2025-2026 RESIDENT POLICIES AND PROCEDURES
UNIVERSITY OF LOUISVILLE OFFICE OF GRADUATE MEDICAL EDUCATION

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University of Louisville School of Medicine
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ADVANCED CARDIAC LIFE SUPPORT (ACLS) FOR RESIDENTS

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. Trainees 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 must obtain Pediatric Advanced Life Support (PALS) instead of ACLS. Red Cross PALS certification is acceptable
    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.
    d. Glasgow Family Medicine residents may obtain Red Cross ACLS certification in lieu of AHA
    e. Exemptions: Forensic Pathology, Child & Adolescent Psychiatry, and Developmental-Behavioral Pediatrics 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 later 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

Documentation and recordkeeping will be the responsibility of each program. Programs must enter and maintain current data on certifications for all trainees via MedHub.

Revised April 2023

ACCOMODATIONS FOR RESIDENTS WITH DISABILITY

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 into our post graduate training programs. We will adhere to all applicable federal and state laws, including the Americans with Disabilities Act , regulations and guidelines with respect to providing reasonable accommodations as required in accordance with the policies and procedures of the University of Louisville.
2. For the purposes of ADA, the University Disability Resource Center considers residents as employees (even though the Redbook defines them as students).

Procedure

1. Residents must request accommodations in writing to the Program Director. 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 Employee Relations website at https://louisville.edu/hr/employeerelations.
2. The Program Director must notify the Designated Institutional Official (Graduate Medical Education Office) of the request.
3. The resident must complete an ADA accommodation request form https://louisville.edu/hr/forms/ada-request. Section 1 is completed by the resident and Section II by the resident's healthcare provider. The complete form must be sent to emrelate@louisville.edu to start the ADA process
4. The Employee Relations Office will work with the resident and the program 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)

Revised November 2023

AWAY ROTATION GUIDELINES AND PROCESS

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 completed application includes 3 things:
    1. GME Request Form
    2. KMRRRG Request for (Malpractice) Coverage Form
    3. 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:

- dates of rotation,
- exact name and address of location,
- name of attending/supervisory physician who will complete the evaluation
- specific goals and objectives for the rotation
- and whether the rotation is an elective rotation or not.

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 the following:

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

Revised January 2022

BOARD ELIGIBILITY

BACKGROUND (INTENT)

The Sponsoring Institution must ensure that residents are provided information related to eligibility for specialty board examinations (ACGME Institutional Requirements IV.C.2.k). The resident contract also references this information.

Information about Board Eligibility

Board certification following graduate medical education is a measure of quality for the program and the trainee. UofL-sponsored GME programs expect their trainees to commit to becoming board certified upon completion of their training.

Boards vary in their requirements regarding board eligibility and certification. A number of challenges to an individual's eligibility for board certification can be encountered during GME training, and the effect of leaves of absence, for any reason, taken during residents' training on their eligibility and the timing for board certification should be known and understood by the resident/fellow.

Residents and fellows are strongly advised to access the specific relevant information from their certifying boards, available via the website for the American Board of Medical Specialties www.abms.org and to maintain familiarity with the appropriate requirements in order to avoid unforeseen delays in their board certification.

CAMPUS HEALTH SERVICES OFFICE

Campus Health Services Office

(502) 852-6446 (Answered 24 hours/day)

Phillip F. Bressoud, MD, FACP

Executive Director

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

Exposures involving HIV, Hepatitis B, Hepatitis C or other agents can be referred 24 hours a day to the provider on call. After a post-exposure evaluation and determination of risk, the provider will determine if post-exposure prophylaxis (PEP) is indicated. In the case of HIV positive exposures, access to antiviral drugs should be started within one hour of the exposure. Campus Health Services stocks antiviral drugs for PEP in their offices so treatment may begin as soon as possible. Afterhours, **the Campus Health Services on-call provider can arrange for the antiviral drugs for 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. F**ailure 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.

Revised 12/4/23

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. COVID-19 2 doses of vaccine required OR current available booster vaccine OR Approved exemption form on file.
6. INFLUENZA 1 dose of vaccine each fall

7. BASELINE AND ANNUAL TB SCREENING IS REQUIRED:
    - Baseline IGRA within 3 months of start date. Then annually.
    - 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
8. N95 MASK FIT TESTING
    - Required annual to comply with local hospital OSHA requirements

Revised 12/4/23

PROCEDURE FOR EXPOSURES TO BLOODBORNE PATHOGENS

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, 12/4/23

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:

Dedicated HSC Counselors

Dennis Cornell, DSW, LCSW, BCD

Wilethia Durham, MS, LPCC-S

Sarah Everette, MSW, LCSW

Multiple locations on HSC Campus

852-6585

Psychiatry Services

Matthew Neal, MD

Courtney Eaves, MD

HSC Campus Health Office

401 East Chestnut St, Suite 110

502-852-6446

Revised 12/4/23

CERTIFICATES AND VERIFICATON REQUESTS

Certificates

The GME Office issues certificates only for programs sponsored by the School of Medicine and administered through the GME Office. The GME Office does not issue certificates for programs sponsored by departments or outside organizations. Only residents/fellows who successfully complete all requirements of their training program will receive a certificate of completion. Certificates will be issued from the GME Office to the Training Program Offices at the completion of a full residency/fellowship training program or a Preliminary Year training program upon confirmation that the resident/fellow has 1) completed the program and 2) completed the Institutional Checklist in MedHub and any other exit checklists or tasks from other University or hospital Offices. For residents/fellows who leave their programs prior to completion, program directors are responsible for issuing a letter which confirms the dates of training in the program.

There will be a $75 charge for certificates which must be reprinted due to incorrect information provided to the GME Office.

Verifications of Training

Training Programs are responsible for maintaining resident/fellow training records indefinitely, and for providing verification of training upon a request which includes a permission to release information form signed by the resident/fellow. Verification requests received in the GME Office will be forwarded to the appropriate training program office for response. Programs should respond to verification requests in a timely manner so that issuance of medical licenses, staff privileges, etc. are not delayed.

COMPLIANCE WITH TEACHING PHYSICIAN REGULATIONS

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:
Jaimie Hanifern, CHC
System Director, Compliance and Privacy
UofL Health
Jaimie.hanifern@uoflhealth.org
502-588-2302

DELINQUENT MEDICAL RECORDS

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.

DISASTER & EXTRAORDINARY CIRCUMSTANCES POLICY & PROCEDURE

BACKGROUND (INTENT)

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)

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

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.

    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.

6. Resident contracts will continue to be in effect, and residents will continue to receive salary, benefits, and professional liability coverage while under contract.

Extraordinary Circumstances at other Institutions

7. 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

8. 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.

9. 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.

4. Depending on the circumstances, specific information regarding any changes or delays in resident payroll will be communicated from the UofL Payroll department and/or from the GME office.

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

Revised: February 2024

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.

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.

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

Revised: November 2021

DUE PROCESS -RELATING TO SUSPENSION, NON-RENEWAL, NON-PROMOTION OR DISMISSAL

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 6.8.13 (The Redbook is available online at 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, suspension or dismissal is recommended by a unit is:

1. Program Director (or Clinical Competency Committee) makes recommendation to the Department Chair.
2. Department Chair makes written recommendation to the Dean (through the Vice Dean for Graduate Medical Education). The written recommendation must include the reasons for the recommendation, the start date and length of the recommended probation and the expected resolutions to the problems.
3. The Dean reviews the recommendation and if in agreement, 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 Vice Dean for Graduate Medical Education) of the resident's progress, advising the Dean if:
    a. the matter is resolved,
    b. an additional period of probation is necessary or
    c. dismissal is recommended:
        i. the Dean takes the appropriate action and informs the resident, the Department Chair, and Program Director.

The procedure to be followed when non-renewal or non-promotion is recommended by a unit is:

1. Resident should be informed of non-renewal a minimum of 4 months in advance via a letter from the program director or the Clinical Competency Committee (CCC), to the resident, copied to the GME Office

Residents who disagree with the non-renewal decision may follow the preliminary and grievance procedure in the Resident Grievance Policy.

GMEC Approved: May 21,2025

PROMOTION, APPOINTMENT RENEWAL, AND DISMISSAL

RESIDENT PROMOTION, APPOINTMENT RENEWAL AND DISMISSAL POLICY

Background and Intent

The purpose of this policy is to ensure that all ACGME-accredited residency and fellowship programs sponsored by University of Louisville School of Medicine, have clearly defined, equitable, and transparent processes for evaluating resident and fellow performance as it relates to promotion to the next level of training, renewal of appointment, and, when necessary, dismissal from a program.

In accordance with Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, this policy reaffirms that:

"The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment."

This policy also supports a fair, consistent, and educationally sound process that allows for progressive responsibility and professional development in accordance with the core competencies defined by the ACGME. Promotion and renewal decisions must be based on a comprehensive assessment of each resident's/fellow's demonstrated competence and readiness to advance to higher levels of responsibility. Similarly, the policy outlines due process protections and review mechanisms to be followed when a resident/fellow fails to meet program-specific or institutional standards, potentially resulting in non-renewal or dismissal.

This institutional policy is intended to provide a framework within which programs establish their own specific criteria and procedures, while maintaining alignment with ACGME requirements and ensuring a supportive learning environment.

Procedure:

1. Each program director must develop criteria for promotion and/or renewal of residents/fellows to the next postgraduate level based on ACGME and RRC standards. Residents who do not meet these criteria are subject to one of the actions listed in number 2 below.
2. Residents with professional or academic performance issues which warrant review may be given several options, including:
    - Performance improvement plan
    - Non-promotion
    - Probation
    - Suspension from program activities and clinical work – No board credit or training credit will be granted for periods of suspension.

- Non-Renewal
- Dismissal from program and institution

3. The following are areas of performance that may warrant probation, suspension, and/or dismissal:
    - 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.
4. Residents, whenever possible, will be given at least a four-month written notice of intent, that he/she will not be promoted to the next level of training, or be dismissed.
5. Residents will be afforded due process in accordance with the “Resident Due Process Relating to Suspension, Non-Renewal, Non-Promotion or Dismissal Policy” and “Resident Grievance Policy” as published in the Resident Policies and Procedures manual.

GMEC Approved: May 21, 2025

EMAIL ACCOUNTS

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 and enter your UofL email 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 Uof L 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 following the instructions. 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:
https://louisville.edu/email/

If you have any other user ID or password problems, please contact the IT HelpDesk at 852-7997, or https://louisville.edu/its/get-help/its-helpdesk .

EXTRA DUTY PAY

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. The purpose of this policy is to establish clear guidelines for extra duty activities, ensuring they do not interfere with resident education, patient care responsibilities, or compliance with work-hour limitations.

DEFINITIONS (AS USED IN THIS DOCUMENT)

Designated Institutional Official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all that institution's ACGME accredited programs' compliance with the requirements and institutional policies regarding resident training.

Extra Duty Pay: At the University of Louisville, Extra Duty Pay is voluntary, compensated, additional supervised service or call responsibilities performed within a resident's/fellow's training program. J-1 visa holders are allowed to participate in the Extra Duty Pay Service if they choose to.

Program coordinator: The lead administrative individual who assists the program director in accreditation efforts, educational programming, and support of residents/fellows.

Program Director: The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable program requirements.

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

ACGME definition of a resident: An individual enrolled in an ACGME-accredited program.

EXTRA DUTY PAY POLICY/PROGRAM REQUIREMENTS

Any training program at the UofL School of Medicine that desires to implement an Extra Duty Pay Program must obtain approval from the DIO/GME office prior to implementation. The initial submission for approval should include:

1. The proposed Extra Duty Pay Program Policy.
2. Current Program Supervision policy.
3. Current Program Clinical and Educational Work-Hours Policy.

Once approved:

1. The written policy must be provided to all residents/fellows and faculty via MedHub.
2. This policy must:

a. Be consistent with ACGME Institutional, Common Program Requirements, and the UofL GME Policy.
b. Give guidelines for extra duty 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. Include statements to ensure:
    i. duties align with training.
    ii. appropriate faculty supervision is maintained.
    iii. work does not exceed competency levels (e.g. a pediatric resident cannot function as a fellow replacement).
d. Confirm residents are working within the parameters of the training program services and rotations and continue to act as agents of the University of Louisville. As such,
    i. There is continued coverage under the current GME malpractice policy.
    ii. University lab coats, name badges, and identification cards may be worn.

3. Programs must not require residents to participate in extra duty activities.
4. PGY-1 residents are not permitted to participate in extra duty activities.
5. J-1 visa holders are eligible to participate in extra duty activities. (Extra duty activities fall within the parameters and rotations of the training program.)
6. Extra duty hours must be entered into MedHub along with standard work hours and documented as Extra Duty Hours, per the Resident Clinical and Educational Work Hours Policy.
7. Extra Duty activities must not
    a. interfere with the resident's ability to achieve the goals and objectives of the educational program, or obligations to the University.
    b. impair the effectiveness of the educational program.
    c. result in violation of any ACGME Clinical and Educational Work Hours requirement.
8. Program Directors are required to
    a. monitor and approve all extra duty hours for residents and maintain this information in the resident's file on MedHub.
    b. monitor all individual resident extra duty hours to ensure this activity does not contribute to excess fatigue, detrimental educational performance, and/or work hour violations.

APPROVAL PROCESS

1. Programs must secure DIO/GME Office approval before implementing an Extra Duty Pay program by submitting a formal request letter that includes:
    a. PD approval that resident meets the requirements for Extra Duty activities
    b. A brief description of the resident's extra duty activities
    c. Confirmation that responsibilities do not interfere with training.
    d. Assurance that all work hours, including Extra Duty activities, comply with ACGME Clinical and Educational Work Hours requirements.
2. Residents must obtain prior written approval from their Program Director or Department Chair before engaging in Extra Duty activities.

a. Residents must comply with ACGME, institutional, and program-specific policies.
b. Any violations of this policy may result in disciplinary action as per the Resident Agreement and the Resident Evaluation, Promotion, and Termination Policy.

Approved by GMEC: May 21, 2025

FOREIGN NATIONALS AND INTERNATIONAL MEDICAL GRADUATES

DEFINITIONS (AS USED IN THIS DOCUMENT)

Educational Commission on Foreign Medical Graduates (ECFMG): ECFMG is a private, non-profit organization established to:

- provide information to and answer inquiries of IMGs planning to come to the United States for GME;
- evaluate IMGs' credentials, knowledge of medicine, and command of English; and
- certify that IMGs have met certain medical education and examination requirements.

Certification by ECFMG is the standard for evaluating the qualifications of International medical graduates (IMGs) before they enter U.S. graduate medical education (GME), where they provide supervised patient care. ECFMG Certification also is a requirement for IMGs to take Step 3 of the three-step United States Medical Licensing Examination® (USMLE®) and to obtain an unrestricted license to practice medicine in the United States.

ECFMG also administers the Exchange Visitor Sponsorship Program (EVSP), which sponsors J-1 visas for the purpose of participation in a U.S. accredited training program. For more information and a complete listing of services provided to assist IMGs, please go to the ECFMG website www.ECFMG.org or contact Kathy Sandman in the GME Office.

Employment Authorization Documents (EAD): A document issued by the United States Citizenship and Immigration Services (USCIS). See https://www.uscis.gov/working-in-the-united-states/information-for-employers-and-employees/employer-information/employment-authorization for more information.
International medical graduates (IMGs): A physician who has graduated from a medical school outside of the United States or Canada.

POLICY

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

<u>ECFMG Certificate Requirement for IMGs</u>

2. 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.
3. Certificates must be current on the date that the resident begins training.

Foreign Nationals Employment Authorizations/Immigration Status

4. Foreign medical residents may train using a Permanent Resident Card (Green Card) or Employment Authorization Documents (EAD) or by obtaining an accepted via status.
    a. Visas Accepted:
        i. 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 an ACGME-accredited Residency or fellowship program or any program approved by the ECFMG. Residents sponsored on J1 visas are not allowed to moonlight or earn any income for activities that are not a part of their training program.
        ii The GME office must be notified if any of the following occurs with a physician who is sponsored on a J1 visa:
            •Offsite rotation or elective
            •Leave of absence
            •Resignation from program
            •Dismissal from program
            Remediation (academic probation, whether or not a training extension is required)
            •Incident or allegation (death, missing, sustains a serious illness or injury, litigation, incident involving the criminal justice system, sexually related incident or abuse, negative press, etc.)
    b. Visas Not Accepted:
        i. H1B Visas: Because residents are classified as students at the University of Louisville, the University does not sponsor H1B visas for residency training.
        ii. J2 Dependent Visas: J2 dependent visas are not accepted for residency training. These individuals must obtain their own J1 visa status.
        iii. 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.

5. 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.

6. The GME office must have a copy of the unexpired document on file in order for the resident to train and be paid.

7. All residents training on visas are required to provide a copy of their most recent I-94 in order to begin training.

PROCEDURE

J1 Visa Application and Renewal Instructions

1. The Training Program Liaison initiates the application. The applicant submits the application and coordinators with the TPL to submit required documents.
2. 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.
3. The deadline for submitting applications for initial sponsorship to the ECFMG is April 1.
4. Applications for continuing sponsorship should be submitted by May 1.

Foreign Nationals Employment Authorizations/Permanent Resident Card Instructions

5. It is the resident's responsibility to see that these documents are renewed when appropriate to avoid any lapse in training.
6. We recommend that applications for renewal of Permanent Resident cards be submitted 5-6 months before the expiration date.
7. Applications for Renewal EAD's should be submitted at least 90 days in advance of expiration.
8. Trainees should notify the GME Office if there is any change in immigration status.

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

APPROVAL
February 17 2024

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.

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.

Paid Time Off

All postgraduate physicians are entitled to 28 calendar days of PTO 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.

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 are allowed up to 42 days of paid post-partum 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.

GRIEVANCE POLICY

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 the 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 are to be followed:

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, and minimize conflicts of interest, he or she may request the GME Office Resident Ombuds (502) 852-0387, or Jennifer.hall.1@louisville.edu, to attempt informal remediation of the problem.

Grievance Procedures

1. If the matter has not been satisfactorily resolved through the informal (preliminary) process, the resident may submit a written statement of the grievance to the Student Grievance Officer (502) 852-6293 or joy.hart@louisville.edu. The Student Grievance Officer will provide guidance, answer questions, and facilitate the grievance process.
2. The Student Grievance Officer will forward the grievance through the appropriate channels. 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.

3. The Grievance Committee will deliberate on the information available to them and make a recommendation to the Dean.

4. 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.

Approved May 21, 2025

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.

Required Trainings

The University of Louisville requires the following training for residents. Instructions for access to the trainings is included below.

- HIPAA Privacy (required annually)
- Responsible Conduct of Research (all disciplines now in one course)
- Conflicts of Interest (included in the Attestation and Disclosure Form)
- Institutional Compliance Awareness (included in the Attestation and Disclosure Form)

The following trainings may be required for residents working in research:

• Human Subjects & HIPAA Research (required every 4 years). This training module is required for individuals to be added to a study team for research that requires IRB oversight.

• Export Controls. Training related to export controls is required should the nature of the research involve controlled items.

• IACUC: OSHA. This training is required if the research involves animals.

To access HIPAA Privacy training:

1. Go to website https://louisville-ky.safecolleges.com. (Your login/password is your University login/password).

2. Choose the "Health Insurance Portability and Accountability Act (HIPAA)" module. (NOTE: you may have to scroll down to see the module).

3. Upon completion of all Required Modules and achieving 80% overall correct score, a link will appear to access your completion certificate. Keep a copy of this report for your records.

To access courses on the CITI platform such as, Human Subjects & HIPAA Research, Responsible Conduct of Research, Export Controls, and IACUC trainings:

1. Go to CITI website 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' click 'Select Your Organization Affiliation' '\Search for organization enter 'University of Louisville'. Complete the two attestation questions. Click 'Create a CITI Program Account.'
4. Registration: Enter your first and last name, as recorded with the university. Under email use your U of L email (firstname.lastname@louisville.edu) as the email address. If your standard UofL email address includes a number (e.g. John.Smith4@louisville.edu), you will want to use that as the primary 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 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. On this screen, you will also complete a security question.

6. On the next screen, you will have the option to link your ORCID account to your CITI account. This is optional.
7. Country of Residence: follow the instruction to provide an accurate answer.
8. Further contact by CITI: although the question is required, the answer is up to you. Click Continue Registration
9. Are you interested in the option of receiving Continuing Education Unit (CEU) credit for completed CITI Program courses? Answer 'No'.
10. Information requested by U of L: 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. Enter your cell phone number in the Office Phone field. Click Next.
11. Select Curriculum: Select 'I know what I need to take, just show me the full menu of courses. Click 'Next'.
12. Check: Select the courses you need to complete. Click 'Next'.
13. Click 'Finalize Registration'. You will be directed a menu with the courses you need to complete.
14. 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.
15. 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 training should be directed to the Privacy Office at 502-852-3803 or via email at privacy@louisville.edu .

Questions or comments regarding the content of the Human Subjects & HIPAA Research training should be directed to the Human Subjects Protection Program Office at hsppofc@louisville.edu. Information is also available on the HSPPO homepage under "Study Personnel Requirements."

Questions or comments regarding the content of the Responsible Conduct of Research, Export Controls, and IACUC trainings should be directed to the Office of Research Integrity Office at ori@louisville.edu

Revised: April 2025

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.

2024-2025 House Staff Council Members

Program	Name
Anesthesiology	Abigail Kramer
Emergency Medicine	Alex Edwards, Luke Daniel
Family Medicine	Bachar Hadaie, President
Family Med- Glasgow	Alyssa Anciro
Internal Medicine	Kush Patel, Pawan Daga, David Liu
Medicine/Pediatrics	Shelby Falkenhagen
Neurology	Mohammad Ghani, Syed Ali, Eric Roddy, Patricia Barbosa
Child Neurology	Jake Ritchie, Ayush Gupta
Neurosurgery	Sarah Danehower, Mason English
Obstetrics/Gynecology	Jencie Hawthorne, Latisha Frazier
Ophthalmology	Cameron Gardner, Vahid Mohammadzadeh
Oral Surgery	Austin Way, Anthony Lawrence
Orthopaedic Surgery	James Soderstorm, Rahool Bhimani
Otolaryngology	Amy Ahu, Max Duff
Pathology	Cody Bergman, Alex Marchak, Kristin Schutzman
Pediatrics	Kristin Schutzman, Abby Gellert
Peds Neonatology	Caroline Jackson
PM&R	Sam Kimmell
Psychiatry	Jaqueline Young
Radiology	Adam Richardson
Surgery	Kyle Stephens, Victoria Hammond
Urology	Rebecca Edwins

IMPAIRED RESIDENTS & SUBSTANCE ABUSE PROCEDURE

BACKGROUND (INTENT)

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)

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all ACGME- accredited programs.

Fatigue Mitigation: Methods and strategies for learning to recognize and manage fatigue to support physician well-being and safe patient care (e.g., strategic napping, judicious use of caffeine, availability of other caregivers, time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; regular exercise; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.

Health Condition or Impairment: For purposes of this policy and procedure. A health condition or impairment is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect the practice or medicine and/or impair performance.

Program Director (PD): The individual designated with authority and accountability for the operation of the residency/fellowship program.

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

Faculty and Resident Fellow Responsibilities: Residents and faculty members must demonstrate an understanding of their personal role in the assurance of their fitness for work, including management of their time before, during and after clinical assignment and recognition of impairment, including from illness, fatigue, and substance abuse, in themselves, their peers and other members of the health care team (CPR VI.B.4) Residents and faculty members are encouraged to alert the PD or other designated personnel when they are concerned that another resident, medical student, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Program Director (PD) Responsibilities (CPR.VI.C.1): The PD has the same responsibility to address well-being as they do to evaluate other aspects of resident competence. PDs must ensure policies and programs that encourage optimal resident well-being. In addressing well-being, the PDs' responsibilities, in partnership with the Sponsoring Institution, include:

- Attention to scheduling, work intensity, and work compression that impacts resident well- being;
- Evaluating workplace safety data and addressing the safety of residents
- Attention to resident burnout, depression, and substance abuse.

Identifying Impairment: Each program must provide education to its residents regarding physician impairment, including information on identifying the signs and symptoms. Training should include elements of self-assessment as well as identifying signs of impairment in others and the steps for reporting suspected impairment. Programs must:

- Educate faculty and residents to recognize the signs of fatigue and sleep deprivation;
- Educate faculty and residents in alertness management and fatigue mitigation processes; and,
- Encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Reporting impairment: When health conditions or impairment that affect a resident's ability to provide care or function in the clinical learning environment are known or suspected, the concerned individual is empowered to communicate the issues with the PD or their designee as soon as possible. The PD or their designee must:

- Speak directly with the resident about the concerns and take appropriate actions providing guidance and options, ensuring the resident is aware of options to seek help if necessary.
- Remove the resident from the clinical service if necessary.
- Consult with the DIO, providing written documentation of the resident's performance issues and action plan in accordance with the appropriate policies.

Self-Reporting: If a trainee has concerns about his/her own well-being and believes his/her performance may be impaired, the resident shall immediately contact the PD or their designee. The resident will be referred to appropriate sources for evaluation and if necessary, treatment.

Referrals and monitoring: 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 and the GME Office.

As residents begin training in University of Louisville programs, they are required to complete a Hospital Privileges Application, which requires information about their personal health status and includes questions related to impairment due to alcohol and other drugs. These applications are reviewed by the hospital Physicians Health Committee (PHC), which in turn makes recommendations to the hospital Credentials Committee.

- Residents who are in recovery are reviewed at quarterly meetings of the PHC. There is formal written exchange of information about the status of the resident's recovery between the PHC and the KPHF quarterly.

Residents who are found to be impaired because of known and untreated substance abuse, or who violate the Kentucky licensure law are referred to the KBML as required by law.
Residents needing assistance or who have questions should contact their Program Director, the Medical Director of the Kentucky Physicians Health Foundation (Dr. Tina Simpson at 502-425-7761 or tinas@ky.recovery.org), or the Chairman of the University of Louisville Hospital's Physicians Health committee (Dr. Christopher Stewart at 502-813- 6626).

Revised: August 2024

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

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.

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.
    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

Revised: April 2019

LEAVE OF ABSENCE POLICY & PROCEDURE

BACKGROUND (INTENT)

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)

Calendar day: all 365 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.

1. 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.
    f. 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.
    g. The leave must also be in compliance with the eligibility requirements for certification by the appropriate certifying board for the specialty.
2. 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.
    a. 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 and all fringe benefits provided.
3. The GME Office sets parameters for paid time off limits. A leave of absence may be paid, unpaid or a combination of paid and unpaid. Pay status of the leave does not impact board eligibility nor if a training extension is necessary.
    a. Paid leave time may be taken intermittently following the initial leave event, at the discretion of the Program Director. A separate leave worksheet must be completed for each segment.

TYPES OF LEAVE

<u>Caregiver Leave</u>

1. Definition of Caregiver Leave: leave granted to care for the resident's spouse, child, or parent who has a serious health condition.
2. Eligibility:
    a. Must be taken for the purpose of caring for a spouse, child, or parent
    b. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date or the first day of payroll for the resident).
    c. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Caregiver Leave.
3. Salary & Benefits:
    a. 100% of salary for up to six weeks (42 calendar days) is guaranteed only for the first instance of caregiver leave within a program. Subsequent leaves may be partially paid using any combination of eligible available vacation and program director discretionary leave. Once this time is exhausted, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per academic year under Resident/Fellow Family Leave.
    b. Full health and disability insurance continue while the resident is on paid leave for six weeks (42 calendar days). 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 must 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.
4. Funding: A resident may be paid during the leave by utilizing any unused vacation days (up to 21 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). One additional week of GME paid leave may be utilized. By utilizing 21 days of annual vacation leave and granted two weeks of discretionary time by the Program Director, and one week of GME paid leave, the resident can achieve a six-week (42 calendar days) paid leave
    a. If the resident has taken less than one-week of vacation time in the current academic year prior to the beginning of the leave, they will be eligible to take additional vacation days separate from the leave, up to the point where the one-week total of vacation has been taken during the current PGY.
    b. If one-week of vacation has been taken prior to leave, additional vacation time will not be granted.
    c. In the event the resident has taken more than one-week of vacation in the current academic year prior to their leave, the program should contact the GME Office for review and consideration of additional funding.

<u>Educational or Personal Leaves</u> (Program Director Discretionary Leave)
(if allowed by the RRC or Board)

1. Definition for Educational or Personal Leaves (Program Director Discretionary Leave): leave granted for educational or personal reasons

2. Eligibility: 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.
3. Salary & Benefits
    a. If approved by the Program Director, 100% of salary for up to 14 calendar days will be paid.
    b. Full health and disability insurance continue while the resident is on paid leave for up to 14 days.
4. Funding: a resident is paid during the leave at the normal stipend and PGY levels
5. Requests for personal leave of absence for a period longer than 14 calendar days must be approved by the Vice Dean for Graduate Medical Education.
6. Educational and personal leave may vary by program according to departmental guidelines, RRC/ACGME requirements, and/or board certification requirements.

<u>Medical (Sick) Leave, excluding Parental (Maternity/Paternity) Leave</u>

1. Definition: Medical (Sick) Leave shall be defined as any medical condition of the individual resident, including complications of pregnancy up to time of delivery which necessitates an absence from a resident's training program.
2. Eligibility:
    a. Available to residents with a serious health condition that makes the resident unable to perform essential training functions.
    b. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date or the first day of payroll for the resident).
    c. 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.
    d. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Medical Leave.
3. Salary & Benefits:
    a. 100% of salary for up to 90 days is guaranteed only for the first instance of medical leave within a program. Subsequent leaves may be partially paid using any combination of eligible available vacation and program director discretionary leave. Once this time is exhausted, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per academic year under Resident/Fellow Family Leave.
    b. Full health and disability insurance continue while the resident is on paid leave for 90 days.
    c. After 90 calendar days of total paid medical leave, leave of absence without pay will begin. 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 must 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.

d. 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.

4. Funding: A resident may be paid during the leave for a maximum of 90 days by utilizing any unused vacation days (up to 21 calendar days per contract year) and Program Director Discretionary Leave, and GME approved leave. The resident is expected to apply for disability coverage for leave beyond 90 days.

5. 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.

6. 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).

7. 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 Chair, but must conform to state and federal laws relating to disabilities, if any.

<u>Military Leave*</u>

1. Definition of Military Leave: A resident ordered to uniform service,

2. Eligibility: upon presentment of military orders to his/her program director, a resident must fill out a Resident Leave of Absence Request Worksheet and be placed on military leave.

3. Salary and Benefits: While on military leave, the resident shall receive up to 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.

a. 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.

4. While on military leave, the resident is entitled to reemployment without loss of position in the residency/fellowship program.

5. A resident requesting Military Leave should refer to the University of Louisville Policy on Military Leave. (https://louisville.edu/policies/policies-and-procedures/index_policies)

<u>Parental (Maternity/Paternity) Leave</u>

1. Definition of Parental Leave shall be defined as leave following birth to bond with a newborn, new adoption or foster placement of a child, or granting of legal guardianship of a minor child.

2. Eligibility:

a. Available to birthing and non-birthing parents, adoptive/foster parents, surrogates, and legal guardians.

b. Must be taken within one year of birth, adoption, foster placement, or granting of legal guardianship of a child.
c. The birth, adoption, foster placement, or granting of legal guardianship must occur on or after the resident's report (orientation) date or first day on payroll.
d. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date, or the first day of payroll for the resident).
e. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Parental Leave.

3. Salary & Benefits:
   a. 100% of salary for up to six weeks (42 calendar days), per event. Additional time may be approved by the Program Director and would be paid via a combination of vacation time, Program Director Discretionary Leave, and unpaid leave under the Resident/Family Leave Policy.
   b. Full health and disability insurance continue while the resident is on paid leave for six weeks (42 calendar days). 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 must 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.

4. Funding: A resident may be paid during the leave at their current stipend level for 42 calendar days. Residents may request additional leave time beyond 42 days by using approved vacation leave (up to 21 days), Program Director Discretionary Leave (up to 14 days), or unpaid days.

5. 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 to initiate a possible claim, or request an application from the GME Office.

<u>Resident/Fellow Family Leave</u>

1. Definition of 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 weeks (84 calendar days) of unpaid leave each year with no threat of job loss.

2. Eligibility: 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.
   a. 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.
   b. 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.

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 (84 calendar days), but GME may also provide for situations that go beyond the 12 weeks (84 calendar days). 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. 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.

PROCEDURE

1. For any Leave of Absence, a Resident Leave of Absence Request Worksheet or a Parental Leave of Absence 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 .

   a. 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,

2. After approval by the Vice Dean of GME, 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

ACGME Institutional Requirements, Effective July 1, 2022, section IV.H.
Resident Vacation Policy & Procedure

Revised July 2023.

LICENSURE REQUIREMENTS AND PROCESS

Definitions (As used in this Document)

KBML / Kentucky Board of Medical Licensure: The Kentucky Board of Medical Licensure (KBML) is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed and initiating disciplinary action when violations of the Medical Practice Act occur.

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. Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement).

Guidelines

1. PG Y-1 residents in Kentucky are not licensed.
2. However, in instances where a resident appointed to a PGY-1 position has completed one year of accredited training, the resident must obtain licensure.
3. Incoming residents and fellows appointed at PGY-2 and above are required to have a valid Kentucky license before they begin clinical training.
    a. Once matched, these individuals should email Kathy Sandman, who will forward instructions on the licensure process.
    b. Incoming trainees are responsible for applying for their own license and following up to make sure the license is issued on time.
    c. Incoming trainees are expected to apply for the most advanced license (FT, IP, R, or Full) that they are eligible for.

4. The GME office coordinates the licensure procedure for residents who complete their PGY-1 year at UofL and who are continuing at UofL for their PGY-2 year.
    a. FCVS and KBML licensure fees are paid for by the GME office.
    b. In the fall of the academic year, PGY-1 residents are contacted directly by the GME office and asked to come to the GME office to complete the paperwork and online application.
        i. Licenses for PGY-1 residents are approved at the June Kentucky Board of Medical Licensure meeting.
        ii. License numbers are sent to the GME office and distributed to program coordinators.
        iii. License numbers are also available on the KBML website in late June.

License Renewal Process

Full licenses

1. Full licenses expire annually on the last day of February. Residents and fellows who are on Full licenses must renew their licenses before March 1.
2. Residents should have received notices in the mail to this effect from the KBML and are responsible for renewing their own licenses.
3. The renewal process is online via the KBML website. The only instances where paper applications will be accepted are if the applicant answers "yes" to any of the questions on the application. For applications with "Yes" answers, a paper application will need to be printed and sent to the Board, along with payment and a written explanation of the "yes" answer.

Training Licenses

1. Training licenses expire annually on June 30.
2. Each program is responsible for coordinating this renewal process for its residents.
3. This renewal process applies to residents with an IP or R license who will be continuing training after June 30.
    a. This includes those who are off-cycle and who may only be training for part of next academic year, even if it is only a few days or weeks. As long as they are under contract at any level above PGY-2, they must be licensed.
4. All continuing residents on training licenses must renew, with the following exceptions:
    a. If a resident has applied for a full license and expects a Temporary or Full license to be issued by June 30, they should not renew their training license.
    b. If a resident has applied to switch from an IP to an R license and this application will be considered at the June meeting, they do not have to renew their current IP license.
5. The renewal process is completed entirely online via the KBML website. The only instances where paper applications will be accepted are if the applicant answers "yes" to any of the questions on the application. For applications with "Yes" answers, a paper application will need to be printed and sent to the Board, along with payment and a written explanation of the "yes" answer.
6. In cases where a resident is transferring from one UofL program to another, the program that the resident will be in for the upcoming academic year is responsible for making sure that individual's license is renewed.

Revised: August 6, 2018

MALPRACTICE COVERAGE

1. COVERAGE

Residents on rotation at UofL Health, Inc. facilities and other sites approved by the UofL Graduate Medical Education Committee (GMEC) and KMRRRG for training 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 owned or operated facilities) 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 and to the risk manager of the facility in which the incident took place. The Physician shall assist the training facility and the insurer 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 Graduate Medical Education Office 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 make the 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 Physician'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

For claims 2005 and later
Melissa Updike, Executive Dir.
Jennifer Armstrong, Sr. Claims Analyst
Whitney Kramer, Sr. Claims Analyst
10200 Forest Green Blvd, #605

For claims prior to 2005
Stephanie Curtis
Office of Risk Management
And Insurance
University of Louisville

For claims prior to 2005
Office of University Counsel
206 Grawemeyer Hall
University of Louisville
Louisville, KY 40292

Louisville, KY 40223 (502) 852-6926 (502)852-6981
(502) 569-2060
(502) 588-7796 Fax www.kmrrrg.com

Revised March 2025

MEAL VOUCHERS POLICY FOR RESIDENTS

Background (Intent)

UofL Health provides a meal plan (two $8.00 vouchers per resident) for when a resident is scheduled to work a 14 hour or longer, continuous in-hospital duty period. It is not designed to provide meals for those who take call at home or who may be called in.

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. Residents and fellows eligible for meal vouchers are those scheduled for a 14-hour or greater in- hospital shift, excluding those who are moonlighting.
2. The vouchers are for a one-time use and intended to be used only in the months for which they are distributed. Vouchers are not to be saved up for later use.
3. No monetary change or residual value will be possible.
4. The voucher is good for all types of food purchases in the cafeteria- including prepared and packaged food and beverage; however, no employee discount is given when using the vouchers.
5. The vouchers are valid 24 hours per day.
6. Voucher usage is limited to two $8.00 vouchers each day, per resident. The previous $4.00vouchers are no longer valid and will not be accepted.
7. Duplication of vouchers is prohibited and will lead to disciplinary action.
8. Vouchers can be used at University of Louisville and Jewish Hospital, as well as at all UofL Health facility cafeterias.

Distribution

Occurs monthly, from the GME Office to Program Offices for distribution to eligible residents for use in the assigned months.

Approved: June 2014, Revised: March 2025

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, work 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 work 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.

MOONLIGHTING

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. The purpose of this policy is to establish clear guidelines for moonlighting activities, ensuring they do not interfere with resident education, patient care responsibilities, or compliance with work-hour limitations.

DEFINITIONS (AS USED IN THIS DOCUMENT)
Designated Institutional Official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all that institution's ACGME accredited programs' compliance with the requirements and institutional policies regarding resident training.

Moonlighting: Voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours, and additional to the work required for successful completion of the program.

External moonlighting: Voluntary, compensated, medically related work performed outside the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

Internal moonlighting: Voluntary, compensated, medically related work performed within the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

Program coordinator: The lead administrative individual who assists the program director in accreditation efforts, educational programming, and support of residents/fellows.

Program Director: The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable program requirements.

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

ACGME definition of a resident: An individual enrolled in an ACGME-accredited program.

MOONLIGHTING POLICY/PROGRAM REQUIREMENTS
Each sponsored training program at the UofL School of Medicine must have a formal, written policy on resident Moonlighting that is consistent with the ACGME Institutional Requirements, Common Program Requirements, and UofL GME Policy.

1. Programs must obtain approval from the DIO/GME Office prior to implementing

moonlighting programs.

2. The policy must give guidelines for internal and external 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.
    a. The policy must include the statements:
        i. All moonlighting activities are occurring beyond the parameters of the training program's rotations and educational services.
        ii. 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.
        iii. Residents are not to represent themselves to moonlighting employers as being fully trained in their specialty.
        iv. 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.
        v. It is the resident's responsibility to ensure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.
3. PGY-1 residents are not permitted to moonlight.
4. J-1 residents are not permitted to moonlight, in keeping with federal restrictions for J-1 visa holders.
5. Programs must not require residents to participate in moonlighting activities.
6. 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.
7. Program Directors are required to:
    a. monitor and approve in writing all moonlighting hours and locations for residents and maintain this information in the resident's file on MedHub.
    b. monitor all individual resident moonlighting hours to ensure outside activity does not contribute to excess fatigue or detrimental educational performance.
8. Moonlighting activities must not:
    a. Interfere with the resident's ability to achieve the goals and objectives of the educational program, or obligations to the University.
    b. 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. Result in violation of any ACGME Clinical and Educational Work Hours Policy.
9. 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 Clinical and Educational Work Hours Policy and MedHub Use and Responsibilities Policy & Procedure.

APPROVAL PROCESS

Programs must secure DIO/GME Office approval before implementing a moonlighting program by submitting a formal request letter that includes:

- A brief description of the resident's moonlighting duties.
- Confirmation that responsibilities do not interfere with training.
- Assurance that all work hours, including moonlighting, comply with the Clinical and Educational Work Hours Policy and not exceed the 80-hour workweek limit.

Residents must obtain prior written approval from their Program Director or Department Chair before engaging in moonlighting.

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 Promotion, Appointment Renewal and Dismissal Policy.
2. 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.

GMEC Approved: May 21, 2025

PAID TIME OFF

BACKGROUND (INTENT)
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)
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
1. All postgraduate physicians shall be entitled to 28 calendar days, see definition above, of vacation for each twelve-month period.
2. PTO time shall be prorated for employment periods of less than 12 months.
3. There is no reimbursement for unused vacation leave.
4. PTO 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' PTO days. Approval of PTO 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 PTO is subject to modification in certain programs upon approval by the Vice Dean for Graduate Medical Education or his representative.

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

a. Setting options include blocking dates/rotations on which PTO 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 PTO and other absences must be approved prior to the 15th of the following month and the MedHub workflow lockout.

a. For instances where PTO or other absence was not documented by the 15th 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

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

Revised: April 2019

PAY DATES AND PAYCHECKS

Resident Pay Schedule 2025-2026

July 29, 2025	January 30, 2026
August 30, 2025	February 28, 2026
September 30, 2025	March 31, 2026
October 28, 2025	April 30, 2026
November 30, 2025	May 31, 2026
December 23, 2025	June 30, 2026

Resident Stipends

PG LEVEL	ANNUAL	MONTHLY
1	$61,867	$5,155
2	$64,179	$5,348
3	$66,251	$5,521
4	$69,244	$5,770
5	$72,601	$6,050
6	$75,877	$6,323
7	$79,034	$6,586
8 and up	$83,236	$6,936

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

2.) Click on Workday HR

3.) Click Single Sign On

4.) Verify your identity via UL2FCTR

5.) Find the section marked Menu and click Benefits and Pay

6.) Click View Most Recent Pay

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

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I. PURPOSE:

The University of Louisville is required by federal and state law to perform a pre-employment background check on all new residents and fellows entering its Graduate Medical Education programs. The University of Louisville is committed to excellence and service to the community in its selection and training of residents and fellows. The safety and security of our community and the patients served by our graduate medical education training programs are our highest priority.

II. POLICY

i. Consistent with applicable law, the University of Louisville requires all new hires or re-hires, including residents and fellows, to submit to a criminal background check. This includes any prior University of Louisville resident or fellow who has had a break in service and is returning to training on or after this date.

ii. All employment offers, including those resulting from the National Residency Match Program (NRMP), are conditional upon the successful completion of a background check, as well as primary source verification of credentials to confirm that the individual possesses the requisite education, training, and professionalism for the position of graduate medical education physician (resident or fellow). An applicant who refuses to consent to the processes described above is ineligible for employment as a resident or fellow.

iii. Applicants to all residency and fellowship programs sponsored or administered by the University of Louisville will be notified in writing of the requirement for the Background Investigation at the time of interview, and further, that the conditional offer of employment, including that acquired as a result of the Match, may be withdrawn in the event the applicant refuses or declines consent to the Background investigation.

iv. Criminal background checks will be performed through the University of Louisville Human Resources Department only after the applicant has received an offer of employment.

v. The University of Louisville reserves the right to withdraw an offer of employment from a resident or fellow if the results of the criminal background check yield information inconsistent with this policy.

vi. Criminal background information released to the University of Louisville will be used only for purposes of assisting in making hiring or other employment decisions.

III. PROCEDURE

i. Application:

   a. Once an applicant has accepted an employment offer, including one which arises from the National Resident Match Program (NRMP), the Graduate Medical Education Office will enter

the requisite information into the University of Louisville's human resources management system to request a criminal background check for the applicant.

b. The applicant will receive an email from the University of Louisville's approved criminal background check vendor with instructions for online completion of a criminal background check.

c. The Graduate Medical Education Office will receive electronic confirmation of an applicant's completed criminal background check.

d. The hiring process will not move forward until the applicant has completed this online information to initiate the criminal background check.

ii. Convictions:

a. The existence of a conviction does not automatically disqualify an individual from eligibility for employment. Relevant considerations may include, but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of a fellow or resident physician; and successful efforts toward rehabilitation.

b. Any decision to reject or accept an applicant with a conviction is solely at the reasonable discretion of University of Louisville.

c. If the University of Louisville becomes aware that an applicant or current employee has misrepresented or not been truthful in the screening processes described in this policy, he/she may be subject to disciplinary action up to and including revocation of the offer or termination.

iii. Results:

a. Confidentiality: Reasonable efforts will be made to ensure that results of criminal background checks are kept confidential in accordance with applicable law. By virtue of applying for the residency or fellowship program, the applicant consents to the University of Louisville's disclosure of the results to appropriate program personnel at the affiliated site(s) at which the resident or fellow will perform his or her training as necessary to assist in its review.

b. Access to Results: The University of Louisville Human Resources Department reviews those criminal background checks that yield findings. If adverse information deemed to be relevant to the applicant's suitability for employment as a resident or fellow is contained in the criminal background check, the University of Louisville Human Resources Department and/or its vendor will notify the applicant in writing.

c. Information Available through Background Checks: The criminal background check will include a record of all arrests and convictions.

d. Ability of Applicant to Review Information: An applicant whose criminal background check yields findings will be provided a copy by the University of Louisville Human Resources Department or its approved vendor.

e. Right to Respond to Adverse Report: The applicant may submit additional written information, including an explanation of the occurrence(s), to the University of Louisville Human Resources Department for consideration in the employment decision. Such

information may be shared with the appropriate representatives of the Office of Graduate Medical Education for consideration.

f. If the conditional offer of employment is to be withdrawn, the Residency Program/Graduate Medical Education Office must request a Match waiver from the National Residency Match Program (NRMP) prior to rescinding the offer. For all other residents and fellows, GME shall advise the individual in writing that its conditional offer of employment is rescinded.

g. If the resident or fellow applicant feels that a National Residency Match Program (NRMP) violation has occurred as a result of the revocation the applicant may contact the National Residency Match Program (NRMP) or other applicable Match program.

h. Right to Change and/or Terminate Policy: Reasonable efforts will be made to keep employees informed of any changes in the policy. However, the University of Louisville reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

Approved: November 2021

PROGRAM CLOSURE (WITHDRAWAL) POLICY & PROCEDURE

BACKGROUND (INTENT)

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)

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:

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

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

POLICY

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

8. 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.
9. 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.
10. 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.
11. This policy applies to all graduate medical education training programs sponsored by the University of Louisville School of Medicine GME Office.

REFERENCES & RELATED POLICIES

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

Revised: April 2019

RESTRICTIVE COVENANTS POLICY & PROCEDURE

BACKGROUND (INTENT)

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)

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

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

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

REFERENCES & RELATED POLICIES

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
Revised: April 2019

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.

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

STUDENT MISTREATMENT

(Appropriate Learner-Educator Relationships and Behavior Policy)

The University of Louisville School of Medicine is committed to ensuring an environment that is respectful of diversity of opinion, race, gender, religion, sexual orientation, age, disability and socioeconomic status. Mutual respect and collegiality among faculty, residents, students and staff is essential to maintaining an environment conducive to learning. All members of the University community are expected to adhere to the Code of Conduct.

Student Mistreatment is defined as a behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. It includes harassment, discrimination, or physical threats.
Specific examples of mistreatment can include, but are not limited to, being:

- Subjected to offensive remarks or names
- Pressured into performing personal services
- Intentionally neglected or left out of conversations
- Belittled or humiliated

Any abuse or misconduct of a sexual nature will be reported through the Title IX process as outlined by the University of Louisville.
Students may report mistreatment using any of the following avenues:

- Directly report concerns about mistreatment confidentially to the Associate Dean for Student Affairs, the Assistant Dean for Student Affairs, the Vice Dean for Undergraduate Medical Education, the Assistant Dean for Clinical Skills or the Health Science Counseling Coordinator.
- Complete this online form with the option of anonymously reporting a mistreatment:
- Document the mistreatment on course evaluations.

All reports submitted through these mechanisms will be received by the Associate Dean for Student Affairs and will be reviewed with the Vice Dean for Undergraduate Medical Education on a monthly basis. Trends will be monitored. The individual mistreatment incidents as well as trends will be brought to the attention of the Vice Dean for Faculty Affairs (if faculty involved) or Associate Dean for GME (if resident involved), as well as the appropriate Chair or Program Director, or appropriate administrator at the clinical site. The responsible supervisor will have ten business days to initiate a response and communicate this to the Associate Dean for Student Affairs.

Incidents submitted through this form may be made anonymously, however, UofL is limited in its ability to investigate and respond to anonymous reports. The preference is for all reports to include contact information such that follow up can occur.

Retaliation against students reporting mistreatment is regarded as a form of mistreatment and will not be tolerated. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatments.

RESIDENT SELECTION

BACKGROUND (INTENT)

The sponsored residency training programs of the University of Louisville School of Medicine exist for the purpose of training the highest quality physician possible in each program's respective discipline. The following is the official policy for the selection of candidates for training. This policy is consistent with the Accreditation Council on Graduate Medical Education (ACGME) Institutional Requirements and the Commonwealth of Kentucky Medical and Osteopathic Practice Act Regulations and Statutes.
Program directors and coordinators should also be familiar with the "Medical Licensure Policy for Residents" published in the Resident Policies and Procedures manual. Program directors and coordinators are strongly encouraged to call the Office of Graduate Medical Education if questions, problems or uncertainty arise.

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

1. Each program must develop standards for resident qualifications and eligibility and the selection process in accordance with the program's accreditation requirements, Board Certification requirements, and institutional policy.

2. Resident Eligibility Applicants with one of the following qualifications are eligible for appointment to accredited residency programs at the University of Louisville School of Medicine:

a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

b. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).

c. Graduates of medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG). In addition, as of the 2009-2010 academic year, schools located outside the
U.S. and Canada must:

I. Be officially recognized in good standing in the country where they are located.
II. Be registered as a medical school, college, or university in the International Medical Education Directory.

III. Require that all courses must be completed by physical on-site attendance in the country in which the school is chartered.

IV. Possess a basic course of clinical and classroom medical instruction that is 1. not less than 32 months in length; and 2. under the educational institution's direct authority.

d. For Dental General Practice Residency or Oral and Maxillofacial Surgery: a) Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation; b) Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; or c) Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

I. Dental students sponsored on F1 visas may train utilizing an Employment Authorization Document (EAD) which is obtained via Optional Practical Training (OPT) or Curricular Practical Training (CPT). Canadian and Mexican nationals who have obtained a state/provincial license in their home country, or who have a DDS, DMD, Doctor en Odontologia, or Doctor en Cirugia Dental degree may train utilizing a TN visa.

II. These programs are accredited by the Council on Dental Accreditation of the American Dental Association but are under the general auspices of the University of Louisville School of Medicine Graduate Medical Education Programs. Candidates must obtain dental licensure through the Kentucky Board of Dentistry.

e. ACGME Residency programs must require all prerequisite post-graduate clinical education required for initial entry or transfer be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

i. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME- accredited program and with approval by the GMEC's Accreditation Subcommittee may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

f. ACGME Fellowship programs must note if the Review Committee (RC) allows exceptions under Common Program Requirements section III.A

ii. If the RC allows exceptions, the program must further note if the program will consider exceptions.

iii. If the program is considering an exceptionally qualify applicant who does not satisfy the eligibility requirements listed in ACGME III.A.1, programs must provide evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty for review and approval by the GMEC's Accreditation Subcommittee PRIOR to any offer of a position. If relevant, material provided to the Accreditation Subcommittee

must include Educational Commission for Foreign Medical Graduates (ECFMG) certification information.

3. Non-US Citizens/Foreign Nationals

a. Applicants who are not citizens of the United States must possess or be eligible for one of the following:

I. J1 Clinical Visa
II. Valid Employment Authorization Document
III. Valid Permanent Resident Card

b. The following are not accepted for residency or fellowship training:

I. J1 Research Visa
II. J2 Dependent Visa
III. H1B Visa
IV. O1 visa

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

d. More information is available Foreign National and International Medical Graduates Policy and Procedure.

4. All resident selection must be made without unlawful discrimination in terms of age, color, disability status, national origin, race, religion or sex, in keeping with University of Louisville standards as an Affirmative Action/Equal Opportunity employer.

5. The enrollment of non-eligible residents may be cause for withdrawal of accreditation of the involved program and/or the sponsoring institution.

PROCEDURE & PROGRAM REQUIREMENTS ON RESIDENT SELECTION

1. Recruitment processes are to be determined at the program level in accordance with ACGME and institutional policies.

2. Programs should select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection. Personal interviews prior to selection are strongly encouraged.

3. In selecting from among qualified applicants for first-year positions, sponsored programs must participate in the National Resident Matching Program (NRMP) or other national matching program when it is available.

4. In selecting from among eligible applicants for positions other than the first-year positions, programs should select the most qualified candidates as listed in 2.a. above. Appointment to PGY2 (and above) positions is contingent upon candidates being issued a valid Kentucky medical licenses prior to the beginning of the training year. More information is available via the Medical Licensure Policy for Residents.

5. All positions offered or matched are contingent upon successful completion and passing of a local and national Criminal Background Check (CBC). See the CBC Policy for additional information.

REFERENCES & RELATED POLICIES

UofL GME Foreign National and International Medical Graduates Policy and Procedure. UofL GME Guidelines on Postgraduate Level Designations

UofL GME Medical Licensure Policy for Residents UofL GME CBC Policy

ACGME Institutional Requirements, Effective July 1, 2022 (Section IV.B)

ACGME Common Program Requirements (Residency, Fellowship, One-Year Fellowship), Effective July 1, 2022

Revised: May 2024

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

1. 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)
2. The program must define when the physical presence of a supervising physician is required.
3. Residents must be appropriately supervised by teaching staff at all times and in such a way that the individual resident is allowed to assume progressively increasing responsibilities according to their level of education, ability, and experience. 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.]

4. 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, the resident should always have access to a supervisory attending.
5. 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 during the key portions of the patient interaction [The Review Committee may further specify]. PGY-1 residents must initially be supervised directly. [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised.] Alternatively, the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The Review Committee may choose not to permit this requirement. The Review Committee may further specify.]
    b. Indirect Supervision with direct supervision immediately available – The supervising physician is not providing physical or concurrent visual or audio supervision but is

immediately available to the resident for guidance and is available to provide appropriate direct supervision.

c. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

6. 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.

7. 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.

8. All programs must upload a copy of their written policy on Resident Supervision into MedHub.

References & Related Policies

ACGME Institutional Requirements, Effective July 1, 2022
ACGME Common Program Requirements, Effective July 1, 2023 (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,
Revised: July 17, 2024

TRAINING SITES

502 DIRECT PRIMARY CARE	ADANTA BEHAVIORAL HEALTH SERVICES - COLUMBIA CLINIC
AIR METHODS KENTUCKY	AMERICAN ACADEMY OF PEDIATRICS (AAP) - WASHINGTON,
AMERICAN INSTITUTE FOR RADIOLOGIC PATHOLOGY	AMERICAN MEDICAL RESPONSE - LOUISVILLE
AMERICAN RED CROSS - LOUISVILLE REGION	AMERICAN RED CROSS - ST. LOUIS
ANCHORAGE MIDDLETOWN FIRE AND EMS	ANESTHESIOLOGY ASSOCIATES
ASSOCIATES IN DERMATOLOGY - AUDUBON	ASSOCIATES IN DERMATOLOGY - EAST END
ASSOCIATES IN OBSTETRICS/GYNECOLOGY [IN BAPTIST ME	AXIS FORENSIC TOXICOLOGY LABORATORY
B.C. CANCER AGENCY	BAPTIST EASTPOINT SURGERY CENTER
BAPTIST HEALTH DEACONESS - MADISONVILLE	BAPTIST HEALTH FLOYD (FORM. FLOYD MEMORIAL)
BAPTIST HEALTH HARDIN (FORM. HARDIN MEMORIAL HOSPITAL	BAPTIST HEALTH HOSPITAL LAGRANGE
BAPTIST HEALTH LOUISVILLE	BAPTIST HEALTH MEDICAL GROUP FM - FLOYDS KNOBS
BAPTIST HEALTH MEDICAL GROUP IM & PEDS - CRESTWOOD	BAPTIST HEALTH MEDICAL GROUP IM & PEDS - RADCLIFF
BAPTIST HEALTH MEDICAL GROUP PC - LAGRANGE	BAPTIST HEALTH MEDICAL GROUP: PURCHASE ENT
BAXTER I	BAXTER II
BELLAPELLE DERMATOLOGY & COSMETIC LASER CENTER	BENNETT & BLOOM EYE CENTER
BRIGHAM AND WOMEN'S HOSPITAL	BROWNSBORO DERMATOLOGY
BULLITT COUNTY EMS	CABINET FOR HEALTH & FAMILY SERVICES - FRANKFORT
CAMP HENDON	CASSIS DERMATOLOGY & AESTHETICS CENTER
CCSHCN - BOWLING GREEN	CCSHCN - ELIZABETHTOWN
CCSHCN CLINIC - LOUISVILLE	CCSHCN CLINIC - OWENSBORO
CCSHCN CLINIC - PADUCAH	CENTERSTONE @ MAUPIN ELEMENTARY SCHOOL
CENTERSTONE @ WHEATLEY ELEMENTARY	CENTERSTONE ACUTE SERVICES
CENTERSTONE ADDICTION RECOVERY CENTER (JADAC)	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	COX HEALTH MEDICAL CENTER
CPA LAB	CRABTREE DERMATOLOGY & AESTHETICS
DAVIESS COUNTY HEALTH DEPARTMENT	DCBS JEFF CO CPS
DEPARTMENT OF UROLOGY ACADEMIC OFFICE	DIAGNOSTIC IMAGING ALLIANCE
DUPONT SURGERY CENTER, ARC	EASTERN VIRGINIA MEDICAL SCHOOL
ELLIS & BADEHAUSEN ORTHOPEDICS - DIXIE	ELLIS & BADEHAUSEN ORTHOPEDICS - EAST POINT
EMERGENCY MEDICAL ASSOCIATES/METROSAFE	EMW WOMEN'S SURGICAL CENTER
ENT BOWLING GREEN	EPISCOPAL CHURCH HOME
EYE CARE OF SOUTHERN KY - WARD & COOMER	FAMILY MEDICAL CENTER OF HART COUNTY
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 MEDICINE CLINIC - ACB	FAMILY MEDICINE CLINIC - CARDINAL STATION
FAMILY MEDICINE CLINIC - EDISON CENTER	FAMILY MEDICINE CLINIC - NEWBURG
FAMILY MEDICINE CLINIC - SPORTS MEDICINE @ CARDINAL STATION	FAMILY MEDICINE RESIDENCY CLINIC (OWENSBORO)
FERTILITY AND ENDOCRINE ASSOC.	FERTILITY FIRST
FIRST CHOICE ANKLE & FOOTCARE CENTER	FIRST UROLOGY - DUPONT
FIRST UROLOGY, PSC - JEFFERSONVILLE MAIN OFFICE	FLAGET MEMORIAL HOSPITAL
FOOT & ANKLE SPECIALISTS	FOOT DOCTORS, PSC
FOREFRONT DERMATOLOGY - DOWNTOWN	FORT WAYNE MEDICAL EDUCATION PROGRAM
GERIATRIC MEDICINE CLINIC - CENTRAL STATION	GLASGOW PEDIATRIC HEALTHCARE
GLASGOW RADIOLOGY PSC	GLOBAL HEALTH
GRAVES GILBERT CLINIC	H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE
HEALTH DEPARTMENT: BARREN COUNTY	HERMITAGE CARE AND REHAB
HOLIWELL HEALTH INTEGRATIVE MEDICINE	HOME OF THE INNOCENTS
HOSPARUS HOME VISIT	HOSPARUS OF LOUISVILLE
IN-TRAINING EXAM - FAMILY MEDICINE	INTERNATIONAL - AMAZON RIVER VALLEY, MANAUS, BRAZIL
INTERNATIONAL - BUGANDO MEDICAL CENTER	INTERNATIONAL - GHANA
INTERNATIONAL - HOSPITAL FOR SICK CHILDREN, CANADA	INTERNATIONAL - LIONS GATE HOSPITAL, VANCOUVER, BC
INTERNATIONAL - MANAGUA, NICARAGUA	INTERNATIONAL - MOSHI, TANZANIA
INTERNATIONAL - MZUZU CENTRAL HOSPITAL	INTERNATIONAL - NAIROBI, KENYA
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
JCPS HIGH SCHOOL FOOTBALL	JEFFERSON COUNTY ATTORNEY'S OFFICE
JEFFERSONVILLE PEDIATRICS	JOINT ENDEAVORS, SPECIALISTS IN RHEUMATOLOGY
KENTUCKIANA ALLERGY, PSC	KENTUCKIANA ENT
KENTUCKY FERTILITY INSTITUTE	KENTUCKY LION'S EYE CENTER

KENTUCKY SKIN CANCER CENTER	KENTUCKY STATE POLICE - FRANKFORT CRIME LAB
KENTUCKY STATE POLICE FRANKFORT CRIME LAB	KENTUCKY STATE POLICE JEFFERSON CRIME LABORATORY
KENTUCKYONE HEALTH ORTHOPEDIC ASSOCIATES	KILIMANJARO CHRISTIAN MEDICAL CENTER
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	LAKE CUMBERLAND RHEUMATOLOGY - NEW ALBANY
LEE SPECIALTY CLINIC	LMPD - CRIMES AGAINST CHILDREN UNIT
LOUISVILLE CENTER FOR EATING DISORDERS	LOUISVILLE CENTER FOR VOICE CARE (ULP)
LOUISVILLE FAMILY ENT	LOUISVILLE METABOLIC AND ATHEROSCLEROSIS RESEARCH
LOUISVILLE METRO EMS	LOUISVILLE METRO PUBLIC HEALTH
LOUISVILLE PALLIATIVE CARE	LOUISVILLE SURGICAL ASSOCS.
MARVIN & MCCRARY FORENSIC EVALUATION SERVICES	MASONIC HOMES OF KENTUCKY: LOUISVILLE CAMPUS
MAYO CLINIC	MCPEAK VISION PARTNERS
MEMORIAL SLOAN KETTERING CANCER CENTER	METRO SPECIALTY SURGERY CENTER
MIDWEST ACCESS PROJECT	MIDWEST GASTRO ASSOC
MOUNTAIN HOME VETERAN'S AFFAIRS MEDICAL CENTER	NATIONAL CANCER INSTITUTE - CAIRO
NATIONAL INSTITUTE OF HEALTH (NIH)	NCMG - BROWNSBORO
NCMG - GENETICS CENTER	NCMG - NORTON CHILDREN'S BEHAVIORAL & MENTAL HEALTH
NCMG - NORTON CHILDREN'S DEVELOPMENT CENTER	NCMG - NORTON CHILDREN'S ENDOCRINOLOGY
NCMG - NORTON CHILDREN'S HEMATOLOGY & ONCOLOGY	NCMG - NORTON CHILDREN'S MEDICAL GROUP - STONESTREET
NCMG - NORTON CHILDREN'S NEONATOLOGY SPECIALISTS	NCMG - NORTON CHILDREN'S NEUROLOGY
NCMG - NORTON CHILDREN'S PEDIATRIC PROTECTION SPEC	NCMG - NORTON CHILDREN'S AUTISM CENTER
NCMG - NOVAK CENTER FOR CHILDREN'S HEALTH	NCMG - PHYSICAL MEDICINE AND REHABILITATION
NCMG - UROLOGY	NEUROLOGY @ ULPOC
NEWYORK PRESBYTERIAN, THE UNIVERSITY HOSPITAL	NEXT STEP 2 MENTAL HEALTH
NHC - NATIONAL HEALTHCARE CORPORATION	NORTHERN LIGHT EASTERN MAINE MEDICAL CENTER
NORTON 210 GRAY ST BLDG (PRIVATE PRACTICE)	NORTON AUDUBON HOSPITAL
NORTON BROWNSBORO HOSPITAL	NORTON CANCER INSTITUTE - DOWNTOWN
NORTON CHILDREN'S HOSPITAL	NORTON CHILDREN'S MEDICAL CENTER - BROWNSBORO
NORTON CHILDREN'S MEDICAL GROUP	NORTON CMA - AUDUBON

NORTON CMA - BARRET	NORTON CMA - BROWNSBORO
NORTON CMA - BULLITT COUNTY	NORTON CMA - DIXIE HWY
NORTON CMA - FINCASTLE	NORTON CMA - HURSTBOURNE
NORTON CMA - LAKEVIEW	NORTON CMA - MALLARD CREEK
NORTON CMA - MT. WASHINGTON	NORTON CMA - PRESTON
NORTON CMA - SHELBYVILLE	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 NEUROLOGY SERVICES	NORTON NEUROSCIENCE INSTITUTE SPORTS NEUROLOGY CEN
NORTON ORTHOPEDIC INSTITUTE - ANGIE'S WAY	NORTON ORTHOPEDIC INSTITUTE - DUTCHMAN
NORTON SLEEP MEDICINE SPECIALISTS	NORTON UROGYNECOLOGY CENTER
NORTON WOMEN'S & CHILDREN'S HOSPITAL	OBGYN @ ACB
OBGYN @ ULPOC	OFFICE OF THE COMMONWEALTH'S ATTORNEY
OLDHAM COUNTY EMS	OLDHAM COUNTY PEDIATRICS
ORTHOPAEDICS @ ULPOC	ORTHOPEDIC SPECIALISTS
OTHER	OWENSBORO DERMATOLOGY ASSOCIATES
OWENSBORO HEALTH BRECKENRIDGE MEDICAL BUILDING	OWENSBORO HEALTH OUTPATIENT IMAGING - THE SPRINGS
OWENSBORO HEALTH REGIONAL HOSPITAL	PARK DUVALLE COMMUNITY HEALTH CENTER
PARSLEY/WALDMAN HAIR CENTER	PEDIATRIC ANESTHESIA ASSOCIATES, PSC
PEDIATRIC RHEUMATOLOGY @ ULPOC	PEDIATRICS OF BULLITT COUNTY
PGXL LABORATORIES	PHYSICIAN MEDICAL CENTER (PMC) OUTPATIENT SURGERY
PHYSICIAN'S MEDICAL CENTER	PHYSICIANS EYE CENTER (OWENSBORO)
PREMIER SURGERY CENTER	PRIVATE PRACTICE
PROSPECT INTERNAL MEDICINE	PSYCHIATRY @ ULPOC
RESEARCH – NON- VA SUPPORTED	RESEARCH - ULH SUPPORTED
RESEARCH - VA SUPPORTED	RHEUMATOLOGY ASSOCIATES., PLLC D/B/A ARTHRITIS ASS
RICHARD L. MILLER ORAL HEALTH CLINIC	RIVER RIDGE SURGICAL SUITES, LLC
ROND SCHRADER CLINIC	SACRED HEART HOME VILLAGE
SELLERSBURG INTERNAL MEDICINE & PEDIATRICS	SEVEN COUNTIES SERVICES - ADULT DOWNTOWN
SEVEN COUNTIES SERVICES - ATKINSON ELEMENTARY	SEVEN COUNTIES SERVICES - CHAMPIONS TRACE
SEVEN COUNTIES SERVICES - EAST BROADWAY	SHEA ORTHOPEDIC GROUP
SOUTH CENTRAL KENTUCKY ORTHOPAEDICS	SOUTH LOUISVILLE PEDIATRICS
SOUTHERN INDIANA REHAB HOSPITAL	SOUTHERN KENTUCKY NEPHROLOGY ASSOCIATES
SPRINGS MEDICAL CENTER	ST. JOSEPH'S HOSPITAL (LEXINGTON)
ST. VINCENT HOSPITALS AND HEALTH CARE CENTER	SUBURBAN EXCIMER LASER CENTER
SURGCENTER OF LOUISVILLE	TAPP - SOUTH PARK
TAPP - WESTPORT	TATE INSTITUTE FOR FEMALE PELVIC HEALTH
TELLURIDE MEDICAL CENTER	TEMPLE UNIVERSITY HOSPITAL

THE BROOK - DUPONT	THE BROOK - LAGRANGE ROAD
THE CENTER FOR COURAGEOUS KIDS	TJ SAMSON COMMUNITY HOSPITAL
TJ SAMSON FAMILY MEDICINE CENTER	TJ SAMSON HEALTH PARTNERS
TJ SAMSON HEALTH PAVILION	TOTAL HEALTHCARE FOR WOMEN
TREYTON OAK TOWERS	UK HEALTHCARE TURFLAND
UL ATHLETICS ATHLETIC TRAINING ROOM	UL SPORTS MED @ FRAZIER
ULP - UROGYNECOLOGY AT M&E	ULP - UROGYNECOLOGY AT SPRINGS MEDICAL CENTER
ULP - UROGYNECOLOGY AT ULPOC	ULP ORTHOPAEDICS: GREY STREET
ULP ORTHOPAEDICS: KRESGE WAY	UNIVERSITY DERMATOPATHOLOGY, PLLC
UNIVERSITY KIDNEY CENTER 3RD STREET	UNIVERSITY KIDNEY CENTER BLUEGRASS
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	UNIVERSITY OF CHICAGO
UNIVERSITY OF CINCINNATI BARRETT CANCER CENTER	UNIVERSITY OF CINCINNATI MEDICAL CENTER
UNIVERSITY OF KENTUCKY	UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER
UNIVERSITY OF LOUISVILLE	UNIVERSITY OF LOUISVILLE KIDNEY DISEASE BUILDING
UNIVERSITY OF MICHIGAN HEALTH SYSTEM	UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER
UNIVERSITY OF TORONTO	UNIVERSITY OF WASHINGTON MEDICAL CENTER
UOFL FAMILY MEDICINE MECH	UOFL HEALTH - ABRAHAM FLEXNER OUTPATIENT CARE CENT
UOFL HEALTH - BROWN CANCER CENTER (DOWNTOWN)	UOFL HEALTH - CHESTNUT ST HEALTH CARE OUTPATIENT CTR
UOFL HEALTH - FRAZIER REHABILITATION INSTITUTE	UOFL HEALTH - JACKSON ST AMB CARE BUILD
UOFL HEALTH - JEWISH HOSPITAL	UOFL HEALTH - MARY & ELIZABETH HOSPITAL
UOFL HEALTH - MARY & ELIZABETH HOSPITAL PLAZA I	UOFL HEALTH - MEDICAL CENTER EAST
UOFL HEALTH - MEDICAL CENTER EAST	UOFL HEALTH - MEDICAL CENTER EAST (ULP)
UOFL HEALTH - MEDICAL CENTER NORTHEAST	UOFL HEALTH - MEDICAL CENTER NORTHEAST (ULP)
UOFL HEALTH - MEDICAL CENTER SOUTH	UOFL HEALTH - MEDICAL CENTER SOUTHWEST
UOFL HEALTH - PEACE HOSPITAL	UOFL HEALTH - PEACE HOSPITAL GERIATRIC UNIT AT FRA
UOFL HEALTH - SHELBYVILLE HOSPITAL	UOFL HEALTH - UNIVERSITY OF LOUISVILLE HOSPITAL
UOFL HEALTH-FRAZIER REHAB INSTITUTE-SPORTS MED CTR	UOFL PEDIATRICS - CHILD & YOUTH CLINIC
UOFL PEDIATRICS - EASTERN PARKWAY @ SSKCC	USPIRITUS - BROOKLAWN
VANDERBILT UNIVERSITY MEDICAL CENTER	VETERANS ADMINISTRATION HOSPITAL: INDIANAPOLIS
VETERANS ADMINISTRATION HOSPITAL: LEXINGTON	VETERANS ADMINISTRATION MEDICAL CENTER (ROBLEY REX)
WASHINGTON UNIVERSITY (ST. LOUIS)	WOMEN'S FIRST [IN BAPTIST MEDICAL PAVILION]

502 Direct Primary Care	Adanta Behavioral Health Services - Columbia Clinic
Air Methods Kentucky	American Academy of Pediatrics (AAP) - Washington,
American Institute for Radiologic Pathology	American Medical Response - Louisville
American Red Cross - Louisville Region	American Red Cross - St. Louis
Anchorage Middletown Fire and EMS	Anesthesiology Associates
Associates in Dermatology - Audubon	Associates in Dermatology - East End
Associates in Obstetrics/Gynecology [In Baptist Me	AXIS Forensic Toxicology Laboratory
B.C. Cancer Agency	Baptist Eastpoint Surgery Center
Baptist Health Deaconess - Madisonville	Baptist Health Floyd (form. Floyd Memorial)
Baptist Health Hardin (form. Hardin Memorial Hospital	Baptist Health Hospital LaGrange
Baptist Health Louisville	Baptist Health Medical Group FM - Floyds Knobs
Baptist Health Medical Group IM & PEDS - Crestwood	Baptist Health Medical Group IM & PEDS - Radcliff
Baptist Health Medical Group PC - LaGrange	Baptist Health Medical Group: Purchase ENT
Baxter I	Baxter II
BellaPelle Dermatology & Cosmetic Laser Center	Bennett & Bloom Eye Center
Brigham and Women's Hospital	Brownsboro Dermatology
Bullitt County EMS	Cabinet for Health & Family Services - Frankfort
Camp Hendon	Cassis Dermatology & Aesthetics Center
CCSHCN - Bowling Green	CCSHCN - Elizabethtown
CCSHCN Clinic - Louisville	CCSHCN Clinic - Owensboro
CCSHCN Clinic - Paducah	Centerstone @ Maupin Elementary School
Centerstone @ Wheatley Elementary	Centerstone Acute Services
Centerstone Addiction Recovery Center (JADAC)	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	Cox Health Medical Center
CPA Lab	Crabtree Dermatology & Aesthetics
Daviess County Health Department	DCBS Jeff Co CPS
Department of Urology Academic Office	Diagnostic Imaging Alliance
Dupont Surgery Center, ARC	Eastern Virginia Medical School
Ellis & Badehausen Orthopedics - Dixie	Ellis & Badehausen Orthopedics - East Point
Emergency Medical Associates/MetroSafe	EMW Women's Surgical Center
ENT Bowling Green	Episcopal Church Home
Eye Care of Southern KY - Ward & Coomer	Family Medical Center of Hart County
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 Medicine Clinic - ACB	Family Medicine Clinic - Cardinal Station
Family Medicine Clinic - Edison Center	Family Medicine Clinic - Newburg

Family Medicine Clinic - Sports Medicine @ Cardinal Station	Family Medicine Residency Clinic (Owensboro)
Fertility and Endocrine Assoc.	Fertility First
First Choice Ankle & Footcare Center	First Urology - Dupont
First Urology, PSC - Jeffersonville Main Office	Flaget Memorial Hospital
Foot & Ankle Specialists	Foot Doctors, PSC
Forefront Dermatology - Downtown	Fort Wayne Medical Education Program
Geriatric Medicine Clinic - Central Station	Glasgow Pediatric Healthcare
Glasgow Radiology PSC	Global Health
Graves Gilbert Clinic	H. Lee Moffitt Cancer Center and Research Institut
Health Department: Barren County	Hermitage Care and Rehab
Holiwell Health Integrative Medicine	Home of the Innocents
Hosparus Home Visit	Hosparus of Louisville
In-Training Exam - Family Medicine	International - Amazon River Valley, Manaus, Brazi
International - Bugando Medical Center	International - Ghana
International - Hospital for Sick Children, Canada	International - Lions Gate Hospital, Vancouver, BC
International - Managua, Nicaragua	International - Moshi, Tanzania
International - Mzuzu Central Hospital	International - Nairobi, Kenya
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
JCPS High School Football	Jefferson County Attorney's Office
Jeffersonville Pediatrics	Joint Endeavors, Specialists in Rheumatology
Kentuckiana Allergy, PSC	Kentuckiana ENT
Kentucky Fertility Institute	Kentucky Lion's Eye Center
Kentucky Skin Cancer Center	Kentucky State Police - Frankfort Crime Lab
Kentucky State Police Frankfort Crime Lab	Kentucky State Police Jefferson Crime Laboratory
KentuckyOne Health Orthopedic Associates	Kilimanjaro Christian Medical Center
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	Lake Cumberland Rheumatology - New Albany
Lee Specialty Clinic	LMPD - Crimes Against Children Unit
Louisville Center for Eating Disorders	Louisville Center for Voice Care (ULP)
Louisville Family ENT	Louisville Metabolic and Atherosclerosis Research
Louisville Metro EMS	Louisville Metro Public Health
Louisville Palliative Care	Louisville Surgical Assocs.
Marvin & McCrary Forensic Evaluation Services	Masonic Homes of Kentucky: Louisville Campus
Mayo Clinic	McPeak Vision Partners
Memorial Sloan Kettering Cancer Center	Metro Specialty Surgery Center
Midwest Access Project	Midwest Gastro Assoc
Mountain Home Veteran's Affairs Medical Center	National Cancer Institute - Cairo
National Institute of Health (NIH)	NCMG - Brownsboro

NCMG - Genetics Center	NCMG - Norton Children's Behavioral & Mental Healt
NCMG - Norton Children's Development Center	NCMG - Norton Children's Endocrinology
NCMG - Norton Children's Hematology & Oncology	NCMG - Norton Children's Medical Group - Stonestreet
NCMG - Norton Children's Neonatology Specialists	NCMG - Norton Children's Neurology
NCMG - Norton Children's Pediatric Protection Spec	NCMG - Norton Children's Autism Center
NCMG - Novak Center for Children's Health	NCMG - Physical Medicine and Rehabilitation
NCMG - Urology	Neurology @ ULPOC
NewYork Presbyterian, The University Hospital of C	Next Step 2 Mental Health
NHC - National Healthcare Corporation	Northern Light Eastern Maine Medical Center
Norton 210 Gray St Bldg (Private Practice)	Norton Audubon Hospital
Norton Brownsboro Hospital	Norton Cancer Institute - Downtown
Norton Children's Hospital	Norton Children's Medical Center - Brownsboro
Norton Children's Medical Group	Norton CMA - Audubon
Norton CMA - Barret	Norton CMA - Brownsboro
Norton CMA - Bullitt County	Norton CMA - Dixie Hwy
Norton CMA - Fincastle	Norton CMA - Hurstbourne
Norton CMA - Lakeview	Norton CMA - Mallard Creek
Norton CMA - Mt. Washington	Norton CMA - Preston
Norton CMA - Shelbyville	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 Neurology Services	Norton Neuroscience Institute Sports Neurology Cen
Norton Orthopedic Institute - Angie's Way	Norton Orthopedic Institute - Dutchman
Norton Sleep Medicine Specialists	Norton Urogynecology Center
Norton Women's & Children's Hospital	OBGYN @ ACB
OBGYN @ ULPOC	Office of the Commonwealth's Attorney
Oldham County EMS	Oldham County Pediatrics
Orthopaedics @ ULPOC	Orthopedic Specialists
Other	Owensboro Dermatology Associates
Owensboro Health Breckenridge Medical Building	Owensboro Health Outpatient Imaging - The Springs
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	Physicians Eye Center (Owensboro)
Premier Surgery Center	Private Practice
Prospect Internal Medicine	Psychiatry @ ULPOC

Research - Non VA Supported	Research - ULH Supported
Research - VA Supported	Rheumatology Associates., PLLC d/b/a Arthritis Ass
Richard L. Miller Oral Health Clinic	River Ridge Surgical Suites, Llc
Rond Schrader Clinic	Sacred Heart Home Village
Sellersburg Internal Medicine & Pediatrics	Seven Counties Services - Adult Downtown
Seven Counties Services - Atkinson Elementary	Seven Counties Services - Champions Trace
Seven Counties Services - East Broadway	Shea Orthopedic Group
South Central Kentucky Orthopaedics	South Louisville Pediatrics
Southern Indiana Rehab Hospital	Southern Kentucky Nephrology Associates
Springs Medical Center	St. Joseph's Hospital (Lexington)
St. Vincent Hospitals and Health Care Center	Suburban Excimer Laser Center
Surgecenter of Louisville	TAPP - South Park
TAPP - Westport	Tate Institute for Female Pelvic Health
Telluride Medical Center	Temple University Hospital
The Brook - Dupont	The Brook - Lagrange Road
The Center for Courageous Kids	TJ Samson Community Hospital
TJ Samson Family Medicine Center	TJ Samson Health Partners
TJ Samson Health Pavilion	Total Healthcare for Women
Treyton Oak Towers	UK HealthCare Turfland
UL Athletics Athletic Training Room	UL Sports Med @ Frazier
ULP - Urogynecology at M&E	ULP - Urogynecology at Springs Medical Center
ULP - Urogynecology at ULPOC	ULP Orthopaedics: Grey Street
ULP Orthopaedics: Kresge Way	University Dermatopathology, PLLC
University Kidney Center 3rd Street	University Kidney Center Bluegrass
University of California San Francisco	University of Chicago
University of Cincinnati Barrett Cancer Center	University of Cincinnati Medical Center
University of Kentucky	University of Kentucky Chandler Medical Center
University of Louisville	University of Louisville Kidney Disease Building
University of Michigan Health System	University of Texas MD Anderson Cancer Center
University of Toronto	University of Washington Medical Center
UofL Family Medicine MECH	UofL Health - Abraham Flexner Outpatient Care Cent
UofL Health - Brown Cancer Center (Downtown)	UofL Health - Chestnut St Health Care Otpt Ctr
UofL Health - Frazier Rehabilitation Institute	UofL Health - Jackson St Amb Care Build
UofL Health - Jewish Hospital	UofL Health - Mary & Elizabeth Hospital
UofL Health - Mary & Elizabeth Hospital Plaza I	UofL Health - Medical Center East
UofL Health - Medical Center East	UofL Health - Medical Center East (ULP)
UofL Health - Medical Center Northeast	UofL Health - Medical Center Northeast (ULP)
UofL Health - Medical Center South	UofL Health - Medical Center Southwest
UofL Health - Peace Hospital	UofL Health - Peace Hospital Geriatric Unit at Fra
UofL Health - Shelbyville Hospital	UofL Health - University of Louisville Hospital
UofL Health-Frazier Rehab Institute-Sports Med Ctr	UofL Pediatrics - Child & Youth Clinic
UofL Pediatrics - Eastern Parkway @ SSKCC	Uspiritus - Brooklawn
Vanderbilt University Medical Center	Veterans Administration Hospital: Indianapolis

Veterans Administration Hospital: Lexington	Veterans Administration Medical Center (RobleyRex)
Washington University (St. Louis)	Women's First [in Baptist Medical Pavilion]

TRANSITION OF CARE AND HANDOFF POLICY

BACKGROUND

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

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

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

DEFINITIONS (AS USED IN THIS POLICY)

Hand-off: the process of transferring patient information and knowledge, along with authority and responsibility, from one clinical or team of clinicians to another clinician or team of clinicians during routine changes of duty assignment, such as beginning/end of call, beginning/End of a rotation, and situations where a physician must exit mid-shift, such as when released from duty due to illness, stress, fatigue, or duty hour issues. Methods of hand-off include verbal only reports, verbal reports with note taking, printed handouts containing relevant patient information, and computer/EMR information.
Transition of Care: Patient movement from one area or level of care to another, e.g. transfer of a patient from the wards to the ICU or vice versa.
Signout (as defined by the Agency for Healthcare Research and Quality (AHRQ): the act of transmitting information about the patient.

PROGRAM REQUIREMENTS

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

4. Each training program must design clinical assignments to minimize the number of transitions in patient care. (ACGME Common Program Requirement VI.B.1)

5. Each program must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (ACGME Common Program Requirement VI.B.2). The program should develop such a policy and procedures emphasizing a structured approach (Institutional Requirement III.B.3.b).

   a. The policy must list the facilities/sites/services the program has responsibility for, including when on elective rotations.
   b. The policy must list the transition of care and hand-off events. If there is a standard time and location for activities, it should be listed in the policy. If there is not a standard time and/or location, information on how this is to be determined should be addressed.
   c. The policy must list the minimum requirements for hand-off (specialty specific)
      - Patient Information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
      - Current condition and care plan (pertinent diagnoses, diet, activity, planned operations, significant events, current medications)
      - Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, change in medication, overnight care issues, “to-do” list)
      - Contingency plans (if/then statements)
      - Name and contact number of responsible resident and attending physician; name and contact number of resident/attending physician for back-up
      - An opportunity to ask questions and review historical information.
   d. Should responsibilities continue after a service to service transfer of patient responsibility, such as courtesy visits or communication with the inpatient team for the purpose of providing care after hospitalization, the responsibilities should be noted in the policy.

6. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care. (ACGME Common Program Requirement VI.B.4) As noted in the GMEC Policy on Resident Supervision, programs are responsible for creating a periodic call schedule, which clearly identifies the primary on-call resident and the appropriate chain of supervision, including the name of the supervisory attending physician. The schedule should contain pertinent information (telephone number, beeper/pager number, etc.) necessary to quickly and efficiently contact the members in the chain of command. Copies of the call schedule should be available to the residents and the key personnel at the training sites (clinics, hospital operators, etc.). It is the responsibility of the residency program to keep the call schedule current and accurate. This is available via MedHub Assignment Schedule. Effective July 1, 2012, all medicine fellowships are required to use MedHub for the assignment schedule per the Chair’s Office.

7. The policy must state the level of faculty supervision and explain how progression of responsibility occurs, as required in the UofL School of Medicine and the program specific Policies on Resident Supervision and Evaluation, Promotion, and Termination. Faculty oversight of the handoff process may occur directly or indirectly, depending on resident level and experience.

- As required in the GMEC Policy on Resident Supervision, residents should be informed that if they are at any time concerned about the availability or level of supervision, they should contact their residency program director, the departmental chairperson, the Associate Dean for Educational and Work Environment, the Resident ombudsman to the Subcommittee on Resident Educational and Work Environment, or the office of Graduate Medical Education of the University of Louisville School of Medicine.

8. Programs must ensure that residents are competent in communicating with team members in the hand-over process. (ACGME Common Program Requirement VI.B.3). This evaluation should be documented and referenced as part of the program's Evaluation, Promotion, and Termination Policy.
9. The program procedure must maintain patient confidentiality. Sign out forms must never be sent by unencrypted email, left in a publicly accessible mailbox or area, copied or sent to unauthorized users, disposed of in non-confidential trash receptacles.
10. A copy of the program specific policy must be on file in the GME Office. The office of GME must receive copies of any changes to this document.
11. A copy of the policy must be loaded into MedHub for individual faculty and resident signature.

Approved by GMEC: May 2014

VENDOR POLICY

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/conflictofinterest.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.
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.

WORK HOURS

Clinical and Educational Work Hours Policy and Guidelines

Background (Intent)
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) 852-5234. 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)
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): All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as “duty hours.”

- 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 site of the resident's or fellow's program, including the primary clinical site and any participating sites.
- In-House Call: Duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- Internal moonlighting: Voluntary, compensated, medically related work performed within the site of the resident's or fellow's program, including the primary clinical site and any participating sites.
- Night float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.
- At-home call (pager call): Call taken from outside the assigned site. *See Common Program Requirements 6.28., 6.28a.*

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 workday, beyond the normal workday, or a combination of both.

One day off: One continuous 24-hour period free from all administrative, clinical, and educational activities. *See the Common Program Requirement FAQs.*
Policy/Program Requirements

1. Each sponsored training program at the University of Louisville School of Medicine (ULSOM) must have a formal, written Clinical and Educational Work Hours Policy. The written policy must be provided to all residents and faculty. All programs have a copy of their program specific written policy on Clinical and Educational Work Hours uploaded into MedHub and available to

the Office of Graduate Medical Education (GME). 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) Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, 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 occurs 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.
    d) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
    e) 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.
    f) 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.
    g) 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.
    h) 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 hours occurring both within the residency program and/or sponsoring institution or outside the sponsoring institution must be entered into MedHub and 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 the Institutional GME Policy & Procedure on Resident Moonlighting and Extra Duty Pay.

4. Clinical and Educational 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 10th of each month, the prior month's work hour timesheet is locked by MedHub, making resident work hours unamendable for program administrators without requesting access via the GME Office.

Resident Requirements

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 before MedHub locks them out of the timesheet.
3. Residents who have not completed documenting (logging and submitting) their work hours prior to the deadline and have been locked out of editing and submitting work hours, must go to their residency Program Director or Administrator to have the hours logged and submitted. There is no "Resident unlock" function on the timesheets.

Example:

   a. If a resident failed to log and submit work hours for the prior week, they will be reminded by email and alerted on their portal page. They have a week to document and submit work hours for that previous week. If the resident fails to log the missing week of work hours by 12:01 am Sunday of the second week, they are locked out of the timesheet and must contact their program coordinator/director for assistance.

4. If a resident enters work hours that reflect a potential ACGME Clinical and Educational Work hour violation, the activity is flagged by MedHub and a reason for the potential violation must be entered by the resident.

Procedure: Monitoring of Resident Submission of Hours

1. It is the program's responsibility to monitor their residents' compliance with entry and submission of work hours. Programs should not rely on communications and reminders from the GME Office.
2. The first week of each month, the GME Office will generate a "work hours submission" report, identifying residents who have missing and/or unsubmitted work hours for the previous month.
   - Program Coordinators for programs who have residents with missing or unsubmitted work hours will be notified by the 5th of each month via e-mail.
   - Coordinators/ Administrators are responsible for working with the resident to have all work hours brought up to date.
3. The program and resident then have until the 10th of the month to enter and submit the missing hours before the Program Director and Program Coordinator are also locked out of the prior month's timesheet.

4. If the missing or unsubmitted hours have not been entered by the 10th of the month,
    - An additional delinquent notification will be sent to the Program Coordinator and the Program Director copied on the email.
    - The program will need to request temporary access from the REWE Coordinator in the GME Office (for the Program Director or Administrator) to enter and submit the missing resident hours.
5. If by the third week of the month work hours remain unentered,
    - A third notification will be sent to the Program Coordinator and Program Director, the Associate Dean for Resident Education and Work Environment will be copied on the emails, and the Department Chair notified.
6. If the resident has not successfully communicated with the Program Director or Administrator regarding entering and submitting the missing hours by the last week of the month,
    - It will be recommended to the Dean that the resident be placed on academic probation, following the Policy and Procedure for Probation, Suspension, and Dismissal. A copy of the recommendation will be forwarded to the resident and the Program Director.
    - 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.

Procedure: Monitoring of Work Hour Violations

1. It is the program's responsibility to monitor and address work hour violations.
2. The GMEC tasks the subcommittee on Resident Education and Work Environment (REWE Subcommittee) with the monitoring of institutional and program-level compliance with ACGME clinical and educational work hour requirements.
    - The GMEC's REWE Subcommittee reports to the GMEC and the Vice Dean for Graduate Medical Education.
3. The REWE Subcommittee meets every other month and as needed. Work hours and educational environment concerns are brought to and addressed by this subcommittee through the following channels:
    a) An administrative staff member of the GME office dedicated to work hour monitoring.
        a. The (REWE Coordinator) monitors work hour violations across all programs and reports them to the Associate Dean for REWE and the REWE Subcommittee for review. If trends are identified, the Associate Dean for REWE and the subcommittee contact Program Directors, Departments, and others to facilitate solutions with all findings reported back to the GMEC.
    b) An Ombuds position within the GME office supported by the Vice Dean of Graduate Medical Education and the Dean of the Medical School.
        a. Residents are able to raise clinical and educational work hour concerns to the Ombuds anonymously and without fear of intimidation or retaliation. As an ad-hoc member of the GMEC and the REWE Subcommittee, the Ombuds is able to bring these concerns to the subcommittees.

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 Associate Dean for REWE and members of the subcommittee will meet to investigate and address problems with the support of the GMEC and the Vice Dean for Graduate Medical Education.
5. Work Hour violations must be addressed in the program's Annual Program Evaluation (APE) report submitted to the GME Office each academic year.

GMEC Approved: May 21, 2025

WORKERS' COMPENSATION INFORMATION FOR OCCUPATIONAL INJURIES AND EXPOSURES INCLUDING NEEDLESTICKS AND TUBERCULOSIS

EFFECTIVE MARCH 1, 2022, 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 the online reporting system and submit the report to Risk Management.
The Work Comp Claim reporting system can be accessed from the Enterprise Risk Management website at https://louisville.edu/riskmanagement or by clicking here .

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. The employee's supervisor should in turn notify Risk Management when an employee is off work due to an injury or has doctor-imposed work restrictions.

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/. Residents and Fellows should refer to the Leave of Absence in policy in the current Resident Policies and Procedures Manual.

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
Monday, Tuesday, Thursday, Friday 8:30-4:30
Wednesday 10:00-4:30

Student Health Services
Belknap Health Services Office
Cardinal Station Center
2015 Central Ave Suite 110
Louisville, KY 40208
(502) 852-6479 Answered 24/7
Monday, Tuesday, Thursday, Friday 8:30-4:30
Wednesday: 10:00-4:30