

**2014-2015 RESIDENT POLICIES AND PROCEDURES**  
**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF MEDICINE**

<u>Contents</u>	<u>Page</u>
I. ACLS Policy	3
II. Accommodations for Residents with Disability Policy	4
III. Campus Health Services Office	
a. Services Provided	5
b. Immunization Requirements and Policy	6-7
c. Needle Sticks and Other Exposures	8
d. Mental Health Services	9
IV. Change of Service Dates	10
V. Compliance with Teaching Physician Regulations Policy	11
VI. Delinquent Medical Records	12
VII. Disaster Policy	13-16
VIII. Drug Free School Notice	17
IX. Due Process	
a. Academic Probation	18
b. Grievance Procedure	19
X. Duty Hours Policy and Timekeeping Requirements	20-22
XI. Evaluation, Promotion, and Termination Policy	23
XII. Email Accounts	24
XIII. Fringe Benefits	25-27
XIV. HIPPA(Health Insurance Portability Accountability Act)	28-29
XV. House Staff Council	30
XVI. Impaired Residents/Substance Abuse Policy	31
XVII. International Residents	32
XVIII. Leave Time	
a. Leave of Absence Policy	33
b. Educational & Personal (Program Director's Discretionary Leave)	34
c. Graduate Medical Student Leave	35
d. Maternity Leave	36
e. Leave Request Form	37
f. Military Leave	38-41
g. Paternity Leave	42
h. Sick Leave	43
i. Vacation Leave	44

XIX.	Malpractice Coverage	45
XX.	Medical Licensure Policy	46-47
XXI.	Moonlighting Policy	48-49
XXII.	New Innovations	50
XXIII.	Off-Site Rotations	51
XXIV.	Pay Schedule and Paychecks	52
XXV.	Resident Closure/Reduction Policy	53
XXVI.	Restrictive Covenants Policy	54
XXVII.	Sexual Harassment Policy	55
XXVIII.	Student Mistreatment Policy	56-57
XXIX.	Supervision Policy	58-59
XXX.	Transition of Care and Handoff Policy	60-62
XXXI.	Vendor Policy	63-65
XXXII.	Worker's Compensation	66-67

**ACLS POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. All residents/fellows in U of L postgraduate training programs must have Advanced Cardiac Life Support (ACLS) certification prior to beginning training in U of L medical and dental programs. The only exceptions are Forensic Pathology and Clinical Chemistry. Pediatric residents may have PALS instead of ACLS. Documentation and record keeping will be the responsibility of each program. Programs must submit data on ACLS certification for all residents/fellows to the Graduate Medical Education Office.
2. A 30-day grace period may be permitted, but must be requested in advance from the Graduate Medical Education Office.
3. Recertification and maintenance of an active certificate in ACLS is required for all residents in anesthesiology, emergency medicine, family practice, radiology, categorical and preliminary medicine, gastroenterology, pulmonary/critical care, sleep medicine, and cardiology. Recertification and maintenance of an active certificate in Pediatric Advanced Life Support (PALS) is required for all residents in pediatrics, pediatric ambulatory care, pediatric critical care, pediatric emergency medicine, pediatric endocrinology, pediatric gastroenterology, and pediatric infectious diseases. Neonatology residents must maintain active certification in Neonatal Resuscitation Program (NRP). Medicine-Pediatrics residents must remain actively certified in both ACLS and PALS. Other departments may require recertification at their option.
4. When re-certification is required as part of the residency training program, the department must provide the training without cost to the resident.
5. BLS is no longer part of ACLS certification training, therefore, all residents will be required to obtain BLS certification prior to ACLS training. It is recommended that both BLS and ACLS be obtained by new residents prior to their arrival in Louisville, if they have not been certified at their schools.

Resident Policies and Procedures  
Section II.

**Policy on Accommodations for Residents with Disabilities**  
Graduate Medical Education Office  
School of Medicine  
University of Louisville

It is the policy of the University of Louisville School of Medicine to provide reasonable accommodations as necessary for qualified individuals with disabilities who are accepted in to our post graduate training programs. We will adhere to all applicable federal and state laws, regulations and guidelines with respect to providing reasonable accommodations as required in accordance with the policies and procedures of the University of Louisville.

The Graduate Medical Education Office will work with the University Office of Disability Services in determining if a resident has a disability and what accommodations may be reasonable and necessary for the School of Medicine to provide. Residents will still be required to meet all program educational requirements with or without accommodations as they must be able to demonstrate proficiency in all of the ACGME defined competencies, and programs must certify that residents have determined sufficient competence to enter practice without direct supervision upon completion of training. This includes the ability to perform the required technical and procedural skills of the specialty. Patient safety must be assured as a top priority in these determinations.

Residents must request accommodations in writing to the Program Director. At that time the resident will be required to provide medical verification of a medical condition that he or she believes is a disability. The resident is responsible for the costs of obtaining verification. The Program Director must notify, within five (5) working days of the request, the Designated Institutional Official and the Graduate Medical Education Office.

12/08/08

Resident Policies and Procedures  
Section III.A.

**Campus Health Services Office**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

**Campus Health Services Office**  
**(502) 852-6446 (Answered 24 hours/day)**  
**Phillip F. Bressoud, MD, FACP**  
**Executive Director**

The Campus Health Services, located in the UofL L Healthcare Outpatient Center (HCOC) on the corner of Preston and Chestnut Streets, provides immunizations, tuberculosis screenings, drug screening as well as occupational and routine medical services for all HSC Health Professional students, residents and fellows. The CHS also serves as an on-site treatment facility for workers compensation related injuries and exposures including needle sticks. The office is staffed by board certified faculty physicians and nurse practitioners. All providers have extensive primary care and occupational exposure experience. On-site laboratory and X-ray facilities are located adjacent to the office. The office is open daily from 8:30 to 4:30. Please call ahead to arrange an appointment if possible, but walk-ins will be accommodated.

Exposures involving HIV, Hepatitis B, Hepatitis C or other agents can be referred 24 hours a day to the provider on call. After a post-exposure evaluation and determination of risk, the provider will determine if post-exposure prophylaxis (PEP) is indicated. In the case of HIV positive exposures, access to antiviral drugs should be started within one hour of the exposure. **Only the on-call provider for the CHS can release the antiviral drugs from the University of Louisville in-patient pharmacy to U of L employees, residents, and students. Please do not ask other house staff or attending physicians to write for HIV post-exposure prophylactic drugs.** Follow up testing and reporting of the exposure to Workers Compensation can usually be completed the next working day.

Although you may choose any approved facility for workers compensation care, the CHS is prepared to minimize the time it takes for you to be seen and return you to your clinical duties as soon as possible. Failure to use an approved facility can result in denial of payment on your claim to Workers Compensation for treatment. The CHS works with the U of L Risk Management Office to assist you in completing the necessary paperwork to process your claim. **Failure to report an injury or exposure can result in non-payment of any future claims. For example, if you become HIV positive after an unreported exposure, Workers Compensation may not pay any claims for HIV or HIV related complications.**

The CHS also serves as the repository of your immunization records and exposure data while you are in your residency. If you attended medical school at U of L, your student data will be carried forward when you begin your U of L residency. If requested, the CHS will provide you with a free copy of your immunization and PPD documentation when you leave the University.

Required Immunizations and Testing

1. TDAP: 1 dose of Tdap (Tetanus, Diphtheria and Acellular Pertussis)vaccine within last 10 years MMR: Documentation of serologic immunity OR  
2 MMR vaccines (2 doses each of measles and mumps as well as 1 dose of Rubella (if administered separately)
2. HEPATITIS B: 3 Doses Vaccine followed by a Hepatitis B Surface Antibody titer reported with a quantitative value

3. VARICELLA 2 doses vaccine or positive antibody titer. Indeterminate titers require one dose vaccine.
4. INFLUENZA 1 dose of vaccine each fall

5. BASELINE AND ANNUAL TB TESTING IS REQUIRED:

- No previous TST or your testing has elapsed >14 months- Complete two TSTs, at least one week apart.
- No prior history of positive TST
- Proof of two annually consecutive TSTs: one within 90 days of your start date, OR
- -Interferon Gamma Release Assay (IGRA) (Quantiferon TB Gold or T-spot) within 90 days of your start date.
- Prior history of (+) TST or IGRA, or active TB
  - Provide documentation of positive test results, medication treatment, and latest Chest x-ray report.
  - -If you received the BCG vaccine and your first or second TST were “positive” you will need to obtain an IGRA blood test.
  - Complete TB Questionnaire (TBQ) upon starting and on an annual basis.

**Immunization Program  
Campus Health Services Office  
Health Sciences Center  
University of Louisville  
Louisville, KY 40292**

**POLICY ON IMMUNIZATION AND SKIN TEST REQUIREMENTS FOR RESIDENTS  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE**

These requirements have been established by the School of Medicine in recognition of our responsibility to provide for your safety, and for the safety of patients whom you will encounter in the course of your training. In addition, they reflect the standards established by the CDC and by the hospitals in which you will be working. It is the expectation of the administration of the School of Medicine that you will accept the value of these conditions, and that you will accept the responsibility for providing full documentation of your status as stipulated under each heading. **You may not begin your training unless the basic requirements are met, and your continuation as a resident will depend upon your remaining in compliance.** Residents found to be non-compliant for more than 30 days with this policy will be suspended from all clinical duties and may be subject to disciplinary action including termination. Each resident is responsible for supplying the required information and documentation to his/her Program Director. Immunization, TB skin tests and lab work are provided at no cost to incoming and current residents through the HSC Health Services Office located in the HCOC suite 110.

## **PROCEDURE FOR EXPOSURES TO BLOODBORNE PATHOGENS**

### **UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**

If you experience a needle stick or other occupational blood exposure please do the following:

1. Obtain consent from the patient involved for HIV testing if necessary and contact nursing supervisor at facility where the incident occurred.
2. Complete incident report at facility where injury occurred.
3. Please call 852-6446 to discuss your exposure with the physician on call. HIV post exposure prophylaxis should be started within one hour of the exposure, if possible.
4. During working hours, you may go to the Campus Health Services Office on the first floor of the Faculty Office Building. We strive to keep your visit as short as possible and have all of the appropriate worker's compensation forms available if necessary.
5. You will be counseled at your visit and appropriate long term follow-up testing determined. It is your responsibility to complete any follow-up testing.
6. Failure to complete a Worker's Compensation Form may result in non-payment of claims and make the resident responsible for any charges

**Revised:** 07/03; 07/04, 7/08; 2/14



**MENTAL HEALTH SERVICES FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

**MENTAL HEALTH SERVICES**

Confidential counseling or psychiatric consultation is provided at no charge to the resident through a contractual arrangement between the Dean's office and the Campus Health Services Office. Residents desiring or in need of personal counseling, psychiatric consultation and/or treatment should contact one of the numbers below:

Quinn Chipley, MD, MA  
HSC Counselor  
Office: 852-0996

Gordon Strauss, MD  
Director, Student and Resident Psychiatric Services  
Office: 852-6446

Revised 07/03; 04/20/05; 5/07/2007, 4/1/10, 2/19/14

## RESIDENT CHANGE OF SERVICE DATES 2014 – 2015

<u>Rotation</u>	<u>PGY 1 Dates</u>	<u># of Days</u>	<u>Upper Level Dates</u>	<u># of Days</u>
1	Tues Jul 1 – Thu, Jul 31	31	Tue, July 1 – Fri, Aug 1	32
2	Fri, Aug 1 – Sun, Aug 31	31	Sat, Aug 2 – Mon, Sept 1	31
3	Mon, Sept 1 – Tue, Sept 30	30	Tue, Sept 2 – Wed, Oct 1	30
4	Wed, Oct 1 – Fri, Oct 31	31	Thu, Oct 2 – Sat, Nov 1	31
5	Sat, Nov 1 – Sun, Nov 30	30	Sun, Nov 2 – Mon, Dec 1	30
6	Mon, Dec 1 – Thu, Jan 1	32	Tue, Dec 2 – Thu, Jan 1	31
7	Fri, Jan 2 – Sat, Jan 31	30	Fri, Jan 2 – Sun, Feb 1	31
8	Sun, Feb 1 – Sat, Feb 28	28	Mon, Feb 2 – Sun, Mar 1	28
9	Sun, Mar 1 – Tue, Mar 31	31	Mon, Mar 2 – Wed, Apr 1	31
10	Wed, Apr 1 – Thu, Apr 30	30	Thu, Apr 2 – Fri, May 1	30
11	Fri, May 1 – Sun, May 31	31	Sat, May 2 – Mon, June 1	31
12	Mon, June 1 – Tue, June 30	30	Tue, June 2 – Tue, June 30	29

**POLICY ON COMPLIANCE WITH TEACHING PHYSICIAN REGULATIONS**  
SCHOOL OF MEDICINE  
UNIVERSITY OF LOUISVILLE

1. The Centers for Medicare and Medicaid Services' (CMS) Medicare's Final Rule for Teaching Physicians was effective July 1, 1996 and revised on November 22, 2002. This rule outlines the documentation criteria for physicians in teaching institutions.
2. Representatives of CMS indicate that audit and enforcement activities will continue relative to teaching institutions. Failure to comply with the applicable rules can lead to serious civil penalties, criminal prosecution and exclusion of a provider. It is our sincere desire that neither any U of L physician nor the University suffer the possible serious consequences that could result from either not understanding or not following the rules.
3. Accordingly, the U of L School of Medicine is seeking to be pro-active in implementing these new rules by providing faculty, residents and staff educational sessions and reference materials. It is mandatory that all residents attend or complete an online session since compliance involves efforts by you and the School of Medicine. Training is provided by the UofL Physicians Compliance and Audit Services.
4. Residents are required to attend and complete an educational session on the CMS Teaching Physician Regulations within 30 days of hire. Failure to comply with this requirement within 30 days of hire will result in the resident being placed on academic probation for fifteen days by the Dean of the School of Medicine. If after fifteen days of academic probation the resident still has not completed the required training, the resident will be suspended from his/her training program. Suspension will include cessation of clinical training duties and removal from payroll status. If the training has not been completed after 15 days of suspension, the resident's contract will be terminated.
5. Compliance training will be an annual requirement for all residents. Failure to comply with this annual requirement within the 60 days of its offering will result in the sanctions as noted in #4 and possible training charges for non-completion within the stipulated 60 day period.

Contact:  
K. Mark Jenkins  
Director, Compliance & Audit Services  
U of L Physicians  
compliance@ulp.org  
502-588-2307

Revised: 3/10/00; 07/03; 07/04;07/14

**POLICY ON PROBATION, SUSPENSION, AND TERMINATION  
FOR DELINQUENT MEDICAL RECORDS AT AFFILIATED HOSPITALS**  
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION PROGRAM

1. A resident who is identified as having incomplete medical records (any record greater than 7 days past hospital discharge) by any of the Record Departments of the affiliated hospitals will be notified by the respective Medical Records department and given 7 days to complete the records in question. At that time, the resident will also be notified that if he/she does not complete the medical records within 7 days that he/she will be recommended to be placed on probation.
2. If at the end of the 7-day period the records have not been completed, the Director of Medical Records will notify the Associate Dean for Graduate Medical Education, who will recommend to the Dean that the resident be placed on probation. The resident will be notified in writing by the Dean of the probationary status.
3. Once placed on probation, the resident will be given 7 additional days to complete all additional records at all affiliated hospitals and notified that if records are not completed at the end of 7 days, the resident will then be recommended to be suspended.
4. The Medical Records Department of the appropriate hospitals will notify the Associate Dean for Graduate Medical Education if the medical records in question have not been completed at the end of the 7 days probationary period. The Associate Dean in turn will recommend to the Dean that the individual be suspended. The Dean will notify the individual resident of the suspension in writing. The Dean will notify the resident's Program Director and the Chairman of the Department.
5. Suspension will include the following conditions:
  - A. Resident will be relieved of all clinical duties.
  - B. The resident will receive no credit for training while in suspended status.
  - C. The resident will receive no pay while in suspended status.
  - D. The suspension will continue until all delinquent medical records are completed.
6. If at the end of 30 days suspension period the resident has failed to comply, a recommendation will be made to the Dean from the Associate Dean that the resident be terminated/dismissed from the training program.
7. All available medical records should be completed prior to a resident departing for a vacation, leave of absence, or any out-of-town or out-of-state rotation since the above probation, suspension, and dismissal process will apply in these cases.
8. Prior to a resident departing from a program and receiving any credit or certification for the period of training, all medical records must be completed at all affiliated hospitals.

Revised: 4/2000; 2/10/04; 02/05/08; 4/20/2011

**DISASTER POLICY – Part I**  
University of Louisville School of Medicine  
Graduate Medical Education Program

Purpose: To establish a policy and process for provision of administrative support for GME programs and residents in the event of disaster or interruption in patient care.

Policy: In the event of a disaster or interruption in patient care, the DIO working with the GMEC and other sponsoring institution leadership, will oversee development of program specific plans for ensuring quality educational experience for residents and quality patient care for the institution. Depending on the nature of the disaster, this could include arranging for temporary transfers to other programs/institutions until such time as the home programs can provide an adequate educational experience for the residents or assistance with arranging permanent transfers to other programs/institutions. Approval of program plans will be made by the DIO and the GMEC. The DIO and the GME Office will coordinate and implement approved plans. The GME Office will proceed in accordance with the ACGME Disaster Plan (Part II, Attached)

Procedure: When a disaster or interruption in patient care occurs, the following steps will be taken:

1. The DIO will contact all affected programs requesting submission of alternate plans for ensuring an adequate educational experience within a specified time period (the amount of time will depend on the nature of the disaster)
2. The DIO will convene an emergency meeting of the GMEC to consider and approve submitted proposals.
3. If the ACGME declares a “disaster”, the GME Office will follow the ACGME’s plan for addressing a disaster. Per the ACGME plan, due dates for submission of alternative plans will be no later than 30 days after the declaration of the disaster; unless otherwise specified.
4. The GME Office staff will assist programs to effect the necessary changes in order to comply with approved plans for alternative educational experiences, including but not limited to arranging for temporary or permanent transfers, temporary or permanent increases or decreases in complement, or ACGME site visits as needed.
5. 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.
6. Programs will be responsible for maintaining current academic and personnel records of all residents in the New Innovations Residency Management Suite so that resident records will be available if office records are destroyed in the disaster.

Approved by GMEC: 12/17/08

**DISASTER POLICY – Part II**  
University of Louisville School of Medicine

**Graduate Medical Education Program**

The University of Louisville Graduate Medication Education Office and all university programs will abide by the Accreditation Council for Graduate Medical Education's (ACGME) disaster plan as described in the ACGME Policies and Procedures (Sections II:G:1-10) dated September 12, 2006 pr any future updates to those policies.

1. Overview:

ACGME is committed to assisting in reconstituting and restructuring residents' educational experiences as quickly as possible after a disaster.

2. Definition of Disaster:

An event or set of events causing significant alteration to the residency experience at one or more residency programs. Hurricane Katrina is an example of a disaster.

3. ACGME Declaration of a Disaster:

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

4. Resident Transfers and Program Reconfiguration:

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it must:

- a) arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or
- b) assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

Within 10 days after the declaration of a disaster (see above), the

Resident Policies and Procedures  
Section VII.

designated institutional official of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

- (1) to submit program reconfigurations to ACGME, and
- (2) to inform each program's residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

If within the 10 days, the ACGME has not received communication from the designated institutional official(s), ACGME will attempt to establish contact with the designated institutional official(s) to determine the severity of the disaster, its impact on residency training, and next steps.

5. ACGME Website:

On its website, ACGME will provide, and periodically update, information relating to the disaster.

6. Communication with ACGME from Disaster Affected Institutions/Programs:

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general:

*Designated Institutional Officials* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.

*Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

*Residents* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

7. Institutions Offering to Accept Transfers:

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will

Resident Policies and Procedures  
Section VII.

post information from the form on its website.

The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

8. Changes in Participating Sites and Resident Compliment:

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- a) the addition or deletion of a participating site;
- b) change in the format of the educational program; and,
- c) change in the approved resident complement.

9. Temporary Resident Transfer:

At the outset of a temporary resident/fellow transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.

10. Site Visits:

Once information concerning a disaster-affected program's condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

Approved by GMEC: 08/20/08



### **Drug-Free Schools Notice**

The University of Louisville is committed to protecting the safety, health and well being of all staff, faculty, students and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. As a recipient of federal grants and contracts, the university gives this notice to students, faculty and staff that it is in compliance with the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V Subtitle D) and the Drug-Free Schools and Communities Act Amendment of 1989. Students, faculty and staff are herein notified of the standards of conduct that will be applicable while on university property, business, and/or at university sponsored activities. This policy is incorporated and is a part of the official University of Louisville Policies and Procedures.

This policy recognizes that staff, faculty or student involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work or academic performance of staff, faculty and students, pose serious health risks to users and others, and have a negative impact on productivity and morale.

The university has no intention of interfering with the private lives of its staff, faculty and students unless involvement with alcohol and other drugs off the campus affects job or academic performance or public safety.

As a condition of employment or enrollment, the university requires that staff, faculty and students adhere to a strict policy regarding the use and possession of drugs and alcohol.

The university encourages staff, faculty and students to voluntarily seek help with drug and alcohol problems.

Physicians who require assistance may call the Kentucky Physician Health Foundation at 425-7761.

The entire University of Louisville Policy Statement as a Drug-Free Institution is available at <http://louisville.edu/hr/policies/drugfree.html>

Revised: 3/10/00, 3/1/04, 4/1/10, 4/27/11

**ACADEMIC PROBATION AND DUE PROCESS POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

The Student Academic Grievance Procedure provides residents a fair means of dealing with actions or decisions which the resident may feel to be unfair or unjust. The School of Medicine Student Academic Grievance Committee includes resident representatives.

Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement) and as such are covered by the Student Academic Grievance Policy and Procedures outlined in The Redbook, Chapter 6, Articles 6.6 through 6.8.14 (The Redbook is available on line at [www.louisville.edu/provost](http://www.louisville.edu/provost)). Article 6.6.3 grants each academic unit the responsibility and authority to make decisions in accordance with standards determined by the unit. Academic units are also responsible for seeing that the standards determined are in agreement with their respective RRC/ACGME and Board certification requirements.

The procedure to be followed when academic probation is recommended by a unit is:

1. Program Director (or Residency Evaluation Committee) makes recommendation to the Department Chair.
2. Department Chair makes written recommendation to the Dean (through the Associate Dean for Graduate Medical Education). The written recommendation must include the reasons for the recommendation, the length of the recommended probation and the expected resolutions to the problems.
3. The Dean reviews the recommendation and informs the resident of the probation action.
4. At the end of the probationary period, the Department Chair informs the Dean in writing (through the Associate Dean for Graduate Medical Education) of the resident's progress, advising the Dean if the problem is resolved, if an additional period of probation is necessary or if dismissal is recommended. The Dean takes the appropriate action and informs the resident and the Department Chair and Program Director.

**GRIEVANCE PROCEDURES FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

**Preliminary Procedures**

To pursue a grievance concerning academic matters within the academic unit, the following steps of the grievance procedure should be observed:

1. The resident should first discuss the matter with the person involved and attempt to resolve the grievance through informal discussion.
2. If there is no resolution, the resident should discuss the matter with that person's supervisor or the person to whom such person reports, who should attempt to mediate a resolution.
3. If the resident still has not been able to obtain a resolution, he or she may request the Student Grievance Officer (S.G.O.) (Brenda Hart, 852-6102) to attempt informal mediation of the problem.

**Grievance Procedures**

4. If the matter has not been satisfactorily resolved through the informal process, the resident shall submit a written statement of the grievance to the School of Medicine Grievance Committee through the Office of the Dean. The statement shall contain:

- (1) A brief narrative of the condition giving rise to the grievance;
- (2) A designation of the parties involved; and
- (3) A statement of the remedy requested.

**POLICY ON RESIDENT DUTY HOURS**  
**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**  
**GRADUATE MEDICAL EDUCATION PROGRAM**

**PART I**

The Accreditation Council on Graduate Medical Education (ACGME) has charged sponsoring institutions, in this case the University of Louisville School of Medicine, with ensuring that formal written policies governing resident duty hours be established at both the institutional and program level.

1. Each sponsored training program at the U of L School of Medicine must have a formal, written policy on resident duty hours. The written policy must be provided to all residents and faculty. The policy must foster resident education, facilitate patient care, and be consistent with the current published institutional and program requirements of the specialties and subspecialties that apply to each program. The policy must cover all institutions to which residents rotate. In the event an individual RRC publishes standards which differ from those stated in this policy, the program should follow its published RRC standards.
2. Resident duty hours must not exceed 80 hours per week averaged over four weeks which is inclusive of all in-house call activities and all moonlighting. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
3. PGY-1 residents should have 10 hours, and must have eight hours off for rest and personal activities between duty periods. Intermediate level residents should have 10 hours free of duty and must have eight hours between scheduled duty periods. . All residents must have 14 hours off duty following a 24 hour call. Residents in the final years of education (as defined by the Review Committee) should have eight hours free of duty between scheduled duty periods, but there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. This should be monitored by the Program Director.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period. Residents must not be scheduled for more than six consecutive nights of night float responsibility.
5. Duty periods of PGY-1 residents must not exceed 16 hours duration. Resident assignments at the PGY 2 level and above must not exceed 24 hours maximum continuous on-site duty with up to 4 additional hours permitted for patient transfer and other activities defined in RRC requirements. There must be no new patients assigned after 24 hours of continuous duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. This should be justified by needed continuity of care in a critically ill patient, academic importance of an event or humanistic attention to the needs of a patient or family. The resident must hand over care of all other patients to the team responsible for continuity of care and then document the reasons for remaining. This documentation should be submitted to the Program Director for every instance of overage. The Program Director must review each submission of additional service and track both individual resident and program-wide episodes.
6. Resident time spent in the hospital during at-home call must be counted toward the 80 hours. At-home call, defined as call taken from outside the assigned institution by pager or phone, is not subject to the every 3rd night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for residents.
7. Program Directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Resident moonlighting must be approved in advance and monitored by the program director. Programs must implement mechanisms to monitor resident moonlighting to ensure compliance with both program and institutional policies. All moonlighting that occurs both within the residency program and/or the sponsoring institution or outside the sponsoring institution must be counted toward the 80-hour weekly limit on duty hours. PGY-1 residents are not permitted to moonlight.

8. All residents, including those assigned at-home call, must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call cannot be assigned on these days.
9. Residents are required to enter hours weekly in the New Innovations system. Duty hours must be monitored by the program to assure compliance with ACGME requirements. Institutional mechanisms for monitoring duty hours will include the internal review process and review of weekly duty hours entered by the residents in NI. Further oversight at the institutional level will be provided by the Committee for Resident Education and Work Environment which is a sub-committee of the GMEC. Part III of this policy addresses the role of the committee.
10. Program Directors must monitor resident stress and fatigue and develop policies for educating faculty and residents to recognize the signs of stress and fatigue and for dealing with residents identified as stressed or fatigued.
11. Residents must at all times have appropriate support and supervision in accordance with current published ACGME institutional and program requirements and with the School of Medicine GME Policy on Resident Supervision. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are particularly difficult or prolonged. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.
12. The Graduate Medical Education Committee is responsible for and has established procedures for reviewing requests for exceptions to the weekly duty hours limits of up to 10 percent or a maximum of 88 hours. Requests must be justified on educational grounds and must be approved by the GMEC before consideration by the appropriate Residency Review Committee.
13. The GME Office will conduct quarterly time audits (August, November, February, and May) in order to provide our teaching hospitals the duty hours documentation required for Medicare reimbursement.

## PART II - ACADEMIC PROBATION FOR FAILURE TO LOG DUTY HOURS

All residents/fellows who sign contracts through the GME Office are required to enter their duty hours in the New Innovations (NI) system weekly. Residents/fellows who are found in violation of this requirement will be recommended for academic probation. The process for this recommendation is as follows:

1. The GME Office will generate an“ hours logged” report for each program the first week of each month that will show which residents/fellows have not logged hours for the previous month (i.e., a report of residents/fellows who have not logged hours for December will be run the first week of January).
2. These reports will be faxed to the appropriate Program Directors by the 10<sup>th</sup> of each month. Program Directors or Coordinators are responsible for notifying the residents of the impending probationary action.
3. Once the reports are distributed, residents will be given until the 15th to enter the missing hours. The GME Office will provide the appropriate Program Directors with an updated report at the monthly GMEC meeting.
4. If the resident/fellow has not entered the missing hours by the last day of the month, it will be recommended to the Dean that the resident/fellow be placed on academic probation. A copy of the recommendation will be forwarded to the resident/fellow and the Program Director.
5. Once placed on probation, the resident will be given an additional 7 days to complete the appropriate duty hour entries. If not entered by the end of 7 days, a recommendation for suspension from program activities and payroll will be forwarded to the Dean.
6. Please contact the GME Office if you have any questions or concerns regarding this policy or duty hour entry in NI.

### PART III - PROTOCOL FOR ADDRESSING DUTY HOUR VIOLATIONS

The GMEC Subcommittee titled the Resident Educational and Work Environment Subcommittee will meet every other month and as needed. Duty hour or educational environmental concerns will be brought to and addressed by the committee through the following channels:

1. There will be an administrative staff member of the GME office dedicated to duty hour monitoring. The Resident Education and Work Environment Coordinator (REWE Coordinator) will monitor duty hour exceptions across all programs and report to the Assistant Dean, as well as to the GMEC Subcommittee. This REWE Coordinator will report areas where persistent problems are noted in order for the committee to work with Program Directors, Departments or others to facilitate solutions.
2. The Assistant Dean for Resident Education and Work Environment (Assistant Dean for REWE) is a position within the GME. He/she will receive weekly reports from the REWE Coordinator regarding duty hour exceptions and help identify areas of difficulty within programs. The Assistant Dean for REWE will liaise with the appropriate Program Directors to address system issues interfering with duty hour compliance. The Assistant Dean for REWE will be an ad-hoc member on the GMEC Subcommittee. This position will have the support of the Associate Dean of Graduate Medical Education as well as the Dean of the Medical School.
3. The Assistant Dean for REWE will also serve as the Faculty Duty Hours Ombudsman. Residents can raise duty hour concerns with the Ombudsman anonymously and without fear of intimidation or retaliation.
4. In addition, there will be two peer-elected Resident Ombudsmen, who will sit on the GMEC Subcommittee to provide a further option for residents to raise concerns anonymously. They will be elected by the Resident House Staff Council from a group of volunteers. They must be from separate programs. It is recommended that they be from programs with little shared faculty or rotations.
5. The GMEC Subcommittee will report to the Associate Dean for Graduate Medical Education as well as the GMEC.
6. In the event that recurrent duty hour violations within a program cannot be resolved through the efforts of the Program Director and Assistant Dean for REWE, the GMEC Subcommittee will meet to investigate and address problems with the support of the Associate Dean for Graduate Medical Education.
7. In addition to monitoring duty hour compliance, the GMEC subcommittee will also monitor resident work environment by reviewing each program's Annual Resident Survey (ARS) from the ACGME and each program's Annual Program Review (APR). An aggregate report of the results of both the survey and the APR will be submitted to the Subcommittee. The survey information will be compared to the University as a whole as well as the specialty national aggregate data and the overall national aggregate data. The APR will be reviewed for all of the required components as well as the responsiveness of the program to key issues that were noted by residents and faculty. Each program will be required to create an action plan within the report. The Assistant Dean for REWE and the GMEC subcommittee will monitor progress in completion of the action plans. If needed, they will provide support and advocacy on behalf of the residents and/or program director as they work toward achieving appropriate service-education balance and creating a welcoming educational milieu.

Effective: 03/19/2008

Revised: 09/15/2010

Revised 3/16/2011 GMEC; Effective 7/1/2011

Revised 4/17/2013

Resident Policies and Procedures  
Section XI.

**Policy on Evaluation, Promotion and Termination of Residents**  
University of Louisville  
Graduate Medical Education

1. Each program director must develop guidelines for evaluation and promotion of residents to the next postgraduate level based on ACGME and RRC standards. Residents who do not meet these criteria are subject to probation, suspension, and dismissal.
2. The following are areas of performance that may warrant probation, suspension, and termination:

**Professional Performance:** Actions that endanger patients or the staff, violations of institutional policies, and actions which are detrimental to the institution and program.

**Academic Performance:** Actions that display knowledge deficiencies, including the inability to perform assignments in a manner commensurate with postgraduate-level education and the inability to apply learned skills in an appropriate manner.

3. Residents with professional or academic performance issues which warrant review may be given several options, including:

Performance improvement plan

Probation

Temporary Suspension

Termination from program and institution

4. Residents, whenever possible, will be given at least a four-month written notice when his/her performance is unfavorable for promotion or the program is considering termination.
5. Residents will be afforded due process in accordance with the “Academic Probation and Due Process Policy for Residents” and “Grievance Procedures for Residents” as published in the Resident Policies and Procedures manual.

Date of GMEC Approval: 12/17/08

**EMAIL ACCOUNTS**  
**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF MEDICINE**

On June 30<sup>th</sup> at 12 midnight, the information on all new residents and fellows from the UL PeopleSoft System will rollover into the UL Email System. This process will activate your email account. If you recently graduated from UL as a medical student then your account is still active. If you are new to UL then you will need the following information to open your account.

**NOTE:** *All Residents/Fellows are required to open and use U of L Email Accounts. The School of Medicine purchased and implemented a GME Management Software System, New Innovations<sup>1</sup>. All evaluations will be accomplished electronically and residents must maintain an active e-mail account, keep their e-mail address updated in New Innovations, and provide a correct e-mail address to their residency program coordinator.*

To access U of L email, go to [exchange.louisville.edu](http://exchange.louisville.edu) and enter your user ID and password.

**User ID/Password Information for First-Time Users**

Your email address is your ULink userID followed by @louisville.edu (userID@louisville.edu), or your first and last name followed by @louisville.edu (jane.doe@louisville.edu) if you have set up an email nickname. Information Technology does not recommend giving out your email address as userID@exchange.louisville.edu.

If you do not know your user ID, you can obtain your User ID by accessing [louisville.edu/userid](http://louisville.edu/userid) and using your Social Security number, or the 7-digit employee ID printed on your Cardinal Card. If you have already used your university email account, your ULink user ID will be the same as your email user ID.

If you have not yet used your university email account, your password will be the first two letters of your first name, then the first two letters of your last name, then an exclamation mark (!), then the last four digits of your employee ID. For Jane Smith, employee ID 1234567, her password is JASM!4567.

If you have forgotten your password and have not set your challenge questions, your unit's Tier 1 technical support staff can change your password or take a picture ID to a computing center for a password reset.

If you have any other user ID or password problems, please contact the IT HelpDesk at 852-7997 or [helpdesk@louisville.edu](mailto:helpdesk@louisville.edu).



**FRINGE BENEFITS**  
**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF MEDICINE**

**Life Insurance**

Term life insurance is provided for all residents, in the amount of \$2000 of life insurance for each \$1000 of annual stipend. Accidental death and dismemberment coverage is included.

**Health Insurance**

Single and family coverage is available at group rates. Several different plans at varying costs are available to choose from. Residents may choose Premium Conversion, which permits payment of premiums with pre-tax dollars.

**Workers Compensation**

All residents are covered by workers compensation for medical expenses and lost work time due to job-related illness or injury.

**Disability Insurance**

Long-term disability insurance is provided for residents, free of charge. Residents have the option of converting the coverage from group to individual at the end of their training, and the option of purchasing additional coverage at very reduced rates.

**Malpractice Insurance**

Coverage is provided for all residents by either the University of Louisville or by the hospitals to which residents are assigned. This coverage applies to all assigned rotations that are part of residency training, as detailed on the reverse side of the resident agreement. (See Section XIX, Malpractice Coverage).

**Dental Care and Coverage**

The Faculty Practice Office in the Outpatient Care Center will provide annual examination, including cleaning and x-rays, to residents free of charge. Residents can call 852-5401 for information. Residents may also purchase, at group rates, dental insurance in both single and family plans.

**Medical Licensure**

Kentucky state law requires that all PGY-2 and above trainees be licensed to practice medicine in the state of Kentucky. The fee for the initial training license is paid by the Graduate Medical Education Office for the PGY-1's who continue as PGY-2's in U of L programs.

**Campus Health Service Office**

Hepatitis B immunization and an annual TB skin test are required and furnished free of charge to all residents. The Campus Health Services Office provides minor urgent medical care and immunizations, including boosters and TB testing. Personal counseling is also available. The Campus Health Services Office also serves as an on-site treatment facility for workers compensation related injuries and exposures including needle sticks, and as the repository of resident immunization records and exposure data. The office is staffed by board certified faculty physicians and faculty nurse practitioners who have extensive primary care and occupational exposure experience.

**Vacation (Annual Leave)**

**PGY-1**..... 3 weeks annually  
**PGY-2/above**.....4 weeks annually

At the discretion of the Program Director, an additional 2 weeks may be permitted for personal or educational leave. In addition, Program Directors may grant one additional week vacation to PG-1's.

## Residents Policies and Procedures Section XIII.

### **Lab Coats**

Lab coats are provided by departments for residents at the beginning of their training.

### **Physician Placement Service**

The University of Louisville Physician Placement Service Office provides assistance to residents and others seeking practice opportunities in Kentucky. This is a free service to residents.

### **Library Privileges and Services**

Residents have library privileges at the medical school library (Kornhauser Health Sciences Library) and at all affiliated hospitals. Available services include electronic literature searches and interlibrary loan service. Audiovisual equipment, as well as computers and computer software, are made available to residents through the library. Through the Kornhauser Library's website (<http://library.louisville.edu/kornhauser/>), residents have access to thousands of electronic journals via Medline and online e-journal collections. Residents can search the library's catalog or view a collection of electronic textbooks and reference materials online.

### **Counseling Services**

Professional counseling is available to residents through the Health Sciences Center Campus Health Services. Counseling services are also available through the University of Louisville Employee Assistance Program. See Section III.D (Campus Health Services Office) for additional counseling options.

### **Recreational Facilities**

Free membership to the HSC Fitness Center is available to all HSC residents, students, staff and faculty. The Fitness Center is conveniently located in the Chestnut Street Parking Garage, and includes weight machines, free weights, and 20 pieces of aerobic equipment. Aerobics and yoga classes are also offered. In addition, a swimming pool and recreational facilities on Belknap Campus are also available to residents, through the Intramural and Recreational Sports Office, the Student Activities Center, and Crawford Gymnasium.

### **Medical and Personal Leave**

Paid medical leave up to 90 days is available in cases of extended personal illness. Residents are covered under the Graduate Medical Student Leave Policy, which provides up to 12 weeks unpaid leave for personal or family illness.

Personal leave is available at the discretion of the Department Chair.

### **Maternity/Paternity Leave**

Female residents may use a combination of vacation and personal time to cover up to 42 days of paid post-partum leave. Leave of absence longer than 42 days is taken as unpaid leave. Male residents may use annual leave or unpaid leave under the Graduate Medical Student Leave policy.

### **Dependent Care Spending Account**

Residents may establish an account to convert tax-free benefit dollars within the limits established by the IRS. The monies are reimbursed to the resident for expenses incurred for dependent care of children.

### **Parking**

Resident stipends include an allotment of \$500 to cover the cost of a parking permit. Residents may choose where to purchase their parking permit.

### **Other Benefits**

Some departments provide additional benefits to their residents, such as textbooks, professional dues, or funds for travel to educational meetings.

### **Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act (“HIPAA”) was passed in 1996. HIPAA incorporates several legislative actions. Title I involves issues surrounding the availability, portability and renewability of health insurance. Title II contains changes to fraud and abuse laws and the Administrative Simplification Section. Title III contains tax provisions; Title IV contains application and enforcement provisions of group health plan regulations and Title V contains revenue offsets. The **Administrative Simplification Section of Title II** is the section that triggered the regulations for standard transactions and code sets, privacy and security of health information, and unique health identifiers.

**HIPAA changed the way health information is shared among the players in the health care market. Not only did the privacy requirements of HIPAA change the role of the physician by making what was once an unregulated responsibility to protect patient privacy into a legal obligation, but the method by which health information is maintained and transmitted also changed.** Most physicians are impacted by the Administrative Simplification Section of HIPAA in virtually every aspect of their daily practice.

#### **Online Training**

The following steps outline the process for completing the online HIPAA Basic Privacy Awareness and the HIPAA Security Fundamentals training courses. If you are involved in research with the University of Louisville, there will be additional lessons (HIPAA Privacy & Research Fundamentals) assigned to you for completion.

1. Access the university’s Blackboard system: [blackboard.louisville.edu](http://blackboard.louisville.edu).
2. Log in using your university/GroupWise ID and password.
3. You will find the courses in a box labeled “My Organizations.” The HIPAA training is located in two organizations - *HIPAA Privacy Training – Basic Awareness* and *HIPAA Information Security*. Both courses must be completed in order to be compliant for clinical work.
4. The courses each have four lessons and tests. You must receive an 80% or better on all eight tests in order to receive credit for both courses.

#### **Frequently Asked Questions**

- **What do I do if I cannot remember (or lost) my Learner ID and password?**  
**Answer:** Your learner ID is your Groupwise/netmail ID. The password can be obtained by calling the Help Desk 852-7997.
- **How do I get a copy of my HIPAA grades?**  
**Answer:** Upon completing the required reading material and corresponding tests, you can view your completion status by clicking on the grade in the “Report Card” box located below “My Organizations.” This will bring up the tests within the organization and your grades. You can print this out for your records.
- **Who can I contact if I have difficulty with the training course?**  
**Answer:** Questions should be directed to the Privacy Office at 852-3803 or [privacy@louisville.edu](mailto:privacy@louisville.edu).
- **Am I able to complete the course in different sittings?**  
**Answer:** You can start and stop the lessons as desired.

Resident Policies and Procedures  
Section XIV.

- **Is this an annual training course?**

**Answer:** Currently there are no regulations that require HIPAA training to be completed every year. Different institutions or practice groups may require a separate training that has been created specifically for that entity. In that case you may be asked to complete their specific training course. If you have taken a similar training course elsewhere, that course work does not replace the University of Louisville's requirement. Individuals who are required to complete the Annual Compliance Mandatory Training (Fraud Awareness Professional Compliance or Ethics Training) must comply with the annual training requirements of the Office of Compliance (852-7969).

- **If I am going to participate in research, what additional training do I need?**

**Answer:** In addition to the HIPAA Privacy and the HIPAA Security training that was initially assigned to you, you will need to complete the four lessons for the "HIPAA Privacy & Research Fundamentals" training. Contact the Privacy Office (852-3803 or [privacy@louisville.edu](mailto:privacy@louisville.edu)) to have these lessons assigned to you. The CITI training (also referred to as Human Subject training) will need to be completed as to the requirements of the Human Subject Protection Program Office (852-5188).

Privacy Office  
University of Louisville  
501 E. Broadway, Suite 110  
Louisville, KY 40202  
(502) 852-3803  
[privacy.louisville.edu](http://privacy.louisville.edu)

Revised 05/20/2004; 04/20/05; 02/2006; 04/2007; 03/2008; 4/2010; 2/2011

## **HOUSE STAFF COUNCIL 2014-2015**

The purpose of the House Staff Council is to serve as an avenue for the concerns and problems of U of L residents and fellows, disseminate information applicable and helpful to all residents, and promote U of L residents as a unified group. This organization, which is comprised of peer-selected representatives from each training program, meets monthly to plan professional development and social events, schedule speakers, and address problems and concerns as they arise. Representatives selected from this council serve on the Graduate Medical Education Committee, Academic Grievance Committee, Faculty Forum, and Medical Council. The House Staff Council also publishes a website to keep residents informed about issues of interest to them.

### **2014-2015 House Staff Council Members**

<b>Anesthesiology:</b>	Billy Deskins, Ashley Amsbaugh
<b>Dermatology:</b>	Sabrina Abner, M. Tye Haeberle
<b>Emergency Medicine:</b>	Amanda Zhang
<b>Family Medicine:</b>	Jesse Jenkins, Michael Jordan
<b>Family Medicine/Glasgow:</b>	Brook Helmer
<b>Hematology/Oncology:</b>	Tezo Karedan, Jaspreet Grewal
<b>Medicine:</b>	Michael Burk, Frederick Griffiths, Andrew Lally, Matthew Middaugh
<b>Medicine/Pediatrics:</b>	K. Schot Hannan, Julianna Dunster
<b>Neurology:</b>	Mazier Seyedian
<b>Child Neurology:</b>	Yatish Haralur
<b>Neurosurgery:</b>	Ryan Nazar
<b>Ob/Gyn:</b>	Nancy Utley, Ashley Blevins, Nicolette Torres
<b>FPMRS:</b>	Nicolette Deveneau
<b>Ophthalmology:</b>	Eddie Apenbrink, J. Paul Downing
<b>Orthopaedic Surgery:</b>	Nathan Polley, Philip Collis
<b>Pathology:</b>	Diana Haninger, Bradley Gibson
<b>Pediatrics:</b>	Becca Hart, Kate Livesay
<b>Peds ER:</b>	Katie Nichols
<b>Peds Neonatology:</b>	Shamailia Gill
<b>Peds Pulmonary:</b>	Scott Bickel
<b>Peds Critical Care:</b>	Natalie Henderson
<b>PM&amp;R:</b>	Kimberly Skelton
<b>Psychiatry:</b>	Meredith Birtwhistell, Kari DuBosque
<b>Pulmonary:</b>	Christopher Barber
<b>Radiation Oncology:</b>	Parul Barry, Matthew Bertke
<b>Radiology:</b>	Jeremy Clark
<b>Surgery/ENT:</b>	Craig Fichandler, Leslie Asbury
<b>Oral Surgery:</b>	Paul Koshgerian, Chris Galea
<b>Otolaryngology:</b>	Mary Worthen
<b>Urology:</b>	Angelena Edwards, Brittany Ewing-O'Bryan

**IMPAIRED RESIDENTS/SUBSTANCE ABUSE**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

Residents who exhibit signs of impairment due to substance abuse are referred to the Kentucky Physicians Health Foundation (KPHF) for evaluation in accordance with Kentucky medical licensure laws. KPHF evaluates and monitors impaired physicians for the Kentucky Board of Medical Licensure (KBML) under a formal contractual arrangement. The University follows the recommendations of this organization for the treatment and monitoring of impaired residents as well as the written policies of the University of Louisville Hospital. As residents begin training in University programs, they are required to complete a Hospital Privileges Application, which requires information about their personal health status and includes questions related to impairment due to alcohol and other drugs. These applications are reviewed by the hospital Physicians Health Committee (PHC), which in turn makes recommendations to the hospital Credentials Committee. Residents who are in recovery are reviewed at quarterly meetings of the PHC. There is formal written exchange of information about the status of the resident's recovery between the PHC and the KPHF quarterly. Residents who are found to be impaired because of known and untreated substance abuse, or who violate the Kentucky licensure law are referred to the KBML as required by law.

Residents needing assistance or who have questions should contact their Program Director, the Medical Director of the Kentucky Physicians Health Foundation (Dr. Greg Jones at 425-7761), or the Chairman of the University of Louisville Hospital's Physicians Health committee (Dr. Christopher Stewart at 813-6626).

## **POLICIES REGARDING FOREIGN NATIONALS AND INTERNATIONAL MEDICAL GRADUATES**

### ECFMG Certificates

All graduates of medical schools outside of the United States or Canada must have a valid ECFMG certificate to train in University of Louisville residency programs.

### Acceptable Visas:

#### J1 Clinical Visa

The University of Louisville School of Medicine utilizes the J1 visa for residency training. Eligibility criteria for the J1 visa include ECFMG sponsorship and acceptance into a U.S. Residency program. Completed applications and supporting documents are sent to the Graduate Medical Education office where they are signed and forwarded to the ECFMG for approval. Under normal circumstances applications take 4-6 weeks to be approved, but it is recommended that applications be sent as early as possible to avoid delay due to unforeseen complications. The deadline for submitting applications for initial sponsorship to the ECFMG is April 1. Applications for continuing sponsorship should be submitted by May 1. Residents sponsored on J1 visas are not allowed to moonlight or earn any income outside of the stipend stipulated in the resident's house staff contract. All residents training on visas are required to provide a copy of their most recent I-94 in order to begin training.

#### Permanent Residents and Employment Authorizations

Foreign medical residents may train using a Permanent Resident Card (Green Card) or Employment Authorization Documents (EAD). The GME office must have a copy of the unexpired document on file in order for the resident to train and be paid. It is the resident's responsibility to see that these documents are renewed when appropriate; allowing these documents to expire can result in a lapse in training. We recommend that applications for renewal of Permanent Resident cards be submitted 5-6 months before the expiration date. Applications for EAD's should be submitted at least 90 days in advance of expiration.

**NOTE: Individual programs may limit the amount of time they will hold a position open for applicants to obtain appropriate immigration status.**

### Visas Not Accepted:

#### H1B Visas

Because residents are classified as students at the University of Louisville, the University does not sponsor H1B visas for residency training.

#### J2 Dependent Visas

J2 dependent visas are not accepted for residency training. These individuals must obtain their own J1 visa status. An exception to this policy may be requested from the GME office.

#### J1 Research Visa

The J1 research visa does not allow the clinical activity required for residency training programs. Those applicants currently sponsored on the J1 Research visa must apply for a change of category to J1 Clinical, which requires Department of State approval.

### Contact:

Kathy Sandman  
Office of Graduate Medical Education  
(502) 852-3135



**University of Louisville Graduate Medical Education  
Leave of Absence Policy**

Residents requesting a leave of Absence must do so under the corresponding GME policy in place for that type of leave. These policies are available in the Resident Policies and Procedures Manual.

Any leave of absence must be in compliance with the ACGME Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

The leave of absence must also be in compliance with the eligibility requirements for certification by the appropriate certifying board for the specialty. Program Directors are responsible for assuring that all leaves of absence are granted in accordance with institutional, ACGME, and certifying board eligibility requirements, and must inform residents in writing of any make-up time required.

**EDUCATIONAL AND PERSONAL LEAVE POLICY FOR RESIDENTS  
(PROGRAM DIRECTOR'S DISCRETIONARY LEAVE)  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE**

1. At the discretion of the Department Chairman or Director of Training, a maximum of two weeks (14 calendar days) of educational or personal leave may be granted to the Physician. Requests for personal leave of absence for a period longer than 2 weeks must be approved by the Associate Dean for Graduate Medical Education.
2. Personal leave of absence may require additional training time to fulfill RRC and or board certification requirements.
3. Educational and personal leave may vary by department according to departmental guidelines, RRC/ACGME requirements, and/or board certification requirements.
4. Should the University educational and personal leave policy be in conflict with ACGME or Board requirements, the ACGME or Board requirements will take precedence.

**GRADUATE MEDICAL STUDENT LEAVE POLICY**  
**SCHOOL OF MEDICINE**  
**UNIVERSITY OF LOUISVILLE**

Residents who have been enrolled in a training program for one year and have worked 1,250 hours in the 12 months prior to leave are eligible for graduate medical student leave. If the resident (male or female) takes any time off for the birth of a child or the care of the newborn, or because he/she has adopted or taken a state-approved foster child into his/her home, that time must be counted as graduate medical student leave. Time off to care for a child under 18, a parent or spouse with a serious health condition, defined within the policy, also must be counted as such.

The policy allows for the care of children who are older than 18 if they are unable to care for themselves, either because of mental or physical reasons. It will not, however, allow graduate medical student leave time for the care of parents-in-law, or other relatives.

If both spouses are enrolled in U of L training programs, they are entitled to only 12 weeks of graduate medical student leave combined for the birth and care of a newborn or the placement of a child in their home. Otherwise, they are entitled to 12 weeks each.

Residents must use all vacation days or education/personal leave he/she has available at the same time he/she is on graduate medical student leave so during this time he/she will continue to have an income. Only when he/she has used all of his paid time off will he/she go on leave-without-pay status.

Once the resident is on leave without pay status, the university will continue to provide his/her health benefits, provided the resident pays the portion of the premiums that normally would come out of his/her paycheck.

A resident may take intermittent leave or work on a reduced leave schedule where he/she works fewer hours a day or week than normally scheduled. The schedule should be designed to cause the minimum amount of disruption to the training program as is possible.

Graduate medical student leave cannot exceed 12 weeks, but the university may also provide for situations that go beyond the 12 weeks. Additional information about extended leave is available from the University Human Resource Office.

Leaves of absence may require additional training time to fulfill RRC and/or board certification requirements

**Graduate medical student leave covers time taken off for:**

The birth of a child and care of a newborn;  
Adoption of a child or placement of a state-approved foster child within the Resident's home;  
Care of a child (under 18), parent, or spouse with a serious health condition (defined in the policy);  
A resident's own serious health condition.

**Graduate medical student leave does not cover time off for, among other things:**

The care of a parent-in-law;  
Death in the family;  
Cold, flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental and orthodontia problems, periodontal disease or cosmetic treatments.

**MATERNITY LEAVE POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. Maternity leave shall be defined as leave following the birth or adoption of a child. A Resident Leave Request Form must be completed and signed by the Program Director and resident.
2. Maternity Leave may be paid, unpaid or a combination of paid and unpaid.
3. A resident may be paid during the maternity leave by utilizing any unused vacation days (up to 28 calendar days per contract year). Additionally, residency Program Directors may allow up to two additional weeks (14 calendar days) of paid leave per contract year (Program Director's Discretionary Time). By utilizing the entire annual vacation leave and being granted two weeks of discretionary time by the Program Director the resident can achieve a six-week (42 calendar days) paid maternity leave.
4. Maternity leave extending beyond the available vacation days and the Program Director's Discretionary Time (if granted) will be unpaid leave, in accordance with the Graduate Medical Student Leave Policy (p.5). Residents should check with UofL Human Resources Department to determine the status of the health insurance benefits during unpaid leave of absence, and make arrangements for continuity of health insurance benefit coverage.
5. Maternity leave may require additional training time to fulfill RRC and/or Board Certification Requirements. Program Directors are responsible for determining, in accordance with RRC and Board requirements, the amount of time that must be made up. If residents are required to make up time missed, that time must be covered by a House Staff Agreement, with the resident being paid at the appropriate level.
6. Residents requiring additional leave due to complications of pregnancy or delivery should refer to the Sick Leave Policy (p.33). In cases of extended sick leave (90 days or greater) residents should contact the resident disability insurance carrier.
7. Should this policy be in conflict with the respective ACGME or Board requirements, those requirements will take precedence.

Resident Policies and Procedures  
Section XVIII.E.  
**LEAVE REQUEST FORM**

**Worksheet**

**NAME:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_ **PG level** \_\_\_\_\_

A. Number of calendar days requested (Sunday through Saturday) a. \_\_\_\_\_

REASON \_\_\_\_\_

	Anticipated	Actual
Start of Leave:	_____	_____
Return Date:	_____	_____

B. Unused Vacation Days (maximum 28 calendar days per year)<sup>1</sup> b. \_\_\_\_\_  
Indicate # days advanced, from other years, if any \_\_\_\_\_, included on line B.

C. Program Director's discretionary personal/educational days (maximum 14 calendar days per year)<sup>2</sup> c. \_\_\_\_\_

D. Associate Dean for Graduate Medical Education  
Additional Paid Days requested from GME office<sup>3</sup> (requires signature of  
Assoc. Dean for Graduate Medical Education) d. \_\_\_\_\_

E. Total Paid Time (add lines b+c+d) = e. \_\_\_\_\_  
Exact dates: \_\_\_\_\_

F. Total Unpaid Leave Time (Graduate Medical Student Leave) (subtract line e from a)= f. \_\_\_\_\_  
Exact dates: \_\_\_\_\_

G. Amount of Time to be Made-up to meet Board Certification Requirements<sup>4</sup>: \_\_\_\_\_ weeks.  
Dates: \_\_\_\_\_

\_\_\_\_\_  
Resident Signature Program Director/Chairman Signature Date

\_\_\_\_\_  
Date Assoc. Dean for Graduate Medical Education Date

<sup>1</sup> U of L Graduate Medical Education Policy requires all unused vacation time be used toward maternity sick/leave (Resident Policies & Procedures Manual, Section 11.C, page 22). **Any leave that utilizes only vacation time should not be reported as a leave of absence.**

<sup>2</sup> At the discretion of the Department Chairperson and Program Director, two weeks (14 days) of educational or personal leave may be granted (Resident Policies & Procedures Manual, Section 11.A, page 20).

<sup>3</sup> Additional paid leave may be requested by the Program Director and Departmental Chairman and approved by the Associate Dean for Graduate Medical Education (Resident Policies & Procedures Manual, Section 11. C, page 22). Only to be requested in cases of extended personal medical leave. Requests must be reviewed and approved by the Associate Dean for Graduate Medical Education.

<sup>4</sup> Amount of time away from program may require make-up time to fulfill Board Certification requirements. The Program Director is responsible for determining if time must be made up to fulfill Board requirements

## **MILITARY LEAVE POLICY**

### **UNIVERSITY OF LOUISVILLE**

#### **PURPOSE**

The purpose of this policy is to protect employees from detrimental employment decisions based upon the employee's military commitments by establishing Military Leave in accordance with the federal Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable Kentucky laws.

#### **DEFINITIONS**

**Notice:** Any written or verbal notification of an obligation or intention to perform service in the uniformed services provided by the employee who will perform such service or by the uniformed service in which such service is to be performed.

- **Employee:** Any full or part-time regular person employed by the University of Louisville.
- **Federal Fiscal Year:** A federal fiscal year is October 1 through September 30.
- **Service in the Uniformed Services:** The performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority. Service includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty, and a period for which a person is absent from employment for the purpose of performing funeral honors duty.
- **Uniformed Services:** The Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.

#### **POLICY**

##### **A. Military Leave**

An employee ordered to uniform service, upon presentment of military orders to the employee's immediate supervisor, shall fill out a Request for Leave form and be placed on Military Leave. While on military leave, the employee is entitled to reemployment without loss of leave, seniority, or rate of pay pursuant to provisions of this policy.

1. Additionally, while on military leave, employees shall receive up to 10 working days of paid leave in a federal fiscal year. All other military leave shall be unpaid. However, at the employee's option, the employee may request use of annual leave in order to remain in pay status. However, an employee may not be required to use annual leave.
2. While on military leave, an employee may request to use any annual leave, sick leave, or other leave with pay accrued by the person before the start of military leave.

Resident Policies and Procedures  
Section XVIII.F.

**B. Insurance**

An employee on military leave may elect to continue health and other insurance coverage once the leave becomes unpaid. A person who elects to continue health and other insurance coverage shall not pay not more than 102 percent of the full premium under the plan except that in the case of an employee who is on military leave for less than 31 days shall not be required to pay more than the employee share of the insurance premium. The maximum period of coverage of a person and the person's dependents under such an election shall be the lesser of :

1. The 18-month period beginning on the date on which the military leave begins; or
2. The day after the date on which the person fails to apply for or return to employment after completion of military service.

**C. Reemployment Rights**

An employee on military leave shall be entitled to the reemployment if the employee has given written or verbal notice that the employee intends to return to work.

- No notice is required if the giving of such notice is precluded by military necessity or, under all of the relevant circumstances, the giving of such notice is otherwise impossible or unreasonable.

A person entitled to reemployment shall be reemployed in the position that the employee held before the uniform service or to one comparable in pay and status.

If the employee is not qualified to perform the duties of the former or comparable position due to disability sustained during uniform service, the employee shall be placed in another position for which the employee is qualified and which will provide closest pay and status as the former position.

**D. Benefits Upon Return to Work**

A person who is reemployed is entitled to the seniority, rate of pay, and other rights and benefits that the person had on the date of the commencement of uniform service and would have had if the person had remained continuously employed.

A person reemployed may elect to make voluntary contributions to the retirement program in order to receive the employer matching contribution for the time the person was on military leave. The time period for electing to make a voluntary contribution to the retirement program in order to receive the employer matching contribution shall commence from the date of reemployment and end no sooner than three times the period (not to exceed five years) of the military leave.

**E. Reporting To or Expressing Interest To Return to Work**

An individual desiring to return to work after completion of uniform service shall report to work or provide notice of intent to return to work pursuant to the provisions of this policy.

Notice shall be given according to the following timeline upon completion of service:

Resident Policies and Procedures  
Section XVIII.F.

- a. For a period of service less than 31 days, the employee shall report to work not later than the beginning of the first full regularly scheduled work day following the completion of service plus any reasonable travel time;
- b. For a period of service more than 30 days but less than 181, the individual shall submit a letter of intent to return to work not later than 14 days after the completion of the service;
- c. For a period of service for more than 180 days, the individual must submit a letter of intent to return to work no later than 90 days after the completion of service.

A person who is hospitalized for, or convalescing from, an illness or injury incurred in, or aggravated during, the performance of service in the uniformed services shall report to work a letter of intent to return to work within two years. Such two-year period shall be extended by the minimum time required to accommodate the circumstances beyond such person's control which make reporting to or applying for work impossible or unreasonable.

A person who fails to report or apply for employment or reemployment within the appropriate period specified in this subsection shall be terminated according to the provisions of Policy 4.14 Separations. The letter of intent to return to work shall be submitted to the Vice President or Dean and copied to the Vice President of Human Resources. Affixed to the letter of intent to return to work shall be a copy of the order(s) which indicate dates of uniform service as well as a certificate of satisfactory completion of the service.

**F. Limitations on Reemployment Rights**

The cumulative length of the absence because of service in the uniformed services does not exceed five years. Except that any such period of service shall not include any service:

1. That is required, beyond five years, to complete an initial period of obligated service;
2. During which such person was unable to obtain orders releasing such person from a period of service in the uniformed services before the expiration of such five-year period and such inability was through no fault of such person;
3. To fulfill additional training requirements to be necessary for professional development, or for completion of skill training or retraining; or
4. Ordered to or retained on active duty (other than for training) under any provision of law because of emergency of war.

There will be no obligation to reemploy the individual if the reemployment would be impossible, unreasonable, or would pose an undue hardship.

Reemployment rights accrue for regular employees. Temporary or casual employees do not have reemployment rights.

A person is not entitled to benefits and protections of this policy if they receive an other than honorable discharge from the uniform service.

**G. Prohibited Discrimination**

A person who is a member of, applies to be a member of, performs, has performed, applies to perform, or has an obligation to perform service in a uniformed service shall not be denied initial employment,



Resident Policies and Procedures  
Section XVIII.F.

reemployment, retention in employment, promotion, or any benefit of employment on the basis of that membership, application for membership, performance of service, application for service, or obligation.

An employee shall not be discharged, except for cause, within one year after the date of reemployment.

**H. AUTHORITY**

- 38 USC Section 4303 Uniformed Services Employment and Reemployment Act of 1994 (USERRA)
- KRS 61.373 through 61.377
- KRS 61.394

**PATERNITY LEAVE POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. Paternity leave is available either from unused paid vacation leave and Program Director's discretionary personal/educational days, or as unpaid leave as outlined in the **"Graduate Medical Student Leave Policy"** (p.28).
2. Leaves of absence may require additional training time to fulfill RRC or board certification requirements.
3. All leaves of absence must be authorized and taken in accordance with established policies mentioned above and with individual program policies. Should these policies be in conflict with ACGME or Board requirements, the ACGME or Board requirements will take precedence.

**SICK LEAVE POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. Sick leave shall be defined as any medical condition, which necessitates an absence from a resident's training program, including complications of pregnancy up to time of delivery.
2. Residents are classified as students of the University and therefore do not earn or accrue sick days.
3. All paid sick leave, beginning with the first day of leave, shall utilize unused Program Director's discretionary personal/educational leave (maximum 14 calendar days) and vacation days (maximum 28 calendar days).
4. Residents on sick leave for more than seven consecutive calendar days must furnish a physician's statement to the Program Director that he/she cannot work for medical reasons. The resident may be requested to provide additional statements at any time during the leave and upon return should furnish a physician's statement that he/she is medically fit to resume residency training. The Program Director must inform the Associate Dean for Graduate Medical Education in writing of any medical leave of more than seven (7) calendar days. This notification must include an explanation and a completed "Request for Maternity Leave/Sick Leave" worksheet (available from the Graduate Medical Education Office).
5. An additional period of paid sick leave for any prolonged injury or illness may be requested in writing by the Program Director and Department Chair and submitted for approval by the Associate Dean for Graduate Medical Education.
6. After 90 calendar days total sick leave, leave of absence without pay will begin. The Resident Disability Program begins its coverage 90 calendar days from the date of initial disability. Residents who require more than 90 calendar days for sick leave should apply for disability coverage as soon as they become aware that they will need more than 90 days. Applications for resident disability coverage should be requested from the Graduate Medical Education Office. If disability is denied or the individual requests leave of absence without pay, the University is not responsible for reimbursement while in this status.
7. Should the Resident Sick Leave Policy be in conflict with the respective ACGME or Board certification requirements, the ACGME or Board requirements will take precedence. Program Directors are responsible for determining, in accordance with RRC and Board requirements, how much time must be made up. If residents are required to make-up time missed, that time must be covered by a Resident Agreement, with the resident being paid at the appropriate level.
8. Any modifications of duty assignment related to a medical condition or returning to duty after illness, will be at the discretion of the Program Director and Department Chairman.

**VACATION LEAVE POLICY FOR RESIDENTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. All postgraduate level one physicians shall be entitled to a minimum of three weeks (21 calendar days) of vacation for each twelve-month period. In addition, Program Directors have the option of granting a fourth week (7 calendar days) of vacation for postgraduate level one physicians. If this option is utilized, it must be extended to all postgraduate level one physicians in that particular program.
2. All postgraduate level two and above physicians shall be entitled to four weeks (28 calendar days) vacation for each twelve-month employment period. Vacation time should be prorated for employment periods of less than 12 months.
3. Requirements for scheduling vacations are those published by the Department Chairman or Director of Training, but there is no reimbursement for unused vacation leave.
4. Should the University Vacation Leave Policy be in conflict with ACGME or Board certification requirements, the ACGME or Board requirements will take precedence.
5. General policy for vacations is subject to modification in certain programs upon approval by the Dean or his representative.

**RESIDENT MALPRACTICE COVERAGE**  
**SCHOOL OF MEDICINE**  
**UNIVERSITY OF LOUISVILLE**

**1. COVERAGE**

Residents on rotation at University of Louisville Hospital and other approved sites in Kentucky are covered by malpractice insurance purchased by the University with annual limits of \$250,000 per claim/\$750,000 aggregate claims per resident. In order to qualify for this coverage the resident must complete the required application, be accepted by the company, and comply with the terms of the policy issued by the company. This coverage does not apply to moonlighting activities.

Affiliated teaching hospitals (Veterans Affairs Medical Center, Norton Healthcare (Norton Hospital, Kosair Children's Hospital, Norton Healthcare Pavilion, Norton Audubon Hospital, Norton Southwest Hospital, and Norton Suburban Hospital, Jewish Hospital, and Frazier Rehabilitation Center) provide insurance coverage for Physicians rotating there. Physicians may also purchase additional liability insurance at their own expense.

**2. DUTIES OF PHYSICIANS/REPORTING OF INCIDENTS OR SUITS**

Any Physician shall report all incidents to the malpractice carrier, the office of Risk Management and Insurance of the University, and to the administration of the hospital in which the incident took place. The Physician shall cooperate with the University and its insurance carrier in every respect. The Physician shall assist in the preparation of the defense of a claim, in the conduct of any suit or the settlement thereof, including, but not limited to meeting with counsel, attending depositions, trials, hearings and securing and giving evidence. In connection with this cooperation and assistance, the Physician is expected to bear all his/her own personal expenses, including without limitation, the Physician's travel expenses for any necessary travel by him/her, such as transportation, meals and lodging, and any lost income to the Physician for the attendance at depositions, hearings, trials, or the preparation therefore. The Physician shall also inform University Counsel and the insurance carrier of any changes in the Physician's home or business address and home or business telephone number.

**3. TYPE OF COVERAGE**

The coverage provided is enhanced claims-made coverage (meaning that tail coverage is built into the coverage); therefore, graduating or other residents who leave a program do not need to purchase tail coverage.

**4. CONFIRMATION OF COVERAGE**

Residents and fellows who need confirmation of malpractice coverage through the University must request through the KMRRRG office. The request must contain the resident's name, dates of service, and the name and address of the person needing the confirmation. For loss run requests, a written request is required, signed by the physician approving the release of information. Telephone requests will not be accepted because the resident's signature is required in order to release the information. Requests can be faxed to 502-569-2061. Properly submitted requests can usually be answered within 3 business days.

**CONTACTS**

Melissa Updike, Executive Dir.  
Jennifer Armstrong, Assistant Dir.  
KMRRRG  
201 E. Jefferson St. #104  
Louisville, KY 40202  
(502) 569-2060  
(502) 569-2061 Fax

Sandy Russell  
Office of Risk Management  
And Insurance  
University of Louisville  
(502) 852-6926

Office of University Counsel  
206 Grawemeyer Hall  
University of Louisville  
Louisville, KY 40292  
(502)852-6981

**MEDICAL LICENSURE POLICY FOR RESIDENTS**  
**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF MEDICINE**

1. The current University of Louisville School of Medicine Resident Agreement states in Item #1, "Physician represents that he/she is familiar with the requirements for medical licensure in Kentucky and now possesses the valid Kentucky license listed after his/her signature below or will be eligible for a Kentucky license at the end of his/her PGY-1 year." **The physician will not be appointed as a resident beyond postgraduate level one without possession of a valid license to practice medicine in the Commonwealth of Kentucky.**
2. Acceptance of any individual above the PGY-1 level is contingent upon eligibility for licensure. It will be the responsibility of each Program Director to insure that individuals accepted are eligible for licensure. The Program Director should be aware of the current state licensure board requirements for all individuals. If there is any question in individual cases, the Graduate Medical Education Office will furnish assistance.
3. PGY-2's or above entering from other programs will not be permitted to begin training until proof of Kentucky licensure, (Institutional Practice, Residency Training, Fellowship Training, Temporary, or Full) is furnished. Fellows are required by the Kentucky Board of Medical Licensure to utilize either the Full or FT license. Proof shall consist of confirmation of licensure number and a photocopy of the license. This requirement applies to all trainees entering above PGY-1 status, including residents, fellows, gratis or visiting residents, or international fellows.
4. For residents in U of L programs advancement from PGY-1 to PGY-2 level will not be permitted until licensure is actually attained. Again, it is incumbent upon each Program Director to make sure that PGY-1's who intend to continue as PGY-2's meet basic eligibility criteria.
5. The USMLE Step 3 exam is administered by the Federation of State Medical Boards (FSMB). Applications are available from FSMB ([www.fsmb.org](http://www.fsmb.org)).
6. Residents who successfully complete one year of training in an ACGME-accredited program are eligible for a training license, either the Institutional Practice (IP) or the Residency Training (R) license.
7. The IP license requires passing USMLE or COMLEX Steps I and II CK and CS, and restricts practice to the parameters of the residency program (no moonlighting).
8. The R license requires passing USMLE or COMLEX Steps I, II CK and CS, and III, permits moonlighting in locations approved by the Program Director, and permits the holder to obtain a DEA number. The R license can be issued only with written approval of the Program Director. Both the IP and R licenses are renewable annually for the duration of training, or until the resident is issued a regular license or leaves the program.
9. Residents who successfully complete two (2) years of training and pass USMLE or COMLEX Steps I, II CK, CS, and III are eligible to apply for a regular license.

Resident Policy and Procedure  
Section XX.

10. The Graduate Medical Education office will pay for the cost of the initial training license only for current PG-1 residents who intend to remain at University of Louisville for the PG-2 year. PG-2's and above, who are entering from outside the University are responsible for initial licensure costs. Fees for annual renewal of licenses are paid by either the resident or the resident's program office.
11. Temporary Fellowship Training (FT) licensure is available to international physicians who enter the U.S. for up to one year of advanced training. The FT license limits the practice to the parameters of the training program and is non-renewable.
12. Physicians applying for medical licensure in Kentucky must provide documentation of having completed a 2-hour state-approved AIDS education course. This requirement is explained in detail in the application materials from the Kentucky Board of Medical Licensure and must be satisfied prior to approval for medical licensure. This requirement is applicable to all types of licenses: full, institutional, resident, or special fellowship licenses.
13. The Kentucky Board of Medical Licensure requires that all applicants for initial licensure in Kentucky submit their background credentials to the Federation Credentials Verification Service (FCVS). The FCVS application and the Kentucky Board of Medical Licensure application are to be completed simultaneously but independently.

**POLICY ON RESIDENT MOONLIGHTING**  
**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**  
**GRADUATE MEDICAL EDUCATION PROGRAM**

1. Resident physicians beyond the PGY-1 year shall be free to use off-duty hours to moonlight so long as the resident follows program procedures for obtaining the prior written approval of the Department Chair or Program Director for such outside employment activities. Moonlighting is defined, per the ACGME, as voluntary compensated medically related work performed inside (Internal) or outside (external) the institution where the resident is currently training. Moonlighting activities must not interfere with the resident's ability to achieve the goals and objectives of the educational program, or obligations to the University. It must not impair the effectiveness of the educational program, or cause detriment to, the service and reputation of the hospital to which the resident is assigned.

Programs must not require residents to participate in outside employment activities (moonlighting).

2. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
3. Residents who wish to moonlight must hold either a Regular or Residency Training license in Kentucky. Resident Training (RT) licenses permit moonlighting only in locations authorized and approved by the resident's Program Director. Institutional Practice (IP) and Fellowship Training (FT) licenses are valid only for duties associated with the University training program for which these licenses are issued, and do not cover outside employment activities.
4. Each program must develop a moonlighting policy that is consistent with the University of Louisville School of Medicine Resident Moonlighting Policy. The policy must
  - a. Give guidelines for outside employment activities of residents, including defining the hours and rotations when such outside employment activities may be permitted, and under what circumstances permission may be denied for outside employment activities.
  - b. Include the statements
    - i. The University does not provide professional liability insurance or any other insurance or coverage for resident off-duty activities or employment, and assumes no liability or responsibility for such activities or employment. Confirmation of professional liability insurance for resident off-duty activities or employment will be the responsibility of the moonlighting employer.
    - ii. Residents are not to represent themselves to moonlighting employers as being fully trained in their specialty.
    - iii. Residents who moonlight are not to present themselves as agents of the University of Louisville during moonlighting activities. University lab coats, name badges, and identification cards are not to be worn outside of the resident's training program activities.
    - iv. It is the resident's responsibility to assure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.
  - c. All programs must submit a copy of their written policy on Resident Moonlighting to the Office of Graduate Education. The office of GME must receive copies of any changes to this document.
5. Program Directors are required to monitor and approve in writing all moonlighting hours and locations for residents and maintain this information in the resident's file. Programs are encouraged to monitor all individual resident moonlighting hours to assure outside activity does not contribute to excess fatigue or detrimental educational performance.



6. Residents are required to comply with ACGME, institutional and individual program policies. Residents found to be in violation of this policy will be subject to disciplinary action as detailed in the University of Louisville School of Medicine Resident Agreement.
7. Residents sponsored on J1 visas are not allowed to moonlight or earn any income outside of the stipend stipulated in the resident's house staff contract.

Approved by GMEC: 4/17/2000

Revised 3/21/01; 5/21/03; 2/18/04; 11/15/06; 4/20/11; 6/5/13

## Section XXII.

### **New Innovations Policy for Residents and Fellows**

1. New Innovations is a web-based graduate medical education management system. This system helps programs and institutions to manage schedules, evaluations, duty hours, and procedures.
2. All residents and fellows in University of Louisville School of Medicine training programs are required to use the New Innovations Residency Management Suite.
3. Residents and fellows will use the New Innovations system to:
  - a. Track patient encounters
  - b. Log duty hours weekly
  - c. Complete evaluations
  - d. Log procedures\*
  - e. View block, call, clinic, and conference schedules
4. Residents and fellows will be trained by their Program Coordinators to use the New Innovations system.

\*Residents who are required to log their procedures directly with ACGME or their specialty board can provide summary reports of these entries to their program coordinators instead of logging procedures in New Innovations. However, the numbers must be entered in New Innovations since our participating hospitals use the New Innovations system to determine resident credentials.

**UL GRADUATE MEDICAL EDUCATION OFFICE  
PROCEDURE FOR REQUESTING ROTATIONS  
OUTSIDE OF KENTUCKY AND INDIANA**

**INSTRUCTIONS:**

1. The application packet must be completed and returned to the GME office no less than 60 days in advance of the rotation begin date. A completed application includes 4 things; 1.) GME Request Form, 2.) KMRRRG Request for Coverage Form, 3.) Letter from your program director (see #4) and 4) A check for \$50.00 payable to KMRRRG . (Rotations that are for observership only do not require the \$50 fee).
2. Rotations which include patient care activity require a license in the state of the rotation. Rotations for observerships do not require licensure. NOTE: The medical licensure process in other states can take longer than 60 days.
3. Please note that some states may require additional coverage beyond what is provided to residents (250,000 /750,000), or may require participation in a patient compensation fund. If additional charges are incurred to cover the requested rotation, the resident is responsible for the cost of the additional coverage if the rotation is an elective or if the resident chooses to complete a required rotation off-site that could be completed on-site. The program may elect to pay the cost for the resident if they wish. For required rotations which can only be accomplished off-site, the cost of additional coverage will be the responsibility of the program. Rotations for observership only do not require malpractice coverage, but program directors should confirm that their RRC or certifying board will accept credit given for observatory rotations. If malpractice coverage is required, residents must pay the \$50.00 administrative fee to the malpractice carrier at the time of application for the off-site rotation. This fee covers administrative costs only and is not applicable to the cost of additional malpractice coverage if needed.
4. A letter from your Program Director must accompany the GME and malpractice coverage request forms. The letter must explain the justification for the rotation and provide the following information: dates of rotation, exact name and address of location, name of attending/supervisory physician who will evaluate you, and whether the rotation is an elective rotation or not.
5. Residents who rotate to out-of-state rotations remain responsible for their medical records. Before departing for any off-site rotation, vacation, or leave time, be sure to visit all medical records departments to take care of all incomplete charts and inform them that you will begin an off-site rotation. Doing so can prevent you from being placed on academic probation or suspended during your absence.
6. When your rotation request is approved, the GME office will sign and return the GME Request Form to your program office and send the Coverage Request Form to the malpractice carrier. The malpractice carrier will bill the appropriate responsible party indicated on the GME request form along with confirmation of coverage.
7. Return the completed GME Request Form, the KMRRRG Request for Coverage Form, and the letter from your program director to:

Kathy Sandman  
Graduate Medical Education Office  
UofL School of Medicine  
323 East Chestnut Street  
Louisville, KY 40202

**RESIDENT PAY DATES AND PAYCHECKS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

**Resident Pay Schedule 2014-2015**

**Resident Stipends**

<u>July 30, 2014</u>	<u>January 30, 2015</u>	<u>PG LEVEL</u>	<u>ANNUAL</u>	<u>MONTHLY</u>
August 30, 2014	February 28, 2015	1	\$51,219	\$4,268.25
September 30, 2014	March 28, 2015	2	\$52,311	\$4,359.25
October 30, 2014	April 30, 2015	3	\$53,769	\$4,480.75
November 29, 2014	May 30, 2015	4	\$55,257	\$4,604.75
December 24, 2014	June 30, 2015	5	\$58,050	\$4,837.50
		6	\$60,477	\$5,039.75
		7	\$62,577	\$5,214.75
		8	\$64,677	\$5,389.75

**The following instructions detail how to access your pay stub online. Pay stubs are available only online, no paper copies will be provided.**

- 1.) Navigate to [www.ulink.louisville.edu](http://www.ulink.louisville.edu)
- 2.) Once at this site, login or read "For First Time Users" to find out how to log on to the system.
- 3.) After logging in, find the tab marked "Faculty/Staff Services" at the top of the screen.
- 4.) Scroll down the new screen and find the section marked "Personal Info."
- 5.) Then click on "Paycheck"
- 6.) Your paycheck stub should appear on the screen.

**Please contact IT (852-7997), or your departmental Unit Business Manager if you have any problems accessing your paycheck.**

**GRADUATE MEDICAL EDUCATION POLICY ON RESIDENCY CLOSURE/REDUCTION**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

1. In the event that a training program must be closed or reduce the number of positions in the program, the School of Medicine (institution) must notify the residents enrolled in the program as soon as possible.
2. In the event of program closure or reduction of positions for reasons other than loss of accreditation, residents already in the program will be permitted to complete their training, or may elect to transfer to another program. Residents who wish to transfer will be assisted by the institution in enrolling in other programs.
3. In the event accreditation is withdrawn from a training program, residents already in the program will be permitted to continue in the program until the effective date of the withdrawal of accreditation. The institution will assist residents in enrolling in other ACGME-accredited programs in order to continue their training.
4. This policy applies to all graduate medical education training programs sponsored by the institution.

**POLICY ON RESTRICTIVE COVENANTS**

1. Neither the University of Louisville School of Medicine nor its graduate medical education programs may require residents or fellows to sign a non-competition guarantee.
2. Residents or fellows are free to compete for physician and/or academic positions in any geographic area upon completion of their training program.

**POLICY AND PROCEDURES ON SEXUAL HARASSMENT**  
UNIVERSITY OF LOUISVILLE  
OFFICE OF THE PRESIDENT

**POLICY**

The University of Louisville strives to maintain the campus free of all forms of illegal discrimination as a place of work and study for faculty, staff, and students.

Sexual harassment is unacceptable and unlawful conduct and will not be tolerated in the workplace and the educational environment.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or participation in a university-sponsored education program or activity; (2) submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such an individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's employment or academic performance or creating an intimidating, hostile, or offensive working or educational environment.

**DISCIPLINARY ACTION**

If an individual is shown to have violated the sexual harassment policy, the individual will be subject, depending upon the seriousness of the violation, to disciplinary action up to and including termination of employment or expulsion from the University.

The Provost, Vice Presidents, Deans, Directors, and heads of departments, divisions, and offices are required to enforce this policy. Failure to do so constitutes a violation subject to separate disciplinary action.

The complete university policy may be found at <http://louisville.edu/hr/affirmativeaction/sexualharassment/policy.html> and includes Complaint Resolution Procedures and Campus Resources.

**STUDENT MISTREATMENT POLICY**  
(APPROPRIATE LEARNER-EDUCATOR RELATIONSHIPS AND BEHAVIOR POLICY)  
SCHOOL OF MEDICINE

The University of Louisville School of Medicine is committed to the need for mutual respect as an underlying tenet for how its members should relate to one another.

**Definition of Student Mistreatment:** Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Exclusion when deliberate and/or repetitive also interferes with a student's opportunity to learn. Disrespectful behaviors, including abuse, harassment, and discrimination, are inherently destructive to the student/teacher relationship.

To abuse is to treat in a harmful, injurious, or offensive way; to pressure into performing personal services, such as shopping or babysitting (especially if an evaluative or potentially evaluative relationship exists); to attack in words; to speak insultingly, harshly, and unjustly to or about a person; and to revile by name calling or speaking unkindly to or about an individual in a contentious manner. Abuse is further defined to be particularly unnecessary or avoidable acts or words of a negative nature inflicted by one person on another person or persons. This includes, but is not limited to, verbal (swearing, humiliation), emotional (intentional neglect, a hostile environment), behavioral (creating a hostile environment), sexual (physical or verbal advances, discomforting attempts at "humor"), and physical harassment or assault (threats, harm).

Harassment is verbal or physical conduct that creates an intimidating, hostile work or learning environment in which submission to such conduct is a condition of continuing one's professional training.

Discrimination is those behaviors, actions, interactions, and policies that have an adverse affect because of disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment due to gender, racial, age, sexual orientation or other biases.

In all considerations, the circumstances surrounding the alleged mistreatment must be taken into consideration especially with respect to patient care, which cannot be compromised at the expense of educational goals.

**Other Concerns:** While not considered mistreatment, situations that may be considered poor judgment need to be avoided. These include, but are not limited to inappropriate comments about the student's appearance (clothes, hair, makeup), the use of foul language, or asking students to perform personal favors such as babysitting, household chores, or miscellaneous errands even while not directly supervising the student.

Procedures for the Reporting and Handling of Alleged Student Mistreatment

**Reporting:** Students believing they have been mistreated as defined in the Appropriate Learner-Educator Relationships and Behavior Policy, have the following options for making their initial report:

- a. Ad-Hoc Committee on Student Mistreatment:
- b. Senior Associate Dean for Students and Academic Affairs
- c. Assistant Dean for Student Affairs
- d. Director, Medical Student Affairs
- e. Coordinator, HSC Student Counseling Services
- f. Assistant Director, HSC Special Programs
- g. Designated Student Leader



Resident Policies and Procedures  
Section XXVIII.

The first inquiry can be informal and students may ask that the discussion go no further. An informal record of this interchange should be filed in a central "mistreatment file." Student's names will not be in this record if the student requests anonymity.

If a student wants the issue pursued, and the Ad-Hoc Committee member consulted concurs that mistreatment has occurred, the report will be forwarded to the Associate Dean for Faculty Affairs for issues involving faculty members or the Associate Dean for Graduate Medical Education for issues involving residents.

If the Ad-Hoc Committee member consulted does not believe the event constitutes mistreatment, but the student does, the student has the right to bring the complaint to the entire Ad-Hoc Committee. The Ad-Hoc Committee's decision is final with respect to this process. The student may still file a grievance using established University protocols. If the Ad-Hoc Committee believes mistreatment has occurred, it will forward information to the appropriate Associate Dean.

A central file of all complaints will be maintained in the Student Affairs Office. Complaints will be dated but student names will be optional. Files will be organized by Departments so that repeat offenders can be brought to the attention of the appropriate Associate Dean by the Student Affairs staff.

Chair's Involvement: Reports forwarded by the Ad-Hoc Committee to an Associate Dean will also be provided to the respective Department Chair of the alleged individual.

Time Limit: Complaints need to be filed with a member of the Ad-Hoc Committee within two months of the alleged action. However, a student may ask for the forwarding of the complaint to be deferred until after the student is evaluated by the involved faculty member/resident.

**POLICY ON RESIDENT SUPERVISION  
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION PROGRAMS**

Individual residency training programs are responsible for establishing written guidelines for resident training and supervision, which are consistent with the program's Residency Review Committee (RRC) requirements.

The Office of Graduate Medical Education of the University of Louisville, School of Medicine is, in turn, required by the Accreditation Council of Graduate Medical Education (ACGME) to ensure that the individual training program's policy and practice are in compliance with both the RRC and ACGME requirements. **Failure to adhere to these requirements may result in loss of accreditation of the training program and/or institution.**

- I. It is the responsibility of the program directors and coordinators of resident training programs to know, and to adhere to, the training program's specific RRC requirements for resident supervision.
- II. Residents must be appropriately supervised by teaching staff at all times and in such a way that the individual resident is allowed to assume progressively increasing responsibilities according to their level of education, ability, and experience. The teaching staff of the respective program is responsible for determining the level of responsibility accorded each resident.
  1. 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.
  2. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
  3. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]
- III. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. **However, at no time should the resident not have access to a supervisory attending.**
- IV. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- V. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision from the ACGME Common Program Requirement effective July 1, 2011:
  1. Direct Supervision – the supervising physician is physically present with the resident and patient.
  2. Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  3. Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

4. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- VI. Residency programs are responsible for creating a periodic call schedule, which clearly identifies the primary on-call resident and the appropriate chain of supervision, including the name of the supervisory attending physician. The schedule should contain pertinent information (telephone number, beeper/pager number, etc.) necessary to quickly and efficiently contact the members in the chain of command. Copies of the call schedule should be available to the residents and the key personnel at the training sites (clinics, hospital operators, etc.). It is the responsibility of the residency program to keep the call schedule current and accurate.
- VII. Residents should be informed that if they are at anytime concerned about the availability or level of supervision, they should contact their residency program director, the departmental chairperson, the Associate Dean for Educational and Work Environment, the Resident ombudsman to the Subcommittee on Resident Educational and Work Environment, or the office of Graduate Medical Education of the University of Louisville School of Medicine.
- VIII. Compliance with the RRC's requirements for resident supervision must be attested to in the periodic internal review. (See Policy on Internal Review of Residency Programs). In addition, all programs must submit a copy of their written policy on Resident Supervision to the Office of Graduate Education. The office of GME must receive copies of any changes to this document.

12/2001

Revisions approved 3/16/2011 GMEC

**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION COMMITTEE  
TRANSITION OF CARE AND HANDOFF POLICY**

**BACKGROUND**

The Sponsoring Institution must ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care. (ACGME Institutional Requirement III.B.3.b)

Effective communication is vital to safe and effective patient care. Many errors are related to ineffective communication at the time of transition of care. In order to provide consistently excellent care, it is vitally important that we communicate with one another consistently and effectively when the care of a patient is handed off from one physician to another. This policy is meant to define the expected process involved in transition of care.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (ACGME Common Program Requirement VI.A.7) It is also essential for residents and faculty members to do so by abiding by the program's current duty hour policy.

**DEFINITIONS (AS USED IN THIS POLICY)**

**Hand-off:** the process of transferring patient information and knowledge, along with authority and responsibility, from one clinical or team of clinicians to another clinician or team of clinicians during routine changes of duty assignment, such as beginning/end of call, beginning/End of a rotation, and situations where a physician must exit mid-shift, such as when released from duty due to illness, stress, fatigue, or duty hour issues. Methods of hand-off include verbal only reports, verbal reports with note taking, printed handouts containing relevant patient information, and computer/EMR information.

**Transition of Care:** Patient movement from one area or level of care to another, e.g. transfer of a patient from the wards to the ICU or vice versa.

**Signout** (as defined by the Agency for Healthcare Research and Quality (AHRQ): the act of transmitting information about the patient.

**PROGRAM REQUIREMENTS**

1. Each training program (residency and fellowship) must have a program specific policy addressing transitions of care that is consistent with the ACGME Institutional, Common Program Requirements, and this UofL GMEC Policy.
2. The policy must address how the program facilitates professional development for core faculty members and residents/fellows regarding effective transitions of care (Institutional Requirement III.B.3.a).
3. The program must review hand-off effectiveness at least annually during the annual program evaluation meeting.
4. Each training program must design clinical assignments to minimize the number of transitions in patient care. (ACGME Common Program Requirement VI.B.1)

5. Each program must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (ACGME Common Program Requirement VI.B.2). The program should develop such a policy and procedures emphasizing a structured approach (Institutional Requirement III.B.3.b).
  - a. The policy must list the facilities/sites/services the program has responsibility for, including when on elective rotations.
  - b. The policy must list the transition of care and hand-off events. If there is a standard time and location for activities, it should be listed in the policy. If there is not a standard time and/or location, information on how this is to be determined should be addressed.
  - c. The policy must list the minimum requirements for hand-off (specialty specific)
    - Patient Information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
    - Current condition and care plan (pertinent diagnoses, diet, activity, planned operations, significant events, current medications)
    - Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, change in medication, overnight care issues, “to-do” list)
    - Contingency plans (if/then statements)
    - Name and contact number of responsible resident and attending physician; name and contact number of resident/attending physician for back-up
    - An opportunity to ask questions and review historical information.
  - d. Should responsibilities continue after a service to service transfer of patient responsibility, such as courtesy visits or communication with the inpatient team for the purpose of providing care after hospitalization, the responsibilities should be noted in the policy.
6. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care. (ACGME Common Program Requirement VI.B.4) As noted in the GMEC Policy on Resident Supervision, programs are responsible for creating a periodic call schedule, which clearly identifies the primary on-call resident and the appropriate chain of supervision, including the name of the supervisory attending physician. The schedule should contain pertinent information (telephone number, beeper/pager number, etc.) necessary to quickly and efficiently contact the members in the chain of command. Copies of the call schedule should be available to the residents and the key personnel at the training sites (clinics, hospital operators, etc.). It is the responsibility of the residency program to keep the call schedule current and accurate.
  - a. This is available via New Innovations Assignment Schedule.
  - b. Effective July 1, 2012, all medicine fellowships are required to use New Innovations for the assignment schedule per the Chair’s Office.

7. The policy must state the level of faculty supervision and explain how progression of responsibility occurs, as required in the UofL School of Medicine and the program specific Policies on Resident Supervision and Evaluation, Promotion, and Termination. Faculty oversight of the handoff process may occur directly or indirectly, depending on resident level and experience.
  - As required in the GMEC Policy on Resident Supervision, residents should be informed that if they are at any time concerned about the availability or level of supervision, the should contact their residency program director, the departmental chairperson, the Associate Dean for Educational and Work Environment, the Resident ombudsman to the Subcommittee on Resident Educational and Work Environment, or the office of Graduate Medical Education of the University of Louisville School of Medicine.
8. Programs must ensure that residents are competent in communicating with team members in the hand-over process. (ACGME Common Program Requirement VI.B.3). This evaluation should be documented and referenced as part of the program's Evaluation, Promotion, and Termination Policy.
9. The program procedure must maintain patient confidentiality. Sign out forms must never be sent by unencrypted email, left in a publicly accessible mailbox or area, copied or sent to unauthorized users, disposed of in non-confidential trash receptacles.
10. A copy of the program specific policy must be on file in the GME Office. The office of GME must receive copies of any changes to this document.
11. A copy of the policy must be loaded into New Innovations for individual faculty and resident signature.

Approved by GMEC: May 21, 2014

**University of Louisville (UofL) Health Care Policy on Vendors**  
*Approved, UofL Medical Council on July 23, 2008, Effective this date*

*This policy is intended to improve the educational environment at UofL Health Care (i.e., University Hospital, the James Graham Brown Cancer Center, the Kentucky Lions Eye Center and University Physicians Associates) for the faculty, staff, and students, as well as the clinical care of their patients by reducing actual and perceived conflicts of interest on their selection of treatment. This policy applies to all hospital and office settings owned, operated by, or rented by UofL Health Care where UofL medical students, residents, and fellows work, practice medicine, conduct research, or are educated by University of Louisville-salaried faculty. This policy reinforces and does not infringe on the existing function and structures of the participation in clinical trials, clinical committees, or policies at the University, including the Product Review Committee, the Pharmacy and Therapeutics Committee, and the Conflict of Interest Policies: (<http://research.louisville.edu/policies/conflictinterest.html> and <http://www.louisville.edu/admin/humanr/policies/conflict.htm>), which require the disclosure and recusal of any person with any financial interest in a vendor's services. This policy has no standing at other hospitals not part of the University of Louisville except as noted in Sections 2 and 8.*

**Vendors** are defined as pharmaceutical company and medical equipment representatives, as well as including equipment and service providers.

- 1. Gifting:** Vendors may not make any form of gifts (whether cash or an item of *any value*) at *UofL Health Care*, the School of Medicine, and all other clinical, administrative, educational, and research venues and activities.
  - 2. Detailing and Marketing:** Vendors may not product or brand detail (i.e., in-person marketing visits by vendors), or market, at *UofL Health Care*, the School of Medicine, and all other clinical, administrative, educational, and research venues and activities. Vendors may *not* give any form of **food, cash, or material gifts** between them (or their companies) and University of Louisville-salaried faculty, staff, residents, fellows, and health care students in person, by phone, email, mail or any other means at *UofL Health Care* premises or at any UofL affiliated educational sites. Displays of products, cash incentive programs for prescribing, product pamphlets, pre-printed prescription pads with product names, and other materials are prohibited. Detailing and marketing at hospitals and facilities outside of UofL
- Residents Policies and Procedures  
Section XXXI.

HealthCare and the School of Medicine will be governed by the policies and procedures of the individual institutions.

**3. Visits to faculty by appointment:** This policy does allow for visits by appointment (as set forth by protocols approved by individual administrative units — i.e., Departments, Divisions, etc.) for updates on new products, education regarding existing products, discussions of support for unrestricted education grants, and supply of pharmaceutical samples, competitive selection by clinical committees for new products, services, or devices, and in-service training for products to faculty and staff that have been duly deliberated upon and selected for use at UofL Health Care. Vendors, who each must be credentialed with UofL Pharmacy or Operating Room, as applicable, will register with the inpatient pharmacy or the operating room scheduler's desk prior to all UofL visits and will be issued an appropriate ID badge.

**4. Educational Grants:** This policy does allow for unrestricted educational *topic-focused or general grants from vendors for Continuing Medical Education (CME) and Graduate Medical Education (GME) activities*. Unrestricted educational grants from pharmaceutical companies and medical equipment companies are allowed for the purchase of educational needs as warranted for patient and medical education and patient care, either in an open (unspecified) manner or with acknowledgement that it is focused on a specific area of educational focus. Additionally, these grants can be used for educational related expenses (e.g., staff, resident, faculty lunch-based presentations). These CME symposia may not involve marketing, detailing, or advertising of brand names or products, and the granting companies may not select paid lecturers or require the inclusion or exclusion of medications purchased for patient care. These symposia will comply with all CME regulations. CME symposia (i.e., ACGME accredited and in compliance with ACGME guidelines) may provide food purchased with these grants. Vendors may restrict the educational grant to cover specific educational topics (e.g., breast cancer or heart disease) so long as the above listed requirements are met. Recognition of these grants may consist of attribution (e.g., in brochures for conferences, graduation event agenda, acknowledgement slides in presentations, and wall plaques of thanks) for contributions received.

**a. Funds designated to specific units will be kept in designated unit accounts through the Assistant Vice President for Finance, UofL Executive Vice President for Health Affairs (EVPHA) office,** with these funds channeled through a central administrative account, but with separate accounts kept for each unit. Individual Departments of the School of Medicine will administer these grants and will be responsible for their collection and expenditure. Annual reporting of the receipt of such grants and their expenditure will be provided to the Dean of the School of Medicine, Dentistry, or Nursing as appropriate. Any perceived violation of the conditions outlined above will be reported to the appropriate Dean.

Residents Policies and Procedures  
Section XXXI.

**b. General grants (i.e., non-unit or topic specific) will be placed in trust within the Assistant Vice President for Finance, UofL EVPHA office,** and administered as deemed appropriate under the supervision of a Faculty Oversight Committee elected from the Executive Faculty.

**5. Pharmaceutical Samples:** This policy does allow for pharmaceutical samples to be given to *UofL Health Care clinical sites*. Acceptable sample medications will be articulated in a formulary in each department as approved by each in consultation with UofL Pharmacy Services. Delivery of sample medications may not be accompanied by any form of detailing or gifting. UofL Health Care is dedicated to soon implementing a voucher plan with area pharmacies to mitigate the need for sample medications.

**6. Vendors are *not* allowed into the following locations:** patient care areas, operating rooms, delivery rooms, emergency rooms, medical student and resident lounges, and staff elevators except only to provide in-service training or assistance on devices and equipment, for example, in the operating room. In such cases, there must be prior disclosure to and consent by the patient or surrogate (if the patient is incapacitated) whenever possible, i.e., if it is known ahead of time that a vendor will be involved. However, in such cases that crisis or emergency treatment with devices, equipment, etc. from a vendor is required during an operation or procedure in order to provide the best care for the patient, and if the patient is incapacitated and no surrogate is available, the requirement for consent will be waived.

**7. Education programs for students, trainees, staff, and faculty should be developed and implemented by UofL-HSC schools and by individual departments on vendor marketing, as well as**



**the subtle influences that such promotion has on physician decisions.** If desired, one educational option is to have a vendor provide an interpretation of educational material on products, which would then be discussed and critiqued by a faculty member. Students may interact with vendors only in educational forums, and only when accompanied by faculty supervision.

**8. Off-Campus Vendor Relationships:** While *UofL*-salaried faculty, staff, residents, fellows, and health care students are personally prohibited from accepting any form of gifts, food, or products (of any type or value) from vendors or their companies, at *UofL Health Care* Kentuckiana locations, other forms of professional interaction, employment, and consulting do exist. Although this policy does not call for institutional policing of off-site activities (i.e., vendor gifting in person, or by phone, e-mail, mail or any other means at any time outside the *UofL* premises to faculty, staff, residents, fellows, and health care students), adherence to the principles outlined in this policy is not reserved for duty hours.

Residents Policies and Procedures  
Section XXXI.

- a. **Off campus, non-*UofL* endeavors (such as paid lectureships) are strongly discouraged. Research relationships by *UofL* personnel are covered by this policy, as well as by the *UofL* policy on Conflict of Interest.** *UofL* personnel who are hired speakers for Vendors as well as all researchers funded by any Vendor will fully disclose any potential commercial bias at all presentations and interactions, will not allow their own relationship to bias the content of the lecture, and will not accept payments from Vendors for their services above fair market value.
  - b. **Travel funds may not be directly given to any *UofL* faculty, residents, or students, except in the cases of legitimate reimbursement or contractual services to those Vendors.** Travel funds for educational purposes must be otherwise handled per Section 4.
  - c. It is recognized that **members of the faculty may, in the course of their leadership roles in non-profit professional and scientific organizations, be expected to participate in programs, meetings, and events that involve Vendor relationships.** Vendor interaction of *UofL* faculty members in the course of representing legitimate professional organizations will be governed by the policies and procedures of the specific organization.
- 9. *UofL* faculty, residents, or students are prohibited from engaging in any form of ‘ghostwriting’ of any presentations, publications, or other forms of media product (i.e., the provision of materials by a Vendor or intermediary that is officially credited to someone other than the writer(s) of the material).**
- 10. Implementation and monitoring of this policy will be made at the administrative unit level** (such that surveillance and remediation of minor violations be managed on this basis). Major violations (as determined by the unit administrative head) would be the purview of the appropriate Dean or his/her appointed designee for action.

**WORKERS' COMPENSATION INFORMATION FOR OCCUPATIONAL INJURIES AND  
EXPOSURES INCLUDING NEEDLESTICKS AND TUBERCULOSIS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

EFFECTIVE JULY 1, 2006, EMPLOYEES WHO ARE INJURED ON THE JOB AND ARE SEEKING MEDICAL TREATMENT MAY SEE THE PHYSICIAN OR PROVIDER OF THEIR CHOICE. IF THE EMPLOYEE NEEDS IMMEDIATE MEDICAL ATTENTION, THEY MAY GO TO ANY EMERGENCY FACILITY.

**Claims should be reported to Risk Management as quickly as possible.** Please note: If the accident or injury involved an overt exposure to recombinant DNA molecules, the Department of Environmental Health & Safety (DEHS) must be notified immediately by phone (852-6670). After work hours contact the Department of Public Safety (DPS) at 852-6111. UofL is required to notify NIH/OBA of the incident immediately as directed by the NIH Guidelines.

It is the employee's responsibility to immediately report their injury to their supervisor. It is then the supervisor's responsibility to immediately complete, sign and forward the following forms to Risk Management: IA-1 Form (First Report of Injury), and IA- 1 Supplemental Form. If possible, please fax the forms to 852-0740, (employees should not complete their own workers compensation forms). Forms are available at <http://louisville.edu/riskmanagement/workerscomp>.

Please make sure all claims are reported in a timely manner. Late or delayed reporting of a claim could jeopardize the compensability of the claim.

It is the injured employee's responsibility to make an appointment for treatment. It is also the injured employee's responsibility to notify their department each time their treating physician takes them off work due to their work-related injury or illness.

Workers Compensation will begin paying compensation after the employee has been off work due to a work-related injury or illness for at least seven (7) consecutive calendar days. If the employee is off work for more than fourteen (14) consecutive calendar days, compensation is also payable for the first seven (7) calendar days of the injury. Workers Compensation only pays for full days off work, at the direction (in writing) of the treating physician. Workers Compensation does not pay for time off work for a doctor's visit, physical therapy, or medical testing. The amount of pay from Workers Compensation is two-thirds (2/3) of the employee's weekly pay. Sick and/or vacation leave may be used to bring the total compensation from all sources up to the amount of the employee's regular pay.

If the claim is denied by Workers Compensation, the employee, or their health insurance, is responsible for any payments, including doctor bills, emergency room charges, etc.

If the employee will be off work for three (3) or more consecutive days, the employee is required to apply for Family and Medical Leave. If the employee anticipates missing six (6) months or more of work, they may want to file a claim for Long Term Disability (LTD) benefits. For additional information on Family Medical Leave or Long Term Disability benefits please contact University Human Resources <http://louisville.edu/hr/>.

**Workers Compensation Information for Needle Stick and Tuberculosis Exposures**

You may be seen at the following locations for needle sticks and tuberculosis exposures that are work-related:

Student Health Services  
UofL Health Care Outpatient Center  
401 East Chestnut St., Suite 110  
Louisville, KY 40202  
(502) 852-6446  
(Answered 24 hours a day)  
Mon. – Fri. 8:30am – 4:30 pm

University of Louisville  
Belknap Health Services Office  
2207 S. Brook Street  
Louisville, KY 40292  
(502) 852-6479  
Mon. – Fri. 8:30am – 4:30 pm