

GRADUATE MEDICAL EDUCATION (GME)

HOUSE STAFF HANDBOOK

University of Kentucky
2015-2016

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UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE PROFESSIONAL EXPECTATIONS

The University of Kentucky College of Medicine (UKCOM) regards professionalism and humanism in the training of residents to be an essential goal. Throughout their training, house staff are exposed to professional behavior issues, moral and ethical decision-making, and community service opportunities. The following definition of professionalism is UKCOM's guideline by which professional behavior expectations are set. These expectations apply to all residents.

Professionalism includes altruism, accountability, excellence, duty, service, honor and integrity, and respect for others. Definitions of these concepts were developed by the American Board of Internal Medicine's Project Professionalism and are listed below.

Altruism – Residents must serve the best interest of patients above their own interests.

Accountability – Residents are accountable to their patients for fulfilling the implied contract governing the patient/resident relationship. They are also accountable to society for addressing the health needs of the public and to their profession to uphold ethical precepts.

Excellence – Residents must make a conscientious effort to exceed ordinary expectations and maintain life-long learning.

Duty – Residents must accept a commitment to serve their patients. Accepting inconveniences to meet the needs of one's patients, enduring unavoidable personal risk, advocating for care regardless of ability to pay, and volunteering one's skills and expertise for the welfare of the community are all part of the accepted duty.

Honor and integrity – Honor and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward.

Respect for others – Demonstrating respect for patients, their families, other residents and health care professionals is the essence of humanism. Humanism is essential in the practice of medicine.

INTRODUCTION

University of Kentucky (UK) includes the following six colleges (amongst others): Medicine, Dentistry, Pharmacy, Nursing, Allied Health and Public Health; the Albert B. Chandler Hospital; UK Good Samaritan Hospital; Kentucky Clinics; Children's Hospital; the Center for Excellence in Rural Health (in Hazard, KY); and several multidisciplinary centers of excellence in areas such as cancer and aging. The dean of each college reports to the Provost for academic activities and to the Executive Vice President for Health Affairs (EVPHA) for clinical activities. Clinical department chairpersons in the College of Medicine report directly to the Dean of the College of Medicine as do several associate and assistant deans, including the Associate Dean for Graduate Medical Education. The Associate Dean for Graduate Medical Education chairs the Graduate Medical Education Committee (GMEC), which is comprised of program directors, house staff, and others, and is responsible for administrative policies and procedures dealing with postgraduate training.

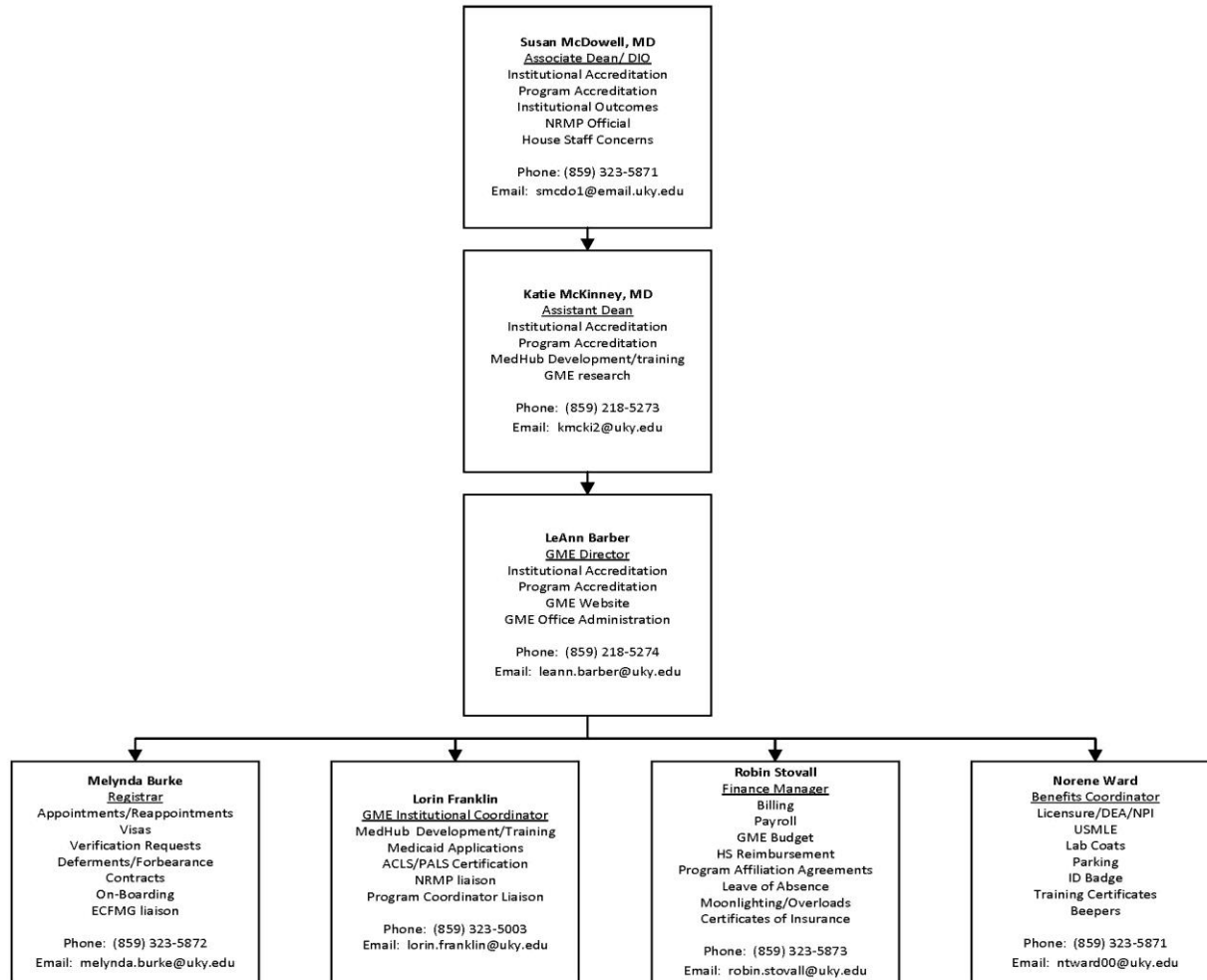
Residents (to include interns, residents and fellows) are contracted under the respective College. Please know that "residents/fellows" equals "house staff" equals "house officers" equals "postgraduate trainees" equals "trainees" (the terms are used interchangeably).

The Graduate Medical Education (GME) office, in conjunction with departments, is responsible for the coordination of all administrative factors involving house staff. These factors include but are not limited to credentials, personnel, payroll, licensure and insurance; from appointment to completion of training.

The GME office operates under the auspices of the Associate Dean for Graduate Medical Education and is guided by the deliberations of the GMEC. This office is located in room HQ-101, on the first floor of UK Chandler Hospital Pavilion H. Any administrative problems may be referred to this office.

Below you will find contact information for staff in the office, along with a summary list of duties. Though we each have our areas of specialization, anyone in the office will be happy to assist you with your question(s) and/or concern(s).

GME Organization and Contact Chart



UK HOUSE STAFF STIPEND SCALE

Link to most current stipend list: <http://gme.med.uky.edu/gme-stipends> (stipends are not approved until one month before the academic year begins)

Note: Entering PGY level is assigned at the lowest level eligible for training in that specialty or subspecialty regardless of individual trainees prior PGY level or prior number of years in training.

House staff are contracted on a year-to-year basis. Though it is the expectation that you will be contracted each year for the duration of your training program; it is your responsibility to assure you meet the requirements of the training program and the institution(s) (UK and those to which you rotate) for that to occur. Please also reference the section on Policies and Procedures Related to Postgraduate Trainees.

FUNDING SOURCES AND PAY SYSTEMS

The majority of funding for house staff is provided through the University Hospital, the Veterans Affairs (VA) Medical Center, Senate Bill 28 (Primary Care), community hospitals/health care entities and grants.

All house officers are paid monthly on the last working day of the month from the GME office. A system for direct deposit of payroll checks is mandatory and available for any commercial bank, savings and loan institution, and/or credit union that is a member of the National Automated Clearing House Association (NACHA). To set up direct deposit, visit the myUK Employee Services site: <https://myuk.uky.edu/irj/portal>.

Because of the proximity and partnership between UK and VA, the majority of house officers will have dual appointments in both hospitals, as appropriate.

BENEFITS

BEEPERS/PAGERS

Each house officer is issued an alpha-numeric text pager upon arrival. This pager is the responsibility of the house officer during his/her tenure with the University of Kentucky. If lost or destroyed, the individual house officer will be required to pay the cost of replacement of the pager. Contact GME if you need a new pager.

COUNSELING

Non-emergent Psychiatric Help: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for psychiatric services is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 323-6021. Follow prompts for the Outpatient Clinic.

Resident Crisis Referral Program: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for emergency psychiatric services is available to residents 24 hours per day, seven days a week through the admissions office at the Ridge Behavioral System. The telephone number to call is 268-6400. The resident is to ask for the

Assessment Office and identify him/herself as a UK resident needing immediate evaluation. If admission is required, the caller will be asked to go directly to the Ridge, bypassing evaluation in the UK ER.

The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (or equivalent for other specialties): The IPP assists in the recovery of physicians who have substance abuse problems. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. It also serves as an advocate for the recovering physician with the Kentucky Board of Medical Licensure and other appropriate agencies. Help for oneself or a peer can be obtained confidentially by calling 502-425-7761.

Residents may also avail themselves of the University's Employee Assistance Program, REFER. The initial problem assessment/consultation session is free to all employees. Fees and expenses incurred as a result of referrals are the responsibility of the employee. You can contact REFER at 257-1467.

DISABILITY INSURANCE

The University of Kentucky's disability policy for employees (house officers are included under this plan) becomes effective the first day of the month following completion of 12 full calendar months of service. For more information, please go to www.uky.edu/HR/policies, or call the Benefits office at 257-9519.

EMPLOYEE DISCOUNT PROGRAM (EDP)

You are eligible for any discount offered throughout the Commonwealth of Kentucky to University of Kentucky employees. The University does not warrant any goods or services provided by any business participating in the Employee Discount Program. You can access a list of participating merchants at the following website: www.uky.edu/HR/edp. To use the program you must identify yourself by showing a valid UK picture I.D. or valid faculty/staff I.D. card and a valid driver's license or other picture I.D.

EMPLOYEE EDUCATION PROGRAM (EEP)

You may take up to 18 credit hours per year without charge: 6 hours for the spring semester, 6 hours for the fall semester and 6 hours for the summer sessions combined. Classes must be taken for credit and may be taken at the University campus (including the Independent Study Program), KCTCS institutions (including community colleges and technical colleges) or any other Kentucky public institution. The fee waiver does not include audited, non-credit, continuing education or community education courses. Graduate level waivers in excess of \$5250.00 per calendar year are subject to tax. Additional course work must not interfere with your current training program.

For more information, visit the website at: <http://www.uky.edu/hr/benefits/more-great-benefits/employee-family-education-program>

HEALTH BENEFITS

House Staff are considered *Regular, Full-Time Employees*. Click link for health benefits rate chart: <http://www.uky.edu/hr/benefits/employee-medical-plans/employee-health-plans-rates>

HOUSE STAFF LOUNGE

A lounge, located in room HQ-2 (on the ground floor underneath the call rooms) in UK Chandler Hospital Pavilion H is available for your use. Access to the lounge is accomplished via a keypunch pad. The numbers for that access change periodically for security reasons. The access code will be provided during GME House Staff Orientation. Staff members in the GME office can also provide you the numbers for access.

LEAVE

Leave requests are to be approved through appropriate training program and department channels prior to the leave being taken. When leave is taken for any reason, specialty board requirements supersede university policy. This may require the extension of training beyond the usual number of months. Appendix A provides links to your specific board requirements.

FAMILY MEDICAL LEAVE (FML): University of Kentucky employees are entitled to take up to 12 weeks of paid/unpaid, job-protected leave for certain family and medical reasons. To be eligible, one must have worked at UK for at least one year. Click this link for further details: <http://www.uky.edu/hr/policies/family-and-medical-leave>

FML request forms are available here: <http://www.uky.edu/hr/employee-relations/forms/request-for-family-and-medical-leave>, and should be submitted prior to taking the leave, whenever possible. If approved, all paid leave must be taken before entering a leave-without-pay status. Temporary disability (sick) leave must be exhausted before vacation leave. Any time remaining in the approved FML period will then be taken as unpaid leave.

TEMPORARY DISABILITY (SICK) LEAVE: In conjunction with HR policy, house officers will earn one day per month sick leave. Sick leave must be earned before it can be used. Unused sick leave carries over into the next contract year for house staff. Unused sick leave allowances will not be paid upon completion of the residency, termination or resignation. <http://www.uky.edu/hr/policies/temporary-disability-leave>

Those house officers eligible for coverage under Workers Compensation must file a first report of injury with UK Workers' Care, 1-800-440-6285.

VACATION LEAVE: Per the contract: House staff at the PGY1 level receive 10 days of vacation. House staff at the PGY2 and above levels get 15 days of vacation. House staff are also eligible to receive 8 holidays (9 during a presidential election year), and 4 bonus days. These leave days are provided in accordance with University policy or in compliance with board requirements

Insofar as possible, house staff will be given the 8 defined holidays off. However, patient care demands and educational requirements may necessitate that a house officer work on a holiday. Should that occur, the house officer will be given an in-lieu day and allowed to take the “holiday” on another day.

Bonus days normally occur between Christmas and New Years. Again, patient care demands and educational requirements may require that a house officer work any or all of those days. Should that occur, the house officer will be given an in-lieu day (or days) and allowed to take the “bonus day (or days)” on another day (or days).

Vacations, holidays and bonus days are to be scheduled with the appropriate individual(s) in the program; and are to be approved by that individual(s). In most cases, vacation time will be taken while training with the “home” program. If the house officer is rotating to another program, then the time off must be requested by, and approved by, both program directors (rotating program and home program). Vacations, holidays and bonus days are to be taken within the contract year, and will not carry forward if not used.

FUNERAL LEAVE: See policy at this link: <http://www.uky.edu/hr/policies/funeral-leave>

LICENSURE

MEDICAL: All PGY2s and above must be licensed by the Kentucky Board of Medical Licensure prior to the start of their training at UK. Any PGY1 who has had prior ACGME or AOA- accredited training must also be licensed before beginning training. Licenses are renewed annually. All renewals must be processed through the GME office in order that the fees may be paid. You will receive notification from both GME and MedHub when your renewal is due.

UK sponsors residents for Institutional Practice (IP) licenses, or Residency Training (R) licenses. An IP license is for house staff who have not yet passed USMLE Step 3, or for those who have passed USMLE Step 3 but the program director has indicated to the licensure board that he/she is not allowed to moonlight. An R license is granted to those who have passed USMLE Step 3. Should you wish to obtain a full license (after two years of training), that is something you would complete on your own. The financial responsibility is that of the requesting resident.

UK GME pays the Kentucky Board of Medical Licensure (KBML) for renewals of IP and R licenses for residents. Should you be a new resident coming to us who paid yourself for the IP or R license, GME will reimburse you the \$75 fee. Please provide either a copy of your cancelled check or a receipt to the GME office.

Fellows are sponsored for a full medical license. GME pays the Kentucky Board of Medical Licensure (KBML) for fellows’ license renewals. If you are a new fellow joining UK and paid for the FT or full license, GME will reimburse you for the cost of the license.

GME does not reimburse for associated fees. For reimbursement, provide either a copy of your cancelled check or a receipt to the GME office.

DEA: You must hold a Kentucky medical or dental license in order to obtain DEA certification. There are two options for DEA licenses, Fee Exempt and Fee Paid. If you intend to externally moonlight, you will need a Fee Paid DEA. The fee is the responsibility of the individual house officer. GME will assist you in processing your DEA.

DENTAL: All PGY1s and above must be licensed by the Kentucky Board of Dentistry before beginning their training. The cost of the license will be reimbursed by the GME office upon presentation of appropriate receipt and copy of the license. UK GME does not reimburse for associated fees. Licenses are renewed annually. Contact GME for further information.

PHARMACY: All PGY1s and above must be licensed by the Kentucky Board of Pharmacy by December 1. Contact your Program Coordinator for further information.

LIFE INSURANCE

The University provides basic life insurance in the amount of one times your salary. House staff are eligible to purchase additional insurance up to five times your salary. Please see the Benefits web site at www.uky.edu/HR/Benefits

MALPRACTICE INSURANCE

House staff have occurrence coverage under the University of Kentucky self-insured professional liability insurance plan. House staff are covered only for risks arising from malpractice exposures while acting on the institutions behalf. Internal moonlighting at the University of Kentucky hospital is covered under the above plan however, external moonlighting is NOT covered. To participate in external moonlighting, house staff must obtain their own malpractice coverage. Risks incurred within our institution and at outside clinics and hospitals as part of an approved rotation are covered under this plan. Risks incurred, however, while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

Occurrence coverage means that regardless of when the claim is filed, as long as the resident or fellow cooperates in the institution's defense of the claim the self-insured plan will pay for all costs associated with the claim defense, as well as the settlement costs or judgments. Even if a resident or fellow is no longer affiliated with the University of Kentucky when the claim is filed, as long as he or she was acting within the scope of his or her duties and responsibilities of the University of Kentucky Medical Center as outlined above the self-insured plan remains in force. Therefore, it is unnecessary for house staff to purchase tail coverage for their duties on behalf of this institution. However, if risks were incurred elsewhere (e.g., during medical school or while moonlighting) where a policy only provided claims-made coverage, then tail coverage is necessary to protect those individuals.

Should you require a reference number for your coverage under the University of Kentucky Malpractice Insurance plan, it is KRS 164.939. Insuring limits are in excess of \$1,000,000 per

occurrence and \$3,000,000 in the aggregate. Requests for certificates of insurance (documenting your malpractice coverage) should be directed to the GME office. Inquiries related to your claims history with us should be directed to the Department of Risk Management, UK Chandler Hospital, Room HG605, 800 Rose Street, Lexington, KY 40536.

MEAL CHARGES

You have a charge limit of \$250.00. You will receive a statement monthly that will reflect your charges. Payment can be made at any cafeteria cash register. Please keep your account current. You may pay any or all of your balance at the register. After 60 days, past-due interest will accrue. After 90 days, charge privileges will be suspended. Should you lose your ID badge, notify the GME office and Security (323-2356) at once.

Badges should be handled as a credit card. There will be a fee for reissuing a badge. All balances must be paid by June 30 of each year.

MEAL MONEY

As decided by House Staff Council and the Graduate Medical Education Committee, with the exception of a few specialties, house staff have a meal allowance added to their monthly pay check. This is listed as a separate line item on the earnings and leave statement, and is taxed. The amount is variable, based upon the anticipated total amount of duty hours for the program.

- For training programs averaging less than 40 hours per week, or training programs based outside of Lexington, there is no meal allowance.
- For training programs averaging 40-60 hours per week, house staff receive \$1,200 per year.
- For training programs averaging 61+ hours per week, house staff receive \$1,600 per year.

Duty hours averages, via residency management software, and the above categories are reviewed annually by GME.

At UK Samaritan, meals are provided in the call area refrigerator. A refrigerator and microwave are available for house staff use in the Education conference room, located in the same hallway as the call rooms.

MEDICAL CENTER ID CARD: Photo identification badges are issued to each employee of the medical center upon arrival. These badges must be worn at all times on your front upper torso. Your badge can be used to charge meals in the cafeteria and to gain access to many areas of the medical center which are secure. There is a replacement fee if the badge must be replaced. Please come to the GME office if you need a replacement.

<http://www.hosp.uky.edu/policies/viewpolicy.asp?PolicyID=950>

OMBUDSPERSONS

Academic ombudspersons are available to mediate concerns raised by house staff. Issues might include, but are not limited to, unresolvable conflicts between a house staff officer and a program director, or a belief that a house staff officer is treated unfairly. It is the task of the

ombudsperson to fully investigate raised concerns, reach a judgment on the merits of the complaint and counsel the house staff regarding avenues of resolution. When possible, this will be accomplished via communication between the academic ombudsperson, the program director and others deemed appropriate by the academic ombudsperson. In cases where resolution cannot be achieved, or if program is believed to be in violation of the Institutional Requirements, Program Requirements or other institutional or program policies, the ombudsperson will formally document concerns to the Associate Dean for Graduate Medical Education. This report will describe the current situation, identify concerns, list attempted resolutions and progress to date and suggest avenues for resolution. The Associate Dean may elect to initiate an internal program review based upon this report.

Ombudsperson consultation will remain confidential, except when confidence would, in the opinion of the ombudsperson, put others at a health and safety risk.

Ombudspersons are:

Dr. Charles (Chipper) H. Griffith at cgrif00@email.uky.edu

Dr. Todd R. Cheever at tbchee0@email.uky.edu

Dr. Christopher Feddock at cafedd00@email.uky.edu

ON-CALL QUARTERS

On the first floor of the Chandler Hospital Pavilion H, there are 35 call rooms. These rooms are assigned to specialties or designated as nap or home-called in, and are available for use when house staff are required to stay in the hospital overnight or need a place to rest due to fatigue. Each room contains a bed, desk, chair, closet, and phone, and shares a bathroom with one other call room. Access to the call room quarters is accomplished by swiping your ID badge. Some departments (e.g., Obstetrics/Gynecology, Pediatrics) maintain their own call rooms. Information about said call rooms should be obtained from the relevant department.

At Samaritan, call room keys may be obtained from the nursing supervisor and must be returned to the nursing supervisor at the end of the shift. The call rooms have a bed, desk, computer and phone and shares a bathroom.

PARKING PERMITS

Parking permits will be issued to each trainee upon completion of the parking application. These permits are hang tags that must be displayed from the rear view mirror. Permits are assigned to an individual, not a vehicle. The hang tag cost is covered by the GME office, however house staff are responsible for any fines or replacements. House Staff should park only in areas designated "E" and not park on yellow lines, service areas or the emergency room area. Illegally parked vehicles will be towed. Should you receive a parking citation and feel that an appeal is in order, you may appeal on-line at www.uky.edu/Parking

PARKING WHEN ON CALL

If you are on call and called in on an emergency, you may park in the UK Chandler Hospital parking garage. Your vehicle must be removed from the garage after there is no urgent need for you to be present on campus and no later than 8:30 a.m. the next workday. Upon exiting the

structure, you will need to show your UK ID, and explain to the attendant you were called in on an emergency. Please do not abuse this privilege. Should you come in for any other purpose weeknights after 4:30 p.m. or on weekends; please expect to pay the attendant at the booth. In all cases, your vehicle must be removed by 8:30 a.m. the next workday; otherwise it will be ticketed or towed.

PROFESSIONAL LEAVE OF ABSENCE

Leave time and funding for professional leave of absence (commonly referred to as “official duty”) is granted at the discretion of each program, in accordance with their policies and those of the relevant Board.

RESIDENT OF THE MONTH PROGRAM

The resident of the month program is to honor house staff who have displayed exemplary service to patients and/or families, outstanding educational efforts and/or humanitarian service. Anyone can nominate a house staff member for this award. To do so, submit your nomination form at this link: <http://gme.med.uky.edu/resident-month-nomination>. The selected resident of the month will have his/her picture posted at UK and VA, will receive a \$150 gift certificate to the UK Bookstore, \$80 included with the monthly paycheck for a dinner at one of Lexington’s fine restaurants provided by the Medical Professions Placement Service, and a parking space for a month in the UK Chandler Hospital parking garage.

SOCIAL SECURITY

The University matches 7.65% of base salary for social security benefits (unless visa requirements apply).

TAXI SERVICE

A taxi service is available for house staff who feel too fatigued to drive safely from the hospital to home. There is on-line process requests and a return ride is also available at no cost. A ride back to UK is also available. To access the request form, visit: <http://cabvoucher.mc.uky.edu/Login.aspx>

Use your UK log in to initiate a voucher. Once the voucher is initiated, print and call the cab company (contact information prints on voucher) to arrange for transportation home. Use the same contact information to call the taxi for a return trip within 48 hours of the initial trip. House Staff must have a printed voucher to hand to the taxi driver with each trip.

Please be aware that this is not to be used as transportation from home to your training site every day, or for personal trips such as visits to the airport or to the mall. This resource is only for use to get home when you are too fatigued to drive, and then to allow for the return trip. To help program directors and coordinators monitor fatigue as part of their requirement for duty hours monitoring, there is a mechanism in place for them to be notified of taxi usage.

UNIFORMS

Lab coats are provided at no cost to the individual trainee. This is standard uniform for house staff. Three lab coats are issued per year. These uniforms are yours and it is your responsibility to launder and maintain them.

Three sets of scrubs are available to residents. To obtain scrub sets, please go to the UK Chandler Pavilion H Material Management Linen Room, H-12 (ground floor), during the following hours with your ID badge:

Monday, Tuesday, Thursday, Friday: 7:00 a.m.-3:15 p.m.

Wednesday: 8:00 a.m.-3:45 p.m.

Saturday: 8:00 a.m.-12:00 noon

Should your scrubs get soiled, you may turn a set in for cleaning in return for a set.

WORKERS COMPENSATION

House officers are covered by Workers Compensation. Any injury suffered by the house officer arising out of or in the course of job-related duties must be reported at once to the immediate supervisor. You or your supervisor should contact UK Workers' Care immediately at 1-800-440-6285.

POLICIES AND PROCEDURES RELATED TO POSTGRADUATE TRAINEES

ACADEMIC STANDARDS

General: House staff are expected to conduct themselves in a professional manner regarding achievement of educational objectives, provision of patient care and relations with their colleagues. The appointment contract makes explicit these expectations and makes reference to other relevant documents that govern resident behavior. They are the University Administrative Regulations (AR), the Behavioral Standards, the Student Rights and Responsibilities, and other medical center documents, all of which are available via the UK web site or the GME office. Residents are informed of these general academic standards at orientation and provided ready access to the relevant documents through the GME office and/or the program. Should a trainee be excused from orientation because of illness, or for any other reason, it is the GME office's responsibility to assure that the trainee is informed of these general academic requirements.

Specific: In addition to the general standards, individual programs may have specific academic standards to which residents will be held accountable. House staff must be informed of these specific academic standards at program orientation and provided ready access to the relevant documents through the program office. In instances in which the trainee does not attend orientation, it is the program's responsibility to assure that the trainee is informed of these specific academic requirements.

ACADEMIC ACTION - PRELIMINARY

Notice of Concern

A Notice of Concern may be issued by the Program Director when (1) a house officer's unsatisfactory performance or conduct is too serious to be dealt with by informal verbal counseling or (2) a house officer's unsatisfactory performance or conduct continues and does not improve in response to verbal counseling. A Notice of Concern must be in writing, provide an explanation of the unsatisfactory performance or conduct in competency-based language with the expectation of improvement outlined and include a time frame in which the house officer meet these expectations. A copy is placed in the house officer's program file. During or at the end of the Notice of Concern Period the house officer will meet with the program director or designee to determine whether the unsatisfactory performance or conduct has been corrected or whether further corrective action will be taken. If the house officer fails to achieve and/or sustain improvement or a repetition of the conduct occurs, then the program director may take additional action including Non-Promotion, Probation, Immediate Dismissal or Non-renewal actions after consulting with the GME director and/or Associate Dean.

This action need not precede other academic actions described later in this document. For the purposes of this policy and for responses to any inquiries, a Notice of Concern does not constitute a disciplinary action.

ADVERSE ACTIONS (Disciplinary Actions)

Formal disciplinary action may be taken for any appropriate reason, including but not limited to any of the following examples:

- Failure to satisfy the academic or clinical requirements or standards of the training program expected for the level of training;
- Any inadequacy or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct;
- Violations of professional responsibility, policies and procedures, state or federal law or any other applicable rules and regulations.

Formal disciplinary action may include, but is not limited to:

Non-promotion of a House Officer

If a house officer has not met the program standards sufficiently in his or her current training level, the program may make a decision not to promote a house officer to the next level of training in lieu of dismissal from the program. An official period of probation may or may not be indicated.

The house officer should be notified of this decision as soon as circumstances reasonably allow, and in most cases 4 months prior to the end of the contract year. Exceptions to this timeframe would include performance issues that primarily arise within the final 4 months of the contract year. If a house officer has received a notice of concern or is on probation, and the end of the house officer's remediation period is within 4 months of the end of the contract year, the fact that the house officer is remediating will serve as notice that the house officer may not be

promoted.

The notice of non-promotion should outline the remediation steps to be accomplished prior to the house officer's advancement to the next level and provide an estimation of the amount of remediation time anticipated. As determined by the applicable specialty/subspecialty board, the total training time in the program may be lengthened by the duration of remediation. The house officer will be paid at his or her present level until he/she is advanced to the next level. If the house officer does not successfully complete the remediation plan, the process listed below for dismissal will apply.

House staff may appeal being non-promotion using the house officer grievance procedure (AR5:5; Grievance Procedure for House Officers).

Probation

If a house officer's academic or clinical performance, attitude, behavior, or interpersonal or communication skills puts him/her in jeopardy of not successfully completing the requirements of the training program or other deficiencies exist which are not corrected by informal verbal counseling or a preliminary academic action, or are of a serious nature such that informal verbal counseling or a preliminary academic action are not appropriate, the house officer is placed on Probation. Probation should be used instead of a Notice of Concern when the underlying deficiency requires a substantial change in house officer oversight. Probation may include, but is not limited to, special requirements or alterations in scheduling a house officer's responsibilities, a reduction or limitation in clinical responsibilities or enhanced supervision of the house officer activities. This temporary modification of the house officer's participation in or responsibilities within the training program are designed to facilitate the house officer's accomplishment of the program requirements.

The house officer will be informed in writing by the Program Director that he/she is being placed on Probation, with a copy to the official GME file. Written notification should include an explanation of the deficiencies, performance or conduct in competency-based language giving rise to Probation, remediation requirements (what the house officer must accomplish in order to come off of probation), the anticipated length of probation, method of ongoing evaluation, a faculty advisor/supervisor for the probationary period, and the time period of the Probation. All rotations during the probationary period should be within the sponsoring institution. Failure to meet the terms of probation may result in dismissal from the training program or nonrenewal of contract. If a house officer is on probation, and the end of the house officer's probation period is within 4 months of the end of the contract year, the fact that the house officer is on probation will serve as notice that the house officer contract may not be renewed or he/she may be dismissed from the program if the probation is not remediated successfully.

House staff may appeal being placed on probation using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Suspension

In urgent circumstances, a house officer may be administratively suspended from all or part of assigned responsibilities by his/her department chairperson, program director, or the Chief Medical Officer (or designee) of the University Hospital or of the affiliated institution or facility for cause, including but not limited to failure to meet general or specific academic standards, failure to provide patient care in a manner consistent with expectations, potential impairment of the house officer, potential misconduct by the house officer, or failure to work in a collegial manner with other providers. A house officer may also be suspended pending an investigation of an allegation of any of the above concerns.

A house officer must be notified verbally and in writing as to the reason for suspension, with a copy to the official GME file. Unless otherwise directed by the program director, a house officer suspended from clinical services may not participate in other program activities. Suspension is generally with pay. Suspensions must be time-limited but can be renewed if appropriate. A suspension may be coupled with or followed by other academic actions or conclude in the house officer being reinstated.

House staff may appeal being placed on suspension using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Non-Renewal of Appointment

While house officers are generally granted a renewal of contract annually until they have achieved board eligibility, program directors may determine that continuation in the program is not warranted because of deficiencies in academic progress or for other reasons. A prior period of probation or suspension is not required. A decision regarding reappointment must be reached by the program director no later than March 1 (unless the house officer is on suspension or probation) of the year of the current appointment for house officers on a July 1-June 30 contract year and no later than 4 months prior to end of the current appointment if on an off-cycle contract.

The notification will be made in writing to the house officer with a copy retained in the official GME file. If the primary reason for the non-renewal occurs within the four months prior to the end of the contract, the program must provide the house officer with as much written notice of the intent not to renew as the circumstances will reasonably allow. The house officer may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. For those who continue, at his/her appointed level of training through the end of the contract period full credit for the year may be given to the house officer at the discretion of the Program Director and guidelines of the individual board. If deficiencies in professional competence that may endanger patients arise during continued training under a non-renewal status, the house officer may be terminated or suspended immediately after consultation with the Associate Dean for GME.

A decision of non-renewal of appointment may be appealed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

Dismissal/Termination

A house officer may be dismissed from a program because of failure to remediate deficiencies during a probationary period; suspension or revocation of the house officer's license or permit; conduct constituting criminal activity; gross and serious violation of expected standards of patient care; failure to abide by the Behavioral Standards or the applicable regulations of the University of Kentucky, and or other hospitals and facilities to which the house officer may rotate or other responsibilities as specified by the program; or gross and serious failure to work in a collegial manner with other providers. This decision should involve multiple individuals at the program/departmental level. Dismissal may, depending upon the situation, be immediate or follow a period of suspension and/or probation. Insofar as is possible, a house officer should be notified in person and in writing about the dismissal decision.

This notification must include the reason for the dismissal decision, the date of the dismissal, and method for appeal. Credit for training may be given in the event of any satisfactory performance prior to dismissal, per the guidelines of the individual board.

House staff may appeal being dismissed using the house officer grievance procedure (AR 5:5; Grievance Procedure for House Officers).

<http://www.uky.edu/regs/files/BehavioralStandardsPatientCare.pdf>

ADVANCED CARDIAC LIFE SUPPORT (ACLS)

All house officers (with the exception of Optometry, Pastoral Care, Administrative, Student Fellows, Medical Physics, and Community-based Pharmacy) must be ACLS certified prior to arrival. Pediatrics residents may substitute Pediatrics Advanced Life Support (PALS), and Neonatology fellows should have completed the Neonatal Resuscitation Program (NRP or NALS). The certification must be American Heart Association (AHA) accredited. You are required to maintain certification throughout the duration of your training. The GME office staff will reimburse you for recertification. GME does not reimburse for the first certification you have obtained or hold when beginning your residency or fellowship program. You will need to provide a copy of your card (front and back), receipt in order to receive reimbursement. This documentation must be received within 60 calendar days of certification. A copy of your recertification(s) will be kept in your official file in the GME office. Failure to maintain certification may result in disciplinary action in accordance with the GME Professionalism Policy.

APPOINTMENTS

Postgraduate training appointments are generally from July 1 through June 30. Only with written approval from your program director may you leave before the end of your contract year (unless an adverse action is involved).

GME and program specific orientation in June is not considered a part of the training year; however, attendance is required for new PGY1s. Attendance at GME orientation in July is mandatory for any PGY2 or higher PGY who has not previously attended GME orientation at UK during their training history.

BACKGROUND CHECKS AND PRE-APPOINTMENT DRUG SCREENS

Prior to appointment, all house officers will be subject to background checks and pre-appointment drug screens, and must meet criteria for appointment for these checks/screens.

CLEARANCE PROCEDURE

Each house staff officer completing training or leaving must clear both the University and the VA Medical Center (if applicable) before leaving. This clearance includes Medical Records, the Medical Library, the Hospital Cafeteria, and other offices. Additionally, check with your program for any program-specific clearance procedures. All debts incurred with the University during training must be paid before receiving the last pay check and a certification of training completion from GME.

CREDENTIALS

Credentials for all house officers are verified through primary source verification by the GME office.

DRESS CODE

Each house officer must dress in a way that conveys a professional image to patients, visitors, and other staff members. Although different modes of dress are appropriate to different positions or training specialties, each house officer must maintain high standards of personal appearance and hygiene regardless of where he/she works. The hospital makes no distinction between appropriate appearances for day, evening, night or weekends.

Each house officer will wear the official medical center identification badge, prominently displayed on the front upper torso, whenever he/she is on duty.

<http://www.hosp.uky.edu/policies/viewpolicy.asp?PolicyManual=10&PolicyID=931>

DRUG-FREE WORK PLACE

The University of Kentucky is a drug-free work place. For purposes of the law and this policy, drug is defined as “controlled substance,” which means any controlled substance in schedules I through V of section 2020 of the Controlled Substance Act, which, in turn, means virtually every controlled substance from the street drugs to prescribed drugs. The two substances not covered by the Federal Drug-Free Workplace Act are alcohol and tobacco products. However, another federal law, Drug Free Schools and Communities Act amendments of 1989, requires annual distribution, in writing, to each employee the University’s standard of conduct which clearly prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by employees while on University property or as a part of the University’s activities.

TOBACCO FREE CAMPUS

The University of Kentucky campus became completely tobacco-free on all campus grounds and parking areas on November 19, 2009. The tobacco-free policy prohibits the use of all tobacco products on all grounds and parking areas (traditional cigarettes, e-cigarettes, chew, pipes, cigars, hookah or waterpipe smoking, snus, snuff, etc.), and applies to all areas of the contiguous UK campus in Lexington, indoors and out.

The University of Kentucky is committed to providing a drug-free workplace for its employees. Accordingly, it is a violation of University policy for an employee to unlawfully manufacture, distribute, dispense, or use a controlled substance and to unlawfully possess, use, or distribute alcohol while in the workplace or on University business. It is University policy that a violation of the above shall result in appropriate action which may include referral to an employee assistance program/rehabilitation program and/or disciplinary action up to an including suspension or dismissal.

DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Note: Individual ACGME Review Committees may have more specific requirements.

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house regularly scheduled duty periods, call activities, and all moonlighting, whether internal or external. Duty hours averaging occurs within the context of each specific rotation period.

Mandatory Time Free of Duty

House staff must be provided with 1 day in 7, on average, free from all educational and clinical responsibilities, inclusive of in-house and at-home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. For purposes of counting, all house staff must have four days off within the first 28 days of any rotation regardless of the day of the month on which the rotation starts. For rotations that extend beyond 28 days additional days off must be provided using the following format: one day off for every additional seven days worked, two days off for every additional 14 days worked and three days off for every additional 21 days worked. Additional days off are not required for partial weeks worked. The counting process starts over every time a house officer changes rotations.

Maximum Duty Period Length

Duty periods of PGY-1 house officers must not exceed 16 hours in duration. Duty periods of PGY-2 house officers and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage house staff to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and house officer education that effective transitions in care occur. House staff (PGY 2+) may be allowed to remain on-site solely to accomplish transitions in care; however, this period of time must be no longer than an additional four hours. House staff must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty

including but not limited to continuity clinic and new patient evaluations. In unusual circumstances, house staff (PGY 2+), on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the house officer must appropriately hand over the care of all other patients to the team responsible for their continuing care and on submission of duty hours for the time period in question document the reasons for remaining to care for the patient. This duty hour documentation must be reviewed by the program director for every occurrence of this type. The program director must track both individual house officer and program-wide episodes of extensions of duty. The occurrence of such extensions of duty should be infrequent.

Minimum Time Off between Scheduled Duty Periods

Adequate time for rest and personal activities must be provided. PGY-1 house staff should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level house staff, as defined by the applicable Review Committee (RC), should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. House staff in the final years of education, as defined by the applicable RC must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and averaged one-day-off-in seven standards. While it is desirable that house staff in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances, as defined by the applicable RC, when these house officers must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. The circumstances of return-to hospital activities with fewer than eight hours away from the hospital by house staff in their final years of education must be documented on duty hours submissions and monitored by the program director.

Maximum Frequency of In-House Night Float

House staff must not be scheduled for more than six consecutive nights of night float. 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 applicable RC.

Maximum In-House On-Call Frequency

The objective of on-call activities is to provide house staff with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when house staff are required to be immediately available in the assigned institution. In-house call for PGY2 and above must occur no more frequently than every third night, averaged over a four-week period.

At-Home Call

At-home call is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent or taxing as to preclude rest and reasonable personal time for each trainee. PGY1

residents may not take at-home call. House staff taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, when averaged over four weeks. House staff are permitted to return to the hospital while on at-home call to care for new or established patients. When house staff are called into the hospital from home, the hours they spend in-house providing patient care must be counted toward the 80-hour limit. Each episode of this type of care will not initiate a new “off-duty period”.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Duty Hours Logging

All house staff are required to log their duty hours in UK’s MedHub Residency Management System every 2 weeks, at a minimum. Individual training programs may have more stringent duty hours logging requirements.

For duty hours monitoring purposes:

- A week will run Sunday through Saturday, and the four weeks comprising the bulk of a rotation will be what is utilized for calculating averages.
- Only on-site work hours will be counted as duty hours when called in from home call. Example: A resident comes in from home call at 1:30 a.m. and finishes what needs to be done at 4:30 a.m. but was already scheduled to return at 6:30 a.m. to start the day. The resident decides to sleep in the lounge rather than go home. Only the three hours from 1:30- 4:30 a.m. would be counted for duty hours purposes.
- When house staff are rotating outside their primary training program, the home program is responsible for monitoring house staff duty hours and for making the director of the program to which the house staff is rotating aware of any concerns that need to be addressed. That does not preclude the program director for the program to which the house staff is rotating from also monitoring rotators’ duty hours, but ultimately the home program director is accountable for that responsibility.

Duty Hours Oversight

Each program has written policies and procedures regarding house staff supervision and duty hours to ensure compliance with the ACGME institutional, common and specialty/subspecialty program requirements. These policies are distributed to the house staff and faculty annually. Monitoring of duty hours by the program is required with frequency sufficient to ensure appropriate compliance, therefore Program Directors should review duty hours monthly and **must** review quarterly and document issues via the MedHub PD Duty Hour Review module. Faculty and house staff must be educated to recognize the signs of fatigue and to apply proactive and operational counter measures. The program director and faculty must monitor house staff for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and well-being.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create house staff fatigue sufficient to jeopardize patient care.

Schedule responsibilities

House staff are to be provided their schedules two weeks in advance of the month beginning. It is each house staff officer's responsibility to review the schedules (current rotation and new rotation) and if the individual has a concern regarding a potential duty hour violation based upon the proposed and current schedule, or if any other potential duty hours violations are noted, the house officer should voice their concerns to their chief resident and/or program director.

Reporting Duty Hours Violations

In the case of concerns regarding duty hour violations, house staff are encouraged to first speak with their chief resident/fellow and/or program director and/or chairperson. Should the house officer feel that he/she has exhausted that route or doesn't feel comfortable in approaching one of those individuals, then he/she should contact the Associate Dean for GME.

If you have questions or concerns and are not sure to whom they should be addressed, you can Contact the DIO/GME Director via MedHub's Messaging Feature.

E-MAIL

All house officers will be issued a UK Exchange/Outlook e-mail address for the duration of their postgraduate training. This e-mail account should be utilized for all UK business. Personal e-mail accounts will not be used by UK faculty and staff to communicate with you. Your UK e-mail should be checked on a regular basis, as it is a primary method of written communication.

EMPLOYEE HEALTH

You will be screened by UK Employee Health during your orientation period. Additionally, you will be required to have an annual employee health screening during your birth month. <http://ukhealthcare.uky.edu/uhs/employee-health/>

EQUAL OPPORTUNITY EMPLOYMENT POLICY

All employment decisions shall be made uniformly on the basis of merit. This commitment by the University provides for equal opportunity in recruitment, appointment, promotion, payment, training, and other personnel practices without regard to race, ethnic origin, sex, color, creed, religion, age, political belief or national origin. Also, the university does not discriminate against any employee or applicant for employment because of veteran status, or physical or mental disability in regard to any position for which the staff employee or applicant otherwise meets minimum qualifications.

EVALUATION

House Staff: House staff are entitled to timely, accurate, and helpful evaluation by faculty. It is the program's responsibility to evaluate house staff performance and to communicate this

evaluation to house staff. House staff must be informed of the evaluation system. Evaluation of house staff must, at a minimum, include the following:

- All house staff must receive regular feedback on their academic performance. Ongoing feedback should be conducted as appropriate within the educational setting. This ongoing feedback will typically be verbal but may include written materials including letters of commendation, letters of concern, and similar materials as deemed appropriate by the program.
- A formal evaluation must be provided as part of each discrete rotation, but no less often than every 90 days. Programs must define and document rotations so that it is clear how often house staff will receive an evaluation. Written evaluations should be completed within 14 days of the rotation end. The original evaluation must be available for the house staff officer's review and signature (or electronic signature). A copy of this evaluation should be retained in the program office and be included in the materials used for semi-annual reviews between the house staff and the program director or designee.
- Each house staff must have face-to-face, one-on-one feedback from the program director, or designee, on a regular basis, but no less often than every six months. The program director should maintain a record of the feedback given including any discussion of special commendation or concerns and should ask the house staff to sign and date an account of such feedback.
- Faculty evaluations: Faculty are entitled to timely, accurate, and helpful evaluation by house staff. Accordingly, house staff must complete evaluations of faculty. Forms necessary for these evaluations will be generated, distributed and collected via MedHub. Annually, the GME office will assemble aggregate evaluation data across programs to generate cross-college means for faculty evaluation scores. This data will be shared with the appropriate chairperson or department head and program director in a manner that assures house staff confidentiality. It is the responsibility of the chairperson or department head to convey the results of these evaluations to the individual faculty members.

FITNESS FOR DUTY

<http://www.hosp.uky.edu/policies/viewpolicy.asp?PolicyManual=10&PolicyID=928>

GRIEVANCE PROCEDURE

The Grievance Procedure for House Officers is outlined in UK AR 5:5 and is available in the GME Office or via the UK web page or GME web site. Should a grievance be filed, the Associate Dean and/or the Assistant Dean will be available, both to the program and to the trainee, for administrative assistance as needed.

HARASSMENT POLICY

Sexual harassment is a violation of University policies, and is considered one form of sex discrimination. Unwelcome sexual advances, requests for sexual favors, or other verbal or

physical actions of a sexual nature constitute sexual harassment when:
Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment;
Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting an individual; or
Such conduct substantially interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

It is also a violation for an individual in a supervisory capacity to take personnel action against an employee for reporting instances of sexual harassment. Repeated instances of sexual harassment are cause for disciplinary action up to and including termination of employment.

To report sexual harassment, call 257-3100.

HEALTH SCREENING

All incoming house officers will be required to complete an employee health screening before beginning training at UK. Lab work is completed upon arrival as well as a respirator fit test. State law requires proof of MMR immunization and tuberculin skin test upon arrival. Tuberculin skin tests must be completed upon arrival and repeated by University Health Service annually.

MEDICAL RECORDS POLICY

All house officers are expected to complete medical records documentation and electronic order signatures on a regular basis. This policy applies to all sites of training including but not limited to UK (Chandler and Good Samaritan) and the VA. Completion of records should be ensured before going on vacation, scheduled leave, before rotating to another facility outside of Fayette County, and before completion of training. Please contact Medical Records regarding any incomplete documentation/records within 7 days of anticipated leave or on an off-site rotation that is outside Fayette County.

In order to assure that documentation is completed in a timely manner that is compliant with Joint Commission and other regulating body requirements, there is a notification and suspension process in place. Any house officer suspended for documentation deficiencies has until the following midnight of suspension to complete the deficiencies. Failure to complete deficiencies by this time will result in additional disciplinary action as outlined in the GME Professionalism Policy (see Appendix). Suspensions for medical record deficiencies are required to be reported on many state licensure applications and medical credentialing requests.

To contest the suspension, the house officer must show cause to the director of Medical Staff Affairs for UK Chandler or Good Samaritan; to the chief of staff for the VA. Failure to complete available records within seven days before going on vacation, scheduled leave, or rotation outside of Fayette County; and/or failure to complete records while on rotation at another facility within Fayette County are not grounds for appeal.

MOONLIGHTING/OUTSIDE PROFESSIONAL ACTIVITIES

Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the house officer's educational experience and ensure safe patient care.

PGY1 house staff are not allowed to participate in moonlighting activities. No house officer is required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed for their respective house staff. As house staff education is a full-time endeavor requiring full-time employment, the program director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the house officer to achieve the goals and objectives of the educational program.

Each house officer must obtain a prospective, written statement of permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked must become part of the house officer's file and reviewed appropriately by the program director.

Hours devoted to internal and external moonlighting must be added to training program duty hours and reported on all duty hour surveys and in MedHub. At no time should a house officer exceed duty hour regulations through a combination of training program plus moonlighting activities.

The program director is responsible for monitoring the effect of moonlighting activities upon performance and withdrawing permission to moonlight if necessary.

Please be aware that the university is not legally responsible for any non-training program practice activities that you may assume during your residency/fellowship, and it is your responsibility to assure adequate liability coverage. Any activities that interfere in any way with your residency/fellowship training or reflect unfavorably on the university may be grounds for dismissal.

House staff on visas may not engage in outside professional activities or in "overload", nor can those with IP licenses.

RAISE AND RESOLVE

The University of Kentucky is committed to having a positive learning and working environment for its house staff. All individuals have the right to enjoy an environment free from all forms of conduct that can be considered abusive, harassing, threatening or intimidating. Every individual must be allowed to raise concerns or express opinions in a non-threatening atmosphere of mutual respect. The University of Kentucky is committed to providing options for house staff to raise and resolve patient safety, program related, attending/staff related, personal or other issues without intimidation or fear of retaliation. The University of Kentucky, under the Associate and Assistant Deans for GME will adjudicate those house staff complaints and grievances related to the work environment or issues related to the program or faculty. Please

see GME Policy and Procedure Manual for full policy.

REQUIRED TRAININGS

DOMESTIC VIOLANCE - Domestic violence training is provided during the June orientation. A certificate of completion will be provided. Training is required for licensure for trainees in primary care specialties. Contact the GME office for information on training, if needed.

HIV TRAINING CERTIFICATION - HIV training is provided during the June orientation. A certificate of completion will be provided. Recertification is required by the Kentucky Board of Medical Licensure. Contact the GME office for information on recertification training.

MISCELLANEOUS INFORMATION

ADMINISTRATIVE REGULATIONS

University Administrative Regulations (ARs) are available on the web at <http://www.uky.edu/Regulations/>

CERTIFICATES

Certificates are granted upon completion of training. A separate internship certificate is only granted to residents in Preliminary Surgery and Preliminary Medicine positions.

DEPOSITIONS AND MALPRACTICE SUITS

Contact Risk Management at 257-6212.

HOUSE STAFF COUNCIL

The House Staff Council is comprised of peer-selected house staff and members of Administration. The goals of the House Staff Council are to work with those involved in GME:

- on issues relating to the promotion of high quality patient care and educational experiences throughout the various training venues
- to actively participate in quality improvement at training sites
- to effectively address issues that affect house staff quality of training life and the training environment including, but not limited to, call quarters, access to information, meal availability, and resources to reduce non-educational activities.

The House Staff Council will not deal with individual house staff concerns or disputes regarding individual clinical and educational performance, conduct and/or eligibility to continue in a graduate medical education program.

GENERAL COMPETENCIES

The Accreditation Council for Graduate Medical Education (ACGME) has identified six general competencies they expect you to attain through education during your residency. (There are similar expectations for residents in non-medical specialties such as Pharmacy, Dentistry, etc.) The identified competencies are:

PATIENT CARE (PC)

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient- focused care

MEDICAL KNOWLEDGE (MK)

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI)

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS (ICS)

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM (P)

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE (SBP)

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

GME WEB SITE

The GME web site can be found at <http://gme.med.uky.edu>

HAND HYGIENE

Please assure you wash your hands upon entering and leaving a patient room or bed space. Please also see the UK Infection Prevention and Control website at <http://www.hosp.uky.edu/ipc>

HOSPITAL POLICIES

UK HealthCare policies are available on the web. They cannot be accessed from home (due to firewall). The web address is: <http://www.hosp.uky.edu/policies>

HOUSE STAFF MEDICAL ALLIANCE (HMA)

This is an active organization of spouses and/or significant others of house officers which holds regular monthly meetings, provides support services, assists with recruitment activities and holds regular social functions. Membership is open to all interested spouses/significant others. <http://hmalexington.weebly.com/>

HUMAN RESOURCES POLICIES AND PROCEDURES

Human Resources Policies and Procedures are available on the web. The web address is: <http://www.uky.edu/HR/policies>

JOHNSON STUDENT RECREATION CENTER

You may join the Johnson Student Recreation Center and use its facilities, either by paying the one-time yearly fee of or by paying by semester. Memberships may be purchased at the Johnson Center. Special note to student fellows in Pathology, and those of you in the Oral & Maxillofacial Surgery program, who are paying tuition for medical school currently: please call 257-2898 to have them check and make sure your tuition has covered the fee and you will then not need to pay again. For more information about the Johnson Center, go to <http://www.uky.edu/studentaffairs/campusrec/facilities/JohnsonCenter>

LOAN DEFERMENTS

If you have loan deferment forms that need to be completed, please complete your portion and bring them to the GME office. After certifying your information, GME office staff will mail them for you and keep a copy in your file. Training certification is done for a contract year at a time (12 months).

MAIL ROOM

The mail room is located on the ground level of the Medical Sciences wing connected to UK Chandler Hospital / Pavilion Hand includes a small U.S. post office. House staff will receive their mail in the individual departments.

OFFICIAL GRADUATE MEDICAL EDUCATION FILE

The official file of your postgraduate training at UK is maintained in the GME office. As a general rule, GME will not release information about you from that file to persons other than your Program Director and/or Program Coordinator without a written authorization from you to do so. Only in a few instances will the information may be released without your written consent (e.g., social security number provided to computer staff to provide you with computer access,

when legal counsel instructs us to release, etc.)

GME POLICY AND PROCEDURE MANUAL (PPM)

A GME Policy and Procedures Manual (PPM) outlines additional policy and procedures for the Program Director, Program Coordinator and house staff in the administration of the training program. The PPM is available via the GME web site.

PROGRAM COORDINATORS/ADMINISTRATORS

Each training program has a designated program coordinator/administrator. This individual is the one who inputs your schedule, delivers evaluations for your rotations, and is one of your primary contacts in your department for assistance. If you do not know who the program coordinator/administrator is for your program, please contact the GME office.

SPINDLETOP ALUMNI CLUB

Membership is available to UK staff and faculty. Dining and recreation including swimming and tennis are available. Spindletop is located on Ironworks Pike. Use this link for membership information: <http://spindletophall.org/info-request> or call (859) 255-2777.

UK HOPE (Health Occupation Professionals for Equality)

UK HOPE is a lesbian, gay, bisexual, and transgender (LGBT) advocacy group for health professional students, faculty, and staff of the University of Kentucky medical campus. The group is open to all members of the UK healthcare community, whether gay, straight, lesbian, bisexual, or transgender; the only requirement is a desire to promote LGBT equality. More information about UK Hope can be found at <http://www.uky.edu/StudentOrgs/LGBT/>

VISAS

The University sponsors J-1 visas for house staff in training. Staff in the GME office will assist you in completing the paperwork for your J-1 visa. House staff are sponsored on H-1B visas only in rare cases. These require justification from the applicant and program director, and approval from the Provost's office. Visa questions should be directed to GME office staff.

WELLNESS PROGRAM

House staff and their spouses can enroll in the Wellness Program. Completion of a health and fitness consultation is required prior to participation. Call 257-WELL for an appointment. <http://www.uky.edu/hr/wellness>

Appendix A: Links to Board Requirements

Program	Board Requirements Link
Anesthesiology	http://www.theaba.org/home
Anes. Pain Management Anes. Critical Care	http://www.theaba.org/home
Dentistry - General Dentistry - Pediatric	http://abgd.org/ http://www.abpd.org/
Emergency Medicine	https://www.abem.org/public/docs/default-source/policies/policy-on-emergency-medicine-residency-training-requirements.pdf?sfvrsn=10
Family Medicine Family Medicine, Eastern KY Family Medicine, Morehead Family Medicine, Sports Medicine	https://www.theabfm.org/
Medicine, Internal Medicine, Internal, Preliminary Medicine, Internal, Primary Care Medicine, Cardiology Medicine, Cardiology- Interventional Medicine, Endocrinology Medicine, Gastroenterology Medicine, Hematology/Oncology Medicine, Hospice&Palliative Medicine, Infectious Disease Medicine, Nephrology Medicine, Pulmonary/Crit Care Med Medicine, Rheumatology	http://www.abim.org/certification/policies/general-policies-requirements.aspx#leave
Internal Medicine-Pediatrics	ABIM: http://www.abim.org/certification/policies/combinedim/comped.aspx ABP: https://abp.org/ABPWebStatic/?anticache=0.2655194299282547#murl%3D%2FABPWebStatic%2Fbecomecerttrain.html%26surl%3Dhttps%3A%2F%2Fabp.org%2Fabpwebsite%2Fbecomecert%2Fgeneralpediatrics%2Fnonstandardpathways%2Fcombinedpediatrics%2Finternalmedicinepediatrics.htm
Neurology Child Neurology Vascular Neurology	http://www.abpn.com/neuro.html

Neurosurgery	http://www.abns.org/content/primary_certification_process.asp
Obstetrics & Gynecology	http://www.abog.org/
Occupational Medicine	http://www.acoem.org/BoardCertification.aspx
Ophthalmology	http://abop.org/board-certification/requirements/#med
Optometry	http://www.optometry.org/
Oral & Maxillofacial Surgery	https://www.aboms.org/default.aspx
Orthopaedic Surgery	https://www.abos.org/media/6483/2014rppart2.pdf
Orthopaedic Surgery, Sports Med	
Otolaryngology	http://www.aboto.org/pc-policies.html
Pathology	Primary: http://www.abpath.org/BoflPrimaryCert.htm
Pathology, Cytopathology	Subspecialty: http://www.abpath.org/BoflSubspecialtyCert.htm
Pathology, Surgical	
Pathology, Neuropathology	
Pediatrics	https://abp.org/ABPWebStatic/?anticache=0.6955111256083648#murl%3D%2FABPWebStatic%2Ftakeexamgp.html%26surl%3D%2Fabpwebsite%2Ftakeexam%2Fgeneralpediatricscertifying%2Fadmissionrequirements.htm
Pediatrics - Neonatal-Perinatal (Neonatology)	https://abp.org/ABPWebStatic/?anticache=0.6955111256083648#murl%3D%2FABPWebStatic%2Fbecomecertsub.html%26surl%3D%2Fabpwebsite%2Fbecomecert%2Fsubspecialties%2Fsubspecialties.htm
Pediatrics/Psychiatry/Child Psych	Vacations, leave, and meeting time will be shared proportionally by all three training programs (40% pediatrics, 30% general psychiatry, 30% child and adolescent psychiatry). Maternity/paternity leave policy should be prorated for each specialty and consistent with each Board's individual leave policy. http://www.abpn.com/ https://abp.org/ABPWebStatic/?anticache=0.6955111256083648#murl%3D%2FABPWebStatic%2Ftakeexamgp.html%26surl%3D%2Fabpwebsite%2Ftakeexam%2Fgeneralpediatricscertifying%2Fadmissionrequirements.htm
Pharmacy	http://www.nabp.net/
Physical Medicine & Rehab	https://www.abpmr.org/documents/ABPMR_Policy_Manual_EXTERNAL.pdf#nameddest=4.008
Preventive Medicine	https://www.theabpm.org/requirements.cfm
Psychiatry	http://www.abpn.com/psych.html
Psychiatry, Child & Adolescent	
Radiation Oncology	http://www.theabr.org/all-policies
Radiology	

Surgery, General Surgery, Preliminary	http://www.absurgery.org/default.jsp?policygsleave
Surgery, Critical Care	http://www.absurgery.org/default.jsp?certscce
Surgery, Plastics	https://www.abplsurg.org/documents/ABPS_Training_Info_Residents_2013-2014.pdf
Surgery, Thoracic	https://www.abts.org/root/home/certification/residency-requirements.aspx
Surgery, Urology	http://www.abu.org/residencyRequirements.aspx
Surgery, Vascular	http://www.absurgery.org/default.jsp?policyvsleave