

**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, 2011**

## 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 Agreement (MSOA) 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. 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. Responses to all proposed adverse actions;
  - g. Requests for increases or any change in resident duty hours
  - h. Requests for “inactive status” or to reactivate a program;
  - i. Voluntary withdrawals of ACGME-accredited programs;
  - j. Requests for an appeal of adverse actions
  - k. Written appeal presentations to the ACGME
  - l. Major changes in program structure or length of training
9. 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 the new

program, including willingness to execute the necessary affiliation agreement and letters of agreement.

(3) 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.

10. Conduct Internal Reviews of ACGME accredited programs at the designated midpoint of the accreditation cycle including subspecialty programs to assess their compliance with the ACGME Institutional, Common and Subspecialty Program Requirements. (See protocol).

11. 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.
12. Monitor the residency programs in establishing an appropriate work environment and the duty hours of residents (see duty hour policy).
13. Make recommendations on the appropriate funding for resident positions, including benefits and support services.
14. 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.
15. 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, University/Norris 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 not represented by the four residents selected by CIR.

**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 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 25<sup>th</sup> 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 37<sup>th</sup> 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.



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.

4. 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 duty 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 eight (8) days per year and County offers a “buy back” option for unused sick 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:

1. 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.
2. 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.
- b. 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:
- i. resident's responsibilities (see statement of resident's responsibilities below under "Resident Performance Evaluation")
  - ii. duration of appointment and conditions for reappointment
  - iii. professional activities outside the educational program
  - iv. 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 15<sup>th</sup>.) 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

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.

- b. 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.
  - c. 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 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.

## **H. Work Environment, Supervision, and Duty Hours for Residents**

### **1. Work Environment:**

Sponsoring institutions must provide services and develop systems to minimize the work of residents that is extraneous to their educational programs, ensuring that the following conditions are met:

- a. Residents on duty in the hospital are provided adequate and appropriate food services and sleeping quarters.
- b. Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, are provided in a manner appropriate to and consistent with educational objectives and patient care.
- c. An effective laboratory, medical records and radiologic information retrieval system is in place to provide for appropriate conduct of the educational programs and quality and timely patient care.
- d. Appropriate security measures are provided to residents in all locations

including but not limited to parking facilities, on-call quarters hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

## 2. Supervision:

- a. The GMEC is responsible to provide oversight of residency programs to assure that residents are appropriately supervised.
- b. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
- c. On-call schedules for teaching staff must be structured to ensure that supervision is available to residents 24/7.
- d. The teaching staff must determine the level of responsibility accorded to each resident (Direct or Indirect as per Duty Hour Policy below).
- e. Each program shall establish policies on the supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program's teaching faculty and to residents.

## 3. Duty Hours:

Each residency program is responsible to establish formal policies governing resident duty hours that foster resident education and facilitate the care of patients and are consistent with ACGME Common Program Requirements and Sponsoring Institution Policy.

- a. The GMEC shall monitor resident duty hours to ensure compliance with the institutional and Program Requirements of the specialties and subspecialties that apply to each program.
- b. At the time of the internal review of each program, the GMEC shall review departmental policies on resident duty hours.
- c. The educational goals of the program and learning objectives of residents must not be comprised by excessive reliance on residents to fulfill institutional service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
- d. Resident duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of

the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the institutional and Program Requirements that apply to each program.

- e. These formal policies on resident duty hours must apply to all institutions to which a resident rotates.
- f. Duty Hour Policy: the current Institutional Duty Hour Policy as of July 1, 2011 is as follows:

**LAC + USC MEDICAL CENTER/KECK SCHOOL OF MEDICINE**

**RESIDENT DUTY HOUR POLICY IN THE LEARNING AND WORKING  
ENVIRONMENT EFFECTIVE JULY 1, 2011**

**(adapted from ACGME Common Program Requirements effective July 1, 2011)**

**VI.A. Professionalism, Personal Responsibility, and Patient Safety**

VI.A.1. Each program and the Sponsoring Institution will educate the residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

VI.A.2. Each program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

VI.A.3. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

VI.A.4. The learning objectives of the program must:

VI.A.4.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,

VI.A.4.b) not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

VI.A.5. The program director and Sponsoring Institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

VI.A.5.a) assurance of the safety and welfare of patients entrusted to their care;

VI.A.5.b) provision of patient- and family-centered care;



VI.A.5.c) assurance of their fitness for duty;

VI.A.5.d) management of their time before, during, and after clinical assignments;

VI.A.5.e) recognition of impairment, including illness and fatigue, in themselves and in their peers;

VI.A.5.f) attention to lifelong learning;

VI.A.5.g) the monitoring of their patient care performance improvement indicators; and,

VI.A.5.h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

VI.A.6. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

## VI.B. Transitions of Care

VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care.

VI.B.2. The Sponsoring Institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

VI.B.4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

## VI.C. Alertness Management/Fatigue Mitigation

VI.C.1. The programs must:

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

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

VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

VI.C.3. The Sponsoring Institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home. Taxi-cab fare will be made available for this purpose.

#### VI.D. Supervision of Residents

VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

VI.D.1.a) This information should be available to residents, faculty members, and patients.

VI.D.1.b) Residents and faculty members should inform patients of their respective roles in each patient's care.

VI.D.2. The programs must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. 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 or resident physician, either in the institution,

or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

### VI.D.3. Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(1) 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.

VI.D.3.b).(2) 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.

VI.D.3.c) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided aftercare is delivered.

VI.D.4. 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.

VI.D.4.a) The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

VI.D.4.c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

VI.D.5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

VI.D.5.a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

#### VI.E. Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. [Optimal clinical workload will be further specified by each Review Committee.]

#### VI.F. Teamwork

Residents must care for patients in an environment that maximizes effective 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. [Each Review Committee will define the elements that must be present in each specialty.]

## VI.G. Resident Duty Hours

### VI.G.1. Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

#### VI.G.1.a) Duty Hour Exceptions

The GMEC will only approve exceptions for up to 10% or a maximum of 88 hours to selected rotations in Neurosurgery.

VI.G.1.a).(1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

1. LAC+USC Medical Center/Keck School of Medicine must have a Favorable Status from its most recent review by the ACGME Institutional Review Committee.
2. The program requesting the exception must have full accreditation without warning, proposed or confirmed adverse action. A copy of the current accreditation status must accompany the proposal.
3. The RRC for the program requesting an exception allows for exceptions to the 80-hour work limit.
4. The request defines the percent (%) exception to the 80-hour rule up to a maximum of 10% only and does not violate other duty hour rules as defined in this policy including the maximum of 30 continuous duty hours.
5. Additional required documentation includes:
  1. Patient Safety: information must be submitted that describes how the program and institution will monitor, evaluate and

ensure patient safety with extended resident work hours.

2. Educational rationale: the request must be based on sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule. Sound educational rationale will be based on:
  - a. The request defines the specific knowledge, skills and/or attitudes that will be acquired during the additional duty hours requested that could not be reasonably acquired during the 80-hour work limit. Procedural competency requirements identified in the Specialty or Subspecialty Program Requirements that can not be acquired within the 80-hour workweek must be included.
  - b. The request addresses the need for continuity of care essential for competency that could not reasonably be acquired during the 80-hour workweek.
3. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. Call schedules: Specific information regarding the resident call schedule during the times specified for the exception must be provided.

5. Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.
6. Accreditation status: A copy of the current ACGME accreditation letter must accompany the request.

VI.G.1.a).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the GMEC and DIO. The DIO must prepare a written statement of Institutional Endorsement and append this duty-hour exception policy to the statement.

#### VI.G.2. Moonlighting (see page 28)

VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

VI.G.2.b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

VI.G.2.c) PGY-1 residents are not permitted to moonlight.

#### VI.G.3. Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### VI.G.4. Maximum Duty Period Length

VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.

VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.

VI.G.4.b).(1) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four (4) hours.

VI.G.4.b).(2) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

VI.G.4.b).(3) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

VI.G.4.b).(3).(a) Under those circumstances, the resident must:

VI.G.4.b).(3).(a).(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

VI.G.4.b).(3).(a).(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

VI.G.4.b).(3).(b) The program director must review each submission of additional service, and track both



individual resident and program-wide episodes of additional duty.

#### VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

VI.G.5.b) Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

VI.G.5.c).(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

#### VI.G.6. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

### VI.G.7. Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

### VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour 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 duty, when averaged over four weeks.

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

VI.G.8.b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

## **RESPONSIBILITY**

Administration

Director, Graduate Medical Education Committee

Graduate Medical Education Committee

Program Directors, Faculty, Residents

Each accredited ACGME program at LAC+USC Medical Center/Keck School of Medicine must have a Resident Duty Hour Policy that meets ACGME Institutional Program Requirements, Common Program and Specialty or Subspecialty Program Requirements. The Resident Duty-Hour Policy must be approved by the Institutional GMEC.

## **REFERENCES**

ACGME Institutional Requirements

ACGME Common Program Requirements

ACGME Specialty and Subspecialty Program Requirements

Handbook of Policies for Physicians in Residency Training Program at LAC+USC Medical Center

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

**A. 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.

<b>Residents Employed by County of Los Angeles</b>	<b>Residents Employed by University of Southern California</b>
<p><b>1. County of Los Angeles Personnel Policies</b>            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><b>2. Memorandum of Understanding (MOU) between the Los Angeles County Committee of Interns and Residents (CIR) and the County of Los Angeles</b>            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</p>	<p><b>1. University of Southern California Personnel Policies</b>            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><b>2. Resident Physician Contracts</b>            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><b>3. Medical Staff Manuals and Policy and Procedure Manuals of Facilities</b></p>

<p>addressed in this document. A copy of the CIR MOU is available for 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><b>3. Physician Postgraduate (Resident Physician) Personnel Policy and Procedure Manual and LAC+USC Medical Center Medical Staff Manual.</b></p> <p>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><b>to which Residents are assigned</b></p> <p>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>
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**4. 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.

# **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><b>Residents Employed by LAC+USC Medical Center.</b></p> <p>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><b>Residents Employed by the Keck School of Medicine.</b></p> <p>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.

<p><b>Residents employed by LAC+USC Medical Center.</b></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, 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</p>	<p><b>Residents Employed by the Keck School of Medicine.</b></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>
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<p>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>	
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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.

<p><b>Residents Employed by LAC+USC Medical Center.</b></p> <ul style="list-style-type: none"> <li>A. Seriousness of the offense, the impact, actual or potential, upon the Medical Center and/or the community;</li> <li>B. The length of service and overall performance of the resident;</li> <li>C. The attitude and the culpability of the resident; and</li> <li>D. Previous discipline and the length of time since imposed.</li> </ul>	<p><b>Residents Employed by the Keck School of Medicine.</b></p> <ul style="list-style-type: none"> <li>A. Seriousness of the offense, the impact, actual or potential, upon the University and /or the community;</li> <li>B. The length of service and overall performance of the resident;</li> <li>C. The attitude and the culpability of the resident; and</li> <li>D. Previous discipline and the length of time since imposed.</li> </ul>
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## 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;  
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.
2. Identify previous counseling or discipline;
3. Reference the expectations for future performance or conduct;
4. Identify the disciplinary consequences of repetition, continuation, or lack of improvement.
5. Incorporate the resident’s stated reasons for his or her action; and
6. 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;  
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.
2. Identify previous counseling or discipline;
3. Reference the expectations for future performance or conduct;
4. Identify the disciplinary consequences of repetition, continuation, or lack of improvement.
5. Incorporate the resident’s stated reasons for his or her action; and
6. 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.

<b>Residents Employed by LAC+USC Medical Center.</b>	<b>Residents Employed by the Keck School of Medicine.</b>
<ol style="list-style-type: none"> <li>a. A recommendation shall be submitted in writing by the Program Director to the Director of Graduate Medical Education.</li> <li>b. The Director of Graduate Medical Education will review the recommendation along with</li> </ol>	<ol style="list-style-type: none"> <li>a. A recommendation shall be submitted in writing by the Program Director to the Associate Dean for Graduate Medical Education.</li> <li>b. The Associate Dean for Graduate Medical Education will review the</li> </ol>

<p>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.</p> <p>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.)</p> <p>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.</p> <p>A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).</p>	<p>recommendation along with the documentation provided, and if appropriate, submit a written recommendation for termination to the Dean, Keck School of Medicine.</p> <p>c. 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).</p> <p>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 affords the resident the right to respond to the termination action either orally, in writing, or both.</p> <p>A resident is entitled to file a written grievance at any step during this process (See Grievance Procedure).</p>
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## 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.

<b>Residents Employed by LAC+USC Medical Center.</b>	<b>Residents Employed by the Keck School of Medicine.</b>
<ul style="list-style-type: none"><li>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.</li><li>b. A departmental pretermination 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 pretermination hearing will be held with the Training Program Director and/or the Department Chair.</li><li>c. If after the pretermination 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.</li></ul>	<ul style="list-style-type: none"><li>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.</li><li>b. A departmental pretermination 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 pretermination hearing will be held with the Training Program Director and/or the Department Chair.</li><li>c. If after the pretermination 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</li></ul>

<ul style="list-style-type: none"> <li>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 recommending dismissal.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>i. If the Chief of Staff sustains the</li> </ul>	<p>the Dean.</p> <ul style="list-style-type: none"> <li>d. The resident may appeal this recommendation by submitting a written appeal letter to the Dean within ten (10) business days from receipt of the letter recommending dismissal.</li> <li>e. 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.</li> <li>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 Dean at least five (5) business days in advance of such intent to be represented.</li> <li>g. 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.</li> <li>h. 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.</li> </ul>
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<p>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>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><b>Please note: The resident may not be taken off duty until the effective date of termination detailed in the termination letter.</b></p> <p><b>A resident is entitled to file a written grievance at any step during this process (See grievance Procedure).</b></p>	<p>i. If the Dean sustains the resident's dismissal from the Residency program, the Dean 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

<p><b>Residents Employed by LAC+USC Medical Center.</b></p> <p>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>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><b>Residents Employed by the Keck School of Medicine.</b></p> <p>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>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>
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## GRIEVANCE PROCEDURE

<p><b>Residents Employed by LAC+USC Medical Center.</b></p> <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>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><b>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 or</b></p>	<p><b>Residents Employed by the Keck School of Medicine.</b></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 (<a href="http://policies.usc.edu">http://policies.usc.edu</a>)</p>
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<b>failure to respond in a timely manner at any level automatically results in the granting of the grievance.</b>	
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GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) UNIVERSITY  
OF SOUTHERN CALIFORNIA/LAC+USC MEDICAL CENTER

**INTERNAL REVIEW POLICY AND PROTOCOL**

**I. PURPOSE**

The Accreditation Council for Graduate Medical Education (ACGME) requires the Sponsoring Institution (SI) to perform an Internal Review of each its ACGME programs at approximately the mid-point between effective date of accreditation and the proposed date for the next site visit. Timely completion of the Internal Review with GMEC monitoring of the program director's corrective action plan meets ACGME institutional and program requirements and provides a structured mechanism for the SI and its programs to continuously improve the quality of residency education.

The GMEC of the University of Southern California/ LAC+USC Medical Center as the Sponsoring Institution will conduct a minimum of one Internal Review in accordance with ACGME Institutional Requirements Section IV for each of its ACGME accredited residency programs at approximately the mid-point date identified in the program's most recent Letter of Notification of accreditation. The mid-point will correspond to the approximate date that the GMEC reviews and approves the written Internal Review Report. Review of required documentation, interviews and the written report will be completed by the internal review committee within the 60 days immediately preceding the review and approval by the GMEC. Additional Internal Reviews may be scheduled at the discretion of the GMEC.

The Internal Review will assess the program's compliance with Institutional, Common and specialty/subspecialty requirements, educational objectives and the effectiveness of meeting those objectives, educational and financial resources, effectiveness in addressing areas of non-compliance and concerns in previous letters of notification and internal reviews, resolution of issues identified in the most recent ACGME resident survey, duty hour compliance, effectiveness of using educational tools and outcome measures to assess the level of competency for each resident in each of the ACGME general competencies, and effectiveness of annual, written program improvement efforts to include as a minimum a) resident performance using aggregated resident competency evaluations; b) faculty development; c) graduate performance outcome data including certifying examination results; and d) program quality measures including written,

confidential resident and faculty evaluations of the program as per Common Program Requirements (V.C.) effective July 1, 2011.

## II. COMPOSITION OF INTERNAL REVIEW COMMITTEE (IRC)

The Internal Review Committee (IRC) will be comprised of the following five members:

### A. Chairperson (1)

1. A program director or associate program director appointed by the DIO, who is from a program and Department not under review.

### B. Faculty (1)

At least one faculty member appointed by the IRC Chairperson who is knowledgeable about GME and is not from the program or Department under review. Additional faculty may be appointed by the IRC Chairperson.

### C. Resident (1)

At least one resident appointed by the IRC Chairperson who is in an approved ACGME program and is not from the program or Department under review. Additional residents may be appointed by the IRC Chairperson.

### D. Institutional Administrator (1)

1. Institutional administrator appointed by the DIO who is not administrator of the program or Department under review.

### E. Director, Graduate Medical Education or designee (1)

## III. INTERVIEW PROCESS

The Internal Review Committee will interview at least three separate groups for approximately 45 to 60 minutes each as follows:

**A. Program Director.** This interview must include the Program Director and may include the Associate Program Director (s) and/or Residency Program Coordinator as per the Program Director.

**B. Faculty:** A minimum of two (2) faculty other than the program director must be interviewed for programs with  $\leq 10$  residents; a minimum of four (4) faculty for programs with  $\leq 40$  residents; and a minimum of 6 faculty for programs with  $>40$  residents. Faculty must be selected by the program director and should be significantly involved in the educational

program. At least one faculty representative should be a member of the program's GMEC.

**C. Residents:** A minimum of two (2) peer-selected residents from each post-graduate year of the program must be interviewed. There is no maximum to the number of residents who can participate. For programs with <12 residents, all residents available on the day of the IRC review must participate in the interview. Residents must be relieved of all duties during the interview session. Residents must be interviewed as a group without the program director or faculty present.

**D. Other interviews:** The Department Chair may participate in the faculty interview session at the discretion of the Program Director or may be interviewed by the IRC in a separate 15-minute session as per the request of the Department Chair, Program Director or IRC. A separate interview session with the Department Chair does not exclude the requirement to interview the Program Director, Faculty and Residents in three separate sessions. Participation by the Department Chair is encouraged.

**CONFIDENTIALITY OF THE INTERVIEW PROCESS AND DOCUMENTS RELEVANT TO THIS INTERNAL REVIEW, THE INTERNAL REVIEW REPORT AND THE CORRECTIVE ACTION PLAN:**

The GMEC is a subcommittee of the Attending Staff Association and is bound by the bylaws of that association with regards to conduct of all activities. Each IRC member will be required to sign a statement of confidentiality to ensure the following for the internal review report and any notes or conversation regarding the process and content of the report:

**“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”**

## IV. MATERIALS TO BE REVIEWED BY THE IRC

### A. Institutional, Common and Specialty/subspecialty requirements

ATTACHMENT	CONTENT	CHECK
1	Completed Internal Review Program Information Form	___
2	Copy of last ACGME accreditation letter of notification and Internal Review and corrective action plans for any citations, concerns, areas of improvement, etc.	___
3	Copy of last ACGME Resident Survey and Corrective action plan for any areas shaded in gray	___
4	Curriculum with goals and objectives that integrate the six general competencies for your program and for each year of the program	___
5	Summary of curriculum changes since last ACGME site visit	___
6	A list of the internal and external outcome measures used to assess the quality of your program as part of your annual program review and documentation the Program has implemented a process that links Educational outcomes with program improvement	___
7	Tools currently in use in your program to evaluate: Six general competencies Six-month required summative evaluations Final evaluation of graduating residents Form used by residents to evaluate faculty Form used by residents to evaluate the program	___ ___ ___ ___ ___
8	A narrative including one (1) learning activity for each of the following: Developing effective communication Team leadership Quality improvement Commitment to professional and/ethical behavior Systems-based practice Scholarly activity	___ ___ ___ ___ ___ ___
9	Block diagram for each year of the program	___
10	Master schedule for current year residents	___
11	Resident and faculty call schedules for last 3 months	___
12	Conference Schedule for current academic year	___
13	Minutes of program's GMEC for past year including Annual Program Review	___
14	Certification board scores for past 3 years	___
15	Tracking data on graduates	___
16	Program policies for Selection of residents Promotion of residents Disciplinary action and grievance	___ ___ ___
17	Competency based goals and objectives for program and for each major rotation for each year of residency	___
18	Policy for resident duty hours in the learning and working environment (Sec VI of Common Program Requirements)	___
19	Copies of your current Letters of Agreement	___
Available	Have files for 2 current residents and 2 recent graduates	___



## V. PROTOCOL FOR INTERNAL REVIEW COMMITTEE

- A. Program director will receive Internal Review Protocol and IR Program Information Form from the GME office 90 days prior to the proposed review date.
- B. Program director to submit IR Program Information Form and required supporting documents to GME office at least 14 days prior to the review. A completed PIF may also be required at the discretion of the DIO and Internal Review Chair.
- C. GME office to coordinate selection of committee members and schedule interview sessions at least 14 days prior to the review so that interviews can be completed in a single 3-hour block of time.
- D. GME office to distribute copies of Program Information Form and supporting materials (Section IV) to internal review committee 10 days prior to review.
- E. Interview with the Program Director should address:**
  - 1. Effectiveness of data supported corrective action plans in addressing and resolving previous ACGME/RRC citations and concerns from previous Internal Review.
  - 2. Effectiveness of resolving areas highlighted in gray as non-compliant from the most recent ACGME Resident Survey.
  - 3. Review that the overall and each year's competency-based goals and objectives meet milestones of learning.
  - 4. Identify that appropriate tools are being used to evaluate the goals and objectives including milestones of learning
  - 5. Review program's of dependable measures to assess individual resident's competency
  - 6. Review internal and external educational outcomes used for the annual program review
  - 7. Assess program's written annual quality improvement plan based on required outcome measures in use.
  - 8. Adequacy of the educational and financial resources to meet the educational goals and objectives
  - 9. Compliance with ACGME/RRC program requirements
  - 10. Review learning activities for developing effective communication, team leadership, quality improvement, commitment to professional and ethical behavior, systems-based practice and scholarly activity including research design and critical review of the literature for life-long learning.

11. Monitoring and compliance of resident duty hours in the learning and work environment with consideration of the following as per Section VI of Common Program Requirements effective 7/1/2011:
  - A) Professionalism, Personal Responsibility, and Patient Safety;
  - B) Transitions of care;
  - C) Alertness management and fatigue;
  - D) Supervision of Residents;
  - E) Clinical Responsibilities;
  - F) Teamwork and
  - G) Duty hours compliance
12. Monitoring of resident well-being and safety
13. Autonomy of Program Director in decision making regarding the educational program
14. Documentation of appropriate evaluations in residents' files
15. Unmet educational needs of the program

**F. Interview with Faculty should address:**

1. Familiarity with six general competencies.
2. Commitment to the educational goals and objectives.
3. Role in establishing, reviewing and improving curriculum.
4. Involvement in teaching, supervision and evaluation.
5. Faculty involvement in mentoring residents.
6. Faculty role in maintaining an environment of inquiry and scholarly activity including adequacy of resources such as laboratory space, equipment, computers, statisticians, etc. and faculty professional development.
7. Understanding, commitment and oversight of resident duty hours in the learning and working environment.
8. Unmet educational needs of the program.

**G. Interview with Residents should address:**

1. Validation that residents were peer selected for interview session for programs with complement  $\geq 12$  residents.
2. Program strengths and weaknesses: In general, the IRC should draw conclusions of strengths and weaknesses through open-ended questions. Positive comments or concerns identified in the IRC report should reflect agreement by the majority of residents interviewed.
3. Balance between education and service
4. Adequacy of faculty supervision and teaching

5. Familiarity with program policies
6. Identify if residents believe that curriculum content adequately addresses the six general competencies.
7. Case logs should be reviewed to document residents are at 30<sup>th</sup> percentile for surgical procedures.
8. Duty hours in the learning and working environment including provisions for adequate backup support when patient care responsibilities are difficult or prolonged
9. Adequacy of institutional support including medical records, phlebotomy/IV, transport, messengers, nurses, social workers, food service, laboratory
10. Availability and privacy of on-call rooms
11. Appropriate security and personal safety
12. Adequacy of medical information systems including laboratory and radiology retrieval
13. Frequency of evaluations by faculty and discussion of same
14. Semi-annual meetings with program director
15. Opportunity for residents to anonymously and confidentially evaluate faculty, the educational program and working environment without fear of intimidation or retaliation
16. Unmet educational needs of the program and other areas for improvement

#### **I. IRC written report and GMEC follow up**

1. The IRC Chair with assistance from GME office is responsible for preparing the Internal Review Committee Report using the attached reporting template.
2. The written report should be submitted to the GME Director in MS Word format within 30 calendar days of the date of the Internal Review interviews.
3. The report will be placed on the agenda of the GMEC at the monthly meeting immediately following submission of the report. The report, discussion and action will be documented in the minutes of the GMEC.
4. Upon approval by the GMEC, the report will be submitted to the Program Director for review.
5. The DIO and GME staff will meet with the program director to provide guidance and support for the CAP.

6. A written corrective action plan (CAP) with supporting documentation to each concern in Section XIII of the report must be submitted to the GMEC within 1 to 6 months depending upon concerns, proximity to external review and as determined by a vote of the GMEC.
7. Presentation of the written CAP will be scheduled on the GMEC agenda as per the vote of GMEC upon IRC report approval. The program director will be invited to the meeting to present the CAP. Discussion and action by the GMEC will be recorded in the minutes. The CAP must be approved by the GMEC or returned to the program director for further action. If necessary, a revised CAP regarding any unresolved concerns will be required within 1 to 6 months of the original CAP as per vote of the GMEC. A CAP is not final until approved by the GMEC without need for additional revisions.
8. Once the GMEC has voted final approval of the IRC report and the CAP, the DIO will forward a confidential copy to: GME office; Program Director; Department Chair; CEO LAC+USC Medical Center; Dean, Keck School of Medicine of USC; Chief Medical Officer, LAC+USC Medical Center and the President, Attending Staff Association.

## **Internal Review Committee Report Template:**

Program Reviewed:

Date of Internal Review Interviews:

Current resident complement:

Accreditation Status

Effective Date of Accreditation:

Date of next ACGME site visit:

Accreditation cycle:

Midpoint of accreditation cycle:

Date report approved by GMEC:

The text of the report should be divided into **XIV** sections as follows:

- I. Membership of Internal Review Committee (name and title)**
- II. Materials Reviewed**
- III. Program Director and faculty interviewed (names and titles)**
- IV. Names of peer-selected residents interviewed with year of residency**
- V. Format of interviews**
- VI. General comments regarding strengths of the program**
- VII. Educational and financial resources for effective administration of the program**
- VIII. Concerns regarding the need for additional corrective actions to address ACGME citations and previous Internal Review concerns**
- IX. Concerns identified from the ACGME Residency Survey**  
**DUTY HOUR DOMAIN (see Section XI. G. of this report)**

**FACULTY DOMAIN:**

**EVALUATION DOMAIN:**

**EDUCATIONAL CONTENT DOMAIN:**

**RESOURCE DOMAIN:**

- X. Adequacy of competency-based goals and objectives to achieve milestones of learning**
- XI. Compliance with ACGME minimum standards for resident duty hours in the learning and working environment including:**
  - A. Professionalism, Personal Responsibility and Patient Safety**
  - B. Transitions of care**
  - C. Alertness Management/Fatigue Mitigation**
  - D. Supervision of Residents**
  - E. Clinical Responsibilities**
  - F. Teamwork**
  - G. Resident Duty Hours**
- XII. Compliance with ACGME outcome project including the program's effectiveness in conducting and documenting an annual program review and implementing the program quality improvement efforts recommended in the annual review report**
- XIII. Summary of concerns identified by the Internal Review Committee from materials reviewed, interviews and sections VI-XII above that must be addressed in the written corrective action plan**
- XIV. Summary statement including proposed date for submission by the program director to the GMEC of a written corrective action plan to this internal review report**

**Internal Review Committee’s Checklist:**

**PLEASE ANSWER “YES” OR “NO” TO THE FOLLOWING:**

1. Was the Internal Review PIF complete? Yes\_\_No\_\_
2. Were the residents peer selected? Yes\_\_No\_\_
3. Were all citations from ACGME letter resolved? Yes\_\_No\_\_
4. Were issues on resident ACGME survey resolved? Yes\_\_No\_\_
5. Duty hour compliance in learning/work environment? Yes\_\_No\_\_
  - A. Compliance with Professionalism, Personal Responsibility, Patient Safety Yes No
  - B. Compliance with Transitions of care Yes No
  - C. Alertness Management/Fatigue mitigation Yes No
  - D. Supervision of Residents Yes No
  - E. Clinical Responsibilities Yes No
  - F. Teamwork Yes No
6. Were goals and objectives competency based? Yes\_\_No\_\_
7. Sufficient tools to measure resident competency? Yes\_\_No\_\_
8. Was there a semi-annual evaluation? Yes\_\_No\_\_
9. Was the language in the final evaluation appropriate? Yes\_\_No\_\_
10. Were there GMEC minutes for past year? Yes\_\_No\_\_
11. Did the minutes contain an annual program review? Yes\_\_No\_\_
12. Did the minutes verify use of outcome measures? Yes\_\_No\_\_
13. Do faculty discuss evaluations with residents? Yes\_\_No\_\_
14. Do residents participate in research? Yes\_\_No\_\_
- Did you identify learning activities for each of the following (15-20):
15. Developing effective communication? Yes\_\_No\_\_
16. Team leadership? Yes\_\_No\_\_
17. Quality improvement and patient safety? Yes\_\_No\_\_
18. Commitment to professional/ethical behavior? Yes\_\_No\_\_
19. Systems-based practice? Yes\_\_No\_\_
20. Scholarly activity? Yes\_\_No\_\_
21. Do residents keep an educational portfolio? Yes\_\_No\_\_
22. Does the program require individual learning plans? Yes\_\_No\_\_
23. Monitoring of medical record compliance? Yes\_\_No\_\_

24. Is there substantial compliance with requirements? Yes\_\_No\_\_  
 25. Are there sufficient education and financial resources? Yes\_ No\_\_  
 26. Do case logs document 30<sup>th</sup> percentile nationally? Yes\_\_No\_\_

**USC/LAC+USC MEDICAL CENTER  
 INTERNAL REVIEW PROGRAM INFORMATION FORM  
 (ATTACHMENT 1)**

**I. IDENTIFYING INFORMATION**

Program Name \_\_\_\_\_

Program Director \_\_\_\_\_

Date Program Director last reviewed the program requirements \_\_\_\_\_

Date Program Director last reviewed the current PIF template \_\_\_\_\_

Board Certification(s) and Date \_\_\_\_\_ % Time for GME \_\_\_\_\_

Division Head (if applicable) \_\_\_\_\_

Department Chair \_\_\_\_\_

Number of Residents: \_\_\_\_\_ U.S. Graduates \_\_\_\_\_ IMG \_\_\_\_\_

Gender of Residents: # Males \_\_\_\_\_ # Females \_\_\_\_\_

Number of Full-time Faculty: \_\_\_\_\_ Number Board Certified \_\_\_\_\_

Number of Part-time Faculty: \_\_\_\_\_ Number of Volunteer Faculty \_\_\_\_\_

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**II. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) FOR THE PROGRAM**

A. Membership of the Program GMEC: # faculty \_\_\_\_\_ # residents \_\_\_\_\_

B. Does the membership include site directors from affiliating institutions? **Y N**  
 If no, describe your mechanism for maintaining communication with them to ensure the quality of the educational experience for the residents:

\_\_\_\_\_  
 \_\_\_\_\_

C. Frequency of GMEC meetings: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Other \_\_\_\_\_

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**III. ACGME/RRC LETTER OF NOTIFICATION: (ATTACH LATEST ACGME ACCREDITATION LETTER AS “ATTACHMENT 2” FOLLOWED BY AN UPDATED (LAST 3 MONTHS) CORRECTIVE ACTION PLAN TO ALL NUMBERED CITATIONS, CONCERNS, ETC).**

- A. Date of last ACGME site visit: \_\_\_\_\_
1. Did the program receive any citations, concerns, comments, and/or areas to be reviewed at the time of the next site survey in the accreditation letter? **Y N**
  2. Use a separate sheet to identify an updated (last 3 months) Corrective Action Plan that addresses each citation or concern in the Letter of Accreditation.
- B. Date of last Internal Review: \_\_\_\_\_
1. Did the IRC identify concerns that have not been fully corrected? **Y N**
  2. Identify actions planned for full correction as part of **Attachment 2**.

**IV. ACGME RESIDENT SURVEY**

- A. Provide a copy of your most recent ACGME Resident Survey (**Attachment 3**)
- B. Provide a corrective action plan to all areas identified in gray exceeding the national average and plan to correct any duty hour violations identified on the survey as part of **Attachment 3**.

**V. EDUCATIONAL PROGRAM**

- A. Competencies
1. Provide a copy of your curriculum, complete with goals and objectives, that is used for teaching the following six general competencies: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice (**Attachment 4**).
  2. Please identify any major curriculum changes since the last ACGME site survey (**Attachment 5**).
  3. Provide a list of the internal and external outcome measures used to assess the quality of your program as part of your annual program review. (**Attachment 6**).  
As a minimum the list must include:
    - 1) aggregated resident data
    - 2) faculty professional development activities and scholarly activity
    - 3) board certification results
    - 4) in-training examination results
    - 5) written confidential evaluations of the program by residents and faculty

- 6) resident's scholarly activity
  - 7) graduate surveys of program quality
4. Provide a list of 1-3 summative and formative evaluation tools used for each of the six competencies by filling out the table below. Attach examples of these tools (**see checklist for Attachment 7**).

General Competencies			
	Evaluation Tool # 1	Evaluation Tool #2	Evaluation Tool #3
Patient Care			
Medical Knowledge			
Interpersonal and Communication Skills			
Professionalism			
Practice Based Learning			
Systems Based Learning			

B. Goals and Objectives

- 1. Do you have written goals and objectives for the overall program? Y N
- 2. Do you have written goals and objectives for each required rotation? Y N
- 3. Do you have written goals and objectives for each elective rotation? Y N
- 4. Do you have written goals and objectives for each year of training? Y N
- 5. Do your goals and objectives identify progressive responsibility? Y N
- 6. Do your goals and objectives identify milestones for learning? Y N
- 7. Are the written goals and objectives reviewed annually by the Program Director and the program's GMEC? Y N
- 8. Are written goals and objectives reviewed annually by the faculty? Y N

C. Curriculum

- 1. Is the curriculum evaluated at least annually to ensure that it meets the goals and objectives established for your program? Y N
- 2. Does each trainee in your program receive the same curriculum? Y N
- 3. Does each trainee have the opportunity to develop a course of training to meet individual needs and interests? Y N
- 4. Identify the number of elective months in the overall program # \_\_\_\_\_
- 5. Describe in **Attachment 8** one resident learning activity for each:
  - 1. Developing effective communication
  - 2. Team leadership
  - 3. Quality Improvement and patient safety
  - 4. Commitment to professional and ethical behavior
  - 5. Systems-based practice including legal issues, Practice management, cost containment.
  - 6. Research design, statistics and critical review of the literature necessary for lifelong learning

D. Learning and Teaching Environment

- 1. Check all those that apply to the learning opportunities for your residents
  - i. Bedside rounds \_\_\_\_\_
  - ii. Small group seminars \_\_\_\_\_
  - iii. Large group conferences such as grand rounds \_\_\_\_\_
  - iv. Lectures designated for residents \_\_\_\_\_
  - v. Journal Club \_\_\_\_\_
  - vi. Morbidity and Mortality Conference \_\_\_\_\_
  - vii. Autopsy review \_\_\_\_\_
  - viii. Structured computer based learning \_\_\_\_\_
- 2. Does your RRC specify the number and types of procedures residents must perform? Y N
- 3. Do you document procedures using a procedure log at 30<sup>th</sup> %? Y N
- 4. Does your RRC require dedicated research time for residents? Y N
- 5. How many publications in the past two years have been authored or co-authored by residents? \_\_\_\_\_
- 6. Identify the number of peer-review publications by faculty in the last 3 years. \_\_\_\_\_

## VI. RESIDENT RECRUITMENT

- A. Were you able to fill through the match in the past two years? Y N  
B. Do you predict any trouble with filling in the future? Y N

## VII. RESIDENT POLICIES

- A. Do you have a written policy for selection of residents? Y N  
B. Do you have a written policy for promotion of residents? Y N  
C. Do you have a written policy for disciplinary action for residents? Y N  
D. Do you have a written policy for resident responsibilities? Y N  
E. Do you have a written policy for resident supervision? Y N  
F. Do you have a written policy for resident duty hours? Y N  
G. Are your residents on duty more than 80 hours per week averaged over 28 days? Y N  
H. Do your residents have 1 day in 7 off-duty averaged over 28 days? Y N  
I. Do your residents take call more frequently than every third night? Y N  
J. Do your interns remain on duty for more than 16 hours? Y N  
K. Do your residents have a 24-hour limit on on-call duty with an added period of up to 4 hours for continuity and transfer of care, educational debriefing and didactic activities including a statement that no new patients may be accepted after 24 hours? Y N  
L. Do your residents have a 10-hour minimum off-duty period between Routine duty periods? Y N  
M. For residents taking call from home and are called into the hospital, is the time spent in the hospital counted toward the weekly duty hour limit? Y N  
N. Do you have a moonlighting policy to monitor moonlighting activities? Y N  
O. Do you have a written policy to monitor and support the physical and emotional well being of residents including the monitoring of residents for the adverse effects of sleep loss and fatigue mitigation to promote an educational environment and safe patient care? Y N  
P. Do you routinely for monitoring resident work hours? Y N  
Q. Do you have policies and a mechanism for evaluating the following:  
-Compliance with Professionalism, Personal Responsibility, Patient Safety? Y N  
-Compliance with Transitions of Care (handoffs)? Y N  
-Compliance with Alertness management/fatigue mitigation? Y N  
-Compliance with Supervision of residents? Y N  
-Compliance with Clinical Responsibilities? Y N  
-Compliance with Teamwork? Y N
-

## VIII. EVALUATION

- Do you have a global evaluation form addressing the 6 competencies that is reviewed with each resident at least every 6 months? **Y N**
- Does the program director and/or associate program director meet with each resident every 6 months to review their progress? **Y N**
- Does your faculty provide written evaluations of residents after every rotation? **Y N**
- Does your faculty discuss their written evaluations with the resident? **Y N**
- Do your residents provide anonymous written evaluations of the faculty? **Y N**
- Do your residents provide written evaluations of the curriculum? **Y N**
- Do you provide an organized method for residents to communicate and exchange information on their working environment and educational program without fear of intimidation or retaliation? **Y N**
- For residents transferring out of your program, do you send written verification of the previous educational experiences and a summative evaluation of performance including assessment of the six general competencies? **Y N**
- For residents transferring into the program, do you receive written verification of previous educational experiences and a summative evaluation of performance including an assessment of the six general competencies? **Y N**
- Does your final evaluation for residents completing the program state that “the resident has sufficient competence to enter practice without direct supervision”? **Y N**
- Does your program have annual program improvement efforts in the following areas: a) resident performance using aggregated resident data; b) faculty development; c) graduate performance data including the certifying examination; and d) program quality as per the Common Program Requirements (V.C.). **Y N**

## IX. SUPPORTING DOCUMENTATION

- A. Please provide **Attachments 9-19** as identified in the checklist on the next page (See **SECTION X**).
- B. Please have two (2) resident files available for review by the Internal Review Committee for residents currently in your program and two (2) files available for residents who completed your program in the past year

## X. DOCUMENTS REQUIRED FOR THE INTERNAL REVIEW

(Please submit documents at least 2 weeks before the review)

ATTACHMENT	CONTENT	CHECK
1	Completed Internal Review Program Information Form	___
2	Copy of last ACGME accreditation letter of notification and Internal Review and corrective action plans for any citations, concerns, areas of improvement, etc.	___
3	Copy of last ACGME Resident Survey and Corrective action plan for any areas shaded in gray	___
4	Curriculum with goals and objectives that integrate the six general competencies for your program and for each year of the program	___
5	Summary of curriculum changes since last ACGME site visit	___
6	A list of the internal and external outcome measures used to assess the quality of your program as part of your annual program review and documentation the Program has implemented a process that links Educational outcomes with program improvement	___
7	Tools currently in use in your program to evaluate: Six general competencies Six-month required summative evaluations Final evaluation of graduating residents Form used by residents to evaluate faculty Form used by residents to evaluate the program	___ ___ ___ ___ ___
8	A narrative including one (1) learning activity for each of the following: Developing effective communication Team leadership Quality improvement Commitment to professional and/ethical behavior Systems-based practice Scholarly activity	___ ___ ___ ___ ___ ___
9	Block diagram for each year of the program	___
10	Master schedule for current year residents	___
11	Resident and faculty call schedules for last 3 months	___
12	Conference Schedule for current academic year	___
13	Minutes of program's GMEC for past year including Annual Program Review	___
14	Certification board scores for past 3 years	___
15	Tracking data on graduates	___
16	Program policies for Selection of residents Promotion of residents Disciplinary action and grievance	___ ___ ___ ___
17	Competency based goals and objectives for program and for each major rotation for each year of residency	___
18	Policy for resident duty hours in the learning and working environment (Sec VI of Common Program Requirements)	___
19	Copies of your current Letters of Agreement	___

Available Have files for 2 current residents and 2 recent graduates \_\_\_\_

- PLEASE SUBMIT FIVE (5) COPIES OF ALL REQUESTED INFORMATION TO THE GMCC OFFICE AT LEAST 14 DAYS PRIOR TO YOUR INTERNAL REVIEW COMMITTEE INTERVIEWS.
- PLEASE USE NUMBERED TABS TO SEPARATE THE REQUIRED ATTACHMENTS 1-19.
- PLEASE BRING THE REQUESTED RESIDENT FILES (SEE #20 ABOVE) WITH YOU TO THE INTERVIEW. THE RESIDENT FILES SHOULD CONTAIN THEIR EVALUATIONS AND EVIDENCE OF SCHOLARLY ACTIVITY. PERSONAL INFORMATION SHOULD BE KEPT IN A SEPARATE FILE AND SHOULD NOT BE INCLUDED WITHIN THE RESIDENT'S PEER REVIEW INFORMATION TO PROTECT THE CONFIDENTIALITY OF THE DOCUMENTS.
- PRIOR TO THE IRC MEETING YOU SHOULD REVIEW YOUR PROGRAM REQUIREMENTS AND YOUR CURRENT ACGME PIF TEMPLATE TO ASSIST YOU IN COMPLETING THE DOCUMENTS FOR THIS REVIEW.

**THANK YOU IN ADVANCE FOR YOUR PREPARATION OF COMPLETE AND UPDATED DOCUMENTS FOR THIS INTERNAL REVIEW AND FOR YOUR LEADERSHIP IN GRADUATE MEDICAL EDUCATION.**