

GRADUATE MEDICAL EDUCATION COMMITTEE

POLICY AND PROCEDURE MANUAL

**LAC+USC MEDICAL CENTER
AND
THE KECK SCHOOL OF MEDICINE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA**

Effective Date: July 1, 2017

Introduction

This manual provides residents and faculty with the major policies and procedures for resident participation in Graduate Medical Education at LAC+USC Medical Center and the Keck School of Medicine of the University of Southern California. Residents are both learners and employees of the Los Angeles County Department of Health Services or the University of Southern California. As such, all residents are responsible for remaining compliant with the policies and procedures governing employees of the appropriate employer. In addition, residents are required to be compliant with the policies and procedures of the institutions to which they are assigned for educational rotations. Each participating educational site has their policies and procedures electronically available on the intranet or internet. You are advised to reference the appropriate web site to familiarize yourself with site specific policies. This manual includes the guidelines and procedures for discipline and due process in the event that your program takes an action that is adverse to you.

The GMEC has adopted the statement that follows from the introduction to the ACGME Common Program Requirements Effective July 1, 2011:

“Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally- concentrated effort on the part of the resident. 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.”

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SECTION I: GENERAL INFORMATION ON INSTITUTIONAL SPONSORSHIP OF GRADUATE MEDICAL EDUCATION PROGRAMS

A. The Sponsoring Institution: University of Southern California/ Los Angeles County+University of Southern California Medical Center (USC/LAC+USC)

Recognizing the importance of Graduate Medical Education (GME) in the continuum of medical education, the Keck School of Medicine of the University of Southern California and the Los Angeles County Department of Health Services sponsors GME programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Obstetrics and Gynecology (ABOG). The ACGME has designated the Sponsoring Institution at USC/LAC+USC, which conducts its major teaching efforts at LAC+USC Medical Center and Keck Hospital of USC. The LAC+USC Medical Center is a publically hospital owned and operated by the County of Los Angeles to provide care for all patients including those that are medically indigent and those otherwise without access to health care. It is a Level 1 Trauma Center and a regional Burn Center. Keck Hospital of USC is a non-profit, private facility owned and operated by the University of Southern California. The two institutions provide residents with the majority of their educational experience.

B. Organizational Commitment to Graduate Medical Education

The Keck School of Medicine and LAC+USC Medical Center both recognize the importance of the Graduate Medical Education (GME) programs to their respective missions. Accordingly, LAC+USC Medical Center and the Keck School of Medicine have entered into a contractual partnership to provide the support and resources for GME. The contract, the Medical School Operating (Service) Agreement (MSSA) between the Department of Health Services and the University of Southern California establishes that the faculty of the Keck School of Medicine are responsible for the teaching and supervision of residents. Oversight authority is delegated to the Designated Institutional Official who also serves as the Associate Dean Graduate Medical Education. The DIO reports to the Chief Medical Officer, LAC+USC Healthcare Network and to the Dean, Keck School of Medicine. The DIO is the Chair, Graduate Medical Education Committee (GMEC), which is a standing committee of the Attending Staff Association (ASA), which is the Organized Medical Staff structure. The DIO is a member of the ASA Executive

Committee and as Associate Dean GME is a member of the Dean's Executive Council of the Keck School of Medicine.

C. Accreditation for Patient Care

LAC+USC Medical Center and the Keck Hospital of USC are accredited by the Joint Commission, as are all the major affiliating institutions participating in the residency training programs.

SECTION II: INSTITUTIONAL OVERSIGHT OF GRADUATE MEDICAL EDUCATION PROGRAMS

A. Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) is charged with the responsibility to ensure that the Sponsoring Institution and each of its residency programs are in substantial compliance with the ACGME's Institutional, Common, Specialty and Subspecialty Requirements.

The GMEC is a standing committee of the Executive Committee of the Attending Staff Association of LAC+USC Medical Center and reports to the Executive committee. The GMEC communicates the needs of the educational programs to the Dean, the DHS Governing Body and the Medical Staff through direct reports by the DIO and through the Executive Committee of the Attending Staff Association.

B. Responsibilities of GMEC

GMEC is responsible to:

1. Organize and oversee the GME programs sponsored by USC/LAC+USC Medical Center.
2. Ensure that each educational program provides appropriate guidance and supervision of the resident to provide safe and quality patient care while facilitating the resident's professional and personal development and safety. Responsibility also includes developing and maintaining an ethical and professional environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity, can be met. The GMEC shall regularly assess the quality of the educational programs.
3. Maintain an administrative system to oversee all residency programs. This administrative system consists of the Office of Graduate Medical Education, which is under the direction of the Director of Graduate Medical Education and Associate Dean for Graduate Medical Education in the Keck School of Medicine,

- and the Graduate Medical Education Committee.
4. Recommend to the Executive Committee of the Attending Staff and Executive Council of the Keck School of Medicine Institutional Policies applicable to all residency programs regarding the quality of education and the work environment for the residents in each program.
 5. Recommend institutional guidelines and policies for the eligibility, selection, evaluation, promotion, and dismissal of residents for approval of the Executive Committee of the Attending Staff Association and Executive Council of the Keck School of Medicine and implement those guidelines and policies when approved. These guidelines and policies should define:
 - a. Criteria for satisfactory educational progress, progressive responsibility and advancement within a residency program.
 - b. Tools for evaluation of resident progress in meeting educational objectives.
 - c. Procedures for adjudication of resident complaints and grievances relevant to the GME programs. These policies and procedures must satisfy the requirements of fair procedures and apply to residents in the sponsoring and participating institutions.
 6. Establish and maintain appropriate oversight of residency programs and liaison with Program Directors; assure the Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by LAC+USC Medical Center and University of Southern California.
 7. Regularly review all ACGME Letters of Notification and monitor action plans for the correction of citations.
 8. Annually review of Annual Program Evaluations using approved GMEC template.
 9. Review requests for major changes (i.e., any change requiring ACGME and RRC approval) to an existing ACGME-accredited residency or fellowship program. All requests must be submitted to the GMEC for review and approval. A written request must be based on sound educational rationale and must consider the impact on current residents, the consequences of change to residents in other programs and must not jeopardize ACGME Institutional, Common and program specific requirements. Examples include, but are not limited to:
 - a. All applications for ACGME accreditation of new programs and subspecialties
 - b. Changes in resident complement
 - c. Additions and deletions of participating institutions used in a program
 - d. Appointments of new Program Directors
 - e. Progress reports requested by any Review Committee
 - f. CLER site visit voluntary reports
 - g. Responses to all proposed adverse actions
 - h. Requests for increases or any change in resident clinical hours

- i. Requests for “inactive status” or to reactivate a program
 - j. Voluntary withdrawals of ACGME-accredited programs
 - k. Requests for an appeal of adverse actions
 - l. Written appeal presentations to the ACGME
 - m. Major changes in program structure or length of training
10. Review of applications for new residency programs seeking ACGME accreditation and recommend approval to the Sponsoring Institution:
- a. GMEC will establish oversight of new residency programs prior to the initial accreditation of the program.
 - b. A Program Director or Department wishing to establish a new residency program shall submit an application for a new program to the GMEC. The GMEC must approve the program before submitting the application for accreditation to the applicable ACGME-RRC or other accrediting body. The application for review and approval by the GMEC must include the Program Information Form and supporting material to be submitted to the RRC or other accrediting body. The Program Director shall attach a cover letter addressing any additional requirements for information not covered in the application for accreditation.
 - c. GMEC will review applications for new programs to ensure:
 - i) Quality of the educational experience for the residents is sufficient to comply with accreditation standard.
 - 1) Sufficient number and diversity of patients.
 - 2) Appropriate clinical and procedural experience.
 - 3) Curriculum with competency-based goal and objectives for the program and each rotation by year of training.
 - 4) Curriculum includes appropriate scholarly activity, including research, if required by accrediting RRC
 - a) Protected time for research/scholarly activity as required
 - b) Space for conducting research as required
 - c) Funding and other support research as required.
 - 5) Didactic instruction to include conferences, journal club, lectures.
 - 6) Educational impact:
 - a) Assurance of lack of adverse impact on existing residency programs, particularly the general specialty residency program and other related subspecialty programs that may be affected.
 - b) Definition of educational benefit, if any, for existing programs.
 - 7) Policies on resident selection, evaluation, promotion, and discipline.
 - 8) System for administration of the educational program.
 - a) Policies and procedures for evaluation of curriculum.
 - b) Documentation resident, faculty and Program Director activities as required for accreditation.

- c) Adequate support staff for administration of the new residency program.
- ii) Faculty resources are available and committed to supervising and educating the residents.
 - 1) Qualifications of Program Director
 - 2) Qualifications of faculty
 - 3) Quantity of faculty
 - 4) Policies and procedures for supervision of residents are defined
- iii) The Sponsoring Institution will commit financial and human resources to supporting the new program. The sponsoring institution and/or clinical department would have to show evidence that it is willing to assume financial responsibility for the program (or has guarantees of sufficient reimbursement from hospitals or other facilities in which the residents or fellows will practice for the duration of the training period). If the funding to support the residency/fellowship is one or more hospitals, the Program Director must provide letter(s) of commitment signed by the administrator or CEO of the hospital(s) participating in the program. The letter must state definitively that the hospital will provide the funding for the duration of training of the resident or fellow. Funding for the program must be sufficient to cover the following expenses of a residency or fellowship program:
 - 1) Funding is available for resident salaries, benefits, and insurance coverage including health insurance, professional liability (malpractice) insurance, and disability insurance.
 - 2) Participating institutions, if contemplated or required to meet educational requirements, will commit to supporting t
 - 3) the new program, including willingness to execute the necessary affiliation agreement and letters of agreement.
 - 4) Working environment and ancillary support is sufficient and appropriate for the new residents and the residency program.
 - a) Work space is available and will be committed to the residents.
 - b) Sleeping quarters, if needed for the residents taking on-call duty, will be available.
 - c) Ancillary staff, if needed, will be available to assure the appropriate balance between the education requirements of the residents and the service needs of the institution.
- iv) Program approval. While a new residency or fellowship program would be under the auspices of a department, the Dean KSOM and the CEO, LAC+USC Medical Center must give final approval as to its relevance to the academic and clinical missions and resources.
- v) Applicability to Program Changes. The guidelines for review and approval apply to major changes in an existing accredited program (i.e., any change that require RRC approval). Examples include, but are not limited to, changing a current program to an alternate site, adding additional site(s) to an existing program, and petitioning the

RRC to increase or decrease the resident complement.

11. Conduct Special Reviews of ACGME accredited programs as per Special Review Protocol for underperformance as approved by the GMEC. (See protocol).
12. Assure an environment of learning in which issues can be raised and resolved without fear of intimidation or retaliation. This includes:
 - a. Provision of an organizational system for communication and exchange of information on all issues pertaining to residents and their educational programs. The Memorandum of Understanding between County of Los Angeles and the Committee of Interns and residents (JCIR) recognizes the CIR as the resident organization to facilitate regular assessment of resident concerns. A forum must exist for all residents to raise concerns.
 - b. Procedures to address concerns of individual residents in a confidential and protected manner.
 - c. Establishment and implementation of fair institutional policies and procedures for academic or other disciplinary actions taken against residents.
 - d. Establishment and implementation of fair institutional policies and procedures for adjudication of resident complaints and grievances related to actions, which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.
13. Monitor the residency programs in establishing an appropriate work environment and the clinical hours of residents (see clinical hour policy).
14. Make recommendations on the appropriate funding for resident positions, including benefits and support services.
15. Assure that the residents' curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice. The curriculum must also provide:
 - a. an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning.
 - b. Appropriate resident participation and departmental scholarly activity, as set forth in the applicable Program requirements.
16. Review and revise this GME policy manual approximately every three years.

C. Composition of the GMEC

1. Membership on the Graduate Medical Education Committee includes the

following:

- a. Program Directors of specialty residency programs and up to two program directors representative of subspecialty residency programs.
 - b. The DIO who serves as the Director of Graduate Medical Education is a permanent member of the GMEC and Chairs the GMEC.
 - c. Resident members of the GMEC are selected by their peers and are voting members of the committee.
 - d. Administrative members to include 1 member each from LAC+USC Medical Center, Keck School of Medicine, Keck Hospital.
2. Twelve (12) resident members of the GMEC will be appointed annually as follows:
- a. Four (4) peer-selected residents with voting privileges from the Executive Council of the LAC+USC Medical Center chapter of CIR (elected to the CIR Executive council by the membership of the CIR) will serve one-year terms.
 - b. Eight (8) peer-selected residents with voting privileges from the eight programs with the next highest complements of residents as peer-selected by the CIR or vote of program residents.

D. Meetings of the GMEC

1. The GMEC meets once monthly on the fourth Wednesday of the month unless there is a change in date announced to membership in advance
2. Emergency meetings may be called at anytime
 - a. Three members constitutes a quorum
 - b. Emergency meetings can be conducted through e-mail, if necessary
3. Since the GMEC is a subcommittee of the Attending Staff Association, all minutes of meetings are protected by State and Federal rules of confidentiality. A statement of protection will appear as follows:
 - “The information contained in this document and any attachment is privileged and confidential under state law, including Evidence Code section 1157 relating to medical professional peer review documents and Government Code Section 6254 relating to personnel records.
 - “This message, including any attachments, contains confidential information intended for a specific individual and purpose. If you are not the intended recipient, you should delete this message. Any disclosure, copying, or distribution of this message, or the taking of any action based on it, is strictly prohibited.”

E. Departmental/Divisional GMEC

The responsibility for developing and maintaining a resident educational program rests with the parent academic department/division. Because of this direct responsibility for compliance with ACGME requirements, each department/division must establish a GMEC to oversee the residency/subspecialty training programs.

1. Composition of Departmental/Divisional GMEC at a minimum must include:
 - a. Program Director at the parent institution and Program Directors at major participating institutions.
 - b. Faculty considered key teaching and administrative personnel
 - c. Resident members to include peer-selected residents for each level of training in the program. Residents must have voting privileges.
2. Responsibilities of Departmental/Divisional GMEC include:
 - a. Overseeing and monitoring the department's educational program(s) for residents and fellows, including the general specialty residency program in its medical specialty as well as related subspecialty training programs.
 - b. Establishing and periodically reviewing the goals and objectives for each program within the department and communicating those goals and to faculty, residents and applicants to the program.
 - c. Establishing a curriculum to accomplish the goals and objectives.
 - d. Evaluating the effectiveness of teaching program and teaching faculty in meeting those goals and objectives. This shall include a mechanism for residents to submit at least annually confidential evaluations of the faculty and the educational experiences to the Program Director or to a designated institutional official.
 - e. Evaluating resident performance in accordance with policies established by USC/LAC+USC Medical Center and with ACGME requirements

F. Institutional Agreements

When resident education occurs in a major participating institution, the sponsoring institution continues to have responsibility for the quality of that educational experience and must retain authority over the residents' activities. A major participating institution is defined by the ACGME as "an institution to which residents rotate for a required experience and/or those that require explicit

Approval by y the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory".

Current institutional agreements (master affiliation agreement) must exist with all of its major participating institutions. The institutional agreement provides the

contractual basis between the sponsoring and participating institutions for exchange of residents. The content of the institutional agreement must address issues such as responsibility for training, supervision and evaluation of residents, salaries and fringe benefits, coverage for professional liability, emergency health care services at the outside facility, reimbursement for the cost of salaries and fringe benefits for the residents, worker's compensation insurance, compliance with the policies and procedures of the Medical Staff of the participating institution, indemnification, record keeping and a number of other issues.

For residents employed by the County of Los Angeles, there is a "boiler plate" affiliation agreement that has been approved and mandated by the Board of Supervisors. Copies of executed affiliation agreements between County of Los Angeles and other institutions for physicians in postgraduate training are on file in the Office of Graduate Medical Education.

Before agreeing to a recurring exchange of residents going to or coming from other institutions, the Program Director is responsible to have a properly executed affiliation agreement in place to cover the exchange of residents. The Office of GME will assist the Program Directors to accomplish the required affiliation agreement(s).

G. Letters of Agreement

The ACGME requires that each accredited program shall establish appropriate letters of agreement between the sponsoring institution and the participating institution(s) which must be renewed at a minimum every five (5) years.. These letters of agreement are required for recurring exchanges of residents (bilateral or unilateral) and even for the occasional, non-recurring elective rotation if it is one month or longer. Even if the program meets the ACGME's requirements to be considered an integrated program wherein the faculty of a department supervise the residents at all the training sites, letters of agreement are still necessary because the participating institution must commit its resources to support the residents.

A letter of agreement that fulfills the Institutional Requirements of the ACGME should:

1. Identify the officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the resident(s);
2. outline the educational goals and objectives to be attained within the participating institutions;
3. specify the period of assignment of the residents to the participating institution, the financial arrangements, and the details for insurance and benefits;
4. determine the participating institution's responsibilities for teaching, supervision, and formal evaluation of the residents' performances; and
5. establish with the participating institution the policies and procedures that govern

the residents' education while rotating to the participating institution.

The Program Requirement of the ACGME may establish additional requirements for letters of agreement for a residency program. Program Directors are responsible to review both the Institutional Requirements and their Program Requirements when preparing letters of agreement.

SECTION III: INSTITUTIONAL GME POLICIES

RECRUITMENT, ELIGIBILITY, SELECTION, APPOINTMENT, EVALUATION, PROMOTION AND DISCIPLINE OF RESIDENTS

Each residency program must establish and implement formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with both the Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs.

A. Resident Recruitment, Eligibility, Selection and Appointment

1. Each residency program shall select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to gender, sexual orientation, race, age, religion, color, national origin, disability, veteran status or any other applicable legally protected status.
2. In selecting from among qualified applicants for GY-1 positions, all sponsored programs participate in the National Resident Matching Program (NRMP)
3. In selecting from among qualified applicants for positions above the GY-1 level, all of the sponsored programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP).
4. Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:
 - a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME.)
 - b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the United States and Canada who meet the requirements of the Medical Board of California for residency training and meet one of the following qualifications:
 - i) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or

- ii) Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
- e. Applicants to advanced levels of residency training must comply with the requirements for licensure by the Medical Board of California.
 - American/Canadian medical school graduates: Residents who have had 24 months of residency training in an accredited training program anywhere in the United States or Canada must have a California Medical License in hand before they can start their 25th month of residency training in an accredited residency program in California.
 - International medical school graduates: Residents who have had 36 months of residency training in an accredited training program anywhere in the United States or Canada must have a California Medical License in hand before they can start their 37th month of residency training in an accredited residency program in California.
 - Residency programs must not enroll non-eligible physicians, as the enrollment of non-eligible residents may be cause for withdrawal of accreditation of the involved program.
- f. Candidates invited for an Interview: All those invited for an interview must be informed, in writing or electronic means, of the terms, conditions, and benefits of their appointment including financial support, vacation, parental, sick, and other leaves of absence, professional liability, hospitalization, health, disability, and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services or their equivalents.

B. Resident Evaluation:

The following performance standards are in accord with the General Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and in accordance with the Bylaws, Rules and Regulations of the Medical Staff of the sponsoring and participating institutions.

These performance standards will be included in the institutional resident's manual distributed to each resident and in the departmental resident's manual:

1. Performance Standards:
 - a. Resident Responsibilities:
 - 1) Accepting responsibility for the delivery of care for all assigned inpatients

under the supervision of assigned attending physicians and/or more senior residents.

- 2) Accepting responsibility for the delivery of various aspects of care to assigned outpatients, with the level of care and responsibility defined by the particular service.
 - 3) Maintaining standards of care as defined by the Bylaws, Rules and Regulations of the Medical Staff of LAC+USC Medical Center (and other institutions participating in accredited residency training programs) and of the recognized organizations accrediting LAC+USC Medical Center and the training programs supervised by the Keck School of Medicine, by the laws of California and regulations of the State Health Department and as judged to be satisfactory by the individual Keck School of Medicine departments concerned.
 - 4) Willingness to accept guidance, criticism, and evaluation from those of more experience, and to defer final decisions related to patient care to those who are in a supervisory capacity.
 - 5) Adopting a spirit of self-education to go beyond mere essentials, in the promotion of academic excellence for self and for the betterment of patient care as promulgated by the Keck School of Medicine and the LAC+USC Medical Center and its affiliated hospitals participating in the training program.
 - 6) The orderly signing over of all patients to another physician when going off duty and carrying this out in a more formal, verbal, and written manner when rotating off service.
 - 7) A willingness to accept certain documentation of responsibilities involving patient care, especially concerning timely completion of paperwork of acceptable declaratory and medical/legal standard and within a reasonable time frame as mandated by the State, JCAHO, and the Medical Staff Rules and Regulations.
 - 8) The recognition that advancement to the next year of a residency program must be based on evidence of satisfactory progressive scholarship and professional growth of the trainee, including demonstrated ability to assume graded and increasing responsibility for patient care as outlined by the General Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and acceptance that the determination of this standard of professional growth is the responsibility of the Program Director with advice from members of the teaching staff.
- b. Faculty Responsibilities:
- 1) Curriculum: The Program Director and faculty will design and provide a curriculum of instruction in the specialty leading residents to acquire the knowledge, skills, and judgment required to practice the specialty independently and competently. The Program Director and faculty will develop a written set of goals and objectives for the overall residency program and for specific rotations or at least for content areas of the curriculum. The goals and objectives must integrate the six general

competencies (patient care; medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice). These goals and objectives shall be distributed to applicants, residents and the teaching faculty. Further, the Program Director and faculty shall evaluate at least annually the success of the curriculum in meeting the goals and objectives of the residency program; residents written input shall be considered in this evaluation.

- 2) Graduated Responsibility: The faculty shall supervise the activities of the residents and give them opportunities to assume graduated responsibility as they progress through the curriculum. Opportunities for graduated responsibility will depend on demonstrated progress in attaining the goals and objectives of the residency program.
 - 3) Program of Feedback: There will be verbal feedback from Program Directors and/or other supervising physicians for residents during and at the conclusion of each service rotation.
 - 4) At the end of a rotation, a written evaluation of the resident's performance will be carried out by one or more supervisory physicians using forms established for this purpose so as to maintain comparative objectivity. The resident may expect that the overall nature of this written evaluation will be discussed with him/her, and that any perceived substandard performance or other difficulties will be discussed before the end of the rotation in an effort to help initiate corrective action. At least twice a year, the house officer's Program Director will meet with the resident to provide overall feedback as a formal part of the program, in compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
 - 5) Right of Access to Evaluations: Residents shall have the right to discuss their personal record with their Program Director and/or Director of Graduate Medical Education.
2. Resident Performance Evaluation:
- a. There shall be verbal feedback from Program Directors and/or other supervising physicians for residents during and at the conclusion of each service rotation.
 - b. At the end of a rotation, a written evaluation of the resident's performance shall be submitted electronically using tools established for this purpose so as to maintain comparative objectivity. The evaluation must be based on progress toward attaining competency in each of six general competency areas (patient care; medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice). The resident's performance will be measured against the written statement of objectives for the residency program. Discussion with the resident is required. In the event that there are issues during the month with substandard performance or other difficulties, the attending will discuss these with the resident before the end of the rotation in an effort to help initiate corrective action.
 - c. At least twice a year, the resident's Program Director or designee will meet

- with the resident to provide overall feedback as a formal part of the program, in compliance with Common Program Requirements.
- d. Residents shall have the right to view their evaluations 24/7 and discuss their evaluations with their Program Director and/or Director of Graduate Medical Education.

C. Resident Participation In Program Evaluation:

1. Faculty teaching. Electronic anonymous, confidential evaluations of faculty by residents are required on a yearly basis and suggested for each major rotation.
2. Rotational evaluation. Electronic, anonymous and confidential evaluations of rotations by residents are required on a yearly basis and suggested after each major rotation. The forms used for this written feedback will include a variety of questions asking for comments about the resident's educational experience on each rotation.
3. Resident evaluation of the overall program. Electronic, anonymous and confidential evaluations of the program will be required from each resident at least annually. The residents shall be asked to evaluate whether the curriculum and program is meeting the written goals and objectives for the residency program. The Program Director shall define manner in which this evaluation of the curriculum is accomplished. The evaluation must be structured so that the residents can evaluate the educational experience and provide input to the annual review of the program and curriculum in meeting the goals and objectives established for the program.
4. Faculty evaluation of the overall curriculum. The faculty shall evaluate the program in writing electronically at least annually. Such evaluation will be used for the annual program review.
5. Responsibility for evaluation of program and faculty. This process of evaluation of the program and the faculty shall be the responsibility of the Program Director. These evaluations will be maintained in the departmental office and will be available for review by the GMEC, the Internal Review Committee and the RRC site visitor, if required.

D. Resident Promotion:

1. Advancement to the next year of a residency program must be based on evidence of satisfactory performance in the six general competencies including demonstrated ability to assume graded and increasing responsibility for patient care as outlined in the Institutional, Common and Specialty program requirements.

2. Determination of promotion is the responsibility of the Program Director. The program director should have a representative faculty committee that objectively and fairly evaluates the performance of all residents on an annual basis. Minutes of the evaluation proceedings must be protected by peer review statute.

E. Resident Participation in Educational Activities:

1. All residency programs must ensure that residents have the opportunity to:
 - a. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
 - b. Participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
 - c. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
 - d. Participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institution.
 - 1) All residents should receive instruction in quality-assurance/performance improvement.
 - 2) To the degree possible and in conformance with state law, residents should participate in appropriate components of the institution's performance improvement program.
 - e. Participate as appropriate through peer-nominated representation on institutional committees and councils whose actions affect their education and/or patient care.
2. The sponsoring institution and its residency programs must provide an educational program for residents regarding physician impairment, including substance abuse.

F. Support, Benefits, and Conditions of Appointment for Residents

1. Financial Support: As the Sponsoring Institution, USC/LAC+USC provide the resources for the vast majority of residency positions under the direction of the faculty of the Keck School of Medicine.
 - a. Research participation: LAC+USC Medical Center funding for support of residency positions shall be used to support resident activities in research only if the resident's period of participation in the research can be included in activities that meet the requirements established by the ACGME and/or the applicable specialty board. Research not required by the ACGME as part of the curriculum must be funded by sources other than LAC+USC

Medical Center.

- b. Compensation for research: Residents who elect to participate in research that will result in monetary compensation to them shall obtain the written permission from their Department Chair to do so. Residents who receive monetary compensation for participation in a research project shall not be placed in conflict of interest between their duties as resident physicians and their participation in research. Further, when receiving compensation for research, the resident shall participate in the research outside his/her normal clinical hours as a resident physician.
2. Absence(s) from Duty and Leave(s) of Absence: The resident must report absence from duty for reason of illness to 1) the Director of the program in which the resident is enrolled, and 2) the resident supervisor of the service to which the resident is assigned. A telephone number where the resident may be contacted must be left in case the director or resident supervisor needs to contact the resident.

Those residents off duty with a communicable or reportable illness must notify the Employee Health Services Office, ext. 5235. This is important for clearance to return to work and may be important for epidemiology surveillance of colleagues.

- a. Sick Time:
Sick time is accrued to a maximum of ten (10) days per year and County offers a “buy back” option for unused sick time/personal time if certain conditions are met. The resident should check with his/her department if interested in “selling Back” unused sick time. Only accrued sick time may be used to cover an absence due to illness. That is, a resident may not use sick time that has not been credited to his/her account but expects to accrue in the future. Absence due to illness that a resident cannot cover with accumulated sick time must be charged either against accumulated vacation time or as absence without pay upon approval of the Program Director.
- b. Vacation Time:
 - 1) In lieu of other vacation and holiday allowances, resident physicians are entitled to 24 days paid vacation each year, with departmental approval. Unused vacation, up to ten (10) days per year, may be deferred (with Program Director approval only) until the end of training and will then be paid.
 - 2) When a resident is prevented from working his/her regular assignment as a result of a holiday, he/she may be reassigned to another work location for that day. If he/she is not reassigned his/her pay or vacation will not be charged.
 - 3) Absence for marriage must be covered by accrued vacation with the

approval of the department.

- 4) Leave for interview purposes are the resident's responsibility to cover with accrued vacation and must be approved by the individual's departmental office and by the department to which assigned.

c. Bereavement Leave:

A full time monthly recurrent or monthly temporary employee who qualifies for bereavement leave receives 8 hours bereavement leaves per year if he or she has completed at least 200 days of active service the prior calendar year, and 4 hour of bereavement leave if such employee has completed less that 200 days of active service.

d. Release Time for Examinations:

All residents taking the USMLE Step III examination or its equivalent and Board Certification will be released from all duties as per agreements in the most recent MOU between the CIR and DHS.

The Medical Center accepts responsibility for the coverage of the resident physician while taking USMLE, in-training exams, and Board Certification exam when taken in Los Angeles or when assigned to an examination center outside Los Angeles. Such coverage is subject to adequate prior notice from the resident to the department to which assigned.

e. Leave of Absence:

- 1) The Program Director or designee for any appropriate reason may grant a resident an unpaid leave of absence.
- 2) The granting of such leave is discretionary with the appointing power, except for military leave and some provisions of maternity/paternity leave.
- 3) Unpaid leaves of absence are usually granted for such circumstances as: special education, education, recovery from an illness or injury assisting another public jurisdiction, employment by a labor union, maternity/paternity leave. "Personal reasons" is not an acceptable reason by itself. (See Family Medical Leave Act below.)
- 4) All absences must be reported to the resident's immediate supervisor and to the program office. Anticipated absences must have the prior approval of the departmental office.
- 5) Leave of Absence must be reported to the Office of Graduate Medical Education on a "Leave of Absence" form.

f. Leave Without Remuneration:

- 1) Elective rotations that are not approved as part of the curriculum and not required by the ACGME/RRC taken at non-County institutions that are allowable only by written permission from Program Director and only if the resident uses accrued vacation time or takes a leave of absence without pay.
- 2) Professional liability insurance must be provided by the receiving

institution. It is the responsibility of the resident to make sure that professional liability (malpractice) insurance is provided when at non-County institutions.

- 3) Health insurance does not extend to physicians on leave of absence without pay unless the resident makes the premium payments directly to the insurance Agency.

g. Effect of Absence on Certification of Training:

- 1) The resident's department, the ACGME, and the applicable medical specialty board have defined the length of training that a resident must serve in order to satisfy the minimum requirements for the specialty and to qualify to sit for the certifying examination of the specialty board.
- 2) The department shall make its training requirements known to residents upon application to the program and again at the time of acceptance into the program.
- 3) Aside from regularly scheduled vacation time, the resident may be required to "make up" all other absences from scheduled work hours if one or more periods of absence results in the resident falling below the minimum requirements for certification of completion of training.
- 4) Residents should consult the Department policy guidelines, the ACGME requirements for the specific specialty/subspecialty, and/or the medical specialty board requirements.

h. Family Medical Leave Absence and the Family and Medical Leave Act of 1993:

- 1) The Family Medical Leave Absence (FML) is intended to allow employees to balance their work and the needs of family life by taking reasonable unpaid leave for medical reasons, the birth or adoption of a child, the care of a spouse or parent who has a serious health condition.
- 2) The Family Medical Leave Act (FMLA) provides up to twelve (12) weeks of unpaid, job-protected leave to "eligible employees" for certain family and medical reasons. An employer is required to give an employee FMLA if the employee has worked at least one (1) year and 1,250 hours over the previous 12 months. FMLA is unpaid leave. However, a resident may elect to use accrued time in accordance with management and the Office of Human Resources approval. A department may, at its discretion and with proper approvals, grant a longer leave of absence.

- i. Maternity/Paternity Leave:
 - 1) Pregnancy and childbirth is considered a medical disability.
 - 2) A pregnant employee may work as long as she wishes provided her physician certifies she is physically and medically capable of performing all of the duties of the position without risk to herself, the unborn child, or posing a liability to the County.
 - 3) The department may require medical certification allowing the employee to continue work.
 - 4) Request for leave of absence for reasons associated with pregnancy must be submitted in writing to the supervisor with a certification from the physician giving the dates her temporary disability will begin and end. Based on the certification submitted, the employee may be granted sick leave benefits (up to the available benefit levels).

- j. Industrial Injury Leave (Worker's Compensation):
 - 1) An employee should report an industrial injury/illness to his/her supervisor within 24-hours.
 - 2) Failure to report an injury/illness may result in delayed medical services and possible loss of benefits.

- 3. Disclosure to Applicants:

Applicants for GME programs must be informed in writing or electronically of the terms and conditions of employment and benefits including financial support, vacations, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the residents and their family, and the conditions under which living quarters, meals and laundry or their equivalents are to be provided.

- 4. Resident Contracts:
 - a. Terms and conditions of appointment. Regardless of the source of funding for stipends, residents will be provided with a written agreement or contract outlining the terms and conditions of their appointment to an educational program. The GMEC shall monitor the implementation of these terms and conditions by the Program Directors. The contract must contain or reference at least the following:
 - 1) Financial support
 - 2) Vacation policies
 - 3) Professional liability insurance

- 4) Disability insurance and other hospital and health insurance benefits for the resident and their family
- 5) Professional, parental, and sick leave benefits
- 6) Conditions under which living quarters, meals, and laundry or their equivalents are to be provided
- 7) Counseling, medical, psychological, and other support services
- 8) Institutional policies covering sexual and other forms of harassment.

b. Institutional Policies: The contract delineates or references specific policies regarding:

- 1) resident's responsibilities (see statement of resident's responsibilities below under "Resident Performance Evaluation")
- 2) duration of appointment and conditions for reappointment
- 3) professional activities outside the educational program
- 4) grievance procedures related to actions, which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.

c. Non-renewal of Contracts: Programs shall provide their residents a written notice of intent not to renew a resident's contract no later than four months prior to the end of the resident's current contract. (For residents covered under the CIR MOU, notice of non-renewal must be given to the resident on or before November 15th.) However if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, programs shall provide their residents as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract. Residents must be allowed to implement the institution's grievance procedures as addressed in Section IV: "Guidelines for Discipline and Grievance Resolutions for Resident Physicians" when they have received a written notice of intent not to renew their contracts.

5. Liability Insurance:

The County of Los Angeles provides residents in GME with professional liability (malpractice) coverage for the duration of training through a self-insurance program. This coverage by the County of Los Angeles is limited to resident's participation in care of patients who are enrolled as patients of LAC+USC Medical Center or other County facilities as part of their

assignments within the residency program. When residents take rotations outside LAC+USC Medical Center, the institutional affiliation agreement requires the participating institution to provide professional liability coverage for the duration of their rotation. Such coverage provides legal defense and protection against awards from claims reported or filed after the completion of GME if the alleged acts or omissions of the residents are within the scope of the educational program. The coverage to be provided is consistent with the institution's coverage for other medical/professional practitioners. Current residents and applicants for residency are provided with details of the institution's professional liability coverage for residents. The Keck School of Medicine provides professional liability coverage for residents employed by USC through the insurance coverage of the academic department responsible for the residency program.

6. Insurance:
 - a. Residents Employed by County of Los Angeles. The County of Los Angeles provides a cafeteria-style benefit program under Internal Revenue Code 125 that includes health, dental, life, and accidental dismemberment options. County also purchases disability insurance for residents; the disability insurance program is administered by the CIR.
 - b. Residents Employed by USC. USC provides a benefit program that includes a deferred compensation retirement program, health benefits, dental benefits, pretax payment accounts, various insurance products, and a disability plan.
 - c. Enrollment in either the County or the USC benefit plan is not automatic and requires the resident to enroll within 60 days of initial hire.
7. Counseling, Medical and Psychological Support Services: Confidential counseling, medical and psychological support services are available to residents.
 - a. Emergency Care: Emergency medical treatment for injuries on the job is available through the Employee Health Service (323) 409-5235, during routine work hours and through the Emergency Room, LAC+USC Medical Center, after hours and on weekends with follow up through Employee Health Service. Counseling and psychological

- b. support services are available for initial evaluation and short term intervention for acute situations by resident self-referral or referral by the resident's Program Director through the Well-Being Committee.
 - c. Non-Emergent Care: Medical treatment for non-job related injury or illness is available to residents through their health insurance coverage. Residents are free to choose their physician for medical care and may elect to seek treatment from USC faculty physicians through USC Care [1-800-USC CARE or 1-800-872-2273] or from a private physician of his/her choice.
 - d. Treatment of Physician Impairment including Substance Abuse: Treatment for impairments including drug or alcohol abuse is available as part of the counseling and psychological support services described above.
8. Physician Impairment:
Institutional policies that describe how physician impairment, including that due to substance abuse, is part of the institutional policy manual.
9. Residency Closure/Reduction:
If the Sponsoring Institution (USC/LAC+USC Medical Center) intends to reduce the size of a residency program or to close a residency program or the Institution, it will inform the GMEC, DIO and all affected residents as soon as possible. In the event of such a reduction or closure, County of Los Angeles and/or Keck School of Medicine will make every effort to allow residents already in the program or the Institution to complete their education. If any residents are displaced by the closure of the Institution, a program (s) or a reduction in the number of residents, every effort will be made to allow residents already in the Institution or program to complete their education or assist the residents in identifying and enrolling in an ACGME accredited program in which they can continue their education.
10. Moonlighting:
Each residency program shall have a written policy that addresses professional activities outside the educational program to include moonlighting.
- a. Residents, like other County employees, may be permitted to work 24 hours per week in outside employment (96 hours per month), provided that such employment:
 - 1) does not interfere with their educational program
 - 2) written permission from program director is on file
 - 3) must not represent a conflict of interest or suggest capping or in any way reflect adversely on the Medical Center.
 - b. Before engaging in outside work, the resident must notify the Program Director and receive written permission to moonlight to ensure compliance

with ACGME requirements and County Ordinance restrictions (regarding hours worked and the nature of the moonlighting).

- c. The residents must not be required to engage in “moonlighting.”
 - d. All residents engaged in moonlighting must be licensed for unsupervised medical practice.
 - e. When a department hires a resident to moonlight at a facility within the LAC+USC Healthcare Network (e.g., employment under Section 170), the department hiring the resident to moonlight is responsible to determine:
 - 1) whether the resident has unrestricted licensure for medical practice from the Medical Board of California, and
 - 2) whether the resident has the appropriate training and skills to carry out assigned duties—that is, the department shall not hire a resident to moonlight until the resident has been credentialed and privileged for the duties that will be assigned according to the Bylaws of the Attending Staff Association.
 - f. When a resident engages in moonlighting, the Program Director must acknowledge in writing that she/he is aware that the resident is moonlighting, and that this information is made part of the; resident’s folder
11. Restrictive Covenants: ACGME accredited residencies must not require residents to sign a non-competition guarantee in return for fulfilling their educational obligations.

G. Maintenance of Resident and Residency Program Records

The administrative offices of the programs will be responsible to maintain personnel records for all residents enrolled in the department’s residency program(s). These records shall include:

1. Dates of training
2. Credentials of the residents:
 - a. Copies of diploma(s)
 - b. California Medical Licenses
 - c. ECFMG certificate, if applicable
 - d. Visa documents, if applicable
 - e. Training certificate(s) issued to the resident
3. Curriculum Vitae (CV)
4. Evaluations of resident performance on assigned rotations
5. Semiannual feedback from Program Director to each resident
6. End-of training summary evaluation of the resident
7. Disciplinary action, if any, and outcome and /or resolution.
8. Schedules of residents assignments per rotation at the Sponsoring Institution and participating institutions.

Section IV: Graduate Medical Education Committee (GMEC) Policies & Procedures The Learning and Working Environment

A. INTRODUCTION

Residency education must occur in the context of learning and working environments at all participating sites that emphasize the following principles:

1. Excellence in the safety and quality of care rendered to patients by residents today
2. Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
3. Excellence in professionalism through faculty modeling of:
 - a. the effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - b. the joy of curiosity, problem-solving, intellectual rigor, and discovery
4. Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

B. DEFINITIONS

1. Resident: refers to residents in primary specialties and fellows in sub-specialties. Resident and fellows are used interchangeably
2. Residency: refers to any graduate medical education training program. Residency and Fellowships are used interchangeably
3. ACGME: Accreditation Council for Graduate Medical Education
4. Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.
5. Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. USC/LAC+USC, as the Sponsoring Institution, and its programs that are in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
6. Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.
7. Sponsoring Institution: defined by ACGME as University of Southern California/LAC+USC Medical Center (USC/LAC+USC).

C. POLICIES AND PROCEDURES

VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

VI.A.1. Patient Safety and Quality Improvement

VI.A.1.a) Patient Safety

VI.A.1.a).(1) Culture of Safety

VI.A.1.a).(1).(a) Each program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)

VI.A.1.a).(1).(b) Each program must have a structure that promotes safe, interprofessional, team-based care. (Core)

VI.A.1.a).(2) Education on Patient Safety

Each program must provide formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)

VI.A.1.a).(3) Patient Safety Events

VI.A.1.a).(3).(a) Residents, fellows, faculty members, and other clinical staff members must:

VI.A.1.a).(3).(a).(i) know their responsibilities in reporting patient safety events at the clinical site; (Core)

VI.A.1.a).(3).(a).(ii) know how to report patient safety events, including near misses, at the clinical site; and, (Core)

VI.A.1.a).(3).(a).(iii) be provided with summary information of their institution's patient safety reports. (Core)

VI.A.1.a).(3).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

VI.A.1.a).(4) Resident Education and Experience in Disclosure of Adverse Events

VI.A.1.a).(4).(a) All residents must receive training in how to disclose adverse events to patients and families. (Core)

VI.A.1.a).(4).(b) Residents should have the opportunity to participate in the disclosure of patient

safety events, real or simulated. (Detail)

VI.A.1.b) Quality Improvement

VI.A.1.b).(1) Education in Quality Improvement

VI.A.1.b).(1).(a) Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)

VI.A.1.b).(2) Quality Metrics

VI.A.1.b).(2).(a) Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)

VI.A.1.b).(3) Engagement in Quality Improvement Activities

VI.A.1.b).(3).(a) Residents must have the opportunity to participate in interprofessional quality improvement activities. (Core)

VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities. (Detail)

VI.A.2. Supervision and Accountability

VI.A.2.a) Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility

VI.A.2.a).(1) Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. (Core)

VI.A.2.a).(1).(a) This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)

VI.A.2.a).(1).(b) Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)

VI.A.2.b) Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

VI.A.2.b).(1) Each program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core) [The ACGME Review Committee may specify which activities require different levels of supervision.]

VI.A.2.c) Levels of Supervision-To promote oversight of resident supervision while providing for graded authority and responsibility, each the program must use the following classification of supervision: (Core)

VI.A.2.c).(1) Direct Supervision – the supervising physician is physically present with the resident and patient. (Core)

VI.A.2.c).(2) Indirect Supervision:

VI.A.2.c).(2).(a) with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. (Core)

VI.A.2.c).(2).(b) with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision. (Core)

VI.A.2.c).(3) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)

VI.A.2.d) The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)

VI.A.2.d).(1) Each program director must evaluate each of their resident's abilities based on specific criteria, guided by the Milestones. (Core)

VI.A.2.d).(2) Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)

VI.A.2.d).(3) Senior residents or fellows should serve in a supervisory role to 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. (Detail)

VI.A.2.e) Each program must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)

VI.A.2.e).(1) Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)

VI.A.2.e).(1).(a) Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available. [Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.] (Core)

VI.A.2.f) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)

VI.B. Professionalism

VI.B.1. Each program in partnership with the Sponsoring Institutions, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)

VI.B.2. The learning objectives of the each program must:

VI.B.2.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; (Core)

VI.B.2.b) be accomplished without excessive reliance on residents to fulfill non-physician obligations; and, (Core)

VI.B.2.c) ensure manageable patient care responsibilities. (Core)
[As further specified by the ACGME Review Committee]

VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)

VI.B.4. Residents and faculty members must demonstrate an understanding of their personal role in the:

VI.B.4.a) provision of patient- and family-centered care; (Outcome)

VI.B.4.b) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; (Outcome)

VI.B.4.c) assurance of their fitness for work, including: (Outcome)

VI.B.4.c).(1) management of their time before, during, and after clinical assignments; and, (Outcome)

VI.B.4.c).(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. (Outcome)

VI.B.4.d) commitment to lifelong learning; (Outcome)

VI.B.4.e) monitoring of their patient care performance improvement indicators; and, (Outcome)

VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. (Outcome)

VI.B.5. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition 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. (Outcome)

VI.B.6. Each program in partnership with the Sponsoring Institution must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

VI.C. Well-Being

VI.C.1. This responsibility must include:

VI.C.1.a) efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)

VI.C.1.b) attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.c) evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)

VI.C.1.d) policies and programs that encourage optimal resident and faculty member well-being; and, (Core)

VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)

VI.C.1.e).(1) encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident,

fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

VI.C.1.e).(2) provide access to appropriate tools for self-screening; and, (Core)

VI.C.1.e).(3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core). At a minimum the well-being policy must include:

1. Circumstances for which the resident may be unable to attend work and/or perform their patient care responsibilities
 - a. Fatigue
 - b. Illness
 - c. Family emergencies
 - d. Medical, mental health and dental appointments
 - e. Others as agreed upon by the program director
2. Each program must include policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities consistent with ACGME Common Program Requirement VI.C.2.
3. Well-being policies must be implemented and sustained without fear of negative consequences for the resident who is unable to provide the clinical work. (Core)
4. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

VI.D. Fatigue Mitigation

VI.D.1. Each program must:

VI.D.1.a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; (Core)

VI.D.1.b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and, (Core)

VI.D.1.c) encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. (Detail)

VI.D.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in

VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

VI.D.3. Each program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)

VI.E. Clinical Responsibilities, Teamwork, and Transitions of Care

VI.E.1. Clinical Responsibilities-The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core) [Optimal clinical workload may be further specified by each Review Committee.]

VI.E.2. Teamwork-Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core) [Each Review Committee will define the elements that must be present in each specialty.]

VI.E.3. Transitions of Care

VI.E.3.a) Each program must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

VI.E.3.b) Each program, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)

VI.E.3.c) Each program must ensure that residents are competent in communicating with team members in the hand-over process. (Outcome)

VI.E.3.d) Each program and its clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. (Core)

VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

VI.F. Clinical Experience and Education

VI.F.1. Maximum Hours of Clinical and Educational Work per Week- 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. (Core)

VI.F.2. Mandatory Time Free of Clinical Work and Education

VI.F.2.a) Each program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

VI.F.2.b) Residents should have eight hours off between scheduled clinical work and education periods. (Detail)

VI.F.2.b).(1) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (Detail)

VI.F.2.c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)

VI.F.2.d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)

VI.F.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. (Core)

VI.F.3.a).(1).(a) Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

VI.F.4. Clinical and Educational Work Hour Exceptions

VI.F.4.a) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)

VI.F.4.a).(3) to attend unique educational events. (Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

VI.F.4.c) A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

VI.F.4.c).(1) In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Core)

VI.F.4.c).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMCC and DIO. (Core)

VI.F.5. Moonlighting

VI.F.5.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)

VI.F.5.b) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)

VI.F.5.c) PGY-1 residents are not permitted to moonlight. (Core)

VI.F.6. In-House Night Float-Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core) [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 Committee.]

VI.F.7. Maximum In-House On-Call Frequency-Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)

VI.F.8. At-Home Call

VI.F.8.a) Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)

VI.F.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)

VI.F.8.b) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. (Detail)

**SECTION IV: GUIDELINES FOR DISCIPLINE AND GRIEVANCE
RESOLUTION FOR RESIDENT PHYSICIAN**

D. POLICIES AND PROCEDURES TO BE USED FOR DISCIPLINE AND GRIEVANCES

These guidelines are intended to assist resident physicians and resident training Program Directors in carrying out appropriate disciplinary procedures whenever performance or behavioral problems arise and to ensure that due process is afforded all parties in the event of disputes over personnel policy or practice.

<i>Residents Employed by County of Los Angeles</i>	<i>Residents Employed by University of Southern California</i>
<p>1. County of Los Angeles Personnel Policies All resident physicians employed by the County of Los Angeles work under the overall policies described in this document. Issues such as working conditions, harassment, discrimination, employees' behavior, absenteeism, illness, insubordination, etc. are covered in a general manner in this manual. Residents alleged to have problems in these areas should be handled in accordance with the procedures outlined herein. A copy is available for reference in the Office of Graduate Medical Education.</p>	<p>1. University of Southern California Personnel Policies All resident physicians employed by the University of Southern California work under the overall policies described in this document. Issues such as working conditions, harassment, discrimination, employee behavior, absenteeism, illness, insubordination, etc. are covered in a general manner in this manual. Residents alleged to have problems in these areas should be handled in accordance with the procedures outlined herein. A copy is available for reference in the Office of Graduate Medical Education.</p>
<p>2. Memorandum of Understanding (MOU) between the Los Angeles County Committee of Interns and Residents (CIR) and the County of Los Angeles This document addresses issues specific to the resident physician such as vacation time, leave of absence, and educational leave, etc. Resident salaries and other similar specific issues are addressed in this document. A copy of the CIR MOU is available for</p>	<p>2. Resident Physician Contracts Issues such as vacation time, leave of absence, educational leave, and resident salaries, fringe benefits, and other conditions of employment are addressed in the Resident Physician Contract between USC and the residents employed by USC.</p>

<p>reference in the Office of Graduate Medical Education. The GME staff and the LAC+USC Office of Human Resources can assist a resident with specific questions.</p>	
<p>3. Physician Postgraduate (Resident Physician) Personnel Policy and Procedure Manual and LAC+USC Medical Center Medical Staff Manual. These documents describe specific areas of professional responsibility with which both resident physicians and Medical Staff Physicians must comply. Examples of these areas include specific patient care issues, licensure requirements, on-call duties, and maintenance of medical records. As employees of Los Angeles County assigned to the LAC+USC Medical Center, residents are expected to adhere to these policies.</p>	<p>3. Medical Staff Manuals and Policy and Procedure Manuals of Facilities to which Residents are assigned Specific areas of professional responsibility with which both resident physicians and medical staff physicians must comply are described in Medical Staff Manuals and Policy and Procedure Manuals of facilities to which residents are assigned as part of the educational curriculum of their residency program. Examples of these areas include specific patient care issues, licensure requirements, and on-call records. As physicians practicing under the direction of faculty in each of the facilities, residents are expected to adhere to these policies of the healthcare facilities.</p>

1. Department Resident Training Policy Manual

Based upon ACGME requirements for accreditation of residency training programs, each department with a training program must have a document that outlines basic academic standards that its residents must maintain in order to achieve satisfactory completion of the program. In any dispute about the medical knowledge, clinical judgment, quality of patient care or professional conduct of the resident, the resident should consult his/her specific departmental training policy manual.

E. PROCEDURES FOR DISCIPLINE AND DUE PROCESS

1. Purpose and Intent

These guidelines state the general practices and policies of LAC+USC Medical Center and the University of Southern California regarding resident discipline. These guidelines are designed to assist Program Directors and managers in determining when and how to impose discipline and to inform residents of the Medical Center's and Keck School of Medicine's policies and practices in this

area. To the extent feasible and practical, the intent is to have a single policy and procedure for discipline of residents. Where the policies of the two institutional sponsors, LAC+USC Medical Center and Keck School of Medicine, cannot be resolved into a single policy, the separate policies are shown side by side.

The purpose of discipline is to ensure the quality of care for patients and resident adherence to acceptable and reasonable standards of performance and conduct.

The application of these guidelines requires the consideration of many factors and the use of good judgment. While these guidelines list factors to be considered in discipline matters, they should be used in consultation with the Director of Graduate Medical Education and/or the Office of Human Resources.

2. Non-disciplinary Action

Not all inappropriate behavior will require the imposition of discipline. In some cases non-disciplinary actions such as counseling may be appropriate. The purpose to non-disciplinary action is to inform the resident of a potential problem and to help correct the problem before it becomes significant.

Some examples of non-disciplinary actions are: counseling the resident about work and or performance problems before they become significant, i.e., leaving the work area without permission, not answering pages, unexcused absences or re-training to improve performance. Non-disciplinary actions should occur as soon as possible after the unacceptable behavior or poor performance is first noted.

3. Disciplinary Action

A. Unacceptable Off-the-job conduct

Normally, employees cannot be disciplined for misconduct that occurs while off the job.

<p>Residents Employed by LAC+USC Medical Center. Any unacceptable behavior or conduct by residents while off duty in which common sense dictates as unprofessional or which may affect or reflect negatively on the resident's department, the Medical Center, the Department of Health Services, or the County of Los Angeles, may subject a resident to discipline.</p> <p>Off-the-job conduct may also subject a resident to discipline when it is deleterious to the Civil Service system or County government without being specifically related to a particular job. For example, a resident who falsifies a resume, or cheats on a Civil Service examination application, is subject to disciplinary action, including termination.</p>	<p>Residents Employed by the Keck School of Medicine. Any unacceptable behavior or conduct by residents while off duty, which common sense dictates as unprofessional or which may affect or reflect negatively on the resident's department, the Keck School of Medicine, or the University of Southern California, may subject a resident to discipline.</p>
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B. Unacceptable On-the-Job Conduct

Unacceptable on-the-job behavior encompasses failure of a resident to perform his/her assigned duties so as to meet stated or implied standards of performance.

Unacceptable behavior or conduct may include, but is not limited to, qualitative as well as quantitative elements of performance, such as failure to exercise sound judgement, failure of a resident to follow instructions or to comply with policies and procedures of his/her employer (County and Medical Center or University of Southern California, as the case may be), failure to report information accurately and completely, failure to deal effectively with the public, and failure to make productive use of human, financial and other assigned resources.

C. Progressive Discipline

The paramount concern and overriding consideration in all discipline matters is the potential for harm to patients and quality of care for the patient. Considerations regarding the circumstances surrounding any misconduct and

the likelihood of its recurrence are also relevant. The imposition of discipline should be consistent with the concept of progressive discipline, if appropriate.

The degree of discipline imposed must be determined by the specific circumstances of each case. The disciplinary steps from least to most severe are: preliminary warning, final warning, institutional probation and termination. The most severe disciplinary sanction, termination can be imposed upon a single incident, if appropriate. It is not necessary to impose every level of discipline before imposing a given level.

D. Non-Progressive Discipline

Circumstances in some situations may require bypassing progressive discipline.

Conduct, which may not be appropriate for progressive discipline, is conduct that a resident should know to be unacceptable without specific notice from the resident's employer. This includes behavior such as dishonesty, illegal conduct, or any conduct that places the Medical Center or other facility, to which the training Program Director may assign the resident, in violation of any state, federal law or court order.

The seriousness of the conduct, the frequency of its occurrences, and the attitude of the employee regarding the conduct are among factors that may require non-progressive discipline.

These acts may result in termination without consideration of prior service or imposition of previous discipline.

4. Multiple Violations

There are situations in which separate and distinct violations may occur within a single incident. All violations should be considered in determining the appropriate level of discipline to be imposed.

5. Steps for Discipline

The imposition of the proper discipline stems from a determination of the facts, an evaluation of whether the facts reflect the employee misconduct, a judgement on the significance of the misconduct and the proper disciplinary

action response. The determination of the facts always involves an investigation by the Program Director.

Residents employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<p>Conducting an investigation may also require management to involve one of the following: the Office of Graduate Medical Education, the Office of Human Resources staff, the Department of Health Services Inspections and Audits Division, the County Department of Auditor-Controller, the County Sheriff's Department or other local, state or federal law enforcement agencies. Allegations of resident misconduct involving patient care shall be reported to the chief of Staff/Medical Director of the facility where the incident occurred. The Chief of Staff will decide whether the investigation of the alleged misconduct should involve others in addition to the resident's Program Director.</p> <p>Please note: Involving anyone else except the Office of Graduate Medical Education and the Office of Human Resources is to be coordinated through the Office of Human Resources.</p> <p>The extent of the investigation is determined by the nature and seriousness of the allegations, performance problem or misconduct.</p> <p>An evaluation of the facts shall be done prior to the imposition of any discipline. Any alleged misconduct must be analyzed and investigated. Misconduct may result from violation(s) of Civil Service Rules, County policies, departmental policies, Medical Center policies, state or federal law, local ordinances, court orders, or implied or specified standards of professional behavior.</p>	<p>Conducting an investigation may also require management to involve one of the following: the Office of Graduate Medical Education, the Office of Human Resources staff, and other investigative agencies that may be appropriate to the circumstances of the incident. Allegations of resident misconduct involving patient care shall be reported to the Chief of Staff/Medical Director of the facility where the incident occurred. The Chief of Staff will decide whether the investigation of the alleged misconduct should involve others in addition to the resident's Program Director.</p>

Disciplining an employee should be an impartial step taken with the intent of correcting the misconduct or poor performance before it becomes more severe or an incorrigible pattern. Discipline should be imposed as soon as possible after the incident or problem occurred.

Finally, the judgment of whether discipline is appropriate should be based upon several factors.

Residents Employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<ul style="list-style-type: none"> a. Seriousness of the offense, the impact, actual or potential, upon the Medical Center and/or the community; b. The length of service and overall performance of the resident; c. The attitude and the culpability of the resident; and d. Previous discipline and the length of time since imposed. 	<ul style="list-style-type: none"> a. Seriousness of the offense, the impact, actual or potential, upon the University and /or the community; b. The length of service and overall performance of the resident; c. The attitude and the culpability of the resident; and d. Previous discipline and the length of time since imposed.

6. Levels of Discipline

When a Program Director identifies a resident performance problem (academic or other professional performance inclusive of behavioral issues) that could lead to failure to meet acceptable standards by the end of the academic year, the department should give the resident **written** notification of the deficiencies and to outline a plan of correction.

The following process should be followed in monitoring the competency of any resident. In most, but not every instance, all steps should be used in sequence. The **recommendation for immediate removal from the job** (summary suspension) should be reserved for issues of gross professional misconduct such as abandonment of patient care, forging prescriptions and similar misdeeds.

A. Preliminary Warning

A written Preliminary Warning is normally issued when an incident and/or deficiency impact upon departmental operation, either academic or non-academic, or when prior actions have not corrected the pattern of behavior or performance. Examples of problems that may lead to such action include but are not limited to: unexcused absences, deficiencies in medical knowledge

and/or clinical judgment, failure to seek help when needed, etc.

The written warning must state that it is a “preliminary warning” letter and contain the following elements:

1. Describe or document the misconduct and its lack of acceptability;
2. The written warning must detail the deficiencies in behavioral, academic and/or clinical performance for or on which the resident failed to meet the acceptable standards and the impact this deficiency had on this performance.
3. Identify previous counseling or discipline;
4. Reference the expectations for future performance or conduct;
5. Identify the disciplinary consequences of repetition, continuation, or lack of improvement.
6. Incorporate the resident’s stated reasons for his or her action; and
7. Request the resident to sign and date the document. This acknowledges only that the resident has received the document. If the resident refuses to sign, the Program Director should request that another management employee be present to witness the refusal of the resident to sign for the document. The Program Director should amend the document to include a notation that the resident refused to sign. The Program Director, and the management representative, should then affix their signature and date to the document directly below the notation.

A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).

B. Final Warning

A written Final Warning usually is the second phase of progressive discipline. The elements of the letter of Final Warning are the same as the letter of Preliminary Warning.

The written warning must state that it is a letter of “final warning” and contain the following elements:

1. Describe or document the misconduct and its lack of acceptability;
2. The written warning must detail the deficiencies in behavioral, academic and/or clinical performance for or on which the resident failed to meet the acceptable standards and the impact this deficiency had on this performance.
3. Identify previous counseling or discipline;
4. Reference the expectations for future performance or conduct;
5. Identify the disciplinary consequences of repetition, continuation, or lack of improvement.
6. Incorporate the resident’s stated reasons for his or her action; and

7. Request the resident to sign and date the document. This acknowledges only that the resident has received the document. If the resident refuses to sign, the Program Director should request that another management employee be present to witness the refusal of the resident to sign for the document. The Program Director should amend the document to include a notation that the resident refused to sign. The Program Director, and the management representative, should then affix their signature and date to the document directly below the notation.

A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).

C. Institutional Probation

If the resident has not corrected the problems and/or areas of deficiency outlined in written warning(s), then the Residency Program Director may initiate the process of placing the resident on Institutional Probation, However, if the problems are sufficiently severe, this step can be initiated directly per section 3.C-D.

The following elements must be included in the written notice to Resident Physician with regard to Institutional Probation.

1. Specific reason(s) for placing the resident on Institutional Probation (i.e., in what areas specifically is the resident deficient).

The written notification must detail the deficiencies in behavioral, academic and/or clinical performance in which the resident failed to meet acceptable or reasonable standards.

2. Specific dates of the probationary period. The duration of the period for performance improvement must be specified and reasonably associated with the deficiency. A probationary period is usually for six (6) months.

Under no circumstances can the dates be retroactive (i.e., the beginning of the probationary period cannot be prior to the date the resident receives his/her written notification nor can the probationary period be indefinite or unreasonable.

3. Program of Remedial Action and Education including Academic and/or Behavioral issues.

A program of corrective action shall be stated for the resident to follow. The residents should be provided with ongoing **written** feedback, particularly on continued deficiencies.

When necessary, this will include the appointment of one or more faculty to work with the resident on a regular basis, using a planned individualized format. This format may include supervision of history and physical examination, close follow-up and care of certain patients, tutorial sessions, etc.

During the probationary period the Program Director or faculty designed to supervise the resident's remedial training and/or review the resident's behavioral issues will meet periodically with the resident for counseling. At minimum, such counseling shall occur at least at the mid-point and at the end of the probationary period. These counseling sessions will be to inform the resident of his/her progress in resolving the deficiencies. A written confirmation of these counseling sessions will be given to the resident within five (5) business days after the counseling sessions.

4. Specific expectations the resident must meet to be taken off probationary status and the consequences that will follow if the resident fails to meet these expectations.
5. Request the resident to sign and date the document. If the resident refuse to sign, the Program Director should request that another management Employee be present to witness the refusal of the resident to sign for the document. The Program Director should amend the document to include a notation that the resident refused to sign. The Program Director, and the management representative, should then affix their signature and date to the document directly below the notation.

Prior to giving the resident written notice of Institutional Probation, the Program Director shall submit the letter to the Office of Graduate medical Education for review as to appropriateness of the form of the letter. Copies of the letter notifying the resident of placement on probation and any subsequent written notification of any actions taken regarding the probation must be filed immediately with the Office of GME.

A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).

D. Termination (Dismissal/Release)

1. Nonacademic Reasons

If a Physician is to be recommended for termination for nonacademic reason, the following procedure must be followed.

Residents Employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<ul style="list-style-type: none"> a. A recommendation shall be submitted in writing by the Program Director to the Director of Graduate Medical Education. b. The Director of Graduate Medical Education will review the recommendation along with documentation provided, and if appropriate, submit a written recommendation for termination to the Director of Human Resources, LAC+USC Medical Center and the Chief of the Medical Staff. c. The Office of Human Resources will review the recommendation along with the documentation provided, and if appropriate, assist the Department Chair in proceeding with the termination (e.g., investigation, writing the termination letter, etc.) d. The termination letter will specify the reasons for the resident's release and detail the appeal process available to the resident. The appeal process, known as "liberty interest," affords the resident the right to respond to this termination action either orally, in writing or both. 	<ul style="list-style-type: none"> a. A recommendation shall be submitted in writing by the Program Director to the Associate Dean for Graduate Medical Education. b. The Associate Dean for c. Graduate Medical Education will review the recommendation along with the documentation provided, and if appropriate, submit a written recommendation for termination to the Dean, Keck School of Medicine. d. The Dean, Keck School of Medicine, or designee will review the recommendation along with the documentation provided, and if appropriate, assist the Department Chair in proceeding with the termination (e.g., investigation, writing the termination letter, etc). e. The termination letter will specify the reasons for the resident's release and detail the appeal process available to the resident. The appeal process affords the resident the right to respond to the termination action either orally, in writing, or both.
<p>A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).</p>	<p>A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).</p>

2. Academic (Professional Knowledge and Clinical Judgment) Reasons

When termination of a resident physician is necessary for academic reasons, the following procedure must be followed.

Residents Employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<p>a. The resident is notified, in writing, that his/her dismissal from the Residency Program is being recommended. This notification must detail the reasons for this recommendation and notify the resident he/she is entitled to a departmental pre- termination hearing.</p> <p>b. A departmental pre-termination hearing with the resident must be held and the resident is entitled to have representation at this hearing. However, the Program Director or Department Chair must have five (5) working days advance notice of such intention to be represented. The pre-termination hearing will be held with the Training Program Director and/or the Department Chair.</p> <p>c. If after the pre-termination hearing, the recommendation for the resident's termination remains, a written recommendation is forwarded to the Chief of Staff. A copy of this recommendation is forwarded to the resident notifying him/her this decision may be appealed to the Chief of Staff.</p> <p>d. The resident may appeal this recommendation by submitting a written appeal letter to the Chief of Staff within ten (10) business days from receipt of the letter</p>	<p>a. The resident is notified, in writing, that his/her dismissal from the Residency Program is being recommended. This notification must detail the reasons for this recommendation and notify the resident he/she is entitled to a departmental pre-termination hearing.</p> <p>b. A departmental pre-termination hearing with the resident must be held and the resident is entitled to have representation at this hearing. However, the Program Director or Department chair must have five (5) working days advance notice of such intention to be represented. The pre-termination hearing will be held with the Training Program Director and/or the Department Chair.</p> <p>c. If after the pre-termination hearing, the recommendation for the resident's termination remains, a written recommendation is forwarded to the Dean, Keck School of Medicine. A copy of this recommendation is forwarded to the resident notifying him/her that this decision may be appealed to the Dean.</p> <p>d. the resident notifying him/her that this decision may be appealed to the Dean.</p> <p>e. The resident may appeal this recommendation by submitting a</p>

<p>recommending dismissal.</p> <p>e. The Chief of Staff shall appoint a Residency Review Committee to review this recommended action. The Director of Graduate Medical Education, who shall be a nonvoting member, shall chair this Residency Review Committee. The membership shall consist of (5) persons: three (3) staff members and two (2) senior level residents, none of whom shall be a member of the resident's department.</p> <p>f. The resident shall have the right to appear before the Residency Review Committee with representation if so desired. However, the resident must notify the Chief of Staff at least five (5) business days in advance of such intent to be represented.</p> <p>g. The Residency Review Committee shall submit a written report of its findings and recommendations to the Chief of Staff within fifteen (15) business days from the hearing date.</p> <p>h. The Chief of Staff's decision shall be rendered, in writing, to the resident, within ten (10) business days of receipt of the Residency Review Committee's recommendations.</p> <p>i. If the Chief of Staff sustains the resident's dismissal from the Residency program, the Chief of Staff will notify, in writing, the Office of Human Resources to proceed with the termination of the resident.</p>	<p>written appeal letter to the Dean within ten (10) business days from receipt of the letter recommending dismissal.</p> <p>f. The Dean shall appoint a Residency Review Committee to review this recommended action. The Associate Dean for Graduate Medical Education, who shall be a nonvoting member, shall chair this Residency Review Committee. The membership shall consist of five (5) persons: three (3) faculty members and two (2) senior level residents, none of whom shall be a member of the resident's department.</p> <p>g. The resident shall have the right to appear before the Residency Review Committee with representation if so desired. However, the resident must notify the Dean at least five (5) business days in advance of such intent to be represented.</p> <p>h. The Residency Review Committee shall submit a written report of its findings and recommendations to the Dean within fifteen (15) business days from the hearing date.</p> <p>i. The Dean shall render his decision, in writing, to the resident, within ten (10) business days of receipt of the Residency Review Committee's recommendations.</p> <p>j. If the Dean sustains the resident's dismissal from the Residency program, the Dean</p>
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<p>j. The Office of Human Resources will review the documentation provided, and, if appropriate, write a termination letter notifying the resident that he/she is being dismissed from County service.</p> <p>k. The termination letter will specify the reasons for the resident's release from County service and detail the appeal process available to the resident. The appeal process, known as "liberty interest" gives the resident the right to respond to this termination action either orally in writing, or both.</p> <p>l. Please note: The resident may not be taken off duty until the effective date of termination detailed in the termination letter.</p> <p>A resident is entitled to file a written grievance at any step during this process (See grievance Procedure).</p>	<p>will notify, in writing, the resident of his/her termination.</p> <p>The Dean's decisions are final and without further appeal.</p>
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7. Management's Role

Before any potential disciplinary action is considered, the following points should be followed:

1. Investigate and consider all sources of relevant information (facts, not opinions);
2. Verify information;
3. Consult with all applicable parties.
4. Analyze the facts thoroughly and objectively;
5. Summarize the matter in writing;
6. Determine if the level of discipline is appropriate; and

Residents Employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<p data-bbox="415 302 878 525">7. Consider other factors, such as the liability or potential liability incurred by the Medical Center or County, the jeopardy to public safety, and the harm or risk of harm to persons or property.</p> <p data-bbox="321 558 878 890">If, at the time a disciplinary action is being contemplated, the department is uncertain regarding the appropriate action to take, or if a resident is uncertain regarding his/her due process rights, either party should contact the Office of Graduate Medical Education for assistance. Residents may also wish to contact the JCIR.</p>	<p data-bbox="977 302 1464 558">7. Consider other factors, such as the liability or potential liability incurred by the University of Southern California, the jeopardy to public safety, and the harm or risk of harm to persons or property.</p> <p data-bbox="883 592 1464 890">If, at the time a disciplinary action is being contemplated, the department is uncertain regarding the appropriate action to take, or if a resident is uncertain regarding his/her due process rights, either party should contact the Office of Graduate Medical Education for assistance.</p>

GRIEVANCE PROCEDURE

Residents Employed by LAC+USC Medical Center.	Residents Employed by the Keck School of Medicine.
<p>The resident may appeal all actions through formal grievance procedures. The resident may obtain grievance forms from the Office of Graduate Medical Education, the Office of Human Resources or JCIR and initiate such procedures.</p>	<p>University residents may use the University's Staff Grievance Procedures in effect when a grievance is filed. The current Staff Grievance Procedures may be found on the University website (http://policies.usc.edu)</p>
<p>To be considered timely, the resident must file a grievance with the Program Director and send a copy to the Office of Human Resources within ten (10) business days from receipt of the document/action being grieved. If the grievance is filed in an untimely manner (i.e. exceeds ten business days,) the Program Director and the Office of Human Resources are not required to accept it.</p>	
<p>However, if the grievance is filed timely and denied, the resident may file the grievance at the second level with the Department Chair. If the second level grievance is filed timely and denied, the resident may file the grievance at the third level at the Medical Center Office of Human Resources.</p>	
<p>It is imperative that Management responses to grievances at all levels be given within the ten (10) business day time frame, even if the grievance is denied, due to the requirements of the JCIR MOU. Failure to respond in a timely manner at any level automatically results in the granting of the grievance.</p>	

**USC/LAC+USC MEDICAL CENTER
GRADUATE MEDICAL EDUCATION COMMITTEE
SPECIAL PROGRAM REVIEW PROTOCOL**

A. PURPOSE

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements effective July 1, 2014 requires that the Sponsoring Institution's Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of its underperforming ACGME programs through a Special Program Review (SPR) process. This process must include a SPR protocol that establishes criteria for underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

B. SPECIAL REVIEW PROCESS

- a. The DIO, acting on behalf of the GMEC, will notify the Program Director in writing of the intent to conduct a SPR based on one or more criteria for program underperformance as identified in this protocol.
- b. The DIO or designee will appoint members of the SPR Committee appropriate to the nature of the review based on the principle of minimizing conflicts of interests.
- c. The Program Director will be responsible for submitting all requested documentation and for scheduling all interviewees as requested by the DIO, GMEC and the SPR Committee.
- d. The SPR interviews will be completed by the SPR Committee within 60 days of notification of the program director or at discretion of DIO.
- e. The SPR Committee will submit a written report to the GMEC that describes the quality improvement goals, corrective actions and process for GMEC monitoring of outcomes within 60 days. The report should be reviewed and approved by the GMEC at the following GMEC meeting unless otherwise approved by the GMEC.
- f. The Program Director must submit a written SPR Corrective Action Plan within the time period designated on the report after receiving the GMEC approved Special Review Report that must be reviewed and approved by the GMEC. The report must be verbally presented by the Program Director at the GMEC meeting. The need for and timing of additional monitoring and reports to resolve areas of uncorrected program underperformance will be documented in GMEC minutes.

C. CRITERIA FOR PROGRAM UNDERPERFORMANCE

1. ACGME Letter of Notification of Accreditation indicating:
 - a) Accreditation with Warning
 - b) Probation

- c) Proposed Withdrawal
- 2. Inquiry from ACGME Office of Resident Affairs
- 3. Annual ACGME Resident/Faculty Survey or GMEC Resident Survey identifying compliance less than the national mean for 50% of the questions.
- 4. Trending data from Annual ACGME or GMEC Resident or Faculty Surveys indicating concerns in the learning environment not satisfactorily addressed in annual program evaluation
- 5. Annual Program Evaluation and Improvement Plans that fail to satisfactorily address current citations, areas for improvement, resident engagement in quality improvement and patient safety, scholarly activity, faculty development, board certification passing rates and/or recommendations from Special Reviews.
- 6. Two or more changes in Program Directors during the length of the training program.
- 7. Request from the Designated Institutional Official
- 8. Request from the Program Director
- 9. As per majority vote of the GMEC for all other circumstances
- 10. Special Circumstances unrelated to underperformance
 - a) Within the year prior to an ACGME Full/Self-study Site Visit
 - b) New programs with initial accreditation within 18 months of its initial training year
 - c) New program director within 18 months of tenure.

D. SPECIAL REVIEW COMMITTEE MEMBERSHIP

- 1. Committee membership must include:
 - a) The DIO or designee
 - b) One Program Director or Associate Program from a Department other than the Department of the program under review
 - c) One resident/fellow from a Department other than the Department of the program under review.
- 2. Special Circumstances regarding committee membership
 - a) Membership may include additional GME Leadership personnel, Program Directors, Associate Program Directors and Residents and/or Faculty, Safety/Quality Officers, Program Coordinators or USC or LAC+USC administrators at the discretion of the DIO and/or GMEC.
 - b) The requirement for membership as per IV.A.2 and IV.A.3 may be waived at the discretion of the DIO and/or GMEC depending on criteria for underperformance providing the rationale for such a waiver is documented in the GMEC minutes and the SPR Report reviewed and approved by the GMEC.

E. SPECIAL REVIEWS MATERIALS

- 1. The following documents must be reviewed for each special review:
 - a) Documentation supporting program underperformance

- b) Most recent Letter of Notification
 - c) Most recent ACGME Resident and Faculty Survey
 - d) Most recent GMEC Resident and Faculty Survey
 - e) Most recent Annual Program Evaluation and Improvement Plan
 - f) Program Requirements in effect at the time of underperformance
2. Additional documents appropriate to the criteria for underperformance as determined by the Special Review Committee and as documented in the report.

F. SPECIAL PROGRAM REVIEW INTERVIEWS

1. Interviewees at a minimum must include:
 - a) Program Director (Program Coordinator is optional)
 - b) Representative faculty as determined by the program director
 - c) All or peer-selected residents as follows
 - 1) Resident/fellow complement ≤ 12 : all residents on duty the day of the interview
 - 2) Resident/fellow complement >12 : a minimum of three peer-selected residents from each year of training
2. Special circumstances
 - a) The SPR Committee may waive or reduce the requirement for one or more faculty representatives at the discretion of the Special Review Committee providing the rationale for such a waiver is documented in the GMEC minutes and SPR Report reviewed and approved by the GMEC.
 - b) The Special Review Committee may request more than the minimum faculty or residents and/or Department Chairperson
3. Individuals or Groups to be interviewed (preferred order)
 - a) Peer-selected Residents/Fellows in a single group or divided by training year or individually as determined by the SPR Committee without faculty or the program director present
 - b) Faculty in a single group, multiple groups or individually as determined by the SPR Committee without residents or program director present.
 - c) Chairperson at the discretion of the SPR Committee or Program Director
 - d) Program Director and program coordinator for evaluation of issues resulting in underperformance and formative feedback from SPR Committee members.
4. Outcomes for interviews
 - a) Assess the level of understanding of program underperformance
 - b) Assess validity of program underperformance
 - c) Identify corrective action plans to date
 - d) Assess effectiveness of corrective actions plans to date
 - e) Engage interviewees regarding additional corrective action plans
 - f) Reconcile any discordance between groups
 - g) Provide formative feedback to program director as appropriate
 - h) Acquire and review sufficient documentation including interview comments to create a SPR Report as per approved template (see attached).

SPECIAL PROGRAM REVIEW REPORT TEMPLATE

I. Program Identification

Program:

Accreditation Status:

Resident complement approved/current:

Effective date of accreditation:

Self-study submission date:

Approximate date of next ACGME site visit:

Date of Special Review Interviews:

Date Special Review Report Approved by GMEC:

II. Membership of Special Program Review Committee by name and position including year of training for any resident/fellow members:

III. Names of individuals interviewed by name and position including year of training for peer-selected residents/fellows:

IV. Materials Reviewed

REQUIRED

Documentation supporting program underperformance

Letter of Notification

ACGME Resident and Faculty Survey

GMEC Resident and Faculty Survey

Annual Program Evaluation and Improvement Plan

ACGME Program Requirements

OPTIONAL (Check all applicable for this review)

Board Passing Rates _____

Block Diagrams _____

Case logs _____

Conference Schedule _____

Evaluation tools _____

GMEC Minutes _____

Goals and Objectives _____

Milestone Data _____

QI/PS projects and outcomes _____

Program Policies _____

Resident/Faculty Call Schedules _____

Resident files _____

Wellness program _____

Other _____

- V. Format of Interviews
- VI. Circumstance(s) requiring Special Review
- VII. Status of corrective action(s) to Letter of Notification
- VIII. Status of corrective action(s) to ACGME and/or GMEC Resident/Faculty Surveys
 - A. Overall Evaluation of Program
 - B. Faculty
 - C. Clinical Experience and Education
 - D. Evaluation
 - E. Educational content
 - F. Resources
 - G. Patient Safety/Teamwork
- IX. Quality of Annual Program Evaluation and Improvement Plan
- X. Concerns identified by the Special Program Review Committee from materials reviewed and interviews that must be addressed to the GMEC in a written corrective action plan
- XI. Summary Statement
- XII. Recommendation for submission and GMEC monitoring of program director's corrective action plan to concerns identified in Section X of this report

CONFIDENTIALITY OF SPECIAL REVIEW DOCUMENTS

The Special Program Review is a peer-review activity conducted by the GMEC functioning as a Subcommittee of the Attending Staff Association and its Executive Committee. Each Special Program Review Committee member will be required to sign a statement of confidentiality. Each report will indicate the following:

The information contained in this document and any attachment is privileged and confidential under state law, including Evidence Code section 1157 relating to medical professional peer review documents and Government Code Section 6254 relating to personnel records.