notify the Program Director or his/her designee. The specific procedure for notifying the Program Director of brief absences due to illness is developed within the individual program.

Each program will inform its residents/fellows of the specialty Board regulation on time away from the program vs. Board eligibility.

Family Medical Leave Act Policy
UAMS Administrative Guide Policy 4.6.11 outlines the policy and procedures for use of FMLA. Residents must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable.

Bereavement Leave Policy
Sick leave may be granted to employees due to the death or serious illness of a member of the employee’s immediate family. Immediate family is defined as the father, mother, sister, brother, spouse, child, grandparent, grandchild, in-laws or any other person acting as a parent or guardian of an employee. The department head may grant sick leave for death or family illness in an amount which is reasonable for the circumstances.

Leave of Absence (non FMLA qualified) Policy
The Program Director has the sole authority to grant a leave of absence for a resident. Prior to making a final decision regarding the request for leave of absence, the Program Director must contact the Assistant Dean for Housestaff Affairs to discuss the accounting of sick leave, vacation time, restrictions about family medical leave, financial compensation (stipends and benefits), and the record keeping requirements.

Military Leave Policy
The Uniformed Services Employment and Reemployment Rights Act does not apply to residents enrolled in the GME program. Residents who are members of the National Guard or any of the Uniformed Services of the United States may be called to duty in such uniformed service. The resident shall notify the Program Director in writing upon learning that he/she has been called to duty in a uniformed service. Prior to leaving the program for active duty, the resident and Program Director shall discuss the tentative plans for the resident’s return to the program including the level of re-entry. Within the abilities of the program to accommodate the resident’s re-entry in the program, the duration of absence from the program and the resident’s activities during the absence, the program will make every effort to ensure that the resident re-enters the program at the level commensurate with his/her abilities.

Vacation Leave Policy
Each Program Director has the authority to determine the length and scheduling of vacation time for residents within the program. The annual vacation allowance is 21 days. Vacation time does not accrue. Vacation leave may not be borrowed from future credits. Residents do not receive payment for unused vacation leave at the completion of the program. Because paying for vacation leave is not the responsibility of individual pay sources, there are no days scheduled as “off” during vacation. For example: a resident scheduled in an outpatient clinic that is open Monday – Friday will use 7 days of vacation in order to be away from that pay source for a Monday – Friday vacation.
Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility. Vacation leave must be approved by the appropriate department/program representative. An individual Program Director may alter the amount of leave but only in order to comply with the American Board of Medical Specialties requirements.

The nature of some educational experiences may preclude taking vacation time. In this case, the Program Director shall communicate this decision to Program Directors of visiting residents in a timely manner so that this can be considered when preparing the overall rotation schedules.

In addition to the annual vacation days that are given on a yearly basis, each resident or fellow will also be allotted five (5) additional vacation days for use by the resident or fellow at their discretion during the entirety of the individual’s residency or fellowship period at UAMS. These five vacation days are given whether the length of the program is a one-year program or a multi-year program.

**Professional or Educational Leave Policy**

Programs will define and allocate professional and educational leave up to a maximum of 5 days per year, in addition to sick and vacation time. Professional and educational leave may not be carried over from one year to the next.

Job or further educational training interview days may not be counted as professional or educational leave. Professional or educational leave may be used to take primary or subspecialty boards. USMLE exams may be taken using professional or educational leave.

Special exceptions for more than 5 days per year will be considered by the finance committee under this policy. Those exceptions include but are not limited to: advanced recognition, exceptional research or academic performance. Exceptions should be requested in advance of the registration deadline/leave date.

A UAMS Request for Travel Authorization should document professional or educational leave. See UAMS Administrative Guide Policy 8.4.04.
Policy 2.300
Graduate Medical Education Committee

Section
Resident Support/Conditions for Appointment

Subject
Physician Impairment

Policy Requirements
ACGME Institutional: IV.H.2.
ACGME Common Program Requirements: VI.B.4.c).(2)

Version History
Date developed: 4/1997
Replaces: policy of same, name, dated 2/01
Legal Review:

Purpose
To address physician impairment.

Policy
The Graduate Medical Education Committee has adopted these two UAMS policies to address physician impairment:

1) UAMS Medical Center Policy, MS.1.02, Suspected Impairment of Medical Staff Members

All residents and fellows will be subject to site specific policies when rotating at a participating site.

Procedure
All residents must complete the confidential Practitioner Health Questionnaire and return it to the Associate Dean for Graduate Medical Education (GME) for review. This questionnaire will be updated yearly at the time of renewal of the resident’s agreement of appointment. Questionnaires with concerns will be reviewed by the UAMS Medical Staff Health Committee and may be reviewed by the respective Program Director and Departmental Chairperson. Questionnaires from residents in Pediatrics and its subspecialties will be forwarded to the Arkansas Children’s Hospital (ACH) Medical Staff Health Committee and may be reviewed by the Program Director for Pediatrics.

Repeated evaluations documenting substandard academic performance or other grounds for consideration of academic probation or remedial work, existing in conjunction with one or more signs(s) or symptom(s) of impairment may be considered in determining whether or not the resident obtains a medical and/or psychiatric evaluation. Members of the UAMS and ACH Medical Staff Health committees and staff members of the UAMS Resident Wellness Program are available to assist in confirming or validating suspected abuse, dependency and/or impairment.

Resources
Information about physician impairment and the services of the UAMS Resident Wellness Program is provided at Housestaff Orientation/Registration and can be found on the UAMS GME website.
To outline the responsibilities of the Sponsoring Institution and Accreditation Council for Graduate Medical Education (ACGME) accredited programs regarding fatigue management and mitigation.

Each program will educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation. Each program will educate all faculty members and residents in alertness management and fatigue mitigation processes. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in ACGME Common Program Requirements VI.C.2. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities due to excessive fatigue. Programs must create a documented process to ensure continuity of patient care.

Programs will provide adequate sleep facilities and safe transportation options for residents who are too fatigued to safely return home.

Programs will be monitored for compliance with the ACGME Common Program Requirements on Fatigue Management and Mitigation by the UAMS Graduate Medical Education Office (GME) review of their Annual Program Evaluation, ACGME WebADS, and program results of the ACGME Annual Resident Survey. UAMS GME monitors duty hour compliance annually.

Programs may reference the UAMS GME fatigue brochure, which can be found on the UAMS GME website.

Programs may reference the UAMS GME video on fatigue management, which can be found on the UAMS GME website.
Policy 2.400
Graduate Medical Education Committee

Section
Resident Support/Conditions for Appointment

Subject
Medical Screening of Residents

Policy Requirements
ACGME Institutional: I.A.1
ACGME Common: I.D.2.
UAMS Administrative: 3.1.14; 4.5.18

Version History
Date developed: 3/1996
Replaces: policy of same, name, dated 5/2003
Legal Review:

Purpose
To outline the medical screening policy for residents, including fellows.

Policy
The Graduate Medical Education Committee has adopted the following UAMS Administrative Guide policies for medical screenings:

- UAMS Administrative Guide policy 3.1.14 Drug Testing
- UAMS Administrative Guide policy 4.5.18 Employment Medical Screening

According to UAMS Policy, Human Resources, 4.5.18, all residents must undergo a medical screening at the time of appointment to the residency program as well as an annual screen.

It is the policy of UAMS to perform drug tests (both pre-employment and random) on employees who are employed in positions that have been designated as drug testable. For cause drug tests are also performed on employees, who are suspected of reporting for duty under the influence of drugs.
Purpose
To define the policy and procedures for patient care by resident physicians (includes fellows) under the “resident program exemption” of the Arkansas Medical Practices Act to include use of hospital assigned and personal DEA numbers. (Also, see related GMEC Policy 3.300, Moonlighting and Malpractice Insurance Coverage While Moonlighting)

Definition
In the context of residency (and fellowship) programs, the term “patient” refers to persons with whom a resident has established a physician-patient relationship as documented in the medical record. This may include peers, nursing or hospital medical staff, or friends who are established patients at UH, ACH, CAVHS, SVI or BHMC-LR and whom the resident sees in the clinic or appropriate medical setting within the scope of his/her duties within the residency program.

Policy
1. Residents may provide patient care under the “resident program exemption” of the Arkansas Medical Practices Act only for patients as defined above. This exemption is intended to be applicable only for supervised patient care under the auspices of the residency program. This restriction includes, but is not limited to, prescribing of controlled substances and other medications.

2. Residents may use a hospital’s specific DEA number only to prescribe controlled substances to patients (as described above) followed within that hospital’s system.

3. Residents may, in the context of their practice in the residency program, prescribe controlled substances and other medications only to patients as defined above. Residents shall not prescribe excessive amounts of controlled substances to any patient, including the writing of an excessive number of prescriptions for an addicting or potentially harmful drug (Arkansas State Medical Board, Regulation 2).

4. Residents shall not prescribe controlled substances for their own use or for use by members of their family (Arkansas State Medical Board, Regulation 2).

5. Residents may prescribe controlled substances only when the resident has a physician-patient relationship with that patient. This physician-patient relationship shall be clearly
documented in the patient’s medical record. The reason (i.e., diagnosis and plan of treatment) for each prescription of a controlled substance shall be documented in the medical record.

6. Residents who hold an Arkansas medical license and a personal DEA number associated with that license may use their personal DEA number in lieu of a hospital assigned DEA number. Residents who use their personal DEA number in the context of their residency program shall abide by paragraphs 3 – 5 above. Misuse of a personal DEA number may subject the resident to disciplinary action by the Drug Enforcement Administration, Arkansas State Medical Board or UAMS.

Each resident in residency programs sponsored by the UAMS College of Medicine is assigned unique identification codes composed of several numbered digits. The identification codes are described below and, where indicated, a specific code must be attached as a suffix when using a hospital’s DEA number.

**University Hospital & Arkansas Children’s Hospital:** A unique 4-digit identification code is assigned to each resident. The 4-digit identification code must be attached as a suffix when using the DEA number of UH or ACH. The DEA number and code are to be used exclusively for patients of UH or ACH and the associated clinics.

**Central Arkansas Veterans Healthcare System (CAVHS):** A specific 3-digit identification code is assigned to each resident. This 3-digit identification code must be attached as a suffix when using the CAVHS DEA number. The CAVHS DEA number is used only for prescriptions filled within the CAVHS system.

**St. Vincent’s Infirmary Medical Center:** During rotations at SVI, residents may use the SVI DEA number only when writing prescriptions for inpatients of SVI.

**Baptist Health Medical Center – Little Rock:** During rotations at BMHC - LR, residents must use their own private DEA number, or the attending physician must write all prescriptions which require a DEA number.

**Prescription Writing**

In accordance with the Arkansas Department of Health Rules and Regulations Pertaining to Controlled Substances, when writing a prescription for a controlled drug, the resident must issue the prescription for legitimate medical purposes. The prescription must bear the:

1. Full name and address of the patient;
2. Drug name, strength, dosage form, quantity prescribed, and directions for use;
3. Resident’s last name printed as well as the signature of the resident;
4. Hospital DEA number and the resident’s specific identification code or the resident’s DEA number; and
5. Date.
Moonlighting Activities
If a resident practices outside the UAMS system, the resident must obtain his/her own private DEA number. Obtaining a private DEA number is considered a professional responsibility and will not be paid for by UH, ACH, or the individual clinical departments.

Misuse of DEA Numbers
Misuse of hospital-assigned or personal DEA numbers includes, but is not limited to:

1. Using a hospital’s specific DEA number to prescribe controlled substances to patients not followed within that hospital’s system;
2. Prescribing excessive amounts of controlled substances to any patient, including the writing of an excessive number of prescriptions for an addicting or potentially harmful drug to a patient;
3. Prescribing controlled substances by a resident for his/her use or for the use of his/her immediate family;
4. Prescribing controlled substances by a resident for peers, nursing or hospital medical staff, or friends without clear documentation of a physician-patient relationship in the medical record; or
5. Any violations of the provisions of this policy.

Misuse of any DEA number will be reported directly to the Dean and could result in disciplinary action up to and including dismissal from the residency/fellowship program. Individuals found misusing hospital assigned or personal DEA numbers must undergo a “for cause” drug screen, and if indicated, a diagnostic and/or therapeutic intervention and subsequent indicated drug screens during the remaining time within the residency/fellowship program.
Purpose
To describe the circumstances and procedures for reducing the size of or closing a residency (includes fellowship) program or closure of the Institution.

Policy
The University of Arkansas for Medical Sciences College of Medicine (UAMS-COM) recognizes the need and benefits of graduate medical education and sponsors residency programs which emphasize personal, clinical and professional development. The UAMS-COM ensures that its residency programs are in substantial compliance with the institutional, common and special requirements of the Residency Review Committees as well as ACGME Policies and Procedures.

Circumstances that may lead to reduction in the size of or closing a program may include, but are not limited to:
1. Failure of the program to correct concerns and/or comply with recommendations of the GMEC.
2. Failure of the program to demonstrate substantial compliance with requirements or failure to follow directives associated with an accreditation action.
3. Decreased financial or educational resources to support the program.
4. Failure to undergo a site visit
5. Failure to supply a Review Committee with requested information (e.g. a progress report, operative data, Resident or Faculty Survey, or other information)
6. Failure to maintain current data in WebADS

Circumstances that may lead to closure of the Sponsoring Institution include, but are not limited to:
1. Failure to demonstrate substantial compliance with the requirements.
2. Failure to undergo a site visit or CLER visit.
3. Failure to follow directives associated with an accreditation action.
4. Failure to supply a Review Committee with requested information (e.g., Progress Report, operative data, resident survey).
5. Failure to maintain current data through WebADS.

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

The following procedure will be followed upon withdrawal of accreditation of a program:
1. The program may complete the current academic year, and at the discretion of the Review Committee, one additional academic year;
2. No new residents may be appointed to the program;
3. All applicants invited to interview and residents accepted or enrolled into the program must be notified in writing of the withdrawal and its effective date, with copies of these communications sent to the Executive Director of the Review Committee; and,
4. The sponsoring institution is responsible for placement of the current program residents in other ACGME-accredited programs.

Upon withdrawal of accreditation of a sponsoring institution:
1. All of its ACGME-accredited residency programs will be administratively withdrawn;
2. Its ACGME-accredited programs may complete the current academic year, and at the discretion of the Institutional Review Committee, one additional academic year;
3. No new residents may be appointed to any of its ACGME-accredited programs;
4. All applicants invited to interview and residents accepted or enrolled into its ACGME-accredited programs must be notified in writing of the withdrawal and effective date, with copies of these communications sent to the Executive Director(s) of the Review Committee(s); and,
5. The sponsoring institution is responsible for placement of the current programs’ residents in other ACGME-accredited programs.
Purpose
To define the institutional policy on restrictive covenants.

Policy

UAMS endorses the policy of the Accreditation Council for Graduate Medical Education (ACGME) which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents or fellows.

It is the policy that no UAMS ACGME accredited program will ask for a commitment by a resident or fellow on a non-compete or restrictive covenant clause as a contingency of graduate medical education training.

Residents and fellows are advised that they cannot sign a non-compete or restrictive covenant clause in conjunction with any UAMS documents. Residents and fellows must immediately advise the UAMS Associate Dean for Graduate Medical Education if they are asked to sign such a document.
Purpose
To delineate the procedure that a resident/fellow must follow when he/she is infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV).

Definitions
Expert Review Committee: a group of physicians, including experts in the field of HIV, HBV or HCV, plus practitioners in the resident’s specialty, plus any other physicians determined by the Arkansas State Medical Board. This committee acts on behalf of the Arkansas State Medical Board to clarify the infection control practices required and to determine a process for monitoring the infected individual.

Exposure-prone procedure: characteristics of exposure-prone procedures include an invasive procedure in which there is a risk of percutaneous injury to the practitioner by virtue of digital palpation of needle tip of other sharp instrument in a body cavity or the simultaneous presence of the practitioner’s finger and a needle or other sharp instrument or object in a poorly visualize or highly confined anatomic site, or any other invasive procedure in which there is a risk of contact between blood or body fluids of the patient. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the individual, and if such an injury occurs, the individual’s blood may contact the patient’s body cavity, subcutaneous tissues, and/or mucous membranes.

Policy
1. Reporting: Residents who are infected with HIV, HCV or who are HBV surface-antigen-positive must notify their Program Director and the Associate Dean for Graduate Medical Education. The resident must follow the procedures for reporting such information as outlined in the policies, rules, and regulations of the hospitals in which the resident rotates for his/her clinical education.

2. Health of the Resident: The resident must obtain medical evaluation, counseling and appropriate treatment concerning his/her own health status from his/her personal physician at least every 6 months. The counseling should include education as to the modes of transmission of blood borne pathogens, the risk of transmission, appropriate standards of personal hygiene, maintenance of health of the infected individual. Residents must permit the physician to provide a report to the Program Director about the resident’s health status.
3. **Restrictions:** Immediately upon notification that a resident is HIV, HCV or infectious HBV positive, the Program Director must contact the Associate Dean for GME. The Associate Dean for GME will assemble the Expert Review Committee under the auspices of the Arkansas State Medical Board. The Program Director, in consultation with the Expert Review Committee, will establish guidelines for involvement in exposure-prone procedures and the restrictions to be placed on the resident’s work activities. The guidelines for participation in exposure-prone procedures must include:
   a. Advising the patient that the resident is seropositive for HBV, HCV or HIV;
   b. Advising the patient of the risk of transmission to the patient during the procedure;
   c. Obtaining the patient’s written informed consent for the specific procedure to be performed and the patient’s acknowledgement of ‘a’ and ‘b’ above;
   d. Disclosure of the seropositivity to each health practitioner who participates or assists in the exposure-prone procedure.

The Program Director, after reviewing the program requirements, will determine if the resident will be able to fulfill the requirements of the residency program.

4. **Confidentiality:** If an infected resident reports his/her status as outlined in this policy, the persons who receive such report shall maintain the information in confidence, with further disclosure being limited to those with a need to know, who shall have the same duty of confidentiality. The resident should be aware that even though the disclosure will be limited, other residents and staff may become aware of the resident’s health status due to the restrictions placed on the resident’s activities.

5. **Attestation:** The resident must sign an acknowledgment that he/she received, read, understands, and agrees to abide by this policy, as well as the policies of the campus and the hospitals through which the resident rotates.

6. **Disciplinary Action:** An infected resident who places any other person at risk for infection shall be subject to appropriate disciplinary measures, including dismissal.

7. **Clinical activities outside of the residency training program:** When the resident receives an Arkansas State Medical license, the resident will be subject to the Regulations of the Medical Practices Act which specify a similar process of counsel by an expert panel directed by the Arkansas State Medical Board for monitoring the individual’s practice. In the event that the resident “moonlights”, he/she must inform the expert panel and the clinical facility where those moonlighting activities are performed and abide by all HIV/HBV/HCV policies of that facility.
Purpose

To establish the framework for the educational environment as it relates to medical records and the responsibilities of the resident/fellow for the completion of medical records.

Definitions

**Medical Record:** The basic tool for planning patient care and for communication between physicians and other persons contributing to patient care. It reflects the quality of patient care and documents the course of each patient's illness and care.

**Medical Records System:** A medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, resident/fellows’ education, quality assurance activities, and provide a resource for scholarly activity.

**Deficient Medical Record:** an incomplete medical record.

**Delinquent Medical Record:** a medical record that incurs consequences because of deficiencies.

Policy

1. Each participating institution shall orient resident/fellows to the medical records system to include the policies and rules and regulations regarding the deficient and delinquent medical record procedure.

2. Resident/fellow Medical Records Agreement

   Upon entering a College of Medicine ACGME accredited program, each resident/fellow shall sign a medical records agreement which applies for the duration of the program. By signing the Medical Records Agreement, the resident/fellow acknowledges:
   - The resident/fellow will complete all medical records according to the rules and regulations of the participating hospitals.
   - The resident/fellow must comply with Medicaid, Medicare, and other federal program documentation rules.
   - The resident/fellow will comply with HIPAA regulations.
• The failure to complete delinquent records may result in permanent documentation in the resident/fellow’s personnel file regarding lack of professionalism. Further, continuing failure to complete delinquent records may result in further discipline, including suspension and/or dismissal from the program. This type of documentation likely will result in difficulty in obtaining license, board certification and/or credentialing.

3. Each program shall provide written guidelines for educational interventions for deficient medical records in the program’s Resident/fellow Handbook. The department guidelines will fall within the parameters of this policy.

A. Upon notification of deficient records, the Program Director or designee will contact the resident/fellow to determine a plan for completion of deficient records in a timely manner.

B. If deficient records are not completed within above-determined time period, the Program Director will inform the resident/fellow in writing of educational interventions including but not limited to:
   • The program’s written plan for educational interventions for deficient medical records which will include C & D below,
   • the patient records in need of completion,
   • the time frame for completion,
   • the educational intervention {i.e. a pamphlet which ties completion of records to competencies education. Or the ECFMG website has a scenario/vignette, questions about that scenario and a follow-up explanation. It touches on how medical records are a part of patient care, systems-based practice, professionalism, interpersonal communication, and how legally important timely records are.}
   • Exploring the cause for the deficient records for social or health interventions on behalf of the resident/fellow, practice-based errors, communication skills errors, professionalism, systems-based practice errors.

C. If the resident/fellow fails to complete the records within the stated time frame, the GMEC policy 1.420 on Academic and Other Disciplinary Actions, will be enacted.
   The program director shall notify the resident/fellow with a written statement to include:
   1) The suspension is due to continued deficient medical records after previous intervention (give date of written document discussed in A and B above).
   2) The resident/fellow will be placed on “administrative leave” from clinical duties, with pay, for a limited time frame with the expectation that records are completed (state time frame in letter).
   3) Activities of the program in which the resident/fellow may and may not participate until the records are completed.
   4) The date the suspension becomes effective.
5) Consequences of non-compliance with the terms of the suspension (see D below).
6) Whether or not the resident/fellow is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full year.

A copy of the statement of suspension shall be forwarded to the Associate Dean for Graduate Medical Education and the Director of Housestaff Records.

D. If, after the suspension, the records are not completed, a Program Director may initiate additional consequences. These consequences may include, but are not limited to, the following:

- Ratings on evaluations and terminal information about resident/fellow’s training will be documented as unacceptable such that future requests for credentialing, board eligibility and licensure will be informed
- Deductions from educational funds
- Loss of privileges of the training program
- Suspension without pay
- Dismissal
- Withholding of training program certification
- Monetary fines

The Program Director must notify the Associate Dean of Graduate Medical Education in writing of any additional consequences initiated against a resident/fellow.
**Policy 3.100**  
Graduate Medical Education Committee

**Section**  
Resident Supervision/Work Environment

**Subject**  
Supervision

**Policy Requirements**  
ACGME Institutional: II.B.2.; III.B.4; IV.I.  
ACGME Common: II.A.4.; II.B. 4; IV. C.1.; VI.A.2.

**Version History**  
Date developed: 1/1989  
Replaces: Previous policy titled Resident Supervision, dated 10/2007  
Legal Review:

**Purpose**  
To delineate guidelines for supervision.

**Policy**  
The Sponsoring Institution along with the ACGME accredited program must ensure that program receives adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education.

The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies and mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal.

Each Program shall develop a written program-specific policy on guidelines for supervision as outlined in both the ACGME Common Program requirements and any applicable program specific requirements.

The program director must have responsibility, authority and accountability for the supervision of residents and will monitor resident supervision at all participating sites.

Core faculty members must have a significant role in the education and supervision of residents. The expectations for a faculty member acting in a supervisory role will follow the College of Medicine Code of Professional Conduct.

A program’s curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
**Purpose**

To ensure effective oversight of institutional and program-level compliance with Accreditation Council on Graduate Medical Education (ACGME) clinical and educational work requirements.

**Policy**

Each Program Director must establish, distribute and implement formal written policies and procedures governing the clinical and educational work environment for residents, which comply with this institutional Graduate Medical Education Committee (GMEC) policy and the Common and Specialty-specific Program Requirements. Programs must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The Sponsoring Institution, through this policy, informs the GME community that the offense of negligent homicide Arkansas Code § 5-10-105 has been amended to include persons having been without sleep for a period of 24 consecutive hours.

**Clinical and Educational Work Hour Oversight**

Programs will comply with resident clinical and educational work hours and definitions as set forth in the applicable Program Requirements. Programs will adjust schedules as necessary to mitigate excessive service demands and/or fatigue. Moonlighting is addressed in GME policies 3.300.

Programs will monitor clinical and educational work hours with a frequency to ensure compliance with ACGME.

The Sponsoring Institution will monitor clinical and educational work hours annually and address areas of non-compliance in a timely manner.

The Graduate Medical Education Committee (GMEC) shall monitor compliance with this policy through:

a. Annual ACGME Survey of residents,

b. Special Review Process for underperforming programs, and
c. Requests for duty hour exceptions,
d. ACGME notification letters.

Concerns regarding excessive service demands and/or fatigue can be raised using any of the steps found at the UAMS GME Website section on raising concerns and addressing problems.

Clinical and Educational Work Hour Exceptions
ACGME Program Review Committees (RC) may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. The GMEC must review and formally endorse the exemption prior to submission to the RRC according to the following procedures:

1. The Program Director must submit a written request for an exemption to the GMEC Chair. The request must clearly document the following:
   a. **Patient Safety**: Information must be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
   b. **Educational Rationale**: The request must be based on a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
   c. **Moonlighting Policy**: Specific information regarding the program's moonlighting policies for the periods in question must be included.
   d. **Call Schedules**: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
   e. **Faculty Monitoring**: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.

2. The Program Director will present the request in person to the GMEC for discussion.

3. If approved by the GMEC, the Designated Institutional Official (DIO) or the GMEC Chair will provide a documented written statement of institutional endorsement of the proposal.

4. The Program Director must submit the request to the RRC according to ACGME Policy 22.00, the Policy for Granting Rotation Specific Clinical and Educational Work Hour Exceptions found in the ACGME Manual of Policies and Procedures. The proposal to the RRC must include a copy of this policy (which contains the institution's written procedures and criteria for endorsing requests for an exception to the duty hours limits) and the current accreditation status of the program and of the sponsoring institution.
Policy 3.300  
Graduate Medical Education Committee

Section  
Resident Supervision/Work Environment

Subject  
Moonlighting

Policy Requirements  
ACGME Institutional: IV.B.2.l); IV.J.1.  
ACGME Common: II.A.4.j); VI.G.1.; VIG.2.3.1.38; 3.1.15; 3.1.17; 7.2.11  

Version History  
Date developed: 7/20/2017  
Legal Review: 10/2019

Purpose  
The purpose of this policy is to define what constitutes moonlighting activities in the residency setting which result in additional financial support to residents above their contractual residency stipend. This policy also sets forth the procedures for approval of such moonlighting activities.

This policy also serves to prevent inappropriate use of a residents’ services in activities that residents cover as part of their educational program. Since residency training is a full-time educational experience, moonlighting must neither interfere with the resident's educational performance nor with the resident’s opportunities for rest, relaxation, or independent study.

Definitions  
Moonlighting: Any activity, outside the requirements of the residency program, in which an individual performs duties as a fully-licensed physician and receives direct financial remuneration.

Internal Moonlighting: Voluntary, compensated, independent medically-related work that is not related to approved Accreditation Council for Graduate Medical Education (ACGME) training programs and is performed in an outpatient department or an emergency department within University of Arkansas for Medical Sciences (UAMS) or any of its related participating sites in which residents have their approved ACGME training program.
Examples of internal moonlighting: a child psychiatry fellow weekend rounding on the adult psychiatry inpatient unit at the Psychiatric Research Institute; a pediatric Emergency Medicine Fellow moonlighting at the UAMS Emergency Department.

**External Moonlighting:** Any voluntary, compensated, independent professional activity arranged by an individual resident, which is outside the course and scope of the approved ACGME training program, that is outside of the UAMS system or any of its related participating sites.

Examples of external moonlighting: a resident performing physical examinations at a local/community psychiatric hospital; an emergency medicine resident doing ER shifts at a non-affiliated community hospital emergency department.

**Resident:** Any physician in an ACGME accredited graduate medical education program, including interns, residents and fellows.

**Fellow:** Any physician in an ACGME accredited program of graduate medical education who has completed the requirements for eligibility for the first board certification in a specialty. The term “subspecialty residents” is also applied to such physicians. Other uses of the term “fellow” require modifiers for precision and clarity, e.g., research fellow.

**Residency:** An ACGME accredited graduate medical education program to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.

**General Considerations Regarding Moonlighting**

1. A resident must not be required to moonlight.
2. A PGY-1 resident may not moonlight.
3. A resident who is on formal probation is prohibited from engaging in any moonlighting activities during the probationary period.
4. Internal moonlighting activity must comply with the following: (1) all State and Federal rules and regulations; (2) all accrediting organizations rules and regulations (e.g. Joint Commission for the Accreditation of Healthcare Organizations); (3) state law regarding line item salary maximums for a position’s authorized compensation; (4) UAMS’s credentialing policies and procedures.
5. The Program Director or his/her designee must approve or deny a resident’s request to participate in moonlighting activities. The decision to approve or deny a resident’s request to moonlight will depend on a number of factors including, but not limited to, interference with the resident’s responsibilities in the training program and the individual educational circumstances of the resident.
6. An individual residency program may decide that moonlighting activities are counterproductive to education and may not allow for any resident to participate in any moonlighting activities.

7. Moonlighting privileges may be curtailed or prohibited based upon any of, but not limited to, the following grounds:
   a. If it is determined that such activities interfere with the resident’s opportunities for rest, relaxation, and independent study; or
   b. If it is determined that such activities interfere with the resident’s patient care responsibilities and educational performance or if such activity adversely impacts the professional reputation of the resident and/or UAMS; or
   c. If such limitation is required by the appropriate organization(s) responsible for the accreditation/certification of graduate medical education programs; or
   d. If the resident fails to abide by the procedures outlined herein.

I. Internal Moonlighting

A. Specific Considerations Governing Internal Moonlighting
   1. A resident can only be involved in internal moonlighting services that are not a part of their required or elective training activities in their current ACGME approved training program.
   2. The internal moonlighting services performed by a resident must be separate and distinguishable from those services that are required as part of his/her ACGME approved training program at UAMS.

B. Determining Questions
   Answering the following questions will assist in determining whether internal moonlighting services are separate and distinguishable from the resident’s ACGME approved training program:

   1. Will the resident work on the same unit during moonlighting activities as the training program?
   2. Will the resident see the same patients during moonlighting and during the training program?
   3. Will the resident perform work which would require supervision if performed during the regularly scheduled hours of the approved training program?
   4. Will the resident use any of the data from the patients seen during moonlighting as case studies for program papers or presentations?

If the answer to all of the above questions is “no” then internal moonlighting is possible.
C. Additional Requirements

1. A resident must be fully licensed to practice medicine, osteopathy, or podiatry by the State of Arkansas. The Arkansas State Medical Board residency-training exemption statute is not a license to practice medicine outside the scope of an ACGME approved training program.

2. Appropriate hospital credentialing must be in place for each resident participating in any moonlighting activities in an outpatient department or emergency department within UAMS or any of its related participating sites in which residents have their approved ACGME training program.

3. UAMS’ Liability Insurance Program provides professional liability coverage (malpractice insurance) for residents only during an approved ACGME program’s training activities and does not cover any moonlighting activities. A resident must obtain individual malpractice insurance for any moonlighting activities except in those circumstances where the UAMS College of Medicine elects to provide malpractice insurance for fellows providing internal moonlighting services to include services provided pursuant to Section D. Fellow Exception.

4. Residents must obtain an individual DEA number for any moonlighting activity. Use of the UAMS Medical Center’s, Arkansas Children’s Hospital’s, or any affiliated hospital’s DEA number is prohibited.

5. When performing moonlighting services, a resident must not wear badges or other identifiers as a trainee in UAMS College of Medicine residency training programs.

6. A resident must report in New Innovations all duty hours, including all moonlighting hours. The Program Director and the individual resident must closely monitor moonlighting to ensure compliance with ACGME duty hour rules -- including the 80-hour rule -- to ensure that moonlighting does not interfere with a resident’s ability to achieve the goals and objectives of the educational program. Failure to report moonlighting hours could result in suspension and/or dismissal from the training program.

7. A resident’s income from a state institution must not exceed state regulations, in particular, a resident’s compensation from UAMS, which includes residency stipend and all earnings from internal moonlighting, may not exceed the state line item position authorized.

D. Fellow Exception

Moonlighting services can only be performed in an outpatient setting or emergency department at the UAMS or any of its related participating educational sites in which residents have their approved ACGME training program. Federal funding supports 100 percent of the FTE for the residents’ inpatient time. Because Federal funding support for Fellows is less than 100 percent of the FTE, Fellows may participate in moonlighting...
in the inpatient setting at UAMS or any of its related participating sites; however, fellows, may not provide billable professional services in the inpatient setting.

There are no other moonlighting exceptions for fellows other than the ability to work in an inpatient setting. All other additional clarifying requirements outlined herein for internal moonlighting must be met.

II. External Moonlighting

External moonlighting is any voluntary, compensated professional activity arranged by an individual resident, which is outside the course and scope of the approved training program; therefore, outside the UAMS system and any of its related participating sites.

Please see above, Internal Moonlighting Additional Requirements (I.C.) which must be met for External Moonlighting as well.

III. Moonlighting Procedure

1. A resident must obtain a valid Arkansas Medical License; and

2. A resident must obtain a malpractice insurance policy that will cover the activity to be performed outside the training program, or ensure that the employing facility provides adequate insurance coverage to protect the professional activities to include internal moonlighting; and

3. A resident must obtain his/her personal DEA number; and

4. A resident must obtain appropriate hospital credentialing (house staff credentialing is not acceptable); and

5. A resident must submit to his/her Program Director a written request for moonlighting using the Moonlighting Request Form at the end of this policy and copies of the above four items. The Program Director will keep these items in the resident’s file.

6. The Program Director or his/her designee must complete the Moonlighting Request Form and obtain approval signatures of the Department Business Administrator and the Department Chair.

7. The Program Director must submit the completed Moonlighting Request Form and the Moonlighting Activities Yearly Participation Form with the necessary signatures to the Associate Dean for GME.

   a. The GME office prefers, that if possible, multiple individuals for a single moonlighting activity/location be submitted as one request.

8. After review of the Moonlighting Request by the Associate Dean for GME, the GME office will obtain the approval and signature of the Director, Insurance and Claims Management, if needed.
9. Once the Associate Dean for GME has reviewed and approved the request and any other required signatures have been obtained, the request must submitted to the Executive Associate Dean for Education for signature.

10. Written documentation of approval for the requested moonlighting activity is then provided by the GME office to the Program Director. This written permission must be contained in the resident’s file and state the following: “the resident’s performance will be monitored for the effect of moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission.”

11. The Residency Program must keep an active list of all residents participating in moonlighting activities.

References:

1. 42 CFR 425.208
2. ACGME Institutional Requirement IV.J.1
3. ACGME Common Requirement VI.G.2
4. Medicare Benefit Policy Manual, Chapter 6, Section 90
Moonlighting Activity Request Form

Date of Request: ___________________
Residency Program: ____________________________________________________________

Is resident/fellow participation in this activity ongoing from year to year? Yes or No
If not ongoing, list the date range of the activity. _______________________________________
Name of activity: ___________________________________________________________________
Location of activity: __________________________________________________________________

*List the average number of hours/week resident(s) will participate in this activity ___________
*List the average number of times/week resident(s) will participate in this activity ___________
How many residents will participate in this activity? ____________________________

Description of Activity:

Responsibilities of Resident:

Sources of additional financial compensation to the resident(s):

Program Director:
Name______________________Signature__________________________Date_____________

Department Business Administrator:
Name______________________Signature__________________________Date_____________

Department Chair:
Name______________________Signature__________________________Date_____________
GME Office will obtain signatures below

Associate Dean for GME:
Name______________________Signature__________________________Date_____________

Associate Executive Dean for Education:
Name______________________Signature__________________________Date_____________
*If more than one person participates in this supplemental clinical activity, the time commitment reflects all residents combined.

Director, Insurance and Claims Management:
Name______________________Signature__________________________Date_____________
*Signature must be obtained if COM elects to cover malpractice insurance for fellows during internal moonlighting.
Moonlighting Activities Yearly Participant Form

Program name: ______________________________________________________
Date range of activity: _________________________________________________
Activity: ____________________________________________________________

List below the name of each resident in the program who has participated in the above named IMA during the time frame listed.

Resident names and PGY year:

__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

If anything regarding this activity has changed since initial approval (i.e., who supervises, resident responsibilities, etc) please describe below.

Program Director_________________________________________        Date____________________
**Policy of the Graduate Medical Education Committee**

**Section:** Resident Supervision/Work Environment

**Subject:** Religious Accommodation

**Number:** 3.500

**Date Developed:** 1/2005

**Last Review/Revision:** 10/07, 7/10, 5/2014

**Replaces:** ACGME Requirements: Institutional IV.J; Common VI

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**Purpose**

The purpose of this policy is to address requests by residents for accommodation for religious beliefs or practices and to ensure that patient care, educational activities and ACGME duty hour standards are not compromised and that the equitable treatment of residents is assured.

**Policy**

Upon request, residency training programs may extend a reasonable accommodation to the resident, or allow a voluntary duty hours “swap” between residents, provided that the accommodation will not result in an undue hardship on the conduct of the program’s business, a compromise to educational activities, an inequity to other residents, or problems with ACGME duty hour standards.

**Procedure**

1. The following procedure must be followed by each resident requesting an accommodation.
   - a. The resident must make a request in writing for a specified reasonable accommodation based on his/her religious beliefs or practices.
   - b. If the accommodation is approved by the Program Director, the resident and Program Director must sign a letter of agreement which includes:
      1. The nature and a description of the accommodation;
      2. A statement that the resident is responsible for completing all requirements of the training program, and that it may not be possible to repeat certain didactic or clinical training lost due to the accommodation.

2. The following procedure must be followed by each Program Director upon receipt of a written request for religious accommodation:
   - a. The Program Director will review the request in a timely manner to determine whether the accommodation can be made.
   - b. If the Program Director determines that accommodation request will be granted, the Program Director will prepare and sign a letter of agreement as stated above in 1.b.
   - c. If the Program Director determines that accommodation is not possible, he/she may authorize a voluntary duty hours “swap” between similarly qualified residents. This duty hours “swap” must be completely voluntary by all parties, and must not interfere with the educational activities of the program or the individual residents.
   - d. If the Program Director determines that accommodation or a duty hours “swap” cannot be granted, the Program Director will notify the resident of this determination in writing in a timely manner.
   - e. To assist residents in determining in advance what accommodations might be possible in a specific program, Program Directors may, at their discretion, publish guidelines applicable to their program.

3. Any accommodation agreement between a resident and his/her program director shall apply only to the resident’s home program. The agreement shall not apply to rotations to other programs, unless a
formal written agreement to honor religious accommodation requests has been executed between the programs and has been approved by the GME Executive Committee. Programs may decline to offer accommodation to visiting residents for the same reasons that they would decline accommodation to their own residents.

4. In the event of an appeal of a Program Director’s decision to decline accommodation to a resident, the resident may proceed as described in GME Policy 1.410, Adjudication of Resident Grievances.
Policy 3.600  
Graduate Medical Education Committee  

Section  
Resident Supervision/Work Environment  

Subject  
Disaster or Interruption of Patient Care  

Policy Requirements  
ACGME Institutional: IV.M.  
ACGME Policy and Procedures to Address Extraordinary Circumstances, 21.00  

Version History  
Date developed: 10/2007  
Replaces: Policy 3.610 was added to this policy, 10/2019  
Legal Review: 

Purpose  
To address administrative support for UAMS Accreditation Council of Graduate Medical Education (ACGME) accredited programs and residents/fellows in the event of a disaster or interruption in patient care to include abrupt hospital closures or catastrophic loss of funding. To provide information about the assistance for continuation of salary, benefits, and resident/fellow assignments.  

Policy  
1. Following declaration of a disaster, the UAMS Designated Institutional Official (DIO) and UAMS Graduate Medical Education Committee (GMEC) will strive to restructure or reconstitute the educational experience as quickly as possible in order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty.  

2. Once the DIO and GMEC determine that the Sponsoring Institution can no longer provide an adequate educational experience for its residents, the Sponsoring Institution and its ACGME accredited programs will follow the process identified in ACGME Policy and Procedures to Address Extraordinary Circumstances, 21.00.  

3. The Sponsoring Institution will to the best of its ability arrange for the temporary transfer of the residents to programs at other Sponsoring Institutions until such time as UAMS College of Medicine is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be provided by their Program Director with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.  

3. If the disaster prevents the Sponsoring Institution from re-establishing an adequate educational experience within a reasonable amount of time following a disaster, then permanent transfers will be arranged.  

4. The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the Sponsoring Institution.
5. The Assistant Dean for Housestaff Affairs will be the primary institutional contact regarding assistance for continuation of salary and benefits during the disaster declaration period. Each Program Director will be the primary institutional contact for resident/fellow assignments for their respective program.

6. In the event of a disaster affecting other Sponsoring Institutions of graduate medical education programs, the program leadership at UAMS College of Medicine will work collaboratively with the DIO who will coordinate on behalf of the College of Medicine the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required in order to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

7. Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the Sponsoring Institution.
Purpose
The purpose of this policy is to establish reporting mechanisms and procedures in the event of disruption of the resident/fellow educational process.

Definitions
Environmental Disruption: An event which causes serious, extended disruption to resident assignments, educational infrastructure, or clinical operations in which the sponsoring institution’s or its programs’ ability to conduct resident education in substantial compliance with ACGME standards may be affected. The event may be localized to one sponsoring institution, a participating institution or another clinical setting (e.g. epidemics, weather-related situations).

Disaster: An event which impacts an entire community or region for an extended period of time. For educational accreditation purposes, the ACGME will declare a disaster in accordance with ACGME Policies and Procedures, II.H.2.

Policy
The GMEC will ensure a safe environment for education and patient care. Resident performance during an environmental disruption of their education should not exceed expectations for their scope of competence as judged by program directors and other supervisors, nor should they be expected to perform beyond the limits of self-confidence in their own abilities.

Decisions regarding a resident’s involvement in these situations must take into account the following aspects of his/her multiple roles as a student, a physician, and an institutional employee:

- the nature of the health care and clinical work that a resident will be expected to deliver;
- reasonable expectations for duration of engagement in the extreme emergent situation; and,
- self-limitations according to the resident’s maturity to act under significant stress or even duress;
- resident’s level of post-graduate education specifically regarding specialty preparedness;
- resident safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
- board certification eligibility during or after a prolonged extreme emergent situation.
Procedure

1. Residents and fellows are expected to abide by policies and procedures of the affected clinical setting.

2. Upon learning of an environmental disruption of education at a clinical site, either the program director (PD) or the Designated Institutional Official (DIO) may take initial action.

3. Once safety of the residents/fellows is assured, decisions regarding their involvement, including reassignment require PD and DIO consent.

4. The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution’s or any of its programs’ ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. On behalf of the Sponsoring Institution, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.

5. The ED-IRC may request that the DIO submit a written description of the disruptions at the Institution and details regarding activities the Institution has undertaken in response. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all Executive Directors (EDs) of Residency Review Committees (RRCs).

6. Upon receipt of this confirmation, PDs will contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.

7. PDs are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues.

8. DIO is expected to notify the ED-IRC when the institutional extreme emergent situation has been resolved.

9. This reporting serves to document the event in order to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews.
| Policy 3.700  
Graduate Medical Education Committee |  |
|-----------------------------|-----------------------------|
| **Section**  
Resident Supervision/Work Environment |  |
| **Subject**  
Americans with Disabilities |  |
| **Policy Requirements**  
| **Version History**  
Date developed: 11/2007  
Revisions Approved: 7/2010, 5/2014, 2/2018  
Legal Review: 2/2018 |  |

**Purpose**
To address the accommodations for disabilities consistent with all applicable laws and regulations.

**Policy**
The Graduate Medical Education Committee has adopted two UAMS policies regarding the accommodation for disabilities:

1) UAMS Administrative Guide policy on Compliance with the Americans with Disabilities Act (ADA), number 3.1.12.
2) UAMS Administrative Guide policy on Americans with Disabilities Act in Employment, number 4.4.08.
Purpose and Scope:
To support the continuity and safety of patients by providing a standard framework for care transitions occurring during duty hour shift changes, location or service transfers, or other scheduled or unscheduled circumstances when the patient moves from one stage of care to another stage with new care personnel. This policy applies to all Residents and Fellows practicing medicine within the University of Arkansas for Medical Sciences Graduate Medical Education programs.

Policy:
Residency and fellowship programs (“programs”) must:
• Work with clinical sites to optimize hand-offs while being mindful of the site’s handoff policies. 2,3
• Design clinical assignments with clinical sites to optimize hand-offs overall. 2,3
• Maintain a schedule of attending physicians and residents responsible for care. 2,3
• Ensure hand-offs meet the essence of SBARQ (See below)
• Teach and assess housestaff on safe hand-off practices. 1
• Document the evaluation of handoff procedures in the Annual Program Evaluation. 1,2,3
• Ensure continuity of care in case a resident becomes fatigued or ill. 2,3

The institution offers professional development on these standards as part of Institution for Healthcare Improvement mandatory training modules, PS104, Lesson 3. 1,2,3

Procedure:
At each transition or handoff, a resident or fellow should seek to meet the essence of SBARC as follows:

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>BACKGROUND</th>
<th>ASSESSMENT</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name</td>
<td>Recent procedures</td>
<td>Diagnosis</td>
<td>Next Actions</td>
</tr>
<tr>
<td>Medical record number</td>
<td>Changes in condition</td>
<td>Status</td>
<td>Anticipated procedures</td>
</tr>
<tr>
<td>Admitting physician</td>
<td>Changes in treatment</td>
<td>Level of acuity</td>
<td>Outstanding tasks</td>
</tr>
<tr>
<td>Overall situation</td>
<td>Current medication</td>
<td>Code status</td>
<td>Outstanding tests</td>
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<td></td>
<td>Current Status</td>
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<td>Anticipated changes</td>
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<td></td>
<td>Current Vitals</td>
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<td>Allergies</td>
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<td></td>
<td>Recent lab tests</td>
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</tbody>
</table>

QUIET PLACE
Receiver asks questions, repeats handoff information
Face-to-Face in a Quiet Place (PREFERRED). No texting.
Definitions:

Clinical Sites: CAVHS, UAMS Medical Center, Children’s Hospital, Baptist Hospital

Clinical Learning Environment (CLE): The intersection of organized patient care and organized medical education together with their respective shared functions, goals and strategies. Typically the CLE is where residents learn to be independent physicians and/or surgeons with real patients in a real clinical setting.

Handoff - the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another.

SBAR – Situation Background Assessment Recommendation is the handoff framework adopted by GME to standardize handoff and improve transitions in the CLE.

Transitions of care - A daily event in the clinical setting including change in level of patient care, admission from the ED, outpatient clinic, or outpatient procedure area, discharge to home or another facility, and at housestaff rotation or shift changes.