

## **2021-2022 RESIDENT POLICIES AND PROCEDURES**

### **UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION**

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University of Louisville School of Medicine  
323 E. Chestnut St.  
Louisville, KY 40202 (502) 852-3134

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
ADVANCED CARDIAC LIFE SUPPORT (ACLS) FOR RESIDENTS  
Policy & Procedure**

**Background (Intent)**

All incoming residents and fellows are required to be ACLS certified by an American Heart Association (AHA) approved training center except as noted below. This is the agreement we have with our partner hospitals.

**Definitions (As used in this Document)**

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

**Policy**

***Initial Certification***

1. All residents in University of Louisville postgraduate training programs must have American Heart Association (AHA) Advanced Cardiac Life Support (ACLS)\* certification prior to beginning training in UofL GME sponsored programs, except as noted:
  - a. Pediatric residents and fellows, with the exception of Child & Adolescent Psychiatry and Developmental-Behavioral Pediatrics, must obtain Pediatric Advanced Life Support (PALS) instead of ACLS.
  - b. Obstetrics & Gynecology residents, Pediatric residents, and Neonatology fellows must obtain certification in Neonatal Resuscitation Program (NRP).
  - c. Medicine-Pediatrics residents must obtain ACLS, PALS, and NRP.

Forensic Pathology fellows are exempt from this requirement. Any trainees in programs that do not require a medical or dental degree are also exempt.

\*Students in ACLS courses are expected to be proficient in BLS skills. Training Centers may require students to have a current BLS for Healthcare Providers card.

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.

2. The expiration date for certifications must be no earlier than the program start date.
3. A 30-day grace period may be permitted, but must be requested in advance from the Graduate Medical Education Office.

***Recertification and maintenance***

1. When re-certification is required as part of the residency training program, the department must provide the training without cost to the resident.
2. Recertification and maintenance of an active certificate in Advanced Cardiac Life Support (ACLS) is required for all residents in Anesthesiology, Emergency Medicine, Family Medicine, Radiology, categorical and preliminary Internal Medicine, Gastroenterology, Pulmonary and Critical Care Medicine, Sleep Medicine, and Cardiology.
3. Recertification and maintenance of an active certificate in Pediatric Advanced Life Support (PALS) is required for all residents in pediatrics and in all pediatric fellowships with the exception of Child & Adolescent Psychiatry and Developmental-Behavioral Pediatrics.
4. Neonatology fellows must maintain active certification in Neonatal Resuscitation Program (NRP).
5. Medicine-Pediatrics residents must remain actively certified in both ACLS and PALS.
6. Other departments may require recertification at their option.

**Procedure**

1. Documentation and record keeping will be the responsibility of each program. Programs must submit data on ACLS certification for all residents/fellows to the Graduate Medical Education Office via MedHub.

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
ACCOMODATIONS FOR RESIDENTS WITH DISABILITIES  
Policy & Procedure**

**Definitions (As used in this Document)**

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

**Policy**

1. It is the policy of the University of Louisville School of Medicine to provide reasonable accommodations as necessary for qualified individuals with disabilities who are accepted in to our post graduate training programs. We will adhere to all applicable federal and state laws, regulations and guidelines with respect to providing reasonable accommodations as required in accordance with the policies and procedures of the University of Louisville.
2. Residents are entitled to services through the University Disability Resource Center at <https://louisville.edu/disability>.

**Procedure**

1. Residents must request accommodations in writing to the Program Director. At that time the resident will be required to provide medical verification of a medical condition that he or she believes is a disability. The resident is responsible for the costs of obtaining verification. More information is on the Disability Resource Center website at <https://louisville.edu/disability>.
2. The Program Director must notify, within five (5) working days of the request, the Designated Institutional Official and the Graduate Medical Education Office.
3. The Graduate Medical Education Office will work with the University Disability Resource Center in determining if a resident has a disability and what accommodations may be reasonable and necessary for the School of Medicine to provide. Residents will still be required to meet all program educational requirements with or without accommodations as they must be able to demonstrate proficiency in all of the ACGME defined competencies, and programs must certify that residents have determined sufficient competence to enter practice without direct supervision upon completion of training. This includes the ability to perform the required technical and procedural skills of the specialty. Patient safety must be assured as a top priority in these determinations.

**References & Related Policies**

ACGME Institutional Requirements, Effective July 1, 2018, IV.H.4: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)

**Approval**

12/08/08

Approved by GMEC: April 1, 2019

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

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

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

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

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

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

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

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

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

**Required Immunizations and Testing:**

1. TDAP: 1 dose of Tdap (Tetanus, Diphtheria and Acellular Pertussis)vaccine within last 10 year
2. MMR: Documentation of serologic immunity OR  
2 MMR vaccines (2 doses each of measles and mumps as well as 1 dose of Rubella (if administered separately)
3. HEPATITIS B: 3 Doses Vaccine followed by a Hepatitis B Surface Antibody titer reported with a quantitative value
4. VARICELLA 2 doses vaccine or positive antibody titer. Indeterminate titers require one dose vaccine.
5. INFLUENZA 1 dose of vaccine each fall
6. BASELINE AND ANNUAL TB TESTING IS REQUIRED:
  - No previous TST or your testing has elapsed >14 months- Complete two TSTs, at least one week apart.
  - No prior history of positive TST
  - Proof of two annually consecutive TSTs: one within 90 days of your start date, OR
  - -Interferon Gamma Release Assay (IGRA) (Quantiferon TB Gold or T-spot) within 90 days of your start date.
  - Prior history of (+) TST or IGRA, or active TB
    - Provide documentation of positive test results, medication treatment, and latest Chest x-ray report.
    - -If you received the BCG vaccine and your first or second TST were “positive” you will need to obtain an IGRA blood test.
    - Complete TB Questionnaire (TBQ) upon starting and on an annual basis.
7. N95 MASK FIT TESTING
  - Required annual to comply with local hospital OSHA requirements

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

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

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

1. Obtain consent from the patient involved for HIV testing if necessary and contact nursing supervisor at facility where the incident occurred.
2. Complete incident report at facility where injury occurred.
3. Call 852-6446 to discuss your exposure with the physician on call. HIV post exposure prophylaxis should be started within one hour of the exposure, if possible.
4. During working hours, you may go to the Campus Health Services Office on the first floor of the Outpatient Care Center at 401 East Chestnut St. We strive to keep your visit as short as possible and have all of the appropriate worker's compensation forms available if necessary.
5. You will be counseled at your visit and appropriate long term follow-up testing determined. It is your responsibility to complete any follow-up testing.
6. Failure to complete a Worker's Compensation Form may result in non-payment of claims and make the resident responsible for any charges

**Revised:** 07/03; 07/04, 7/08; 2/14,3/14

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

**MENTAL HEALTH SERVICES**

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

HSC Counseling Services  
Angela Pyle, PhD  
Counseling Psychologist  
A Building, Suite 220  
U of L Outpatient Center  
**502-852-6446**

Campus Health Services/Psychiatry Services  
Gordon Strauss, MD  
Jessica Reis, MD  
Eric Goodwin, MD  
401 East Chestnut St, Suite 110  
**502-852-6446**



## RESIDENT CHANGE OF SERVICE DATES 2021-2022

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

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

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

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

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

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

1. A resident who is identified as having incomplete medical records (any record greater than 7 days past hospital discharge) by any of the Record Departments of the affiliated hospitals will be notified by the respective Medical Records department and given 7 days to complete the records in question. At that time, the resident will also be notified that if he/she does not complete the medical records within 7 days that he/she will be recommended to be placed on probation.
2. If at the end of the 7-day period the records have not been completed, the Director of Medical Records will notify the Associate Dean for Graduate Medical Education, who will recommend to the Dean that the resident be placed on probation. The resident will be notified in writing by the Dean of the probationary status.
3. Once placed on probation, the resident will be given 7 additional days to complete all additional records at all affiliated hospitals and notified that if records are not completed at the end of 7 days, the resident will then be recommended to be suspended.
4. The Medical Records Department of the appropriate hospitals will notify the Associate Dean for Graduate Medical Education if the medical records in question have not been completed at the end of the 7 day 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 suspension will continue until all delinquent medical records are completed.
6. If at the end of 30 days suspension period the resident has failed to comply, a recommendation will be made to the Dean from the Associate Dean that the resident be terminated/dismissed from the training program.
7. All available medical records should be completed prior to a resident departing for a vacation, leave of absence, or any out-of-town or out-of-state rotation since the above probation, suspension, and dismissal process will apply in these cases.
8. Prior to a resident departing from a program and receiving any credit or certification for the period of training, all medical records must be completed at all affiliated hospitals.

Revised: 4/2000; 2/10/04; 02/05/08; 4/20/2011;2/2020

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
DISASTER & EXTRAORDINARY CIRCUMSTANCES  
POLICY & PROCEDURE**

**BACKGROUND (INTENT)**

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The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for GME programs and residents in the event of disaster or interruption in patient care.

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

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

**Extraordinary Circumstances;** event that significantly alters the ability of a sponsor and its programs to support resident education. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

**POLICY**

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Extraordinary Circumstances at the University of Louisville

1. The University of Louisville Graduate Medication Education Office and all university programs will abide by the Accreditation Council for Graduate Medical Education's (ACGME) Policy to Address Extraordinary Circumstances as described in the ACGME Policies and Procedures effective June 10, 2017.
2. In the event of a disaster or interruption in patient care, within 10 days after the declaration of a disaster (see above), the designated institutional official of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs
3. The DIO working with the GMEC and other sponsoring institution leadership, will oversee development of program specific plans for ensuring quality educational experience for residents and quality patient care for the institution.
  - I. Program Plans must:
    - a. revise the educational program to comply with the applicable Common, specialty specific Institutional, and Program Requirements within 30 days of the invocation of the policy; and,
    - b. arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,
    - c. assist the residents and/or fellows in permanent transfers to other ACGME -accredited programs in which they can continue their education.
4. Approval of program plans will made by the DIO and the GMEC.
5. The DIO and the GME Office will coordinate and implement approved plans with the program and submit program reconfigurations to the ACGME.

Extraordinary Circumstances at other Institutions

6. When the GME Office or a program is aware of extraordinary circumstances declared at another institution, the Program Director should contact the DIO regarding the institution's availability to accept transfers.

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

affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website. If needed, programs will follow all internal policies and procedures, including but not limited to Selection and Increases in Complement.

#### Program Requirements

7. Programs will be responsible for maintaining current academic and personnel records of all residents in the MedHub Residency Management System so that resident records will be available if office records are destroyed in the disaster.
8. In the event of a declared extraordinary circumstance, programs are responsible for submitting a program plan to the GME Office, per policy item 3.

#### PROCEDURE

1. When the ACGME deems that the University of Louisville's ability to support resident education has been significantly altered, the DIO will contact all affected programs requesting submission of alternate plans for ensuring an adequate educational experience within 30 days of the invocation of the policy (per ACGME Policy and Procedures).
2. The DIO will convene an emergency meeting of the GMEC to consider and approve submitted proposals.
3. The GME Office staff will assist programs to effect the necessary changes in order to comply with approved plans for alternative educational experiences, including but not limited to arranging for temporary or permanent transfers, temporary or permanent increases or decreases in complement, or ACGME site visits as needed.

#### REFERENCES & RELATED POLICIES

ACGME Institutional Requirements, Effective July 1, 2018 (IV.M.) Disasters: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. (Core)

ACGME Policies & Procedures, Effective June 10, 2017, Subject 21.00

#### APPROVAL

Approved by GMEC: 08/20/08; 12/17/20108

Revision approved by GMEC: April 1, 2019

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

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

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

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

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

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

Physicians who require assistance may call the Kentucky Physician Health Foundation at 502-425-7761 or <https://kyrecovery.org/>

The entire University of Louisville Policy Statement as a Drug-Free Institution is available at <http://louisville.edu/hr/policies/the-university-of-louisville-policy-statement-as-a-drug-free-institution>

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

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
ACADEMIC PROBATION AND DUE PROCESS POLICY FOR RESIDENTS**

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.

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION**  
**Resident Grievance Due Process Procedure**

**Background (Intent)**

Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. The ACGME has charged sponsoring institutions, in this case the University of Louisville School of Medicine, with ensuring that formal written policies governing resident clinical and educational environment be established at both the institutional and program level. The Graduate Medical Education (GME) Office of the University of Louisville, School of Medicine ensures that the individual training program's policy, and practice, are in compliance with both the RRC and ACGME or other Accreditation requirements.

**Definitions (As used in this Document)**

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

**Procedure**

**Preliminary Procedures**

To pursue a grievance concerning academic matters within the academic unit, the following steps of the grievance procedure may 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.) (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 may submit a written statement of the grievance to the School of Medicine Grievance Committee through the Office of the Dean. The statement shall contain:
  - a. A brief narrative of the condition giving rise to the grievance;
  - b. A designation of the parties involved; and
  - c. A statement of the remedy requested.
5. The Chair of the Grievance Committee will call a meeting of the Grievance Committee to hear testimony from grievant and the opposing party(ies). The Grievance Committee will be composed of faculty members and at least one resident member. Faculty members or resident members who are from the grievant's training program must recuse themselves from the process. The action of the Grievance Committee is an academic function, not a legal hearing. The grievant may have legal counsel in attendance, if desired, but the legal counsel may not speak during the Grievance Committee meeting.
6. The Grievance Committee will deliberate on the information available to them and make a recommendation to the Dean.
7. The Dean will make a decision based on the recommendation and inform the grievant and opposing party(ies) of that decision. The Dean's decision is final.



Resident Policies and Procedures  
Section X.

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
RESIDENT WORK HOURS POLICY & PROCEDURE**

**BACKGROUND (INTENT)**

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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 clinical and educational work hours be established at both the institutional and program level. Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

The Graduate Medical Education Committee is responsible for and has established procedures for reviewing requests for exceptions to the weekly work 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. Requests for an exception must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures* and the *GMEC Procedure for Endorsing Requests for Resident Work Hours Exceptions*.

Any questions or concerns regarding this policy or work hour entry in Med-Hub should be directed to the GME Office via the REWE Coordinator at (502) 852-5271. The GME Office can be reached anonymously or confidentially through the Resident Ombuds line at (502) 852-0387 or through the DIO Anonymous Message to DIO/GME Director in Med-Hub [See Messaging]. For additional resources for addressing work hour issues residents can contact a House Staff Council (HSC) Representative by visiting the website: <http://louisville.edu/medicine/org/housestaff>.

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

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**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement).

**Clinical and educational work hours (Work Hours):** defined as all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders.

- Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents'/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours.
- For call from home, time devoted to clinical work done from home and time spent in the hospital after being called in to provide patient care count toward the 80-hour weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls.
- Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Specific types of Work Hours include:

- **External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.
- **In-House Call:** Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- **Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
- **Night Float:** Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.
- **Home/Pager Call:** call taken from outside the assigned institution by pager or phone,

**Continuous time on duty:** The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

**Scheduled duty periods:** Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**One Day Off:** One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

## POLICY/PROGRAM REQUIREMENTS

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1. Each sponsored training program at the U of L School of Medicine must have a formal, written policy on resident Work Hours. The written policy must be provided to all residents and faculty. All programs must submit a copy of the program specific written policy on Resident Work Hours to the Office of Graduate Medical Education (GME) by loading into Med-Hub. Whenever changes are made to this document, the GME Office must have a record of the most current policy.
2. 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.
  - a) Resident work hours must not exceed 80 hours per week averaged over four weeks which is inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
  - b) Residents should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80 hour and the one-day-off-in-seven requirements.
  - c) In-house call must occur no more frequently than every third night, averaged over a four-week period. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - d) In-House night float must occur within the context of the 80 hour and one-day-off-in-seven requirements. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the review committees.
  - e) Clinical and educational work periods for residents must not exceed 24-hours maximum continuous on-site work with up to 4 additional hours permitted for activities related to patient safety such as providing effective transition of care, and/or resident education. There must not be additional patient care responsibilities assigned to a resident during this time. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single, severely ill patient, to provide humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours will be counted toward the 80-hour work week.
  - f) Resident time spent in the hospital or on patient care activities at home during at-home call must be counted toward the 80-hour maximum weekly limit. At-home call is not subject to the every 3rd night limitation however it must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent as to preclude rest and reasonable personal time for residents.

- g) 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. At home call cannot be assigned on these days.
3. Program Directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Resident moonlighting must be approved in advance with the approval documented in MedHub, and monitored by the program director. Programs must implement mechanisms to monitor resident moonlighting to ensure compliance with both program and institutional policies. All moonlighting that occurs both within the residency program and/or the sponsoring institution or outside the sponsoring institution must be counted toward the 80-hour weekly limit on duty hours. Moonlighting cannot be required by the program; PGY-1 residents are not permitted to moonlight. For additional information, please see institutional GME Policy & Procedure on Resident Moonlighting and Extra Duty Pay.
  4. Work hours must be monitored by the program to assure compliance with ACGME requirements. Work hour reporting must be completed by the resident, and not the program. On the 15<sup>th</sup> of the month, Med-Hub will lock the prior month's work hour activity, which makes the resident work hours unamendable for program administrators.
  5. Program Directors must monitor resident well-being and develop policies for educating faculty and residents to recognize the signs of stress and fatigue and for dealing with residents identified as stressed or fatigued.
  6. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.
    - Sleep facilities (Call Rooms) are available at the major participating sites and access procedures varies by program. It is the program's responsibility to communicate this information to residents.
    - The House Staff Council Uber transportation program was implemented to assist residents who feel too fatigued or sleepy to drive home, particularly but not limited to after being on-call. The program is provided free to UofL residents and funding is provided through the Office of Graduate Medical Education. For additional information, please visit website: <http://louisville.edu/medicine/gme/current-residents/cab-voucher-program>.
  7. 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 Resident Supervision Policy & Procedure. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are particularly difficult or prolonged. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties, per the Transitions in Care Policy & Procedure.

## RESIDENT REQUIREMENTS

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1. All residents who sign contracts through the GME Office are required to enter and submit their work hours in the MedHub system weekly.
2. Residents have two weeks in which to document and submit work hours after which they are locked out. Lockout occurs at 12:01am EST Sunday morning for the previous week. Residents that have failed to log and submit any work hours for the prior week will be reminded by email and alert on their portal page. They still would have a full week to document and submit work hours for the previous week.
3. Resident work hour timesheets include an extensive amount of information to make documenting Resident work hours as quick and painless as possible.
  - Each Resident Work Hour Timesheet includes the date, scheduled activity, in time, and out time
  - A 'Submit Completed Work Hours' link that automatically calculates the entered hours against ACGME regulations \*
  - Color coded calendars showing compliance history

- Automatic calculation of *potential* violations against ACGME regulations which automatically requires a mitigating reason. MedHub work hour functionality is proactive rather than reactive. Activity flagged by MedHub and requiring a mitigating reason should be considered a "*potential violation*" because it is calculated against a single weekly time sheet rather than the ACGME 4-week average. When averaged, over the full period it may result in no violation at all.
1. By design, there is no Resident unlock. Residents who have not completed documenting (logging and submitting) their work hours prior to the deadline have been locked out of editing and submitting work hours and must go to their residency Program Director or Administrator to have the hours logged and submitted.

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#### PROCEDURE: MONITORING OF RESIDENT SUBMISSION OF HOURS

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1. It is the programs responsibility to monitor resident submission of work hours. Programs should not rely on communications and reminder from the GME Office.
2. The GME Office will generate a "work hours submission" report for each program the first week of each month that will show which residents have not logged and/or submitted hours for the previous month (i.e., a report of residents who have not logged and/or submitted hours for December will be run the first week of January).
3. These reports will be sent to the appropriate Program Directors by the 7<sup>th</sup> of each month. Program Directors or Administrators are responsible for working with the resident to have all work hours brought up to date.
4. Once the reports are distributed, residents will be given until the 15<sup>th</sup> to meet with the Program Director or Administrator to enter and submit the missing hours before the Program Director and Administrator are also locked out of the prior month.
5. If the resident has not successfully communicated with the Program Director or Administrator regarding entering and submitting the missing hours by the 15<sup>th</sup> day of the month,
  - a) It will be recommended to the Dean that the resident be placed on academic probation, following the Policy & Procedure for Probation, Suspension, and Dismissal. A copy of the recommendation will be forwarded to the resident and the Program Director.
  - b) After the 15<sup>th</sup>, the resident will need to work with the GME Office to either correct the hours or the program will need to request temporary access (for the Program Director and Administrator) for the hours to be entered and submitted.
6. Once placed on probation, the resident will be placed on a watch list for a 60 day period to improve work hour logging and submission practices. If not improved by the end of 60 days, a recommendation for suspension from program activities and payroll will be forwarded to the Dean.

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#### PROCEDURE: MONITORING OF WORK HOUR VIOLATIONS

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1. It is the program's responsibility to monitor and address work hour violations.
2. The GMEC Subcommittee titled the Resident Educational and Work Environment (REWE) Subcommittee will meet every other month and as needed. Work hour or educational environmental concerns will be brought to and addressed by the committee through the following channels:
  - a) There will be an administrative staff member of the GME office dedicated to work hour monitoring. The Resident Education and Work Environment Coordinator (REWE Coordinator) will monitor work hour violations across all programs and report to the Vice Dean for Graduate Medical Education & Continuing Medical Education, as well as to the REWE Subcommittee. The REWE Coordinator will report areas where persistent problems are noted in order for the subcommittee to work with Program Directors, Departments or others to facilitate solutions.
  - b) There will be an Ombuds position within the GME office. The Ombuds will be an ad-hoc member on the GMEC and the REWE Subcommittee. This position has the support of the Vice Dean of Graduate Medical Education & Continuing Medical Education as well as the Dean of the Medical School. The Ombuds also serves as the Work Hours Ombuds. Residents can raise work hour concerns with the Ombuds anonymously and without fear of intimidation or retaliation.

3. The GMEC's Resident Educational and Work Environment Subcommittee will report to the Vice Dean for Graduate Medical Education & Continuing Medical Education as well as the GMEC.
4. In the event that recurrent work hour violations within a program cannot be resolved through the efforts of the Program Director and/or Program Evaluation Committee (PEC), the REWE Subcommittee will meet to investigate and address problems with the support of the Vice Dean for Graduate Medical Education & Continuing Medical Education.
5. Work Hour violations must be addressed in the programs Annual Program Evaluation (APE) report submitted to the GME Office each academic year.

#### REFERENCES & RELATED POLICIES

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ACGME Institutional Requirements, Effective July 1, 2018, section IV.J: Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

ACGME Institutional Requirements, Effective July 1, 2018, section III.B.5.b): The Sponsoring Institution, in partnership with its ACGME- accredited program(s), must ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigued to return safely home. (Core)

ACGME Common Program Requirements, Effective July 1, 2017 (Section VI Changes)

Resident Supervision Policy & Procedures

Probation, Suspension, and Dismissal Due Process Procedure

Work Hour Exceptions Procedure

\*Program Specific for Resident Work Hours Policy & Procedures

#### APPROVAL

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Effective: 03/19/2008

Revised: 09/15/2010

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

Revised 4/17/2013

Revised 9/25/2015; Approved by GMEC 11/18/2015

Revised March 27, 2019; Approved by GMEC 4/1/2019

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION**  
**Policy on Evaluation, Promotion and Termination of Residents**

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

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

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

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

Performance improvement plan

Probation

Temporary Suspension

Termination from program and institution

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

Date of GMEC Approval: 12/17/08

## EMAIL ACCOUNTS UNIVERSITY OF LOUISVILLE

Email accounts of trainees who recently graduated from UL as a medical student remain active. Trainees new to UL will need the following information to open an email account.

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

To access U of L email, go to [outlook.office365.com](http://outlook.office365.com) and enter your user ID and password.

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

Your email address is your ULink user ID @louisville.edu (for example: fmlast01@louisville.edu). Your log in ID for your UOFL Email is your ULink user ID @louisville.edu.

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

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

See this link for further information on getting started setting up U of L email: <http://louisville.edu/email/faculty-staff>

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

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

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
FRINGE BENEFITS**

**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. Flexible Spending Accounts also available.

**Workers Compensation**

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

**Disability Insurance**

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

**Malpractice Insurance**

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

**Dental Care and Coverage**

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

**Employee Assistance Program**

An Employee Assistance Program (EAP) is available to residents and fellows at no charge and provides confidential counseling, assessment and referral services. The program deals with the broad range of issues such as emotional/behavioral, family and marital, alcohol and/or drug, financial, legal, and other personal problems. These services are provided by the Human Development Company.

**Medical Licensure**

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

**Campus Health Service Office**

Hepatitis B immunization and an annual TB skin test are required and furnished free of charge to all residents. The Campus Health Services Office provides minor urgent medical care and immunizations, including boosters and TB testing. Personal counseling is also available. The Campus Health Services Office also serves as an on-site treatment facility for workers compensation related injuries and exposures including needle sticks, and as the repository of resident immunization



records and exposure data. The office is staffed by board certified faculty physicians and faculty nurse practitioners who have extensive primary care and occupational exposure experience.

#### **Vacation (Annual Leave)**

All postgraduate physicians are entitled to 28 calendar days of vacation for each twelve-month period.

#### **Lab Coats**

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

#### **Library Privileges and Services**

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

#### **Counseling Services**

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

#### **Recreational Facilities**

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

#### **Medical and Personal Leave**

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

Personal leave is available at the discretion of the Program Director.

#### **Maternity/Paternity Leave**

Residents may use a combination of vacation and program director discretionary leave time to cover up to 42 days of paid post-partum leave. Leave of absence longer than 42 days is taken as unpaid leave.

#### **Lactation Rooms**

Lactation rooms are at various locations on the Health Sciences Campus. Current locations available at <https://louisville.edu/womenscenter/resources/lactation-information>

#### **Health Care and Dependent Care Flexible Spending Accounts**

Residents may establish accounts to convert tax-free benefit dollars within the limits established by the IRS. Flexible spending accounts provide pre-tax dollars to be used toward medical, dental, vision, pharmacy, and daycare expenses. The monies are reimbursed to the resident for expenses incurred.

#### **Parking**

Parking permits are provided to residents by either their program or the GME office at no cost to the resident.

#### **Retirement Plan**

The University of Louisville House Staff are eligible to participate in the 403(b) retirement plan by electing to contribute to the voluntary Employee Supplemental and Roth Additional options. The contributions in the Employee Supplemental and Roth Additional options are not matched by the University.

#### **Greater Louisville Medical Society Membership**

The Graduate Medical Education office greatly encourages residents to contribute to their community and improve the future of their profession through leadership and advocacy. In that spirit, the Graduate Medical Education Office is providing membership to the Greater Louisville Medical Society (GLMS) and the Kentucky Medical Association (KMA) at no cost to GME contracted residents and fellows.

#### **Uber Transportation Program**

An Uber based transportation service is provided free of charge to U of L residents/fellows.

The purpose of this program is to ensure that all residents & fellows have a safe transportation option if they are too fatigued to return home safely.

#### **Other Benefits**

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

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

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

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

The human subjects course has been combined with the HIPAA-Research course and the certification period, upon successful completion has been extended to 4 years. Results from CITI will be transferred to iRIS, via interface link.

#### **The University of Louisville is utilizing the CITI Platform to provide the following Training:**

- Human Subjects
  - Social Behavioral (includes HIPAA-Research)
  - Biomedical (includes HIPAA-Research)
  - Undergraduates
- Responsible Conduct of Research (all disciplines now in one course)
- Conflicts of Interest
- Institutional Compliance Awareness
- HIPAA (non-research aspects)
- Export Controls
- IACUC: OSHA Renewal

This document provides instruction for both new registrants and individuals with existing CITI accounts.

#### **Registering on CITI for the first time:**

To access HIPAA Privacy training in CITI, please follow the steps below.

1. Go to CITI website [www.citiprogram.org](http://www.citiprogram.org)
2. Returning Users: Sign in on the home screen. Select University of Louisville Courses. Proceed to Step 9.
3. New Users: click on ‘Register’ under ‘Create an Account.’ Select Your Institution or Organization: Under ‘Search for organization:’ enter ‘University of Louisville’.
4. Personal Information: Enter your first and last name, as recorded with the university. Under email use your U of L email (userid@louisville.edu) as the email address. You can add another preferred address to the Secondary email address field, if you like. *If you do not use your primary U of L email address (not your PEA) in the first email field, your training results could be delayed in posting to iRIS.* Please note: the email addresses entered here are the ones that any future password requests will be sent to; you are encouraged to use addresses that are stable and make sure to enter them without any typos.
5. Create Your Username and Password: Follow the instructions on the page regarding size and criteria. The Username and Password can be anything of your choosing that is accepted by the system.

6. Gender, Ethnicity and Race: Enter your answers to the questions on the screen. While you are required to answer the questions, there is an option of no disclosure, if you prefer.
7. Are you interested in the option of receiving Continuing Education Unit (CEU) credit for completed CITI Program courses?: Answer 'No'. Can CITI Program contact you at a later date regarding participation in research surveys? Answer 'No'.
8. Information requested by U of L: Complete the demographic information. Fields that are marked by an asterisk are required by the system. Enter your University of Louisville Student ID # in the Employee Number field. Enter 'School of Medicine' in the Department field. Select any role in research (they are removing this field.) Enter your cell phone number in the Office Phone field.
9. Select "Add a Course" from the "My Learner Tools for University of Louisville." Select 'I know what I need to take, just show me the full menu of courses'. Click 'Next'.
10. Check: Under HIPAA Privacy, select the course you want to take. Click 'Next'.
11. Click 'Finalize Registration'. You will be directed a menu with the courses you need to complete.
12. Click on the course(s) name to begin the training. For each course, click on 'The Integrity Assurance Statement', 'Agree', and 'Submit' before beginning the course. You must do this for each course.
13. Upon completion of all Required Modules and achieving 80% overall correct score, a link will appear on the Grade Book page with your Completion Report. **Keep a copy of this report for your records.**

Questions or comments regarding the content of the HIPAA Privacy and Research training should be directed to the Privacy Office at 502-852-3803 or via email at [privacy@louisville.edu](mailto:privacy@louisville.edu).

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

Revised 05/20/2004; 04/20/05; 02/2006; 04/2007; 03/2008; 4/2010; 2/2011; 4/2015, 3/2020

## HOUSE STAFF COUNCIL

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

### 2021-2022 House Staff Council Members

| Program                  | Name   |
|--------------------------|--|
| Anesthesiology           | Braden Bocard, Steven McHenry, James Miller      |
| Emergency Medicine       | Madison Harmon, Blaine Jordan, Matthew Keller    |
| Family Medicine          | Arezo Rajaee, Lucas McGee, Jamaal Richie         |
| Internal Medicine        | Anuja Abhyankar, Matthew Heckroth, Neha Nidhi    |
| Medicine/Pediatrics      | Justin Chu, Sarah England                        |
| Neurology                | Diksha Mohanty, Royston Rodrigues, Zarmina Mufti |
| Clinical Neurophysiology | Grant Turek                                      |
| Neurosurgery             | Aurora Cruz, Nick Khattar                        |
| Obstetrics/Gynecology    | Vishwa Shah, Viktoriya Tulchinskaya              |
| Orthopaedic Surgery      | Jarod Richards, Shikha Sachdeva                  |
| Pathology                | Don Mignogna, Marwil Pacheco                     |
| Pediatrics               | Asope Elder, Renuka Jain, Chrissy Metcalf        |
| Peds Child Abuse         | Nick Miles                                       |
| Peds Neonatology         | Carrie Moore                                     |
| PM&R                     | Brooke Madson, Michael Del Busto                 |
| Psychiatry               | Abraham DeWitt                                   |
| Radiology                | Henderson Jones, Raymond McDermott               |
| Surgery                  | Nicholas Stephen Caminiti, Matthew Woeste        |
| Urology                  | Andrea Juneau, Ross Micciche                     |

UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
**ADDRESSING IMPAIRED RESIDENTS & SUBSTANCE ABUSE PROCEDURE**

**BACKGROUND (INTENT)**

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The University of Louisville is committed to protecting the safety, health and well-being of all students, residents, faculty and staff and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. As a recipient of federal grants and contracts, the university gives this notice to students, faculty and staff that it is in compliance with the Drug-Free Workplace Act of 1988 (Pub. L.100-690, Title V Subtitle D) and the Drug-Free Schools and Communities Act Amendment of 1989.

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

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**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

**PROCEDURE**

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1. 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.
2. 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.
3. 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.
4. 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.
5. Residents needing assistance or who have questions should contact their Program Director, the Medical Director of the Kentucky Physicians Health Foundation (Dr. Greg Jones at 425-7761), or the Chairman of the University of Louisville Hospital's Physicians Health committee (Dr. Christopher Stewart at 813-6626).

**REFERENCES & RELATED POLICIES**

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ACGME Institutional Requirements, Effective July 1, 2018 (IV.H.2.)

GMEC Policy & Procedures for Resident/Fellow Supervision

You may view the University of Louisville Policy Statement as a Drug-Free Institution on the Human Resources web site: <http://louisville.edu/hr/policies/the-university-of-louisville-policy-statement-as-a-drug-free-institution>.

**APPROVAL**

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Revised: 3/10/00; 07/03, 05/2004

Revised October 2018 (formatting only)

**POLICIES REGARDING FOREIGN NATIONALS AND  
INTERNATIONAL MEDICAL GRADUATES**  
UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION

ECFMG Certificates

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

**Acceptable Visas:**

J1 Clinical Visa

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

Permanent Residents and Employment Authorizations

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

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

**Visas Not Accepted:**

H1B Visas

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

J2 Dependent Visas

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

J1 Research Visa

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

Contact:

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

UNIVERSITY OF LOUISVILLE GRADUATE MEDICAL EDUCATION  
**RESIDENT LEAVE OF ABSENCE POLICY & PROCEDURE**

**BACKGROUND (INTENT)**

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As an Accreditation Council for Graduate Medical Education (ACGME) Sponsoring Institution, the University of Louisville's School of Medicine must have a policy for vacation and other leaves of absence, consistent with applicable laws (ACGME Institutional Requirement IV.G.1). **A separate policy document addresses resident vacation.**

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

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**Calendar day:** all 365 working days in a year, including weekends and holidays.

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. The term "resident" in this document refers to both specialty residents and subspecialty fellows.

**TYPES OF LEAVE**

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Medical (Sick) Leave, excluding Maternity/Paternity

Medical (Sick) Leave shall be defined as any medical condition, including complications of pregnancy up to time of delivery, which necessitates an absence from a resident's training program.

1. Residents on medical leave for more than seven consecutive calendar days must furnish a physician's or medical provider'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 must furnish a physician or medical provider's statement that he/she is medically fit to resume residency training.
2. The Program Director must inform the Vice 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 Leave" worksheet (available from the Graduate Medical Education Office).
3. An additional period of paid medical 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 Vice Dean for Graduate Medical Education.
4. After 90 calendar days of total medical leave, leave of absence without pay will begin.
5. 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 medical 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.
6. 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, but must conform to state and federal laws relating to disabilities, if any.

Maternity/Paternity Leave

Maternity/Paternity leave shall be defined as leave following the birth or adoption of a child.

1. A resident may be paid during the 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 Leave). 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 leave, if allowed by the specialty's RRC or Board.

2. Residents requiring additional leave due to complications of pregnancy or delivery should refer to the Medical Leave section. In cases of extended Medical leave (90 days or greater) residents should contact the resident disability insurance carrier.

#### Educational or Personal Leaves (Program Director Discretionary Leave (if allowed by the RRC or Board)

1. At the discretion of the Program Director, a maximum of 14 calendar days of educational or personal leave may be granted to the Physician per academic year.
2. Requests for personal leave of absence for a period longer than 14 calendar days must be approved by the Associate Dean for Graduate Medical Education & Continuing Medical Education.
3. Educational and personal leave may vary by department according to departmental guidelines, RRC/ACGME requirements, and/or board certification requirements.

#### Resident/Fellow Family Leave

Similar to the Federal Family and Medical Leave Act (FMLA), the Resident/Fellow Family Leave program allows qualified residents (male or female) to take up to 12 work weeks of unpaid leave each year with no threat of job loss.

1. 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 resident/fellow family leave.
2. Qualifying events include the birth of a newborn, the adoption of a child or newborn, taking a state-approved foster child into one's home, time off to care for a parent, spouse or child under 18 with a serious health condition, and time off to care for children who are older than 18 if they are unable to care for themselves, because of either mental or physical reasons. It will not, however, allow resident/fellow family leave time for the care of parents-in-law, or other relatives.
3. 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.
4. Resident/fellow family 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 Graduate Medical Education Office. Any time that exceeds available vacation/PD discretionary time will be unpaid time.
5. Resident/fellow family 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.
6. **Exclusion:** 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.

#### Military Leave\*

1. A resident ordered to uniform service, upon presentation of military orders to his/her program director, shall fill out a Resident Leave of Absence Request Worksheet and be placed on military leave.
2. While on military leave, the resident is entitled to reemployment without loss of his or her position in the residency/fellowship program.
3. While on military leave, the resident shall receive up to 10 working days (14 calendar days) of paid leave in a federal fiscal year (This is equivalent to the Program Director's Discretionary time). All other military leave shall be unpaid.
4. However, at the resident's option, the resident may request use of annual leave vacation time in order to remain in pay status. The resident may not be required to use vacation time.

5. A resident requesting Military Leave should refer to the University of Louisville Policy on Military Leave. (<https://sharepoint.louisville.edu/sites/policies/library/SitePages/Human%20Resources/Military%20Leave.aspx>)

## POLICY

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1. For any Leave of Absence a **Resident Leave of Absence Request Worksheet** (available from the Graduate Medical Education Office) must be completed and signed by the Program Director and resident (if available) and approved by the Vice Dean for Graduate Medical Education and Continuing Medical Education.
2. Any leave of absence must be in compliance with the ACGME Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.
3. The leave must also be in compliance with the eligibility requirements for certification by the appropriate certifying board for the specialty.
4. Program Directors are responsible for assuring that all leaves of absence are granted in accordance with institutional, ACGME, and certifying board eligibility requirements. Should this policy be in conflict with the respective ACGME or Board Certification requirements, those requirements will take precedence.
5. Leaves of absence may require additional training time to fulfill ACGME and/or Board Certification requirements. Program Directors are responsible for determining, in accordance with RRC and Board requirements, how much time must be made up. Program Directors must inform residents in writing, using the Resident Leave of Absence Request Worksheet, of any make-up time required. 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 Resident Level.
6. A leave of absence may be paid, unpaid or a combination of paid and unpaid. All paid leave of absence, beginning with the first day of leave, shall utilize unused vacation days (maximum 28 calendar days) and the Program Director's discretionary time (See types of leaves). Any leave that utilizes only vacation time should not be reported as a leave of absence, but as vacation.
  - a. 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. Residents should check with U of L 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.
7. After approval by the Vice Dean of GME and CME, the Leave of Absence will be recorded in the institutional Residency Management System, MedHub, by the Administrator of the Program. The Leave of Absence will become part of the resident's official training record. MedHub allows for documentation of four types of resident absences: Vacations, Sick Days, Away Conferences, and Leaves of Absences. See Guidelines for MedHub Use document for more information.

## REFERENCES & RELATED POLICIES

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ACGME Institutional Requirements, Effective July 1, 2018, section IV.G.1-2

Resident Vacations Policy & Procedure

## APPROVALS

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Approval of this policy will replace all prior leave policies. Approved by GMEC: April 1, 2019. Revised January 20, 2021 to allow a medical provider statement under Medical Leave. Revised February 17, 2021 to clarify PD Discretionary Leave limitations.

## RESIDENT LEAVE OF ABSENCE REQUEST WORKSHEET

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

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

REASON (from list of LOA types) \_\_\_\_\_

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

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

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

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

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

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

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

\_\_\_\_\_  
Resident Signature  
Date

\_\_\_\_\_  
Program Director/Chairman Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Dean for Graduate Medical Education Date

<sup>1</sup> University of Louisville Resident Leave of Absence Policy requires all unused vacation time be used toward leave. Any leave that utilizes only vacation time should not be reported as a leave of absence.

<sup>2</sup> At the discretion of the Department Chairperson and Program Director, two weeks (14 days) of additional paid leave may be granted (Resident Leave of Absence Policy, Types of Leave, Program Director Discretionary Time).

<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 Leave of Absence Policy, Types of Leave: Medical, item #3). Only to be requested in cases of extended medical leave.

<sup>4</sup> Resident Leave of Absence Policy item #5: Leaves of absence may require additional training time to fulfill ACGME and/or Board Certification requirements. Program Directors are responsible for determining, in accordance with RRC and Board requirements, how much time must be made up. Program Directors must inform residents in writing, via this worksheet, of any make-up time required.

Worksheet Rev. 12/04/01; 05/20/2004/; 4/20/2005; 04/2007, 10/2010, 11/2010, 7/6/18; 4/1/2019

## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE FOR RESIDENT VACATION

### BACKGROUND (INTENT)

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As an Accreditation Council for Graduate Medical Education (ACGME) Sponsoring Institution, the University of Louisville's School of Medicine Graduate Medical Education Office must have a policy for vacation and other leaves of absence, consistent with applicable requirements. A separate policy document addresses other leaves of absence.

### DEFINITIONS (AS USED IN THIS POLICY)

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**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. The term "resident" in this document refers to both specialty residents and subspecialty fellows.

**Averaging of Work Hour rules:** If a resident takes vacation or other leave, ACGME requires that vacation or leave days be taken out of the numerator and the denominator for calculating work hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation must be averaged over the remaining three weeks).

**Calendar day:** all 365 working days in a year, including weekends and holidays.

### POLICY

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1. All postgraduate physicians shall be entitled to 28 calendar days, see definition above, of vacation for each twelve-month period.
2. Vacation time shall be prorated for employment periods of less than 12 months.
3. There is no reimbursement for unused vacation leave.
4. Vacation days cannot be carried over into or borrowed from another contract year unless requested in writing by the resident and approved in advance by the Program Director.
5. Each training program must have a program-specific policy which is consistent with this GME policy and defines the program's processes of requesting, approving, scheduling and accurately documenting, in MedHub, the residents' vacation days. Approval of vacation time for residents is the responsibility of the Program Director.
  - a. The program-specific policy must be posted in MedHub, making it available to residents and the GME Office.
6. Should this or the program-specific policy be in conflict with ACGME or Board certification requirements, the ACGME or Board requirements will take precedence.
7. This general policy for vacations is subject to modification in certain programs upon approval by the Vice Dean for Graduate Medical Education or his representative.

### PROCEDURE

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1. Programs must set up MedHub Program Settings consistent with their program-specific policy.

- a. Setting options include blocking dates/rotations on which vacation is not allowed to be scheduled , whether the resident or administrator will initiate the request, and the work-flow process for approval (service head, program director, etc.).
  - b. MedHub functionality requires the final approval be documented by the administrator.
- 2. In keeping with documentation best practices and MedHub functionality, all vacation and other absences must be approved prior to the 15<sup>th</sup> of the following month and the MedHub workflow lockout.
  - a. For instances where a vacation or other absence was not documented by the 15<sup>th</sup> of the following month, the program must communicate with the GME Office as soon as possible for the system to be corrected.

## REFERENCES & RELATED POLICIES

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ACGME Institutional Requirements, Effective July 1, 2018, Section IV.G.: The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (Core)

Policy & Procedure on Resident Leave of Absence

## APPROVALS

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Undated

Revision approved by GMEC: March 20, 2019

Revision approved by GMEC: April 1, 2019

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
RESIDENT MALPRACTICE COVERAGE**

**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 occurrence based coverage (meaning that tail coverage is built into the coverage); therefore, graduating or other residents who leave a program do not need to purchase tail coverage.

**4. CONFIRMATION OF COVERAGE**

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

**CONTACTS**

Melissa Updike, Executive Dir.  
Jennifer Armstrong, Assistant Dir.  
KMRRRG  
10200 Forest Green Blvd, #112  
Louisville, KY 40223  
(502) 569-2060  
(502) 588-7796 Fax  
www.kmrrrg.com

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

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
MEDICAL LICENSURE POLICY FOR RESIDENTS**

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

Resident Policy and Procedure  
Section XX.

10. The Graduate Medical Education office will pay for the cost of the initial training license only for current PG-1 residents who intend to remain at University of Louisville for the PG-2 year. PG-2's and above, who are entering from outside the University are responsible for initial licensure costs. Fees for annual renewal of licenses are paid by either the resident or the resident's program office.
11. Temporary Fellowship Training (FT) licensure is available to international physicians who enter the U.S. for up to one year of advanced training. The FT license limits the practice to the parameters of the training program and is non-renewable.
12. 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.

Revised: 2/12/14



## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION MOONLIGHTING AND EXTRA DUTY PAY POLICY & PROCEDURE

### Background (Intent)

The Sponsoring Institution must ensure mechanisms are in place to ensure that GME recognized programs follow a basic set of standards in training and preparing resident and fellow physicians.

### Definitions (As used in this Document)

**Extra Duty Pay:** At the University of Louisville Extra Duty Pay is a specific form of internal moonlighting whereby a resident or fellow voluntarily assumes additional call or service responsibilities within the parameters of his or her training program for additional compensation. (It is the only form of moonlighting that J-1 visa holders are permitted to do).

**Moonlighting:** Per the ACGME, as voluntary compensated medically related work performed inside (internal) or outside (external) the institution where the resident is currently training.

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

### Policy/Program Requirements

6. Each sponsored training program at the U of L School of Medicine must have a formal, written policy on resident Moonlighting that is consistent with the ACGME Institutional, Common Program Requirements, and this UofL GMEC Policy.
  - a. The written policy must be provided to all residents and faculty via MedHub.
  - b. The policy must give guidelines for moonlighting activities of residents, including defining the hours and rotations when such activities may be permitted, and under what circumstances permission may be denied for these activities.
  - c. The policy must include the statements
    - i. The University does not provide professional liability insurance or any other insurance or coverage for resident off-duty activities or employment, and assumes no liability or responsibility for such activities or employment. Confirmation of professional liability insurance for resident off-duty activities or employment will be the responsibility of the moonlighting employer.
    - ii. Residents are not to represent themselves to moonlighting employers as being fully trained in their specialty.
    - iii. Residents who moonlight are not to present themselves as agents of the University of Louisville during moonlighting activities. University lab coats, name badges, and identification cards are not to be worn outside of the resident's training program activities.
    - iv. It is the resident's responsibility to assure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.
7. PGY-1 residents are not permitted to moonlight.
8. Programs must not require residents to participate in moonlighting activities.
9. Resident physicians beyond the PGY-1 year shall be free to use off-duty hours to moonlight so long as the resident follows program procedures for obtaining the prior written approval of the Department Chair or Program Director for moonlighting activities.
  - a. Residents who wish to moonlight must hold either a Regular (R) or Residency Training (RT) license in Kentucky. Resident Training (RT) licenses permit moonlighting only in locations authorized and approved by the resident's Program Director.
  - b. 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 moonlighting of any type.

10. 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.
  - a. This approval must be documented via the Training History in MedHub.
  - b. Moonlighting activities must not interfere with the resident's ability to achieve the goals and objectives of the educational program, or obligations to the University. It must not impair the effectiveness of the educational program, or cause detriment to the service and reputation of the hospital to which the resident is assigned.
  - c. Programs are required to monitor all individual resident moonlighting hours to assure outside activity does not contribute to excess fatigue or detrimental educational performance.
11. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. Moonlighting hours must be entered into MedHub along with standard work hours and documented as Moonlighting Hours, per the Resident Work Hours Policy & Procedure on and the for MedHub Use and Responsibilities Policy & Procedure.
12. Programs must obtain approval from the DIO/GME office prior to implementing internal moonlighting or Extra Duty Pay programs.

### **Policy/Resident Requirements**

1. Residents are required to comply with ACGME, institutional and individual program policies. Residents found to be in violation of this policy will be subject to disciplinary action as detailed in the University of Louisville School of Medicine Resident Agreement and the Resident Evaluation, Promotion, and Termination Policy.
2. Except as described in paragraph 1, residents sponsored on J1 visas are not allowed to moonlight or earn any income outside of the stipend stipulated in the resident's house staff contract.

### **Procedure**

1. Programs are required to have the Program specific policy loaded into MedHub.
2. Programs are required to document individual resident approval to moonlight in MedHub.
3. Residents are required to document moonlighting hours in MedHub.

### **References & Related Policies**

ACGME Institutional Requirements, Effective July 1, 2018, Section IV.J.1.: Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting.

ACGME Common Program Requirements, Effective July 1, 2017 (Section VI Changes)

University of Louisville School of Medicine Resident Work Hours Policy & Procedure

University of Louisville School of Medicine Policies Regarding Foreign Nationals and International Medical Graduates

University of Louisville School of Medicine MedHub Use and Responsibilities Policy & Procedure

\*Program Specific Policy & Procedures for Moonlighting

### **Approval**

Approved by GMEC: 4/17/2000

Revised 3/21/01; 5/21/03; 2/18/04; 11/15/06; 4/20/11; 6/5/13; 1/9/15

Revision approved by GMEC: April 1, 2019

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
MED HUB POLICY FOR RESIDENTS AND FELLOWS**

1. Med Hub 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 MedHub Residency Management Suite.
3. Residents and fellows will use the MedHub system to:
  - a. Log duty hours weekly
  - b. Complete evaluations
  - c. Log procedures\*
  - d. View block, call, clinic, and conference schedules
4. Residents and fellows will be trained by their Program Coordinators to use the Med Hub 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 Med Hub. However, the numbers must be entered in Med Hub since our participating hospitals use the Med Hub system to determine resident credentials.

## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION

### Guidelines & Process for Away Rotations

As an ACGME (Accreditation Council for Graduate Medical Education) Sponsoring Institution, the University of Louisville's School of Medicine has the responsibility to ensure that our graduate medical education residents and fellows are appropriately supervised and train in safe, effective learning environments.

#### Definitions (As used in this Document)

**Away Rotation:** a clinical and/or research experience that occurs at a location that is not an established participating site for the resident's training program. *This is typically an ad-hoc rotation for a single resident, as opposed to a rotation at an established site used by multiple residents over time.*

**Elective Rotation:** a clinical and/or research experience that meets the needs of one or more residents, but is not required.

**International Rotation:** an elective, away rotation that occurs outside of the United States. *See additional requirements and processing information.*

**Participating Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows. Any hospital, clinic, office or laboratory that serves as a location for resident clinical and/or research experiences. Sites may have a required and/or an elective rotation.

**Program Letter of Agreement (PLA):** an official agreement between the training program and each participating site. The ACGME requires a PLA with any participating site providing a required assignment for the program's residents. The PLA identifies the teaching faculty who will supervise and evaluate the resident, specifies the duration and educational content of the educational experience and states the policies and procedures that govern the resident education during the assignment.

**Resident:** Any physician in a University of Louisville (UofL) graduate medical education program recognized by the GME Office, including interns, residents, and fellows.

**Required Rotation:** a clinical and/or research experience in which all residents in a program participate as part of the program curriculum.

#### Away Rotation general principles and Guidelines

In the interest of fostering the resident's self-directed learning, a resident in good standing, and with his/her program director's recommendation, may be allowed to take away rotations, not to exceed 30 calendar days collectively, during the course of his/her training program.

Away rotations at new training sites will be considered if they meet the following criteria:

1. Elective course opportunities desired by the resident that UofL DOES NOT offer, not to exceed 30 calendar days collectively in the course of the resident's training program.
2. All other requests will be considered on a case-by-case basis upon the recommendation of the program director after consideration of the educational rationale and fiscal impact.

#### Process for Away Rotations

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. An additional 15 days is required before the start of any international rotation.
  - a. A completed application includes 4 things:

- i. GME Request Form
  - ii. KMRRRG Request for (Malpractice) Coverage Form
  - iii. Letter from the Program Director  
A letter must accompany the GME and malpractice coverage request forms. The letter must explain the justification for the rotation and provide the following information:
    1. dates of rotation,
    2. exact name and address of location,
    3. name of attending/supervisory physician who will complete the evaluation
    4. and whether the rotation is an elective rotation or not.
  - iv. A check for \$50.00 payable to KMRRRG. This fee covers administrative costs, and is applicable to the cost of additional malpractice coverage if needed. (Rotations that are for observership only do not require \$50 fee.)
- b. Return the completed GME Request Form, the KMRRRG Request for Coverage Form, and the letter from the program director to:

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

2. **It is the resident's responsibility to determine if licensure is required in the state of the rotation and to obtain appropriate licensure or approval from the applicable state board.**  
NOTE: The medical licensure process in other states may take longer than 60 days.
3. Please note that some institutions may require additional malpractice 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.
4. Program directors should confirm that their RRC or certifying board will accept credit given for observatory rotations.
5. Residents who rotate to out-of-state rotations remain responsible for their medical records. Before departing for any off-site rotation, residents must 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 the rotation request is approved, the GME office will sign and return the GME Request Form to the 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. Either a letter of understanding or program letter of agreement (PLA) should be completed and signed by both institutions. The GME office will provide a PLA template to be completed and signed by the training site and the UofL program. Should the training institution require their own PLA, the agreement should be sent to the GME office, where it will be reviewed by University counsel. If any changes are required, those changes must be implemented before the agreement is signed by the appropriate party.

This letter of understanding or PLA should specify

- a. The person or persons responsible for education and supervision
- b. Duration of Assignment
- c. Responsibilities of the supervising physician to supervise and evaluate the resident
- d. Rotation goals and objectives
- e. That the University of Louisville will provide stipend, benefits, and malpractice insurance for the rotation.

### **Licensure and Malpractice information**

Rotations which include patient care activity require a license in the state of rotation. NOTE: The medical licensure process in other states may take longer than 60 days.

Note that some states may require additional malpractice 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.

### **Additional Requirements and Processing for International Travel**

In addition to the procedures above, any rotation completed outside of the United States requires additional paperwork and processing. **Do not purchase airfare or make lodging arrangements until you have received authorization from the International Center.**

**As of January 1, 2020, all SOM faculty, staff, and student international travel applications will need to follow all guidelines and timelines set forth by the International Travel Office. Failure to follow the process will result in travel *NOT* being approved or reimbursed. SOM International travel requests and all required documentation will need to be managed within the appropriate timelines stated in the process. Documentation must be submitted as early as 30 days in advance of traveling.**

### **References & Related Policies**

ACGME Institutional Requirements, Effective July 1, 2018 (I.B.4.b).(6.)

ACGME Common Program Requirements, Effective July 1, 2017 (Section VI Changes)

University of Louisville Guidelines & Process for Site Additions and Deletions

### **Approval/Revisions**

March 19, 2018

October 16, 2018

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

| <u>Resident Pay Schedule 2021-2022</u> |                   | <u>Resident Stipends</u> |               |                |
|--|-------------------|--------------------------|---------------|----------------|
| July 30, 2021                          | January 29, 2022  | <u>PG LEVEL</u>          | <u>ANNUAL</u> | <u>MONTHLY</u> |
| August 28, 2021                        | February 28, 2022 | 1                        | \$56,346      | \$4,695        |
| September 30, 2021                     | March 31, 2022    | 2                        | \$58,452      | \$4,871        |
| October 30, 2021                       | April 30, 2022    | 3                        | \$60,339      | \$5,028        |
| November 30, 2021                      | May 31, 2022      | 4                        | \$63,065      | \$5,255        |
| December 23, 2021                      | June 30, 2022     | 5                        | \$66,122      | \$5,510        |
|  |                   | 6                        | \$69,106      | \$5,758        |
|  |                   | 7                        | \$71,982      | \$5,998        |
|  |                   | 8 and up                 | \$75,808      | \$6,317        |

**The following instructions detail how to access your pay stub online. Pay stubs are available only online, no paper copies will be provided.** You will need to verify your identity via UL2FCTR in order to access ULink: see <https://louisville.edu/its/ul2fctr>

- 1.) Navigate to [www.ulink.louisville.edu](http://www.ulink.louisville.edu)
- 2.) Click on “Employee Services”
- 3.) Enter your UofL user ID and password and click Sign In
- 4.) Verify your identity via UL2FCTR
- 5.) Find the section marked “Payroll” and click “View Paycheck”
- 6.) Your paycheck stub should appear on the screen.

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

## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION PROGRAM CLOSURE (WITHDRAWAL) POLICY & PROCEDURE

### BACKGROUND (INTENT)

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The Accreditation Council for Graduate Medical Education requires the University of Louisville, as a Sponsoring Institution, to establish a Graduate Medical Education Committee (GMEC). GMEC responsibilities include oversight of all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

### DEFINITIONS (AS USED IN THIS DOCUMENT)

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**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows.

**Withdrawal of Accreditation:** Accreditation may be withdrawn when a Review Committee (RC, RRC) determines that a program has failed to demonstrate substantial compliance with the applicable requirements. A program must undergo a site visit before a Review Committee may withdraw its accreditation.

**Withdrawal of Accreditation under Special Circumstances:** Regardless of a program's accreditation status, the Review Committee may withdraw the accreditation of a program based on clear evidence of non - substantial compliance with accreditation standards, such as:

- (1) A catastrophic loss of resources, including faculty members, facilities, or funding; or,
- (2) Egregious non - compliance with accreditation requirements.

**Administrative Withdrawal:** A program may be deemed to have withdrawn from the voluntary process of accreditation if it does not comply with the following actions and procedures:

- (1) Undergo a site visit and Sponsoring Institution or program review;
- (2) Follow directives associated with an accreditation action;
- (3) Supply the Review Committee with requested information (e.g., a progress report, operative data, Resident or Faculty Survey, or other information);
- (4) Maintain current data in the Accreditation Data System (ADS);
- (5) Undergo a site visit and review while on Administrative Probation; or ,
- (6) Matriculate residents for six or more consecutive years.

**Voluntary Withdrawal of Accreditation:** A program may request Voluntary Withdrawal of Accreditation.

### POLICY

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1. The GMEC has delegated review and approval of complement changes (reductions of a program) and Changes in Participating Sites to the Accreditation Subcommittee. These are addressed in separate process documents.
2. The GMEC will review any request for a residency closure or withdrawal.
3. Requests for program withdrawal must be submitted to the GME Office in writing.
  - a. The request must be signed by the Program Director, Department Chair, and, if applicable, the Division Director.



- b. The request must include a proposed closure date that should coincide with the end of an academic year.
  - c. The request must state whether residents are currently enrolled, and if so, describe a plan for placement.
- 4. A program that has requested Voluntary Withdrawal of Accreditation or has had its Accreditation Withdrawn:
  - a. may not accept new residents and/or fellows;
  - b. may not request “reversal” of the action after submitting the request (regardless of the proposed effective date);
  - c. may seek re - accreditation after a period of 12 months following the effective date of the Voluntary Withdrawal; and, (d) through its Sponsoring Institution, is responsible for placement of its current residents in other ACGME-accredited programs.
- 5. The effective date of the withdrawal shall be determined by the Review Committee.

Note: If a program reapplies for accreditation within two years of the effective date of withdrawal, the accreditation history of the previous accreditation action shall be included as part of the file. The program shall include a statement addressing each previous citation with the new application. A site visit must be conducted for all re - applications after withdrawal of accreditation. This is addressed under separate policy & procedure.

#### PROCEDURE

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- 13. In the event that a training program must be closed, the Program Director must notify the residents enrolled in the program as soon as possible and copy the DIO on this correspondence.
- 14. In the event of program closure 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.
- 15. In the event accreditation is withdrawn from a training program, residents already in the program will be permitted to continue in the program until the effective date of the withdrawal of accreditation. The institution will assist residents in enrolling in other ACGME-accredited programs in order to continue their training.
- 16. This policy applies to all graduate medical education training programs sponsored by the University of Louisville School of Medicine GME Office.

#### REFERENCES & RELATED POLICIES

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ACGME Institutional Requirements, Effective July 1, 2018, Section I.B.4.a).(5): GMEC Responsibilities must include oversight of all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)

ACGME Institutional Requirements, Effective July 1, 2018, Section I.B.4.b.(11): GMEC Responsibilities must include review and approval of voluntary withdrawal of ACGME program accreditation; (Core)

ACGME Institutional Requirements, Effective July 1, 2018, Section IV.N: Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution. (Core)

ACGME Policies and Procedures, effective 2/3/2018, Subject 18.00 Accreditation and Recognition Actions

#### APPROVAL

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Approved by GMEC: October 16, 2002

Revision approved by GMEC: April 1, 2019

## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION RESTRICTIVE COVENANTS POLICY & PROCEDURE

### BACKGROUND (INTENT)

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As an ACGME Sponsoring Institution, the University of Louisville's responsibility is to provide oversight of resident agreements of appointment/contracts.

### DEFINITIONS (AS USED IN THIS DOCUMENT)

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**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement).

**Restrictive Covenant:** A non-competition guarantee in which an employee agrees not to enter into or start a similar profession or trade in competition against the employer.

### POLICY

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1. The ACGME specifically prohibits the use of Restrictive Covenants in trainee agreements.
2. 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 or restrictive covenant.
3. Residents or fellows are free to compete for physician and/or academic positions in any geographic area upon completion of their training program.

### PROCEDURE

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1. Any resident asked to sign a restrictive covenant or non-competition guarantee should report such request to the Designated Institutional Official.

### REFERENCES & RELATED POLICIES

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ACGME Institutional Requirements, Effective July 1, 2018, Section IV.L: Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)

### APPROVAL

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Undated

Revised March 27, 2019; Approved by GMEC April 1, 2019

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

**POLICY STATEMENT**

The University of Louisville (University) is committed to fostering an atmosphere free from Sexual Misconduct. The University will take prompt and appropriate action to eliminate Sexual Misconduct, prevent recurrence, and remedy any effects on the Complainant or those involved in the complaint process. If, in the process of the investigation, the University determines that the alleged conduct does not fall within the scope of this or other University policies, both the Complainant and the Respondent will be notified in writing.

Any University employee who is the victim of or been a witness to Sexual Misconduct in the workplace should promptly notify Employee Relations and Compliance Office at 502-852-6258 or [EMRelate@louisville.edu](mailto:EMRelate@louisville.edu). Prompt notification to one or more of the individuals identified in the policy under “Reporting a Sexual Misconduct Complaint” is also sufficient. In an emergency, individuals should contact University Police at 502-852-6111 or call 911.

When the University finds the Respondent has violated this policy, disciplinary or other administrative action will be issued. A policy violation is not required in order to provide certain Supportive Measures for the Complainant reporting the concern. Possible Supportive Measures include but are not limited to the following: mutual "no contact orders," changes to academic, living or working situations as appropriate, counseling services, security escort services, medical services, academic support services, and notification of the right to file a complaint with local law enforcement. The Title IX Coordinator, Deputy Title IX Coordinators, or their designee will provide information regarding this policy, complaint resolution procedures, and offer options for addressing a complaint.

The complete university policy may be found at <https://louisville.edu/policies/policies-and-procedures/pageholder/pol-title-ix-employee-sexual-misconduct>

**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**  
**Student Mistreatment Policy**  
**(Appropriate Learner-Educator Relationships and Behavior Policy)**

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, discomfoting 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, make-up), 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:** Students believing they have been mistreated as defined in the Student Mistreatment Policy, have the following options for making their initial report:

**Ad-Hoc Committee on Student Mistreatment:**

- a. Associate Dean for Student Affairs
- b. Assistant Dean for Student Affairs
- c. Director, Medical Student Affairs
- d. Coordinator, HSC Student Counseling
- e. Director, Diversity and Inclusion
- f. Designated Student Leader

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.

Resident Policies and Procedures  
Section XXVIII.

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.

**UNIVERSITY OF LOUISVILLE**  
**Student Pregnancy Accommodation Policy**

**POLICY APPLICABILITY**

This policy covers student pregnancy in all aspects of UofL's programs and activities. UofL employees and students are responsible for complying with this policy.

**REASON FOR POLICY**

The University of Louisville (UofL) is committed to creating and maintaining a community where all individuals enjoy freedom from discrimination, including discrimination on the basis of sex, as mandated by Title IX of the Education Amendments of 1972. Sex discrimination, which includes discrimination based on pregnancy, is prohibited and illegal in all programs and activities offered by UofL. UofL hereby establishes a policy and related procedures for ensuring the protection and equal treatment of pregnant students and students with pregnancy-related health conditions.

**POLICY STATEMENT**

**(1) Non-discrimination and reasonable accommodation of students affected by pregnancy, childbirth, or related conditions**

a. The benefits and services provided to students affected by pregnancy shall be no less than those provided to UofL students with temporary medical conditions.

b. Pregnancy in and of itself is not considered a disability; however, some conditions arising from pregnancy (e.g. hypertensive preeclampsia, gestational diabetes) may constitute disabilities that necessitate reasonable academic, and/or extracurricular accommodations. Students with pregnancy-related disabilities, like any other student with a disability, are entitled to academic adjustments or auxiliary aids and services in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504), and may seek assistance from the Disability Resource Center (DRC) in that regard.

b. While accommodations should be provided in as timely a manner as a possible, UofL recognizes that pregnancy and its attendant consequences, including pregnancy-related disabilities, are not fully predictable. Thus, UofL will work diligently to accommodate pregnancy-related accommodations requests as they arise.

c.

d. Reasonable accommodations can include, but are not necessarily limited to:

- ☐ accommodations requested by the pregnant student to protect the health and safety of the student and/or the pregnancy (such as allowing the student to maintain a safe distance from hazardous substances)
- ☐ modifications to the physical environment (such as accessible seating)
- ☐ extending deadlines and/or allowing the student to make up tests or assignments missed for pregnancy-related absences
- ☐ providing remote learning options, where such options do not fundamentally alter the course or academic program in question and can be provided without undue financial or administrative burden to the university.
- ☐ Modified academic responsibilities in light of pregnancy and related health concerns

a. Students with new parenting responsibilities who wish to remain engaged in their coursework while adjusting their academic responsibilities because of the birth of their child may request reasonable academic modifications appropriate to their circumstances through an interactive process involving their academic advisors and/or faculty, as appropriate, to determine which academic responsibilities on the students' will be modified or ongoing. **Students should initiate this process through the Dean of Students (DOS) office (SAC-W301, 502.852.5787, advocate@louisville.edu)** Students will work with their advisors and/or professors and/or DOS staff to reschedule course assignments, lab hours, examinations, or other requirements and/or to reduce the student's overall course load, as appropriate.

b. During a modification period, the student's academic obligations may be adjusted or other accommodations afforded as necessary to avoid discrimination based on the student's sex.

c. A student can request modified academic responsibilities under this section regardless of whether the student elects to take leave, to the extent needed to reasonably accommodate the pregnancy, complications arising from the pregnancy, and/or recent birth of a child.

d. While receiving academic modifications, the student will remain registered and retain benefits accordingly. Students are nonetheless responsible for fulfilling all applicable academic requirements consistent with the modifications provided. Academic modifications, including but not necessarily limited to excusing medically necessary absences, modifying due dates for coursework, and/or provision of coursework in an alternate format (e.g. online, webinar).

## **(2) Academic Leave of Absence**

a. Faculty, staff, or other employees shall not *require* a student to take a leave of absence, or withdraw from or limit their studies due to pregnancy, childbirth, or related conditions, though such leave may under appropriate circumstances be *offered* as an accommodation as described herein.

b. Duration of leave

Pursuant to Title IX, UofL shall treat pregnancy and related conditions as a justification for a leave of absence for as long a period of time as is deemed medically necessary by a student's physician. The leave term may be extended in the case of extenuating circumstances or if medically necessary due to the health of the student or recently birthed child.

c. An **undergraduate student** taking a leave of absence under this policy shall provide notice to the Dean of Students (DOS) Office of the student's intent to take leave as soon as practicable after learning of the need for such leave. DOS will assist the student as appropriate in requesting a leave of absence, including but not limited to communicating with the appropriate unit(s) regarding the student's rights and obligations related to the student's taking leave from a program of study. Students should first communicate a request for a leave of absence to the Student Advocate in DOS/Student Affairs at (502) 852-5787, or [advocate@louisville.edu](mailto:advocate@louisville.edu).

**Graduate or professional students** taking a leave of absence under this policy shall communicate their wishes in that regard to their director of graduate studies or the student affairs department of their respective graduate or professional schools. Such students may, if desired, communicate with DOS for assistance in connecting with the appropriate student affairs personnel in their schools. [1]

d. Intermittent leave may be taken with the advance approval of the student's academic unit, or when medically necessary due to the student's or recently birthed child's health condition, to account for unforeseen changes in the student's health status.

e. Upon returning from leave, students taking leave under this policy will be reinstated to their academic program(s) in the same academic status as when the leave began. It should be emphasized that, depending on the nature of the program in which the student returning from leave is enrolled, particularly for programs that require a specific slate of courses to be taken in a sequence, the student may be required to resume their studies at the next offering of any course(s) that comes next in the curricular sequence relative to the student's current academic standing, unless other reasonable accommodations may exist; whether they exist in a given case will be determined on a case-by-case basis in light of the specific circumstances of that case through the interactive process referenced at subsection (c).

f. Continuation of the student's scholarship, fellowship, or similar university-sponsored funding during the leave term may depend on the student's registration status and the policies of the funding program regarding registration status.

## **(3) Retaliation and Harassment**

a. Harassment by any member of the UofL community based on sex, including pregnancy or parental status, is prohibited; violations of this prohibition will subject offenders to discipline consistent with

UofL's policies applicable to the conduct of students, faculty and staff and UofL's non-discrimination policies.

b. Faculty, staff, and other UofL employees are prohibited from interfering with students' taking leave, seeking reasonable accommodation, or otherwise exercising their rights under this Policy. Faculty, staff, and other UofL employees are prohibited from retaliating against or harassing a student for exercising the rights articulated by this Policy, including imposing or threatening to impose negative educational outcomes because a student requests leave or accommodation, files a complaint, or otherwise exercises their rights under the Policy.

#### **(4) Dissemination of the Policy**

A copy of this Policy shall be provided to faculty, staff, and employees through, at a minimum, an annual university-wide notification, and shall be posted on the UofL Title IX Coordinator's website, as well as the HR and Faculty Affairs websites, in the Student Handbook, and on the UofL online policy library.

#### **(5) Compliance**

a. Reporting: Any member of the UofL community may report a violation of this Policy to any person defined as a "responsible employee" pursuant to UofL's Title IX policies. Responsible employees must promptly forward such reports to UofL's Title IX Coordinator or a deputy Title IX Coordinator. See <http://louisville.edu/hr/itemsofinterest/title-ix-and-clery-act-mandatory-reporting-guidelines-1> for further details.

b. Students who believe their rights under this Policy have been violated by a UofL employee may initiate a complaint of discrimination through UofL's Department of Human Resources. Students wishing to avail themselves of this process should contact:

#### **Mary Elizabeth Miles, Deputy Title IX Coordinator (for complaints against employees)**

Director of Employee Relations and Compliance  
1980 Arthur Street  
Louisville, KY 40208-2770  
Phone: (502) 852-6688  
Email: memiles01@exchange.louisville.edu

c. Students who believe their rights under this Policy have been violated by the conduct of a student or students (for instance, in the case of harassment of a pregnant student by other students, on the basis of the pregnancy) should contact:

#### **Dr. Angela Taylor, Deputy Title IX Coordinator (for complaints against students)**

Assistant Dean of Students  
SAC-W301  
2100 S. Floyd Street  
Louisville, KY 40208  
Phone: (502) 852-5787  
Email: dos@louisville.edu

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[1] The protections afforded students under this policy are in addition to the Graduate School Policy on Family and Medical Leave. ([https://sharepoint.louisville.edu/sites/SIGS/Documents/Policies%20on%20Parental Family%20and%20Medical%20Leave%20for%20Graduate%20Students.pdf](https://sharepoint.louisville.edu/sites/SIGS/Documents/Policies%20on%20Parental%20Family%20and%20Medical%20Leave%20for%20Graduate%20Students.pdf)) providing for six weeks of funded leave as a matter of right for students in that population who are pregnant or have recently become parents.

#### **DEFINITIONS**

a. "Medical necessity" is a determination made by a health care provider of a student's choosing.



b. “Pregnancy and pregnancy-related conditions” includes (but is not limited to) pregnancy, false pregnancy, childbirth, termination of pregnancy, conditions arising in connection with pregnancy, and recovery from any of these conditions, in accordance with federal law.

c. “Pregnancy discrimination” includes treating a student affected by pregnancy or a pregnancy-related condition less favorably than similarly situated individuals not so affected, in addition to any failure to provide required pregnancy-related leave or accommodations.

d. “Pregnant student/Birth-parent” refers to the student who is or was pregnant, as well as any parent, regardless of sex, who is a full-time caregiver for the expected or recently-birthed child(ren) in question.

e. “Reasonable accommodations” for the purposes of this policy are changes in the academic environment or typical operations that enable pregnant students, students with pregnancy-related conditions, and students who have recently become parents to continue to pursue their studies and enjoy equal benefits of the university. Accommodations that fundamentally alter the nature of a university program, or activity (including but not limited to a student’s program of study), or that impose an undue financial or administrative burden on the university are not considered reasonable.

**RESPONSIBLE AUTHORITY**

Executive Vice President and University Provost

**RESPONSIBLE UNIVERSITY DEPARTMENT/DIVISION**

Dean of Student’s Office

SAC W301

2100 S. Floyd Street

Louisville, KY 40208

502-852-5787

dos@louisville.edu

**HISTORY**

This policy was approved by the President's Cabinet on August 13, 2019.

## UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE FOR RESIDENT SUPERVISION

### Background (Intent)

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept--graded and progressive responsibility--is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

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.**

### Definitions (As used in this Document)

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Note: The term "resident" in this document refers to both specialty residents and subspecialty fellows.

### Policy & Program Requirements

1. Each training program (residency and fellowship) must develop a program specific policy addressing resident training and supervision that is consistent with the ACGME Institutional, Common Program Requirements, and this UofL GMEC Policy.
2. It is the responsibility of the program directors of resident training programs to know, and to adhere to, the training program's specific RRC requirements for resident supervision.
3. Residency programs are responsible for creating a periodic call schedule, which clearly identifies the primary on-call resident and the appropriate chain of supervision, including the name of the supervisory attending physician. The schedule should contain pertinent information (telephone number, beeper/pager number, etc.) necessary to quickly and efficiently contact the members in the chain of command. Copies of the call schedule should be available to the residents and the key personnel at the training sites (clinics, hospital operators, etc.). It is the responsibility of the residency program to keep the call schedule current and accurate.

### Procedure

17. Programs are required to have the Program specific policy loaded into MedHub.
18. Programs are required to set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. (See guideline in the GME Policy & Procedure for Transitions of Care)

19. Residents must be appropriately supervised by teaching staff at all times and in such a way that the individual resident is allowed to assume progressively increasing responsibilities according to their level of education, ability, and experience. The teaching staff of the respective program is responsible for determining the level of responsibility accorded each resident. (See GME Policy & Procedure for Resident Evaluation, Remediation, Promotion, and Dismissal)
  - a. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
  - b. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
  - c. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents' progress to be supervised indirectly, with direct supervision available.]
20. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. **However, at no time should the resident not have access to a supervisory attending.**
21. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision from the ACGME Common Program Requirement effective July 1, 2011:
  - a. Direct Supervision – the supervising physician is physically present with the resident and patient.
  - b. Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - c. Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
  - d. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
22. Residents should be informed that if they are at any time concerned about the availability or level of supervision, they should contact their residency program director, the departmental chairperson, the Associate Dean for Educational and Work Environment, the Resident Ombuds, or the office of Graduate Medical Education of the University of Louisville School of Medicine.
23. Compliance with the RRC's requirements for resident supervision must be attested to in the Annual Program Evaluation (APE) report submitted to the GME Office.
24. All programs must upload a copy of their written policy on Resident Supervision into MedHub.

## References & Related Policies

ACGME Institutional Requirements, Effective July 1, 2015  
ACGME Common Program Requirements, Effective July 1, 2017 (Section VI Changes)  
GME Policy & Procedure for Transitions of Care  
GME Policy & Procedure for Resident Evaluation, Remediation, Promotion, and Dismissal

## Approval

December 2001, Revisions approved by GMEC: March 16, 2011, Revisions approved by GMEC: May 21, 2014, Revised: September 18, 2017; Revisions approved by GMEC: February 2018. Effective July 1, 2017  
Residents Policies and Procedures

**UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION  
TRAINING SITES 2021-2022**

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| Adanta Behavioral Health Services - Columbia Clinic | Air Methods Kentucky                           | American Academy of Pediatrics (AAP) - Washington, |
| American Institute for Radiologic Pathology         | American Red Cross - Louisville Region         | American Red Cross - St. Louis                     |
| Anchorage Middletown Fire and EMS                   | Anesthesiology Associates                      | Associates in Dermatology, PLLC                    |
| Associates in Obstetrics/Gynecology [In Baptist Me  | AXIS Forensic Toxicology Laboratory            | B.C. Cancer Agency                                 |
| Baptist Eastpoint Surgery Center                    | Baptist Health - Madisonville                  | Baptist Health Floyd (form. Floyd Memorial)        |
| Baptist Health Louisville (Formerly Baptist East)   | Baptist Health Medical Group Family Medicine   | Baptist Medical Associates LaGrange                |
| Baxter II   | BellaPelle Dermatology & Cosmetic Laser Center | Bennett & Bloom Eye Center                         |
| Bingham Child Guidance (Child Psychiatric Services  | Brownsboro Dermatology                         | Cabinet for Health & Family Services - Frankfort   |
| Cassis Dermatology & Aesthetics Center              | CCSHCN - Bowling Green                         | CCSHCN - Elizabethtown                             |
| CCSHCN Clinic - Louisville                          | CCSHCN Clinic - Owensboro                      | CCSHCN Clinic - Paducah                            |
| Centerstone @ Atkinson Elementary                   | Centerstone @ Champions Trace                  | Centerstone Acute Services                         |
| Centerstone Addiction Recovery Center (JADAC)       | Centerstone Crisis Stabilization Unit (CSU)    | Centerstone Mental Health                          |
| Central Kentucky Foot Specialists/Mark Risen        | Central State Hospital                         | Child Abuse Multi-Disciplinary Team                |
| Children's Advocacy Center of the Bluegrass         | Children's Foundation Building                 | Children's Orthopedics of Louisville               |
| Cincinnati Children's Hospital                      | Clark Memorial Hospital                        | Commonwealth Foot & Ankle Center                   |
| CPA Lab   | Crabtree Dermatology & Aesthetics              | Department of Urology Academic Office              |
| Diagnostic Imaging Alliance                         | Dupont Surgery Center, ARC                     | Ellis & Badehausen Orthopedics - East Point Facili |
| Emergency Medical Associates/MetroSafe              | EMW Women's Surgical Center                    | ENT Bowling Green                                  |
| Episcopal Church Home                               | Eye Care of Southern KY - Ward & Coomer        | Family & Children's Place Child Advocacy Center    |
| Family & Children's Place Mental Health             | Family & Internal Medicine Associates          | Family Allergy & Asthma                            |
| Family Health Center - Iroquois                     | Family Health Center - Portland                | Family Medical Center of Hart County               |

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| Family Medicine Clinic - ACB                       | Family Medicine Clinic - Cardinal Station          | Family Medicine Clinic - Edison Center             |
| Family Medicine Clinic - Newburg                   | Family Medicine Clinic - Sports Medicine @ Cardina | Fertility and Endocrine Assoc.                     |
| Fertility First                                    | First Choice Ankle & Footcare Center               | First Urology, PSC - Jeffersonville Main Office    |
| Flaget Memorial Hospital (KentuckyOne Health)      | Foot & Ankle Specialists                           | Foot Doctors, PSC                                  |
| Forefront Dermatology                              | Frazier Rehabilitation Institute                   | Geriatric Medicine Clinic - Central Station        |
| Glasgow Pediatric Healthcare                       | Glasgow Radiology PSC                              | Graves Gilbert Clinic                              |
| H. Lee Moffitt Cancer Center and Research Institut | Hardin Memorial Hospital                           | Health Department: Barren County                   |
| HealthCare Outpatient Center                       | Holiwell Health Integrative Medicine               | Home of the Innocents                              |
| Home Visit   | Hosparus of Louisville                             | Internal Medicine and Pediatric Associates, PSC    |
| International - Amazon River Valley, Manaus, Brazi | International - Ghana                              | International - Hospital for Sick Children, Canada |
| International - Lions Gate Hospital, Vancouver, BC | In-Training Exam - Family Medicine                 | IU Health: Beltway Surgery Center                  |
| IU Health: Methodist Hospital                      | IU Health: North Hospital                          | IU Health: Riley Hospital for Children             |
| IU Health: Sidney & Lois Eskenazi Hospital         | IU Health: University Hospital                     | James Graham Brown Cancer Center                   |
| JCPS High School Football                          | Jeffersonville Pediatrics                          | Jewish Hospital                                    |
| Jewish Medical Center East                         | Joint Endeavors, Specialists in Rheumatology       | Kentuckiana Allergy, PSC                           |
| Kentucky Fertility Institute                       | Kentucky Lion's Eye Center                         | Kentucky Skin Cancer Center                        |
| Kentucky State Police Frankfort Crime Lab          | Kentucky State Police Jefferson Crime Laboratory   | KentuckyOne Health Orthopedic Associates           |
| Kindred Hospital of Louisville at Jewish Hospital  | Kleinert Kutz Downtown Clinic (in Jewish OCC)      | Kleinert Kutz Hand Care Center                     |
| Kleinert Kutz New Albany Clinic                    | Kosair Charities Pediatrics Center                 | KY Office of Chief Medical Examiner                |
| Lake Cumberland Regional Hospital                  | Lee Specialty Clinic                               | Louisville Center for Voice Care (ULP)             |
| Louisville Family ENT                              | Louisville Metro EMS                               | Louisville Metro Public Health                     |
| Louisville Palliative Care                         | Louisville Surgical Assocs.                        | Masonic Homes of Kentucky: Louisville Campus       |
| McPeak Vision Partners                             | Medical Center Jewish Northeast                    | Medical Center Jewish South                        |
| Memorial Sloan Kettering Cancer Center             | Metro Specialty Surgery Center                     | Midwest Gastro Assoc                               |
| Mzuzu Central Hospital                             | National Institute of Health (NIH)                 | Neurology @ ULPOC                                  |
| NewYork Presbyterian, The University Hospital of C | Next Step 2 Mental Health                          | NHC - National Healthcare Corporation              |
| Norton 210 Gray St Bldg (Private Practice)         | Norton Audubon Hospital                            | Norton Brownsboro Hospital                         |

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| Norton Children's Hospital (formerly Kosair)       | Norton Children's Medical Center - Brownsboro      | Norton CMA - Brownsboro                        |
| Norton CMA - Bullitt County                        | Norton CMA - Dixie Hwy                             | Norton CMA - Hurstbourne                       |
| Norton CMA - Mt. Washington                        | Norton CMA - Preston                               | Norton CMA - Shepherdsville                    |
| Norton Healthcare Pavilion                         | Norton Hospital                                    | Norton Immediate Care Center - Highlands       |
| Norton Leatherman Spine Center                     | Norton Medical Plaza - Brownsboro Crossing         | Norton Medical Plaza - St. Matthews            |
| Norton Neuroscience Institute Sports Neurology Cen | Norton Orthopedic Institute - Angie's Way          | Norton Orthopedic Institute - Dutchman         |
| Norton Sleep Medicine Specialists                  | Norton Women's & Children's Hospital (Suburb/St.M) | Novak Center for Children's Health             |
| OBGYN @ ACB  | OBGYN @ ULPOC                                      | Oldham County EMS                              |
| Oldham County Pediatrics                           | Orthopaedics @ ULPOC                               | Orthopedic Specialists                         |
| Other  | Our Lady of Peace                                  | Owensboro Health Regional Hospital             |
| Park Duvalle Community Health Center               | Parsley/Waldman Hair Center                        | Pediatric Anaesthesia Associates, PSC          |
| Pediatric Rheumatology @ ULPOC                     | Pediatrics of Bullitt County                       | PGXL Laboratories                              |
| Physician Medical Center (PMC) Outpatient Surgery  | Physician's Medical Center                         | Premier Surgery Center                         |
| Private Practice                                   | Psychiatry @ ULPOC                                 | Richard L. Miller Oral Health Clinic           |
| Sacred Heart Home Village                          | Sellersburg Internal Medicine & Pediatrics         | Shea Orthopedic Group                          |
| South Central Kentucky Orthopaedics                | South Louisville Pediatrics                        | Southern Kentucky Nephrology Associates        |
| Springs Medical Center                             | St. Joseph's Hospital (Lexington)                  | St. Vincent Hospitals and Health Care Center   |
| Sts. Mary & Elizabeth Hospital                     | Suburban Excimer Laser Center                      | Surgecenter of Louisville                      |
| TAPP - South Park                                  | TAPP - Westport                                    | Tate Institute for Female Pelvic Health        |
| The Brook - Dupont                                 | TJ Samson Community Hospital                       | TJ Samson Family Medicine Center               |
| TJ Samson Health Partners                          | TJ Samson Health Pavilion                          | Total Healthcare for Women                     |
| Treyton Oak Towers                                 | UL Athletics Athletic Training Room                | UL Sports Med @ Frazier                        |
| ULP Orthopaedics: Grey Street                      | ULP Orthopaedics: Kresge Way                       | University Dermatopathology, PLLC              |
| University of Cincinnati Barrett Cancer Center     | University of Cincinnati Medical Center            | University of Kentucky Chandler Medical Center |
| University of Louisville Ambulatory Care Building  | University of Louisville Autism Center @ Kosair Ch | University of Louisville Hospital              |
| University of Louisville Kidney Disease Building   | University of Michigan Health System               | University of Texas MD Anderson Cancer Center  |
| University of Washington Medical Center            | UofL Pediatrics - Child & Youth Clinic             | UofL Pediatrics - Eastern Parkway @ SSKCC      |
| UofL Pediatrics - Stonestreet                      | Urogynecology at Springs                           | Urogynecology at UofL                          |

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|   | Medical Center (ULP)                              | Physicians Outpatient Center                   |
| Uspiritus - Brooklawn                                 | Veterans Administration<br>Hospital: Indianapolis | Veterans Administration<br>Hospital: Lexington |
| Veterans Administration<br>Medical Center (RobleyRex) | Weisskopf Child Evaluation<br>Center              | Women's First [in Baptist<br>Medical Pavilion] |
| Yellow Ambulance EMS                                  |   |  |

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

**BACKGROUND**

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

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

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

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

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

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

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

**PROGRAM REQUIREMENTS**

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



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

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

Approved by GMEC: May 21, 2014

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

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

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

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

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

- 3. Visits to faculty by appointment:** This policy does allow for visits by appointment (as set forth by protocols approved by individual administrative units — i.e., Departments, Divisions, etc.) for updates on

new products, education regarding existing products, discussions of support for unrestricted education grants, and supply of pharmaceutical samples, competitive selection by clinical committees for new products, services, or devices, and in-service training for products to faculty and staff that have been duly deliberated upon and selected for use at UofL Health Care. Vendors, who each must be credentialed with UofL Pharmacy or Operating Room, as applicable, will register with the inpatient pharmacy or the operating room scheduler's desk prior to all UofL visits and will be issued an appropriate ID badge.

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

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

Residents Policies and Procedures  
Section XXXI.

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

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

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

**7. Education programs for students, trainees, staff, and faculty should be developed and implemented by UofL-HSC schools and by individual departments on vendor marketing, as well as the subtle influences that such promotion has on physician decisions.** If desired, one educational option is to have a vendor provide an interpretation of educational material on products, which would then be

discussed and critiqued by a faculty member. Students may interact with vendors only in educational forums, and only when accompanied by faculty supervision.

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

**a. Off campus, non-*UofL* endeavors (such as paid lectureships) are strongly discouraged. Research relationships by *UofL* personnel are covered by this policy, as well as by the *UofL* policy on Conflict of Interest.** *UofL* personnel who are hired speakers for Vendors as well as all researchers funded by any Vendor will fully disclose any potential commercial bias at all presentations and interactions, will not allow their own relationship to bias the content of the lecture, and will not accept payments from Vendors for their services above fair market value.

**b. Travel funds may not be directly given to any *UofL* faculty, residents, or students, except in the cases of legitimate reimbursement or contractual services to those Vendors.** Travel funds for educational purposes must be otherwise handled per Section 4.

**c. It is recognized that members of the faculty may, in the course of their leadership roles in non-profit professional and scientific organizations, be expected to participate in programs, meetings, and events that involve Vendor relationships.** Vendor interaction of *UofL* faculty members in the course of representing legitimate professional organizations will be governed by the policies and procedures of the specific organization.

**9. *UofL* faculty, residents, or students are prohibited from engaging in any form of ‘ghostwriting’ of any presentations, publications, or other forms of media product (i.e., the provision of materials by a Vendor or intermediary that is officially credited to someone other than the writer(s) of the material).**

**10. Implementation and monitoring of this policy will be made at the administrative unit level** (such that surveillance and remediation of minor violations be managed on this basis). Major violations (as determined by the unit administrative head) would be the purview of the appropriate Dean or his/her appointed designee for action.

## UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE INCLEMENT WEATHER POLICY AND PROCEDURE

### Background (Intent)

The University of Louisville, as a Sponsoring Institution, in partnership with its training programs, must ensure and monitor processes to facilitate both continuity of care and patient safety.

### Definitions (As used in this Document)

**Resident:** Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine training programs are classified as students (see item #7 in the Resident Agreement).

### Policy

1. If the University of Louisville closes or makes a decision to cancel classes or is operating on a delayed schedule, School of Medicine **students** follow the *Inclement Weather Policy for Medical School Courses and Clerkships*.
2. University closure or delay has no effect on **resident and fellow** work schedules. Faculty, Residents and Fellows are responsible for ensuring that all patient care obligations are met regardless of inclement weather.

### Procedure

1. In the event of adverse weather, whether or not the University is closed or delayed, all residents and fellows assigned to **inpatient** rotations are to report and/or speak with their attending or supervising resident.
2. Residents and fellows assigned to an **outpatient** rotation or continuity clinic are to report unless clinics have been closed. If weather is severe enough to warrant closure of clinics, an announcement will be made through the specific clinic.
  - a. University of Louisville Physicians (ULP) has their own policy regarding the clinics and the information is on the ULP site: [www.UofLPhysicians.com](http://www.UofLPhysicians.com).
  - b. As many of our Veterans travel over 100 miles to come to the VA, and may not be aware of the weather conditions in Louisville or be able to receive a cancellation in a timely manner (before they leave home), the VA clinics normally remain open during adverse weather conditions. However, on extremely rare occasions, a decision may be made to close the clinics for the VA. This will be posted on the Robley Rex VA Internet site: <http://www.louisville.va.gov/>
  - c. Clinic closings may (or may not) be posted on television stations.

### References & Related Policies

University of Louisville Inclement Weather Policy for Medical School Courses and Clerkships.  
University of Louisville Severe Weather Policy & Procedures <http://louisville.edu/weather>

### Approval

Approved by GMEC: November 18, 2015

Revised January 21, 2016

Revision approved by GMEC: April 1, 2019

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

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

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

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

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

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

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

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

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

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

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

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

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