

**RESIDENT POLICIES AND PROCEDURES**  
**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF MEDICINE**

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**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 annually 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, 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, pediatric infectious diseases, and pediatric sleep medicine. 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 active 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 CHANGE OF SERVICE DATES 2008 – 2009**

<b><u>Rotation</u></b>	<b><u>PG1 Dates</u></b>	<b><u># of Days</u></b>	<b><u>Upper Level Dates</u></b>	<b><u># of Days</u></b>
1	Tues, Jul 1 – Thurs, Jul 31	31	Tue, Jul 1 – Fri, Aug 1	32
2	Fri, Aug 1 – Sun, Aug 31	31	Sat, Aug 2 – Tue, Sept 2	32
3	Mon, Sept 1 – Tue, Sept 30	30	Wed, Sept 3 – Thurs, Oct 2	30
4	Wed, Oct 1 – Fri, Oct 31	31	Fri, Oct 3 – Sun, Nov 2	31
5	Sat, Nov 1 – Sun, Nov 30	30	Mon, Nov 3 – Tue, Dec 2	30
6	Mon, Dec 1 – Sun, Jan 4	35	Wed, Dec 3 – Sun, Jan 4	33
7	Mon, Jan 5 – Sat, Jan 31	27	Mon, Jan 5 – Sun, Feb 1	28
8	Sun, Feb 1 – Sat, Feb 29	28	Mon, Feb 2 – Mon, Mar 2	29
9	Sun, Mar 1 – Tues, Mar 31	31	Tues, Mar 3 – Wed, Apr 1	30
10	Wed, Apr 1 – Thurs, Apr 30	30	Thurs, 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 – Tues, June 30	30	Tues, June 2 – Tues, June 30	29
		<b>365</b>		<b>365</b>

**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 Health Sciences Center Office of Compliance.
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:  
Teresa Bivens CPC, CHC  
Deputy Compliance Officer  
852-8680/852-7969  
[www.louisville.edu/medschool/compliance](http://www.louisville.edu/medschool/compliance)

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

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 14 additional days to complete all additional records at all affiliated hospitals and notified that if records are not completed at the end of 14 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 14 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 Vice 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.

**DRUG FREE SCHOOLS NOTICE**  
**UNIVERSITY OF LOUISVILLE**

As required by the Federal Drug-Free Schools and Communities Act Amendments of 1989, you are hereby notified by the University of Louisville (University) that on University premises or at University-sponsored activities the following acts are prohibited:

- (i) distribution, possession, or use of any illegal drug or controlled substance without legal authorization;
- (ii) providing alcoholic beverages to individuals under 21 years of age, or possession of alcoholic beverages by individuals under 21 years of age; or
- (iii) illegal possession of an open container of an alcoholic beverage, public intoxication, driving while intoxicated, and drinking alcoholic beverages in an unlicensed public place.

In addition to imposition of disciplinary sanctions under University procedures including suspension or separation from the University for such acts, students or employees may face prosecution and imprisonment under Federal and Kentucky laws, which make such acts felony and misdemeanor crimes.

In compliance with the Federal Drug-Free Workplace Act of 1988, any employee shall notify the immediate supervisor if the employee is convicted of a criminal drug offense occurring in the workplace or while on university business within five days of the conviction. The university shall take appropriate sanction and remedies in accordance with its policies. The provisions of this section are applicable to students who are employees of the university. If the employee is under a federal contract or grant, the university shall notify the contracting or granting agency of the conviction and of its actions. This section of this policy is also applicable to students who receive a Pell grant (federal grant).

The Code of Student Conduct lists details of offenses and disciplines for students. Staff may be disciplined under Section 11.1 of the Staff Handbook. Faculty may be disciplined by Deans per Redbook Sections 4.5.3 or 3.2.2 with review per 4.4 for sanctions less than dismissal or suspension for one year. The health risks associated with the misuse and abuse of mind-altering drugs, including controlled substances and alcohol, include but are not limited to: physical and psychological dependence; damage to the brain, pancreas, kidneys and lungs; high blood pressure, heart attacks, and strokes; ulcers; birth defects; a diminished immune system, and, death.

The Counseling Center and Student Health Services provide assessment and referral services to University students, as well as alcohol and other drug information/education resources. For further information, call 852-6585. Services for faculty and staff are available through the Employee Assistance Program. For further information call 589-HELP.

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

The complete University of Louisville Drug-Free Institutional Policy is available on-line:  
<http://www.louisville.edu/admin/humanr/announcements/drugfree.htm>

**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 educational goals of residency training programs and the learning objectives of residents must not be compromised by excessive clinical service obligations. 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. 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. Residents should be given 10 hours off for rest and personal activities between duty periods and after call.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period.
5. Resident assignments must not exceed 24 hours maximum continuous on-site duty with up to 6 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.
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 3<sup>rd</sup> 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. Programs must implement mechanisms to monitor resident moonlighting to ensure compliance with both program and institutional policies. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.
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.
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.
10. Program Directors must monitor resident stress and fatigue and develop policies for dealing with residents identified as stressed or fatigued.

11. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are particularly difficult or prolonged.
12. 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.
13. Resident moonlighting must be approved in advance and monitored by the program director.
14. The Graduate Medical Education Committee is responsible for establishing 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.
15. 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.

## ACADEMIC PROBATION FOR FAILURE TO LOG DUTY HOURS

### PART II

Effective January 1, 2008, 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 15<sup>th</sup> 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.

All residents/fellows will be notified of this policy by an email from the GME Office and through an announcement at House Staff Council.

Please contact the GME Office if you have any questions or concerns regarding this policy or duty hour entry in NI.

**Effective: 03/19/2008**

**GROUPWISE ACCOUNTS**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

On Saturday, 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 GroupWise 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 GroupWise 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 GroupWise.....**

It would be best to first access GroupWise from one of the computers located on the HSC Campus. There is a computer lab in the Instructional Building - Room B229. There are also many computers located in your department and in the hospitals. Later on you can also access it from your home or any remote location.

Once you have located a UL computer, click on the GroupWise Icon. This will prompt you for your user id and password. Enter both and if successful in logging onto the system then you will be prompted to change your password. PLEASE CHANGE YOUR PASSWORD AT THIS TIME.

**To open my account.....**

**What is my user id and password and how do I use them?**

The first two things **you will need** to open your GroupWise Account are your **user id** and **password**. An email account name or user id is eight characters in length and is composed of characters from the account holder's name. It consists of the first character of the first name, the middle initial (if there is no middle initial, then 0 is used), and the first four characters of the last name followed by a two-digit suffix. The Suffix is used to differentiate between like account names. Normally, and user id would end with the two digit suffix of 01, but when conflicts occur the two-digit suffix would increase until a unique user id can be created. For example, Paul J. Johns has a user id of PJJ0HN01. When Pete J. Johnson gets his account his user id will be PJJ0HN02.

**Please Note:**

If you have a problem opening your account, please check with someone in your department who has access to GroupWise. They can look on the system to see exactly how your user id is listed.

**PASSWORD**

When you first logon to your email account, your temporary password is the first 2 letters of your first name, the first 2 letters of your last name, and the last 4 digits of your employee ID number (no spaces or dashes). For example, Paul J. Johns has employee ID # of 1234567. His password would be pajo4567.

**How do I get help?**

The HELP menu offers excellent assistance. From the GroupWise Desktop client click on the help menu, select Help Topics, click on the index tab and enter the topic you need assistance with or scroll through the list of topics.

Visit the Electronic Mail Website at: <http://www.louisville.edu/it/gwemail/>  
Call the University of Louisville Operation Center Help Desk at (502) 852-7997.

**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 XVI, Malpractice Coverage).

**Free Parking**

University of Louisville parking permits are issued to all residents free of charge. These permits are valid for U of L parking lots on the HSC campus. In addition, the affiliated hospitals all provide free parking to residents when they are assigned to these hospitals.

**Dental Care and Coverage**

The Dental Clinic in the Ambulatory Care Building will provide annual examination, including cleaning and x-rays, to residents free of charge. 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.

**Student Health Service**

Hepatitis B immunization and an annual TB skin test are required and furnished free of charge to all residents. The HSC Health Services Office provides minor urgent medical care and immunizations, including boosters and TB testing. Personal counseling is also available. The HSO 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

Residents Policies and Procedures  
Section IX.

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.

**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.

**Athletic Tickets**

Residents are eligible for the purchase of student athletic tickets, which are offered at reduced rates to students through the Athletics Department. To purchase a student athletic ticket when they go on sale, residents must go to the Athletic Department with their Cardinal Card and identify themselves as a "House Staff Student."

**Counseling Services**

Professional counseling is available to residents through the Health Sciences Center Health Services Office. Counseling services are also available through the University of Louisville Employee Assistance Program. See Section X (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 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.

Resident Policies and Procedures  
Section IX.

**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.

**Other Benefits**

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

**HSC CAMPUS HEALTH SERVICES**  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

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

The Campus Health Services, located in the Faculty Office Building (FOB) on the corner of Preston and Chestnut Streets, provides medical care and immunizations, including boosters and TB testing to all HSC students, residents and staff. 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 would 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.

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

**Student & Resident Immunization Requirements 2008 - 2009**

- 1. Tetanus Diphtheria (TD) and/or Tetanus-Diphtheria Acellular Pertussis (TDaP):**  
(1) dose of TD within the last ten years **and** TDaP if last TD is more than two years old ago.
  - 2. Varicella (Chicken Pox):**
    - a. Serological proof of immunity, or
    - b. (2) two doses of vaccine followed by serological titer
  - 3. Hepatitis B:**
    - a. (3) doses of vaccine followed by a titer 4-8 weeks following third dose
    - b. Serological proof of immunity
    - c. Documentation of chronic active Hepatitis
  - 4. Tuberculosis Skin Test:**
    - a. (1) negative Mantoux skin test within last 12 months (reported in millimeters)
    - b. (2) Mantoux skin test (reported in millimeters) at least 2 weeks apart but not more than 12 months apart if history of BCG (Tuberculosis immunization)
    - c. If history of (+) PPD or active tuberculosis, please provide documentation of positive test, treatment, if any and latest CXR report.
    - d. If (c) applies, you will need to complete a TB Questionnaire annually in place of a TB skin test.
- NOTE: BCG recipients are still required to obtain PPD testing as recommended by the Centers for Disease Control (CDC).
- 5. Measles (Rubeola):**
    - a. (2) doses of vaccine given at least 30 days apart or
    - b. Serological proof of immunity

**6. Mumps:**

- a. (2) dose of vaccine or
- b. Serological proof of immunity

**7. Rubella:**

- a. (1) dose of vaccine or
- b. Serological proof of immunity

**8. Influenza:** Annual vaccine available in mid-October each year

You **MUST** provide documentation of all immunizations and tests to meet the immunization requirements. The Director of the HSC Campus Health Services will review any cases requiring special attention.

**PROCEDURE FOR NEEDLE STICKS OR OTHER  
ACCIDENTAL 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 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 follow the above procedures could result in nonpayment by worker's compensation insurance or non-contract prices for labs, which will be substantially higher than negotiated pricing.

HSC Campus Health Services  
Faculty Office Building  
401 East Chestnut Suite 110  
University of Louisville  
Louisville, KY 40202  
(502) 852-6446 (answered 24 hours)  
Office hours: 8:30 - 4:30 Monday - Friday

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

**MENTAL HEALTH SERVICES**

Confidential psychiatric consultation is provided at no charge to the resident through a contractual arrangement between the Dean's office and the Health Services Office. Residents desiring or in need of personal counseling, psychiatric consultation and/or treatment should contact the HSC Health Services Office, located on the 1st floor of the Ambulatory Care Building; phone 852-6446. Residents may also contact the following individuals directly:

Dr. Gordon Strauss  
Psychiatrist  
Office 629-8885

Dr. Roberta Schaffner  
Psychiatrist  
Office 629-8882

Dr. Quinn Chipley  
Counselor  
Office: 852-0996

### **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. Within the *Privacy Training* organization, you will see a course named PRIVACY – HIPAA Basic Privacy Awareness. Within the *Information Security* organization, you will see a course named HIPAA Security Fundamentals. 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 “Organization Tools” link in the box on the left side of the screen. Within the “Organization Tools” you can click on “My Grades” in the main part of the screen. 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 regarding the HIPAA Privacy course should be directed to the Privacy Office at 852-3803 or [privacy@louisville.edu](mailto:privacy@louisville.edu). Questions regarding the HIPAA Security course should be directed to the Information Security Office at 852-4363 or [isopol@louisville.edu](mailto:isopol@louisville.edu).
- **Am I able to complete the course in different sittings?**  
**Answer:** You can start and stop the lessons as desired. The tests, however, must be completed in one sitting once you start them.

- **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)

Information Security Office  
University of Louisville  
501 E. Broadway, Suite 110  
Louisville, KY 40202  
(502) 852-4363  
[isopol@louisville.edu](mailto:isopol@louisville.edu)

Revised 05/20/2004; 04/20/05; 02/2006; 04/2007; 03/2008

**HOUSE STAFF COUNCIL  
2008-2009**

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 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 and newsletter, the *House Staff News*, to keep residents informed about issues of interest to them.

**2008-2009 House Staff Council Members**

<b>Anesthesiology:</b>	Dana Settles Marjorie Robinson
<b>Dermatology:</b>	Jennifer Perryman
<b>Emergency Medicine:</b>	Julie Perry
<b>Family Medicine:</b>	Leon Butler, Jr.
<b>Hand Surgery:</b>	Omar Ahmed
<b>Medicine:</b>	Payal Desai Martin Huecker Christopher Janowiecki Rana Mays
<b>Medicine/Pediatrics:</b>	Jon Cramer
<b>Neurology:</b>	Alexi Hernandez
<b>Neurosurgery:</b>	Kamathi Doss
<b>Obstetrics/Gynecology:</b>	Kari Heusinkveld
<b>Ophthalmology:</b>	George Scarlatis (Vice President) John Franklin
<b>Orthopaedic Surgery:</b>	Travis Clegg Joseph Greene
<b>Pathology:</b>	Dustin Woods
<b>Pediatrics:</b>	Katie Snyder Krista Havener
<b>PM&amp;R:</b>	Daymond McDuffey
<b>Psychiatry:</b>	Monique Upton Ashley Peak Aikiesha Shelby (Treasurer)
<b>Radiation Oncology:</b>	Andrew Freeman
<b>Radiology:</b>	Victor Anaya-Baez Brittany Johnson Kaveh Kardooni
<b>Surgery:</b>	Patrick Klapheke Aaron Brown
<b>Surgery/ENT:</b>	Todd Hamilton (President)
<b>Surgical &amp; Hosp. Dentistry:</b>	James Loeser

**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. Burns Brady at 425-7761), or the Chairman of the University of Louisville Hospital's Physicians Health committee (Dr. Christopher Stewart at 852-5387).

**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.

J1 Exchange Visitors

The University of Louisville School of Medicine utilizes the J1 visa for residency training. Visa applications can be obtained from each program's residency coordinator. 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. 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. J2 dependent visas are not accepted for residency training. These individuals must obtain their own J1 visa.

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. 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. Residents should call Kathy Sandman in the GME office for instructions on renewing Green Cards and EAD's.

H1B Visas

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

Contact:

Kathy Sandman  
Office of Graduate Medical Education  
852-3135

**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 ACBME 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 LEAVE REQUEST FORM Worksheet

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

A. Number of calendar days requested a. \_\_\_\_\_

REASON \_\_\_\_\_

	Anticipated	Actual
--	-------------	--------

Start of Leave:	_____	_____
-----------------	-------	-------

Return Date:	_____	_____
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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<sup>3</sup> (requires signature of Assoc. Dean for Graduate Medical Education) d. \_\_\_\_\_

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

F. Total Unpaid Leave Time<sup>4</sup> (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>5</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).

<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). Requests for approval of additional leave must be submitted in writing to the Associate Dean for Graduate Medical Education.

<sup>4</sup> Amount of time away from program may require make-up time to fulfill RRC and/or Board Certification requirements.

## **MILITARY LEAVE POLICY** **UNIVERSITY OF LOUISVILLE**

PER-4.08 May 1, 1992 **Military Leave**

### **1. POLICY AND/OR OBJECTIVE**

#### **A. Training or Emergency Duty**

University employees who are members of the National Guard or a reserve component of the armed forces of the United States are eligible for a leave of absence from their position for a period of two work weekends during a calendar year without loss of pay or any other rights or benefits for emergency duty or training.

Employees should submit such a leave request at least two weeks in advance along with a copy of the military orders or another written statement from the appropriate Military authority.

#### **B. Extended Military Service**

Employees entering the military service or serving as reservists or National Guard members shall be permitted to return to employment with all seniority, service credits, status, and pay they would have enjoyed had they not been absent, pursuant to the following conditions.

1. The leave of absence may not exceed four years from date of entry (unless the employee is involuntarily retained).
2. The employee must satisfactorily complete the period of active duty and furnish a certificate to that effect.
3. Upon release from active military service, the employee will be returned to his or her former position. If the employee's job is of such a nature that it must be permanently filled, then the university will attempt to return the employee to a comparable position, with all the rights and benefits the employee enjoyed before leave was taken. If no such position is available upon return, the university will offer the employee the first comparable position that becomes available.
4. Application for return to active status must be made within 90 days after release from active military service.

## **II PROCEDURE**

#### **A. Training or Emergency Duty**

A regular staff member must submit a request to use Administrative leave with pay for military leave on a Request for Leave Form to his or her supervisor. The request should indicate the times and dates when the leave begins and the employee is to return to work. A copy of the military orders for training or emergency duty must be attached. The request should be submitted at least two weeks prior to the beginning date of the leave of absence.

The request must be approved by the supervisor and department head.

#### **B. Extended Military Service**

An employee shall submit a written request to the unit head for a military leave of absence without pay for an extended period. A copy of the military orders must be attached. The department will indicate military leave status on a Payroll Action Form and submit the form to the Human Resources Department for final approval.

**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 562-5766. Properly submitted requests can usually be answered within 3 business days.

**CONTACTS**

Belinda Love  
Executive Director  
KMRRRG  
530 S. Jackson St.  
Louisville, KY 40202  
(502)217-5252  
(502)562-5766 - 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 regular) is furnished. 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 (RT) license.
7. The IP license requires passing USMLE Steps I and II, and restricts practice to the parameters of the residency program (no moonlighting).
8. The RT license requires passing USMLE Steps I, II, and III, permits moonlighting in locations approved by the Program Director, and permits the holder to obtain a DEA number. The RT license can be issued only with written approval of the Program Director. Both the IP and RT 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 Steps I, II, and III are eligible to apply for a regular license.

Resident Policy and Procedure  
Section XVII.

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. All 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. In addition, primary care physicians (Medicine, Pediatrics, Medicine-Pediatrics, Emergency Medicine, Family Practice and Obstetrics-Gynecology) must complete a 3-hour state approved course in Domestic Violence. This is a one-time requirement.
14. 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.

**RESIDENT MOONLIGHTING POLICY  
SCHOOL OF MEDICINE  
UNIVERSITY OF LOUISVILLE**

1. Programs must not require residents to participate in outside employment activities (moonlighting).
2. Resident physicians who hold either a Regular or a Residency Training (RT) license in Kentucky shall be free to use off-duty hours in appropriate related activities, including engaging in outside employment activities, so long as the resident obtains the prior written approval of the Department Chair or Program Director for such outside employment activities, and so long as such activities do not interfere with the resident's obligations to the University, impair the effectiveness of the educational program engaged in, or cause detriment to the service and reputation of the hospital to which the resident is assigned.
3. Each program must develop a moonlighting policy that is consistent with the Resident Moonlighting Policy of the University of Louisville. The policy must 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. Residents are required to comply with individual program policies.
4. 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.
5. Residents who wish to moonlight must hold either a Regular or Residency Training license in Kentucky. 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. Resident Training (RT) licenses permit moonlighting only in locations authorized and approved by the resident's Program Director.
6. Residents are not to represent themselves to moonlighting employers as being fully trained in their specialty. Further, 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. It is the resident's responsibility to assure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.
7. Resident physicians who hold J-1 or H-1B visas are not permitted to engage in activities or have additional income other than what is listed on their forms DS2019 (J-1 holders) or I-797C (H-1B holders). Federal regulations specifically prohibit outside or additional income for individuals with J-1 visas. Employment of H-1B holders is limited to the petitioner (employer) and activities listed on the I-797C.
8. 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.
9. 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.
10. Programs are encouraged to monitor all individual resident moonlighting hours each month to assure outside activity does not contribute to excess fatigue or detrimental educational performance.

**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.

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

<u>Resident Pay Schedule 2008-2009</u>		<u>Resident Stipends</u>		
		<u>PG LEVEL</u>	<u>ANNUAL</u>	<u>MONTHLY</u>
July 30, 2008	January 30, 2009			
August 29, 2008	February 27, 2009	1	\$45,945	\$3,828.75
September 30, 2008	March 30, 2009	2	\$47,343	\$3,948.59
October 30, 2008	April 30, 2009	3	\$49,183	\$4,098.59
November 28, 2008	May 29, 2009	4	\$51,055	\$4,254.59
December 30, 2008	June 30, 2009	5	\$53,071	\$4,422.59
		6+	\$55,248	\$4,604.00

**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 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 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, request 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 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. Faculty, staff, students, and administrators must adhere to this anti-harassment policy. The Provost, Vice Presidents, Dean, Directors, and heads of departments, divisions, and offices are specifically responsible within their particular organizations for publicizing, implementing, and enforcing this policy.

**Retaliation**

Discrimination in any university employment or academic decision against persons who seek redress under the procedures outlined below is prohibited.

**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 head of departments, divisions, and offices are required to enforce this policy. Failure to do so constitutes a violation subject to separate disciplinary action.

**PROCEDURES**

**Seeking Assistance**

If you believe you have been a victim of sexual harassment, there are two ways to seek assistance.

Residents Policies and Procedures  
Section XXII.

1. **Informal Approach**

- A. You may immediately voice your concern to the person whose actions you find offensive or to the administrative head of the department in which you are an employee or a student.
- B. If you wish to discuss the incident on a confidential basis with someone outside the department in which you are employed or a student, the people listed below are willing to talk to you informally. These people will listen to you, will provide information, and will provide other assistance if deemed appropriate.
- C. They will also report to responsible administrative officers contacts by persons concerned about conduct perceived to be a form of sexual harassment, without identifying the individual, for periodic analysis.

2. **Formal Approach**

- A. You should contact the Affirmative Action Office if you wish to initiate a formal complaint, which must be in writing. A formal complaint is the vehicle to use if you want an official University investigation and disciplinary action against University personnel.
- B. You should file formal complaints against students in writing with the Assistant Vice President for Student Life.
- C. You may file a grievance as provided for in The Redbook or Staff Handbook.

**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 XXIV

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  
GRADUATE MEDICAL EDUCATION PROGRAMS

1. 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.** General guidelines for resident supervision are listed below:
2. 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.
3. 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. However, at no time should the resident not have access to a supervisory attending. The teaching staff of the respective program is responsible for determining the level of responsibility accorded each resident.
4. 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 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.
5. 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, or the office of Graduate Medical Education of the University of Louisville School of Medicine.
6. 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 Medical Education.

**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. NOTE: The medical licensure process in other states can take longer than 60 days.
2. Rotations which include patient care activity require a license in the state of the rotation. Rotations for observership do not require licensure.
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. 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  
Abell Administration Center  
323 East Chestnut Street  
Louisville, KY 40202

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

You may be seen at the following locations for needle sticks and other exposures that are work related.

HSC Health Services Office  
550 S. Jackson Street  
University of Louisville  
Louisville, KY 40292  
(502) 852-6446 (Answered 24 hrs a day)

Belknap Health Services Office  
2207 S. Brook St.  
University of Louisville  
Louisville, KY 40292  
(502) 852-6479 (Answered 24 hrs a day)

The Health Services offices will have and can assist you with the required Workers' Compensation Claim Forms. (See p.17- Health Services Office)

**Office Hours: Monday-Friday 8:30-4:30**

If you have additional questions or need any assistance, please contact, Contract Administration and Risk Management at 852-6925

If you would like more information regarding Kentucky Workers Compensation you may go to <http://www.labor.ky.gov/workersclaims/>

### **WORKERS' COMPENSATION CLAIM INFORMATION**

CLAIMS SHOULD BE REPORTED TO CONTRACT ADMINISTRATION AND RISK MANAGEMENT AS QUICKLY AS POSSIBLE.

*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.*

It is the employee's responsibility to immediately report the injury to their supervisor. It is then the supervisor's responsibility to immediately complete, sign and forward the following forms to the Office of Contract Administration and Risk Management. If possible, please fax the forms to us at 852-0740 (employees should not complete their own workers compensation forms).

First Report of Injury Form (IA-1)

Supplemental Form (IA-1)

Return to work form (WCF-1), please complete this form even if the employee does not miss any work. 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.