

Housestaff Information Booklet

A Guide for Residents & Clinical Fellows

SCHOOL OF MEDICINE
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
<http://www.medschool.ucsf.edu/gme>

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Introduction

The University of California's ten campuses at Berkeley, Davis, Irvine, Los Angeles, Merced, Riverside, San Diego, San Francisco, Santa Cruz, and Santa Barbara provide exciting environments that foster world-class educational and research opportunities and generate a wide range of benefits and services that touch the lives of Californians every day. UC also manages three US Department of Energy national laboratories: Lawrence Berkeley, Livermore, and Los Alamos. The University's revenues are generated from the following sources: the California state treasury; local governments; the federal government; student fees and tuition; the teaching hospitals; endowments; gifts; grants; contracts; and a variety of educational activities. UC's five medical centers (Davis, Irvine, Los Angeles, San Diego, and San Francisco) support the clinical teaching programs of the university's medical and health sciences schools and handle more than three million patient visits each year. Collectively, these centers comprise one of the largest health care systems in California. For more information regarding the UC campuses, please see the UC website (<http://www.universityofcalifornia.edu>).

The University of California, San Francisco (UCSF) is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. It is the only UC campus dedicated exclusively to the health sciences. Part of the University of California since 1873, UCSF boasts high-ranking schools of dentistry, medicine, nursing, and pharmacy as well as a graduate division. All four professional schools, virtually all UCSF graduate programs, and UCSF Medical Center and Benioff Children's Hospital rank among the best in the country according to *US News & World Report*. A hallmark of UCSF excellence is a spirit of collaboration among all disciplines that carries through its wide spectrum of patient care, research, and education programs, fostering an environment of innovation and discovery. The result is groundbreaking life sciences research and world-class health care that support UCSF's mission: advancing health worldwide™. UCSF is a multi-campus medical center: UCSF Medical Center at Parnassus and Mt. Zion; UCSF Medical Center at Mission Bay; UCSF Benioff Children's Hospital San Francisco; UCSF Children's Hospital Oakland; and Langley Porter Psychiatric Institute. San Francisco General Hospital and the San Francisco Veterans Administration Medical Center are the two other major participating sites in the training of UCSF residents and clinical fellows.

Duties and Operational Standards

Residents and clinical fellows are responsible to their program directors for all matters pertinent to the professional care of patients; administrative policy and procedures; and their educational programs.

Residents and clinical fellows must adhere to the schedule announced in the roster of duty compiled by their program. Requests for changes to rotation schedules must be made in accordance with departmental/program policy. The program must update rotation schedules in E*Value to ensure accurate Medicare reporting.

Upon arrival for each rotation at an affiliate hospital, the resident or clinical fellow must report to the appropriate office to complete paperwork and receive unique hospital identification numbers. Residents and clinical fellows with clinical responsibilities at UCSF clinical sites are appointed to the UCSF Medical Staff by the Office of Graduate Medical Education (OGME). UCSF Medical Center By-Laws, Rules, and Regulations can be found at

<http://www.ucsfmedicalcenter.org/medstaffoffice/MedStaffBylawsRulesRegs.htm>

Listed below are the general standards for all physicians, including residents and clinical fellows, at the University of California, San Francisco. These standards are founded on common sense and courtesy, and are intended to enrich the environment for all personnel as well as for patients, visitors, volunteers, and guests. Physicians and staff must recognize that patients, visitors and colleagues are to be treated with courtesy, sensitivity, and respect at all times. All physicians and staff are expected to make the "extra effort" to ensure a professional, gracious, and overtly hospitable environment for patients, visitors, and colleagues. The goal is to maintain an atmosphere of personal and institutional excellence where outstanding performance is expected.

Patients and visitors are guests at UCSF. As such, all physicians are expected to:

- Yield to them in elevators and stairwells, holding doors open for them as necessary;
- Introduce themselves and colleagues;
- Offer assistance if there is the slightest indication that it is needed;
- Address them by their surnames unless asked to do otherwise by the patient or visitor;
- Respect their privacy by knocking before entering their room;
- Maintain a neat and clean environment (e.g., pick up papers or debris in hallways, or notify the appropriate Medical Center department to do so);
- Wear photo identification badges above the waist and clearly visible, in compliance with Title XXII of the California Administrative Code;
- Wear clothing that is neat, clean, and appropriate for work assignments. Shoes must be safe, quiet, in good repair, and appropriate for the work to be performed;
- Hair and facial hair must be clean, controlled, and trimmed so as not to

interfere with job duties;

- Jewelry, cosmetics, and other accessories may not be worn where safety or health standards would be compromised;
- Hosiery or socks shall be worn at all times;
- Perfume, cologne, fragrant after-shave lotions, or other fragrant products should not be worn in patient care areas; and
- Comply with HIPAA and privacy regulations.

General Educational Responsibilities

Graduate medical education 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 and clinical fellow.

The medical 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/clinical fellow physician to assume personal responsibility for the care of individual patients. For the resident/clinical fellow, the essential learning activity is interaction with patients under guidance and supervision of faculty members who give value, context, and meaning to those interactions. As trainees 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 trainee's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of graduate medical education programs in the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The mission of the ACGME is to improve health care by assessing and advancing the quality of graduate medical education through exemplary accreditation. The policies and standards in this handbook have been developed to maintain compliance with the institutional and program requirements of the ACGME (<http://www.acgme.org>).

The ACGME has 26 Residency Review Committees (RRC), one for each specialty. Each RRC develops the specialty program requirements for all programs for which it is responsible. In addition, each RRC evaluates and makes recommendations regarding the accreditation of its programs.

The ACGME has directed that each graduate medical education training program integrate into its curriculum as well as provide objective assessments of competence based on the following six core competencies:

- **Patient Care:** Trainees must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** Trainees must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral

sciences as well as the application of this knowledge to patient care.

- **Practice-Based Learning and Improvement:** Trainees must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health care professionals.
- **Professionalism:** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents and clinical fellows are expected to:

- Develop a personal program of self-study and professional growth with guidance from the faculty;
- Participate in safe, effective, and compassionate patient care under supervision commensurate with their level of advancement and responsibility;
- Participate fully in the educational and scholarly activities of their program and as required, assume responsibility for teaching and supervising other residents and students;
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution;
- Participate in institutional committees and councils, especially those that relate to patient care activities;
- Participate in evaluation of the quality of education provided by the program;
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care;
- Comply with established ethical behavior and practices;
- Adhere to federal, state, and campus deadlines and requirements regarding licensure and registration for the practice of medicine;
- Respond to the Office of Graduate Medical Education and the home program/department for information related to position/rank and function;
- Adhere to all departmental, School of Medicine, GME, and ACGME policies and procedures.

Appointment of Residents and Clinical Fellows

Appointment and Credentialing

All UCSF residents and clinical fellows in the School of Medicine who will rotate at any UCSF, SFGH, or SFVA clinical or research site must be appointed through the Office of Graduate Medical Education (OGME). Trainees work with their UCSF program coordinators to complete required paperwork. Appointment packets are available on the OGME website and completed packets must be submitted to OGME by the assigned deadline (for June through August start dates) or one month prior to start date (for off-cycle start dates). Paperwork that is submitted incomplete or late may jeopardize an on-time start. Trainees appointed at other institutions who will rotate at any UCSF site must also be appointed by OGME.

Benefits

Housestaff are eligible for health; dental; life; accidental death and dismemberment; long-term disability; and vision plans offered through the School of Medicine. Housestaff insurance is bundled; therefore, if a trainee opts out of health insurance than he/she is not eligible for any of the other insurance types. When a trainee is enrolled in a health insurance plan, he/she is also enrolled in dental, vision, life, accidental death and dismemberment, and long-term disability. These benefits, options, and annual premiums are re-negotiated annually by UCSF Human Resources on behalf of UCSF GME and the Associate Dean for GME. These plans for housestaff are different from the various plans offered to faculty and staff employees. Information regarding plan choices is available at <http://ucsfhr.ucsf.edu/index.php/residents/>

Health Insurance: Each resident and clinical fellow must submit to his/her program coordinator the health insurance enrollment form within 30 days of the appointment date. Each year, the months of June and July are Open Enrollment. New enrollment and/or changes in coverage must be made during this period of time; elective changes are not allowed at any other time during the academic year. Upon initial selection of coverage and enrollment, the effective date of coverage will be retroactive to the date of employment. The trainee and eligible dependents or a domestic partner must be registered. To add a domestic partner, the Declaration of Domestic Partnership form must be completed with an enrollment form. If dependents are acquired during the year, they may be added within 30 days of a marriage, birth, or adoption. Deletions of dependents can be done at any time of the year. Adding or deleting domestic partners can be done any time of the year. At the time of separation from UCSF, continued insurance coverage under the terms of COBRA may be elected. Information regarding this coverage is available in each home department office or at <http://ucsfhr.ucsf.edu/index.php/residents/>

Life Insurance and Accidental Death & Dismemberment: Housestaff enrolled in any health insurance plans have coverage under life insurance and accidental death and dismemberment insurance in the amount of \$50,000. The program coordinator will give each trainee a "Designation of Beneficiary" form at the time of employment/appointment. This designation may be changed at any time by filing a new form with Human

Resources <http://ucsfhr.ucsf.edu/index.php/residents/>

Long-Term Disability: Long-term Disability (LTD) insurance is provided to residents and clinical fellows enrolled in health insurance plans. Specific information or claim forms are available at the <http://ucsfhr.ucsf.edu/index.php/residents/> and from the resident or clinical fellow's program coordinator.

California Medical License

The California Medical Practice Act permits medical and osteopathic school graduates to practice medicine under the following conditions:

- Graduates of US or Canadian medical schools may participate in ACGME accredited programs unlicensed for no more than a total of 24 months. The California Medical Board requires a minimum of 12 months of training in an ACGME accredited program and a passing score on the USMLE Step III to qualify for medical licensure. A license must be obtained by the first day of the 25th month of training.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program.

- Graduates of medical schools outside of the United States or Canada must have a current and valid Education Commission for Foreign Medical Graduates (ECFMG) certificate at the time of application. International medical graduates may participate in ACGME accredited programs unlicensed, with a valid Postgraduate Training Authorization Letter (http://www.medbd.ca.gov/applicant/application_international.pdf) from the California Medical Board, for no more than a total of 36 months. The Medical Board requires a minimum of 24 months of training in an ACGME accredited program and a passing score on the USMLE Step III to qualify for medical licensure. A license must be obtained by the first day of the 37th month of training.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain either a full and unrestricted California medical license or a 2111 licensure exception prior to beginning a UCSF postgraduate medical education program, 2111 licensure exemptions must be requested by the training program and submitted to the California Medical Board by the Office of Graduate Medical Education.

Trainees who have not obtained a California medical license within the above mentioned time frames will not be allowed further patient contact or access to patient information including medical records, laboratory values, radiographic studies, etc. A trainee not licensed by July 1st (or other start date) of the required year may not do any clinical work until a medical license is secured. During the period of non-licensure, the resident or

clinical fellow appointment, including salary, may be suspended. Resumption of training, once a California medical license has been obtained, will be at the discretion of the program director and/or department chair. Thereafter and for the duration of training, the California medical license must be continually maintained as a prerequisite to appointment.

Cardio-Pulmonary Resuscitation (CPR) Certification

Each training program, in accordance with its RRC, Board, and medical staff requirements determines the regulations for CPR certification.

Narcotic (DEA) Registration

A physician licensed in the state of California may apply for a Drug Enforcement Administration (DEA) number at http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm. The “Fee Exemption” box can be checked if the applicant registers with a city/county, state or federal hospital address (UCSF, SFGH, VAMC) and obtains the signature of a certifying official supervisor (i.e. Program Director). However, if the “fee exemption” classification is used, the DEA number is valid only at UCSF training sites.

Residents and clinical fellows without a DEA license in the State of California may order narcotics for inpatients only. For outpatient Schedule II medication prescribing, physicians must use a tamper-resistant prescription pad, which is available at each UCSF clinical site.

For more information about DEA registrations, please go to the website of the Office of Diversion Control, <http://www.deadiversion.usdoj.gov/drugreg/index.html>

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers and health plans. As a result the Centers for Medicare and Medicaid Services (CMS) created the National Provider Identifier (NPI) number. All residents and clinical fellows are required to have an NPI number. This can be obtained online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Non-ACGME/Non-ABMS Clinical Fellows

Clinical fellows being appointed to non-accredited (non-standard) programs have a primary appointment with OGME and must also be appointed through Academic Affairs as clinical instructors without salary. In addition, trainees in non-accredited programs must have privileges (only those privileges that correspond to prior training, board eligibility, and/or experience) from the medical staff office at each hospital in which the fellow will rotate. Exceptions to this policy may be obtained from OGME at the time of appointment. Clinical fellows who are exempted must submit signed competencies in lieu of privileges.

Photo Identification Badge

All faculty, staff, residents/clinical fellows, and students must possess and carry a UCSF photo identification badge obtained from the UCSF Police Department. The ID badge is also activated with appropriate security access to the UCSF Medical Center and campus buildings. This badge must also be worn at SFVA, SFGH, and LPPI.

Postgraduate Year

Each trainee is assigned a postgraduate year (PGY), which determines salary and must be reflected in the contract letter and GME management system. PGY is determined by years of postgraduate training required to enter his/her particular program. All residents or clinical fellows in the same year, in the same program must have the same PGY in order to ensure equity.

Salary

Salary scales for residents and clinical fellows rotating at all sites are established by the UC Office of the President (UCOP) and are consistent throughout the five UC medical schools (San Francisco, San Diego, Los Angeles, Davis, and Irvine). A copy of the current scale may be obtained at <http://medschool.ucsf.edu/gme> Housestaff title codes (UCOP title codes 2708, 2724, 2725, 2726, and 2732) range from PGYI to PGYIX.

While rotating to SFGH, residents are exclusively represented by Committee of Interns & Residents (SEIU CIR) under a collective bargaining agreement with the City and County of San Francisco. Accordingly, SEIU CIR agency fees and dues are deducted from paychecks. While assigned to SFGH, salary scales may differ from those set by UCOP.

State and federal taxes as well as Medicare will automatically be deducted from earnings. In addition, deductions are made for the UC Defined Contribution Plan (DCP) and in lieu of social security, 7.5% will be deducted and put into a safe harbor account. These accounts are currently held with Fidelity Investments.

Paychecks from all rotation sites are issued through UCSF.

UCSF Provider ID

Upon completion of the GME appointment and credentialing process each trainee is assigned a physician ID number that will remain constant for the UCSF career of the resident or clinical fellow. This number is required on all hospital documents bearing the trainee's name and is necessary to access the hospital telephone dictation system as well as all clinical systems (ie APeX). For ACGME and ABMS residents and clinical fellows, the provider ID is generated by OGME and then given to the appropriate program coordinator. For ACGME and ABMS residents and clinical fellows, Medical Center clinical system access is automatically provisioned upon creation of the provider ID. Trainees will be able to access clinical systems within a few business days of provider ID creation.

Services for Housestaff

Blumberg Loan

Short-term loans (up to \$1,200), interest free for 12 months, are available to residents and clinical fellows through the Office of Graduate Medical Education (OGME). Re-payment is scheduled through monthly automatic deductions from paychecks. If re-payment is not in full at the end of training, the remaining loan balance is deducted from the final paycheck. To apply, please visit OGME in MU 250 East, <http://medschool.ucsf.edu/gme>, or call 476-4562 for more information.

Campus Life Services

Campus Life Services (CLS) is committed to providing quality campus life programs and services to the UCSF community. CLS manages the cultural, recreational, fitness activities in Millberry Union, which is located on the north side of Parnassus Avenue, across from Moffitt-Long Hospital, as well as those activities at the Mission Bay campus. Millberry Union also provides a variety of facilities and services including a bookstore with a technology store, fitness center, barbershop, sundries and gift stores, flower stand, a variety of food service options, copy service, meeting rooms, and music and entertainment rooms. The Millberry Union Central Desk, managed by Campus Life Services, offers discounted ticket services and Everyday Errands, a complimentary service available to housestaff to help alleviate the burdens of personal chores. For more more information about Everyday Errands please go to http://serviceexcellence/everyday_errands/ For more information about Campus Life Services please go to <http://campuslifeservices.ucsf.edu/cls>

Financial Aid/Student Loan Deferment

Many trainees can defer their student loans incurred during medical school or post-graduate training. Federal Stafford, Direct and Perkins loans may be deferred under specific circumstances. Loans made through the Department of Health and Human Services, such as Primary Care Loans, Loans for Disadvantaged Students or Health Professions Student Loans, can generally be deferred throughout internship/residency training. Interest on subsidized loans does not accrue during deferment periods. Trainees who do not qualify for a loan deferment can request loan forbearance. Interest accrues during periods of forbearance, but payment is not expected.

The most common residency deferment is the economic hardship deferment, however the criteria changed in July 1, 2009 and most resident salaries now exceed the maximum income allowed to qualify. To determine eligibility and learn more about this type of deferment go to <http://finaid.ucsf.edu/student-loan-debt-management-repayment/deferment>

If a trainee does not qualify for a deferment, and/or experiences difficulty repaying loans following the deferment period, submitting a request for forbearance on the federal Stafford, Direct and /or Perkins loans for the remainder of residency training may be worthwhile. During periods of forbearance, payments are not expected, but interest

accrues on both subsidized and unsubsidized loans. Some lenders require that interest be paid during periods of forbearance. Another option to forbearance is to put an income-based repayment (IBR) plan in place. IBR will cap the amount of monthly payment based on household income and size. For more information on deferment and IBR go to <http://finaid.ucsf.edu/student-loan-debt-management-repayment/deferment>

For more information about loan deferment/forbearance eligibility go to the UCSF Student Financial Aid Office website at <http://finaid.ucsf.edu/>

Housestaff Communication Forums

Resident and Fellow's Council: Resident and Fellow's Council (RFC) meets monthly to address issues related to the trainee work environment and educational experience. RFC also participates in improving methods of delivering care to the patients of UCSF. The members of the committee are expected to disseminate information from this committee to their colleagues, and to bring issues from their colleagues to the committee. All housestaff members are invited to participate.

One project of the RFC (in collaboration with UCSF Medical Center and OGME) is the UCSF Patient Care Fund. These monies are directed from the UCSF Medical Center to fund projects proposed by housestaff. The projects are generated when a trainee identifies a specific need for patients or their families.

For more information regarding RFC and the Patient Care Fund, please go to <http://medschool.ucsf.edu/gme>

Chief Residents Dinner: The Chief Residents' Committee meets monthly with the CEO, CMO, and CNO of the Medical Center, the Associate Dean for GME, and other invited administrative and educational leaders to facilitate communication between residents and clinical fellows and campus leadership.

Lunch with the Associate Dean: The Associate Dean for GME meets with the trainees from each residency program (and some fellowship programs) annually for lunch (or at another convenient time).

GME Confidential Helpline: Residents and clinical fellows may call (415) 502-9400 at any time and leave a message regarding any questions or concerns. Callers do not need to leave a name or phone number, but if they do, they will receive a follow-up call from OGME.

Libraries

The mission of the UCSF Library and Center for Knowledge Management is to advance science, foster excellence in teaching and learning, and promote health through the collection, development, organization, and dissemination of the world's health sciences knowledge base. The library has two locations: Parnassus Campus Library and Mission Bay FAMRI Library. In addition, a list of databases, the library catalogue, and

PubMed@UCSF are available with a MyAccess log-in to all UCSF residents and clinical fellows. For more information about the library go to <http://www.library.ucsf.edu/>

The Barnett-Briggs Library of the San Francisco General Hospital Medical Center, located at 22nd and Potrero Streets, maintains resources on clinical medicine and health sciences. The Mount Zion Medical Center Library, located at 1600 Divisadero Street, maintains a collection on clinical medicine. The Veterans Administration Center, located at 4150 Clement Street, also offers onsite library services to residents and clinical fellows.

Meals

Residents on duty have access to food services 24 hours/day at all institutions.

UCSF Medical Center and Benioff Children's Hospital: Residents and clinical fellows have a debit meal card system that utilizes a rolling account for each trainee according to their rotation schedule. Program coordinators manage the meal cards for the trainees in each of their respective programs. Cards may be used at the hospital cafeteria and at the private vendor food services on campus. After hours there are vending machines available.

Veterans' Affairs Medical Center, San Francisco: Meal cards are issued for cafeteria use for residents according to their overnight on-call schedule. Because the cafeteria is open only for breakfast and lunch and it closes at 4:30 in the afternoon, accounts are open with local restaurants that allow for delivery of dinner to residents on-call overnight. Additionally, refrigerators in the residents call areas are well stocked each day with sandwiches, fruit and other food for after hour's snacks. There are both hot and cold food available from vendor machines.

San Francisco General Hospital: All residents assigned to a rotation at SFGH receive a card with a daily amount of money to spend in the cafeteria. There are vending machines available 24-hours a day and microwave ovens located near the cafeteria. The resident's break room is stocked with sandwiches and drinks after 11:00pm each night.

Medical-Legal Assistance and Malpractice Insurance

The University is obligated by the California Tort Claims Act (Government Code section 825) to defend residents and clinical fellows against any liability or malpractice claim arising out of the housestaff members' acts or omissions within the scope of university duties for work completed during the training period. Professional liability insurance coverage is maintained to meet such obligations. Exceptions to such coverage are acts or omissions in the course of activities not within the scope of resident and clinical fellow University duties and acts or omissions resulting from fraud, corruption, malice or criminal negligence. All housestaff members shall be subject to the provisions of the Medical Center and Medical Arbitration Regulations of the University of California. Subject to terms and conditions of service of the UCSF Medical Center Admission and Medical Services Agreement, any dispute as to medical malpractice to which any

member of the staff is a party shall be determined by submission to arbitration as provided by California law and not be a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Faculty, staff and other employees, working within the course and scope of their University employment, and students who are regularly matriculated and following a regularly prescribed course of studies in the health sciences, absent actual fraud, corruption or malice on the part of the individual, are covered for any claim of malpractice by the Regents of the University of California self-insurance program. Residents and clinical fellows have coverage that is limited to specific assignments in specific locations.

Work at affiliated or associated hospitals or elsewhere is clearly covered when it falls within the course or scope of university employment. Residents and clinical fellows who enroll for short-term elective rotations must provide documentation of malpractice insurance from their home institution.

The Risk Management Department is available to assist housestaff in situations where medical decisions could include legal considerations. The Risk Management Department attempts to minimize the University's exposure to hospital and medical malpractice liability.

Attorneys or investigators may contact housestaff to review and comment on the care provided to a patient. Trainees should contact the Risk Management Department before responding to any such requests.

For information or questions about risk management or medical malpractice coverage please go to <https://www.rmis.ucsf.edu/default.aspx>

Physician Well-Being Programs

New Resident and Fellow Orientation: All new residents and clinical fellows attend GME Orientation where physician impairment and substance abuse are addressed. Cost free resources that are available to address these issues on an individual and confidential basis are highlighted. This is done both by live presentation and through handouts and brochures that are included in the Orientation packet for each resident and clinical fellow.

Physician Well-Being Committee: The UCSF Physician Well-Being Committee is composed of physician representatives from various clinical departments and is dedicated to the education of physicians regarding substance abuse and other impairment issues. The committee offers assistance to physicians who have or might have problems with substance abuse or physical or mental illness that might affect their health or well-being or impact the safeguarding of patient care. Each institution has its own Physician Well-Being Committee per Joint Commission requirements.

Faculty and Staff Assistance Program (FSAP): The Faculty and Staff Assistance Program (FSAP) provides voluntary, confidential, and individual counseling services to the employees of the University of California, San Francisco. This includes all UCSF

residents regardless of their current hospital rotation site. The FSAP team consists of licensed counselors who provide consultation and counseling services. For more information regarding FSAP, please visit their website at <http://ucsfhr.ucsf.edu/index.php/assist/>

GME Grand Rounds: OGME holds monthly Grand Rounds where well-being topics and other all-program curricular issues are often covered. The GME Grand Rounds series is designed for all residents and clinical fellows. All presentations are available on the OGME website (<http://medschool.ucsf.edu/gme>).

Police and Security

Parnassus Campus (UCSF): Most corridors and hallways on the Parnassus campus have campus telephones to provide easy communication to the UCSF Police Department. There is a walking night escort service available. To use this service call UCSF Medical Center Security at 885-7890.

The Parnassus night security shuttles that pick-up and drop off employees within a one-mile radius of the campus are available through Parking and Transportation. Please call 476-1414 to use the shuttle.

The UCSF garage has police emergency alarms located on poles painted a bright yellow and marked POLICE EMERGENCY ALARM. There are also security mirrors in the stairwell for the Millberry Union Garage. There are emergency phones and police panic buttons in the elevators. When activated, they will immediately alert the UCSF police of a potential problem.

Contact information:

Police Department: Emergency 9-911, Non-emergency 476-1414
Medical Center Security Escort (Parnassus and Mt Zion): 885-7890
Parking and Transportation Night Shuttle Service: 476-1414
Mt Zion Medical Center Security: 885-7890

San Francisco General Hospital: The SFGH Campus has emergency alarms/call boxes located in all parking lots and in the basement of the main hospital. When activated they will immediately alert SFGH institutional police of a potential problem. The SFGH institutional police offer a walking Night Escort Service from 5pm to midnight. Contact 206-8063 for this service.

All sleep rooms at SFGH have key locking mechanisms. Doors to sleep room areas and the individual rooms located within those areas utilize an electronic card key access system. For sleep rooms that have windows, the windows have been fitted with devices that restrict how far they can be opened.

Contact Information:

SFGH Institutional Police, 1st Floor (near Emergency Department)

Emergency: x4911 (from outside line 206-4911)
Non-emergency: x8063 (from outside line 206-8063)
Hospital Security Escort: x8063 (from outside line 206-8063)

Veterans' Administration Medical Center, San Francisco: VA Police are on duty and available 24 hours/day, 7 days a week. They are available for night escort to parked cars on campus if needed.

Transportation and Parking

All UCSF campuses suffer from traffic and parking congestion. To facilitate travel among campus locations, frequent free shuttle bus service is available throughout the day (Monday through Friday) between Moffitt/Long Hospitals, SFGH, SFVA, Mt. Zion, Laurel Heights, and Mission Bay. Schedules may be obtained via the Parking and Transportation website: <http://www.parking.ucsf.edu>

UCSF: Residents and clinical fellows are eligible to purchase parking permits at the Parnassus, Mission Bay, Laurel Heights, and Mission Center campuses. Monthly and scratch off permits may be purchased from Parking and Transportation located in Millberry Union, 500 Parnassus Ave, Level P7, room 26. Trainees may also park in the UCSF public garages at Parnassus and Mission for free on weekdays from 4:45pm to 9:00am with a current UCSF ID badge and the appropriate academic year sticker provided to each trainee by his/her program coordinator annually.

San Francisco General Hospital: Housestaff may purchase monthly parking permits with a request form signed by the SFGH Dean's Office. Garage swipe cards are available from each trainee's program coordinator for limited on-call parking for use only when a resident is called back to the hospital. Due to construction of the new hospital, off-site, free parking is available (if interested, call 206-6728). A shuttle runs every 20 minutes during the week to this parking lot.

Veterans' Administration Medical Center, San Francisco: Housestaff may park on campus but must register their car with the VA police, located on the ground floor at the entrance of building 203. Once registered, housestaff may buy a monthly pass at the cashier's desk located in building 2, room 63 or housestaff may pay for parking on a daily basis. The machine to purchase the daily pass is located in the employee parking lot towards the northwest side.

Workers' Compensation

If a trainee sustains a work-related injury or illness, he/she is eligible to receive benefits under workers' compensation law. This program is designed to guarantee medical attention for the injury or illness and to ensure regular monetary benefits as a means of financial support while medically unable to return to work. The university pays the premiums for this program. Information regarding workers' compensation and its activation process is available upon request from the home department or <http://ucsfhr.ucsf.edu>

If a non-emergent injury occurs while at work, the resident or clinical fellow should immediately call Occupational Health at (415) 885-7580. If emergency treatment is required, the trainee should go to the nearest emergency room. If a resident or clinical fellow has an exposure to blood or body fluids or a needlestick at UCSF, SFVA, or SFGH, he/she should call the Exposure Hotline pager immediately at (415) 353-7842 (STIC). In all instances the trainee must report the incident to his/her program director.

Disability Management Services administers the UCSF worker's compensation program and facilitates return-to-work initiatives and reasonable accommodation for individuals who have or who may develop health problems affecting employment. These processes comply with institutional leave policies.

Policies

Academic Due Process and Leave Policy

DIAGRAM OF REVIEW OPTIONS AND PROCESS

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- B. PREAMBLE

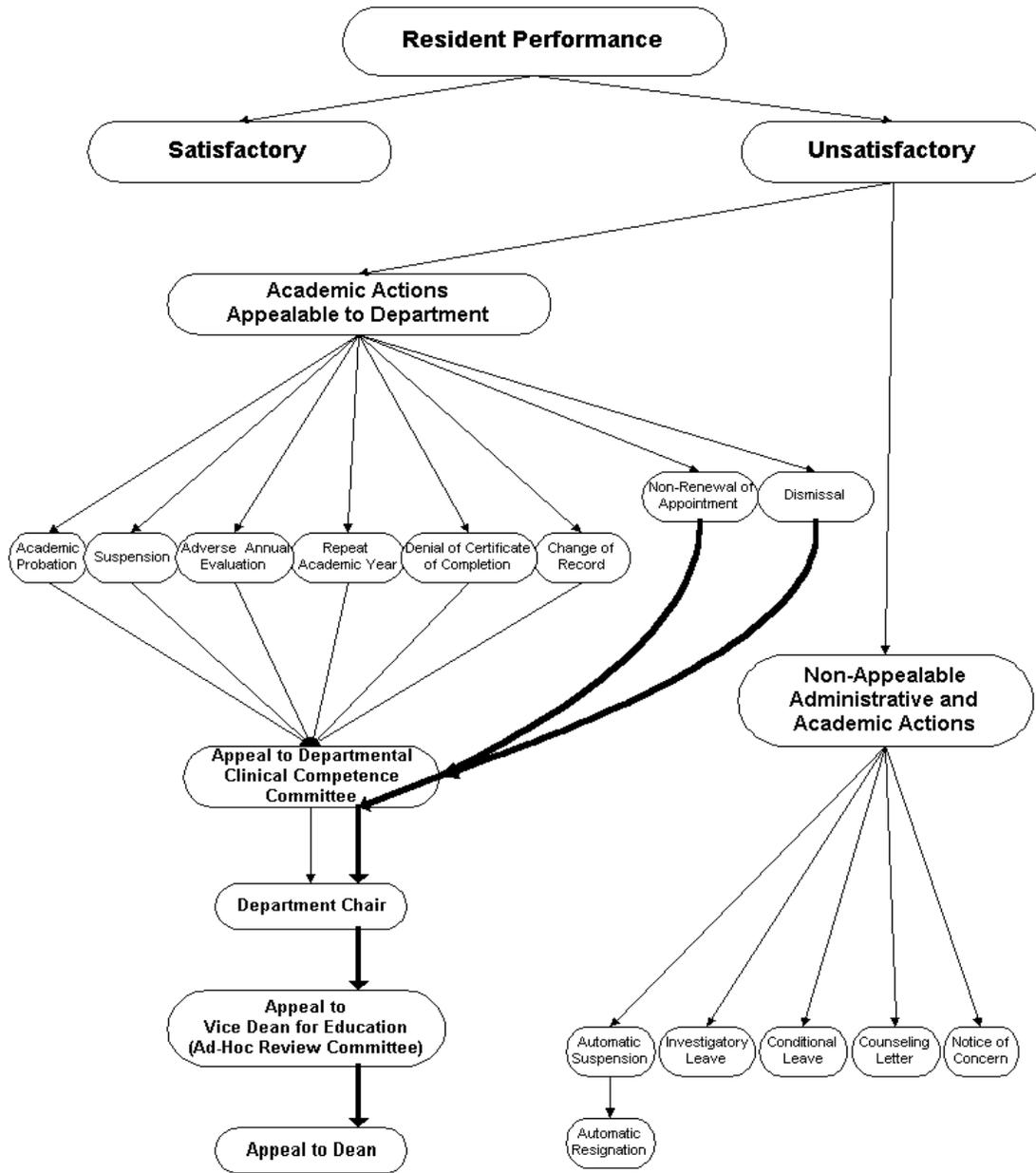
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Grievance and Appeal Procedure for Housestaff Performance Issues



ACADEMIC DUE PROCESS AND LEAVE POLICY

I. INTRODUCTION

A. Definitions

Academic Deficiency: The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Chair, including failure to achieve, progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.

Chair: The term “Chair” means the Chair of the Trainee’s specialty or subspecialty department, or his/her designee.

Clinical Competence Committee: The term “Clinical Competence Committee” means a regularly constituted committee of the School of Medicine or department that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the Committee for the purpose of reviewing the academic performance of Trainees.

Days: The term “days” means calendar days based on UCSF’s administrative calendar.

Dean: The term “Dean” means Dean of the School of Medicine or his/her Designee.

Dismiss or Dismissal: For the purposes of Part III.A.2 of this Policy, the terms “dismiss” or “dismissal” mean expulsion from a GME Training Program.

GME Training Program: The terms “graduate medical education training program” or “GME training program” refer to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of Trainees, facilitating the Trainees’ professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills and professional competencies and the acquisition of detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper

hygiene, compliance with all applicable ethical standards and UCSF policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

A Trainee, as part of his or her GME training program, may have responsibilities in a hospital, other clinical setting, or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in a GME training program. Dismissal from a GME training program will result in the Trainee's automatic dismissal from any and all related appointments such as medical staff membership.

Medical Disciplinary Cause or Reason: The term “medical disciplinary cause or reason” applies to a Trainee who holds a license from the State Medical Board of California and means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805.

Non-Renewal of Appointment: A Trainee's appointment is for one year and is reviewed during the seventh month of the contract. If the Chair determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee's contract

Program Director: The term “Program Director” means the GME Training Program Director for the Trainee's specialty or subspecialty, or his or her designee.

Trainee: The term “Trainee” refers to any individual appointed by the University's School of Medicine to the titles of Resident Physician I-IX (title codes 2708, 2724), Chief Resident Physician (title code 2725), Resident Physician/Subspecialist IV-IX (title code 2726), Other Post-MD Trainee II-IX (title codes 2732), where specified by campus guidelines, or any other GME title assigned by UCSF.

Vice Dean: The term “Vice Dean” refers to the Vice Dean for Education in the School of Medicine.

B. Preamble

The procedures set forth below are designed to provide University of California San Francisco (“UCSF”) resident physicians and other post-M.D. trainees (hereinafter referred to as “Trainees”) with an orderly means of resolving differences. These Guidelines apply to all University-sponsored programs of Graduate Medical Education (“GME”). These

Guidelines shall be the exclusive remedy for appealing reviewable academic actions at UCSF. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

Additional time in the GME training program or beyond the expiration of the Trainee's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director. Unless otherwise approved by the Program Director and Chair, academic credit will be given only for full participation in the regular program.

At UCSF, the primary responsibility for remedial academic actions relating to Trainees and clinical training programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each department and/or program at the University. There may be variances regarding these standards among the various departments and programs.

Trainees and their supervisors are encouraged to discuss their concerns with one another and, if there are any disputes or disagreements, Trainees and their supervisors should make efforts to resolve them. The action(s) taken should be the one(s) that in the professional and/or academic judgment of the Chair best address the deficiencies and needs of the individual Trainee and/or the GME training program. These actions are at the discretion of the department and UCSF and need not be progressive. The department and/or UCSF may select those action(s) described below which it deems appropriate.

As it pertains to any Housestaff member's personal/employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the director of the Trainee's clinical program. Within thirty (30) days of receipt of a written request to amend or delete a record, the clinical director will either make the amendment or deletion or inform the individual in writing that the request has been denied.

Within thirty (30) days of the clinical director's response, the Trainee may request that the Dean or his/her designee review the request to amend or delete the record. The Dean or his/her designee will respond to the individual in writing within thirty (30) days from the receipt of the request

to review. If the Dean or his/her designee refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

II. ADMINISTRATIVE AND ACADEMIC ACTIONS - NON-DISMISSAL

A. Administrative Actions

1. Automatic Suspension

The Trainee will automatically be suspended from the GME training program for any of the following reasons:

- a. failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations; or
- b. failure to comply with state licensing requirements of the California State Medical Board; or
- c. failure to obtain or maintain proper visa status; or
- d. unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Chair or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, and d above, the Trainee will be provided the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

2. Automatic Resignation

Automatic resignation from the GME training program will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Reasons for automatic resignation include:

- Failure to Provide Visa or License Verification: Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.
- Absence Without Leave: Trainees are expected to communicate directly with the program Chair in the event he or she is unable to participate in the training program for a period of time in excess of 48 hours. The Chair may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for five (5) days or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without leave. This explanation must be received by the department within ten (10) days of the first day of absence without leave. The Chairperson or designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question and he or she will notify the Trainee of his/her decision within ten (10) days. Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Chair or designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.

3. Leaves

Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

- Investigatory Leave: A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where the Trainee may pose a threat to public, patient or staff health or safety or in situations where the Trainee's own health or safety may be compromised. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the GME training program. The Chair should, as

soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

- Conditional Leave: A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Chair's discretion. At the end of the conditional leave, the Chair will determine whether to re-admit the Trainee conditionally, unconditionally, on probation, or to seek the Trainee's dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave.

B. Non-Appealable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially.

1. Counseling Letter

A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and/or the Chair and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

2. Notice of Concern

A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Letter of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to additional actions. This action need not follow a letter of concern nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

C. Academic Actions Appealable to the Department

The following actions are appealable to the Department's Clinical Competence Committee.

1. Academic Probation

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Chair. Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

2. Suspension

The Chair may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

3. Adverse Annual Evaluation

A Trainee may request a review by the Clinical Competence Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

4. Requirement That Trainee Must Repeat an Academic Year

A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director.

5. Denial of University Certificate of Completion

If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

6. Change of Record

A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Chair or Program Director for a review by the Clinical Competence Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competence Committee will recommend to the Chair or Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. If the Chair refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

D. Clinical Competence Committee Appeal Procedures

The Trainee will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The Trainee will also be provided with the name of and manner by which to contact the Clinical Competence Committee Chair if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Clinical Competence Committee, the Trainee must, within ten (10) days from the date of the notice, provide Chair or Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Chair or Program Director will convene the Clinical Competence Committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the Clinical Competence Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Clinical Competence Committee, the Trainee may be assisted by another person of his/her choice. The Clinical Competence Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. The decision of the Clinical Competence Committee will be final.

III. ACADEMIC ACTIONS NON-RENEWAL OF CONTRACT AND DISMISSAL

A. Grounds for Action

Trainees may request the Dean of the School of Medicine to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

1. Non-Renewal of an Annual Contract

If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee.

The Trainee's appointment is for a one-year period, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his/her appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

2. Dismissal from GME Training Program

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a. A failure to achieve or maintain programmatic standards in the GME training program;

- b. a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- c. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- d. A material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

B. No Duplicate Hearings

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.

C. Notice of Reasons for Non-Renewal or Dismissal

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

D. Non-Renewal and Dismissal Procedures

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the Dean, as listed in Part III.A of these Guidelines. Failure to grieve within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

1. Level One – Informal Review

If the Program Director, with approval of the Chair, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with a written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the

intended non-renewal or dismissal is based, and a statement that the Trainee has a right to respond in writing to the Chair within ten (10) calendar days of receipt of the notice. If the Trainee submits a written response within the ten-day period, the Chair will review it. After reviewing the Trainee's written response (if any), the Chair will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the Chair's decision by letter which shall also be copied to the Vice Dean. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the Vice Dean. The Trainee will continue to receive regular stipends until the effective date of the non-renewal or dismissal.

2. Level Two – Formal Review

If the Trainee wishes to appeal the decision to non-renew or dismiss, the Trainee (“Complainant”) must file a written appeal with the Vice Dean no later than twenty (20) days after the Chair's decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the Chair's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. The University may also be represented. If the Complainant is represented by an attorney, he/she shall notify the University ten (10) days prior to the prehearing conference or twenty (20) days prior to the hearing. The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable Committee to hear the complaint. The Committee will consist of, the Vice Dean will appoint an Ad Hoc Formal Review three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education

Committee. The Vice Dean will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be from the same department as the Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice Dean will resolve all issues related to these procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the Vice Dean. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written and timely submitted response to the notice of intent to dismiss (III.D.2). If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and to cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and

evidence. The hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription, plus any copy costs. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Vice Dean, or his/her designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final.

Unless both the Complainant and the University agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded temporarily. However, the Complainant, his/her advocate(s) and the University's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The University will present evidence in support of the Program Director's decision. Thereafter, the Complainant will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in his/her discretion. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Complainant, the Chair, Program Director, Vice Dean, Associate Dean for Graduate Medical Education and the Dean of the School of Medicine. The recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and shall prepare a recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall become final after fifteen (15) days unless appealed pursuant to part III. E.

E. Appeal

Within fifteen (15) days of receipt of the Committee's recommendation(s), either party may submit a final written appeal of the Committee's decision to the Dean of the School of Medicine. Any such response submitted to the Dean must be limited to:

- a. Whether the record presented to the Committee contained sufficient evidence to support the Committee's recommendation; or
- b. Whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommended decision, the parties' written response (if any), and the record, the Dean within sixty (60) days, or as soon as reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's recommended decision, rejecting the Committee's recommendation or remanding the matter back to the Committee with instruction for further review and recommendation. The Dean's ultimate decision will be final and will be in writing and shall be sent to the Program Director, the Chair, the Complainant, the Committee Chair, the Vice Dean for Education, the Associate Dean for Graduate Medical Education and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California

F. Remedy

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

Access to Confidential Information

Residents and clinical fellows may only access patient information for the purposes of providing care. Program directors are responsible for ensuring OGME is notified immediately when a trainee is dismissed or put on investigatory leave to ensure all access to confidential information is suspended or terminated as appropriate. Upon notification, OGME will suspend or terminate the trainee's access to clinical care systems at UCSF Medical Center. OGME will communicate with other clinical affiliates as appropriate to similarly suspend or terminate access to their systems.

Approved, GMEC: January 24, 2011

Background Screening

It is the policy of the UCSF School of Medicine that all prospective residents (including interns) and clinical fellows in any UCSF sponsored GME programs undergo a background check prior to beginning training. UCSF reserves the right to rescind an offer of appointment to any training program to any individual whose background investigation reveals a history of criminal conduct:

- That UCSF reasonably determines increases the risk of harm to patients or individuals on UCSF premises; or
- That was not accurately disclosed on the Attestation form completed at the time of contract signing or any other application in connection with the training program; or
- That is inconsistent with the high standard of ethical conduct required of all members of the academic community or is otherwise unbecoming a member of the academic community.

Procedure: All offers of admission and appointment to UCSF sponsored GME programs are specifically conditioned upon a criminal background investigation. Background checks will be carried out by an agency on behalf of UCSF OGME. By signing a UCSF GME contract letter, prospective trainees are consenting to a background investigation.

Background checks consist of a verification of the name and social security number of the individual, confirmation of addresses in the United States within seven (7) years, and disclosure of any felony/misdemeanor convictions within seven (7) years. Only registration as a sex offender and convictions will be reported.

If the report reveals a discrepancy in name, social security or addresses, or discloses a conviction for a felony and/or misdemeanor, OGME will make a copy of the report available to the individual. The individual will be permitted to provide any additional information to OGME that she/he wishes to be considered concerning the information disclosed. The program director and Associate Dean for GME (DIO), after consultation with appropriate university officers, will make the final decision as to whether the offer is to be withdrawn. If the trainee is in a matched position and the offer is withdrawn, it is the program's responsibility to apply for a match waiver through the NRMP. For non-ACGME clinical fellows, if the information makes the individual unable to be credentialed and privileged, the offer of appointment to the program will be withdrawn.

Approved, GMEC: January 24, 2011

Disaster Planning Policy

I. Statement of Policy

UCSF institutions and affiliates have each developed plans to guide institutional responses to local extreme emergent situations and disasters. In the event of a widespread emergency affecting operations, the extent to which a particular situation constitutes a local extreme emergent situation or disaster will be determined with reference to those institutional policies and plans. This GME Disaster Planning Policy is intended to augment existing institutional plans, focusing specifically on residents and fellows (trainees) in graduate medical education programs sponsored by the UCSF School of Medicine. The Policy is guided by the following principles:

- a. UCSF is committed to ensuring a safe, organized and effective environment for training of its residents and fellows;
- b. UCSF recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a local extreme emergent situation of any kind or a disaster;
- c. Decisions regarding initial and continuing deployment of residents and fellows in the provision of medical care during a local extreme emergent situation or disaster will be made taking into consideration the importance of providing emergency medical care; the continuing educational needs of the trainees; and the health and safety of the trainees and their families.

II. Timeline

- a. Upon the occurrence of the local extreme emergent situation or disaster and immediately following up to one week:
 - i. Residents and fellows able to report to work will report to the institution of their current rotation assignment. Residents and fellows will be deployed as directed by the leader of the Hospital Incident Command at each institution. Ongoing decision-making regarding deployment of trainees to provide needed clinical care will be based on the clinical needs of the institution, the ability to adequately supervise trainees, and the safety of trainees.
 - ii. Those involved in making decisions in this period are:
 1. Leaders of Hospital Incident Commands
 2. Chief Medical Officers
 3. Dean School of Medicine and Vice Dean for Education
 4. Associate Dean for Graduate Medical Education, Designated Institutional Official (DIO)
 - iii. To the extent possible within the constraints of the emergency situation, decision-makers shall inform and consult with the UCSF Office of Legal Affairs, Residency and Fellowship Program

Directors, Chairs of Clinical Departments, Chief Residents, and the Chairs of the Resident and Fellow Council.

- b. By the end of the first week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. An assessment will be made of:
 - 1. the continued need for provision of clinical care by trainees; and
 - 2. the adequacy of trainee supervision;
 - 3. the likelihood that training can continue on site.
 - ii. The assessment will be made by:
 - 1. Associate Dean for Graduate Medical Education, DIO
 - 2. Dean School of Medicine and Vice Dean for Education
 - 3. Chief Medical Officers
 - 4. Leaders of Hospital Incident Commands
 - 5. UCSF Office of Legal Affairs
 - 6. Graduate Medical Education Committee, Executive Committee

- c. By the end of the second week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
 - ii. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at UCSF;
 - iii. The DIO will contact the ACGME to provide a status report;
 - iv. Those involved in decision making in this period are:
 - 1. Associate Dean for Graduate Medical Education, DIO
 - 2. Dean School of Medicine and Vice Dean for Education
 - 3. Individual Program Directors
 - 4. Individual Department Chairs
 - 5. Graduate Medical Education Committee, Executive Committee
 - v. Trainees who wish to take advantage of the UCSF Leave of Absence Policy or to be released from their contract will be accommodated.

- d. During the third and fourth weeks following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
 - ii. Transfers will be coordinated with ACGME;

- iii. UCSF Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO and of the transfers; and
 - iv. The DIO will be responsible for coordinating the transfers with the ACGME.
- e. When the local extreme emergent situation or disaster is ended:
- i. Plans will be made with the participating institutions to which residents and fellows have been transferred for them to resume training at UCSF;
 - ii. Appropriate credit for training will be coordinated with the ACGME and the applicable Residency Review Committees; and
 - iii. Decisions as to other matters related to the impact of the local extreme emergent situation or disaster on training will be made by the DIO and the GME Committee (GMEC).

GMEC Reviewed: 5/18/09

GMEC Approved: 8/17/09

GMEC Approved Minor Revision: 11/16/09

Duty Hours in the Learning and Working Environment Policy

Duty Hours: Each training program must have a program-specific policy addressing duty hours and a duty hour tracking system that are in compliance with both ACGME requirements and UCSF GME policies. It is the responsibility of each resident, clinical fellow, and faculty member to ensure that he/she is in compliance with his/her program's policy. Programs should use E*Value to monitor resident and clinical fellow duty hours. Duty hours are defined as time spent in all clinical and academic activities related to residency and clinical fellowship training. Duty hours do not include reading and preparation time spent away from the duty site. While on call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour limit. Specifically, duty hours include all clinical and academic activities related to residency or fellowship training:

- Patient care, both inpatient and outpatient;
- Administrative duties related to patient care;
- The provision for transfer of patient care;
- In-house call (including time spent sleeping);
- Scheduled academic activities such as conferences and research activities required by the respective RRC; and
- Time spent doing research if research is required by the respective RRC.

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. An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the GMEC and DIO are required. A request for an exception must be based on a sound educational justification. Most RRCs categorically do not permit programs to use the 10% exception.

Residents and clinical fellows 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. PGY1 residents cannot take at-home call.

Duty periods of PGY1 residents (interns) must not exceed 16 hours in duration. Duty periods of PGY2 and above residents and clinical fellows may be scheduled to a maximum of 24 hours of continuous duty in the clinical setting. Programs must encourage residents and clinical fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. PGY2 and above residents and clinical fellows may be allowed to remain on site following their maximum 24 hour shifts as appropriate to accomplish these tasks. However, this period of time must be no longer than an additional 4 hours. Residents and clinical fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents and clinical fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the trainees must appropriately hand over of the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient and submit documentation in every circumstance to the program director. The program director must review each submission of additional service and track both individual trainee and program-wide episodes of additional duty.

PGY1 residents should have 10 hours and must have eight hours free of duty between scheduled duty periods. Intermediate-level residents and clinical fellows (as defined by each RRC) 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. There are inevitable and unpredictable circumstances in which trainee duty periods may become prolonged. In these instances, residents and clinical fellows must still have a minimum of eight hours free of duty before the next scheduled duty period begins. This applies to all levels of trainees (as defined by the individual RRCs).

Residents and clinical fellows in the final years of education (as defined by each RRC) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour maximum duty period and one-day off in seven standards. While it is desirable that residents and clinical fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by each RRC) when the trainee must stay on duty to care for patients or return to the clinical setting with fewer than eight hours free of duty. Circumstances of return to hospital activities with fewer than eight hours away from the hospital by residents and clinical fellows in their final years must be monitored by the program director.

Residents and clinical fellows must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float and minimum number of months of night float per year may be further specified by the RRC.

PGY2 trainees and above must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Time spent in the hospital by residents and clinical fellows 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 a four-week period). At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee. Residents and clinical fellows 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.

Professionalism, Personal Responsibility, and Patient Safety: The institution and each program must ensure the education of residents, clinical fellows, 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.

Each program must be committed to and responsible for promoting patient safety and trainee well-being in a supportive educational environment. The program director of each program must ensure that residents and clinical fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The learning objectives of each program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. Non-physician service obligations are those duties that are performed by technologists, aides, transporters, nurses, or other categories of health care workers.

The program director of each program and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents, clinical fellows, and faculty members must demonstrate understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients entrusted to their care;
- Provision of patient- and family-centered care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Attention to lifelong learning;
- The monitoring of their patient care performance improvement indicators; and
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All UCSF residents and clinical fellows are required to take the UCSF educational module on impairment "Doctors and Addiction: Helping Good People with a Bad Disease" annually, http://medschool.ucsf.edu/gme/Prog_Resources/Impairment.html

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

Alertness Management/Fatigue Mitigation: Each program must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.

All UCSF residents, clinical fellows, and core teaching faculty are required to take the UCSF educational module "Sleep, Alertness, and Fatigue Education (SAFER)" annually, http://medschool.ucsf.edu/gme/Prog_Resources/SAFER.html

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

Clinical Responsibilities: Each program must ensure that clinical responsibilities of each resident and clinical fellow must be based on PGY-level, patient safety, resident/clinical fellow education, severity and complexity of patient illness/condition, and available support services.

Teamwork: Residents and clinical fellows must care for patients in an environment that maximizes effective communication. Programs must ensure this includes the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Approved, GMEC: July 18, 2011

Eligibility, Recruitment, and Selection Policy

Recruitment, selection, and appointment of residents and clinical fellows are performed by the Program Directors with oversight of the Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education (OGME) in accordance with the Accreditation Council for Graduate Medical Education (ACGME) and California Medical Board requirements. Each UCSF graduate medical education (GME) program has a formal, written process to ensure fair and consistent consideration and decision-making about applications for residency and clinical fellowship positions.

Eligibility

An applicant for graduate medical education at UCSF must have:

- A medical degree prior to residency/fellowship program start date from one of the following:
 - Medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME); or
 - Colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); or
 - Medical schools outside of the United States or Canada recognized by the California Medical Board (http://www.medbd.ca.gov/applicant/schools_recognized.html).
- A passing score on USMLE Step I.
- A passing score on USMLE Step II (Clinical Knowledge and Clinical Skills).

A passing score on USMLE Step II (CK and CS) is required for all trainees beginning a UCSF GME program. To meet this requirement, applicants should have passed USMLE Step II (CK and CS) prior to placement on UCSF rank order lists. In selected cases, with the approval of the Program Director and the Office of GME, applicants may be placed on UCSF rank order lists without the USMLE Step II (CK and CS) score. Selected cases may include applicants applying to UCSF residency programs with an early residency match.

In addition, applicable Medical Board of California licensing requirements must be met:

- Graduates of US or Canadian medical schools may participate in ACGME accredited programs unlicensed for no more than a total of 24 months. The California Medical Board requires a minimum of 12 months of training in an ACGME accredited program and a passing score on the USMLE Step III to qualify for medical licensure. A license must be obtained by the first day of the 25th month of training.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program.

- Graduates of medical schools outside of the United States or Canada must have a current and valid Education Commission for Foreign Medical Graduates

(ECFMG) certificate at the time of application. International medical graduates may participate in ACGME accredited programs unlicensed, with a valid Postgraduate Training Authorization Letter (http://www.medbd.ca.gov/applicant/application_international.pdf) from the California Medical Board, for no more than a total of 36 months. The Medical Board requires a minimum of 24 months of training in an ACGME accredited program and a passing score on the USMLE Step III to qualify for medical licensure. A license must be obtained by the first day of the 37th month of training.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain either a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program, or a 2111 licensure exception. 2111 licensure exemptions must be requested by the training program and submitted to the California Medical Board by the Office of Graduate Medical Education.

Non-U.S. citizens must possess a Permanent Resident Card or an appropriate educational visa prior to starting a postgraduate medical education program. UCSF sponsors J1 visas and H1B visa transfers. H1B visa transfers must be pre-approved by the UCSF Office of Graduate Medical Education for applicants who already hold an H1B, F1, or OPT. Please note, not all UCSF clinical departments sponsor H1B visa transfers.

Recruitment and Selection

UCSF graduate medical education programs participate in organized matching programs, where available, such as the National Residency Matching Program (NRMP). Other matching programs are utilized in specialties in which they are available.

Responsibility for selecting appropriate and qualified residents and clinical fellows lies with the each program's Program Director and faculty. Programs select from eligible applicants on the basis of preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, personal characteristics such as motivation and integrity, and ability to communicate are considered in the selection.

It is the policy of UCSF and its affiliated hospitals that programs do not discriminate against qualified applicants based upon gender, ethnicity, race, age, religion, national origin, sexual orientation, physical or mental disability, marital status, or veteran status.

The offer of a residency or fellowship position is not final until the UCSF Attestation Statement (<http://medschool.ucsf.edu/gme/appts/Individual.html>) has been completed by the applicant and reviewed by the program. The attestation form asks for information about matters that are relevant to liability, credentialing and licensure¹ requirements such

¹ Licensure requirements of the California Medical Board can be found at <http://www.medbd.ca.gov/>. Any applicant, resident, or clinical fellow with concerns about eligibility for licensure should contact the Medical Board or seek personal legal counsel.

as malpractice claims, drug and alcohol abuse, disciplinary action, and criminal convictions or pending charges. All “yes” responses require a detailed explanation. After review, an offer of a contract may be revoked or the conditions of the offer revised. Discovery of untruthful or misleading answers on the attestation form may subject an applicant to withdrawal of an offer or a resident to disciplinary action.

Approved, GMEC: August 25, 2008

Editorial Revision: May 18, 2009

Editorial Revision: May 17, 2010

Evaluation Policy

Each program will adopt procedures in writing which provide for regular, timely, and confidential evaluation of residents, clinical fellows, teaching faculty, rotations, and programs.

Evaluation of Teaching Faculty

Residents and clinical fellows will complete evaluations of their supervising teaching faculty as required by their programs. This must occur at least once a year. The number of evaluations that each trainee is required to complete will vary depending upon their service assignment and/or number of attending staff. These evaluations should include a review of the faculty's teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

The confidentiality of teaching evaluation data is strictly ensured. All data, whether collected in E*Value or another system may only be provided in aggregated form in which a minimum of three evaluations must be completed about a teaching faculty before a report may be accessed. Each trainee evaluation of faculty must have a field for confidential comments that is provided only to the program director.

If the program director is also a teaching faculty in the program, the program director must not see the un-aggregated evaluations completed about him/her by the trainees. The department chair or his/her designee must review these evaluations of the program director in a timely manner and ensure the program director only sees his/her evaluations in aggregate to protect trainee confidentiality.

Evaluation of Training Program and Improvement

Trainees and teaching faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. The program must use the results of trainee evaluations to improve the program. If deficiencies are found, the program must prepare a written plan of action to document initiatives to improve performance of the program. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Each program must monitor and track trainee performance, faculty development, graduate performance, including performance of program graduates on the certification examination, and program quality.

Evaluation of Residents and Clinical Fellows

The teaching faculty must evaluate resident and clinical fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment. The program director will review all evaluations of trainees on a regular basis. During the training program, evaluation results should be personally presented to each trainee by the program director and/or his/her

designee no less than every six (6) months in compliance with ACGME program requirements.

Supervisory faculty will submit written evaluations of each resident or clinical fellow after each rotation, but not less frequently than quarterly. Evaluations must be accessible to trainees at all times. However, each faculty evaluation of trainees may have a field for confidential comments that is provided only to the program director. Faculty should be named in their evaluations of trainees. If a resident or clinical fellow disagrees with statements in a written evaluation, the trainee has a right to submit a written response.

Evaluations of residents and clinical fellows will provide objective assessments of competence in the six ACGME competencies: patient care; medical knowledge; professionalism; interpersonal and communication skills; practice-based learning and improvement; and systems-based practice. Multiple evaluators (i.e. faculty, peers, patients, self, and other professional staff) must evaluate residents and clinical fellows. The program must document progressive resident and clinical fellow performance improvement appropriate to educational level.

Summative Evaluation of Residents and Clinical Fellows

The program director must provide a summative evaluation of each trainee upon completion of the program. This evaluation must become part of the trainee's permanent record and must be accessible for review by the resident or clinical fellow. This evaluation must include a review of the trainee's performance during the final period of education and verify that the trainee has demonstrated sufficient competence to enter practice without direct supervision.

Anonymity and Confidentiality

UCSF training programs are encouraged to use E*Value to distribute and analyze evaluation data. Each program is responsible for the set-up, monitoring, and maintenance of its evaluations. The Office of Graduate Medical Education (OGME) provides assistance to the programs that use E*Value to ensure compliance with this policy and maintain confidentiality of evaluations.

E*Value, in addition to automation of the evaluation process, data collection, and advanced reporting, provides anonymity tools to guarantee confidentiality. The anonymity settings for a program may only be adjusted by OGME. All changes to anonymity are carefully considered and documented.

Ability to view completed evaluations in E*Value is determined by role assignment in the system. Programs must allow only the program director and a program administrator to view all evaluations. Additional access to evaluation data must be approved by OGME. Programs should strictly limit who has access to evaluation data. Program directors may not have this level of access to evaluations completed by trainees about them as teaching faculty. This access to program director evaluations should only be granted to the department chair or his/her designee.

To ensure trainee confidentiality and encourage honest feedback, all evaluations by trainees must be suppressed until a minimum of three (3) evaluations, regardless of which evaluation system is used, are completed and submitted about an individual faculty, rotation, program, etc. For example, if a rotation only has one resident per month, those teaching faculty may not see their evaluations until the fourth resident has completed and submitted evaluations. Therefore, residents and clinical fellows must complete evaluations in a timely manner to ensure adequate feedback for program improvement.

To provide trainees and teaching faculty the opportunity to give instant feedback, all programs in E*Value should be set-up to allow “on the fly” evaluations through praise and concern cards. These comments are forwarded to the program director only.

Approved, GMEC: June 20, 2011
Editorial Revision: August 12, 2011

Faculty Misconduct

Academic Personnel Manual (APM) Section 015 - *The Faculty Code of Conduct* establishes standards of professional conduct for faculty and includes listings of faculty responsibilities, ethical principles and types of unacceptable behavior. Faculty Misconduct occurs when there is a violation of the Faculty Code of Conduct as defined in APM 015 Part II – *Professional Responsibilities, Ethical Principles, and Unacceptable Faculty Conduct*. Issues addressed include teaching responsibilities, faculty/student relationships, research misconduct, and professional behavior. Concerns about possible faculty misconduct should be reported to the responsible Vice/Associate Dean for Academic Affairs or the Vice Chancellor for Academic Affairs. The Faculty Code of Conduct can be found at <http://www.ucop.edu/acadadv/acadpers/apm/apm-015.pdf>.

HIPAA and Privacy Policy

UCSF is committed to protecting the medical, personal, and other sensitive information about its patients. In health care, the doctor-patient relationship is built on trust and confidentiality. This trust is essential to obtain accurate health information from patients and critical to effectively treat patients. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information, with increased speed of information flow and the risks associated with protecting this information. An increasing number of technological solutions have been implemented at UCSF to protect health care information. However, the key to ensuring that this information remains private and confidential is the team work of UCSF faculty, staff, students, residents, clinical fellows, and volunteers. UCSF's efforts to protect patient privacy and confidentiality is supported by federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) was passed to protect the confidential medical and billing records of patients. A particularly important element of HIPAA regulation pertains to patients' rights related to access and control their medical information. All members of the UCSF entity must incorporate the HIPAA rules into their daily activities. UCSF patients have a right to privacy. UCSF is committed to complying with HIPAA, not only because it is the law, but also because UCSF patients and their privacy are valued.

Failure to comply with the electronic data, security, or privacy standards under both federal and state laws can result in civil monetary penalties to the individual as well as penalties to the institution.

Annually, residents and clinical fellows will sign the UCSF Confidentiality of Patient, Employee, and University Business Information Agreement as part of their appointment paperwork.

For more information and to access the Privacy and Confidentiality Handbook please go to <http://hipaa.ucsf.edu/>

Guidelines for Interactions among UCSF Faculty, Residents, Fellows, and Staff and Industry

Preamble

The following guidelines have been developed to provide guidance to the School of Medicine on relationships with the health care industry* and to ensure independence of clinical decision making, educational curriculum and research programs. The guidelines were first issued in 2007 as an interim step in the development of more broad-based policies for all UCSF faculty, students and staff. Following publication of the [University of California Health Care Vendor Relations Policy](#) by the Office of the President on March 21, 2008, we are re-issuing the guidelines, which have been modified to conform to the system-wide policy.

Because of the integrated nature of our academic and clinical programs and the evolution of current standards and best practices in this area (see the [Report of the American Association of Medical Colleges Task Force on Industry Funding of Medical Education](#) and the Report of the Council on Ethical and Judicial Affairs on Industry Support of Professional Education in Medicine, both published in 2008), we will continue to review and update these guidelines as necessary.

We recommend that the policies and procedures in this area be developed in collaboration with the UCSF Medical Center and, to the extent possible, be consistent with similar policies at San Francisco General Hospital (SFGH) and the VA Medical Center. The Medical Center policies understandably emphasize issues of importance to clinical decision making and patient care, and specifically relate to selection of supplies and equipment, relationships with vendors, and sample management. These interim guidelines address these issues, but will require a coordinated approach to ensure consistency and appropriate standards for all UCSF faculty, students and staff.

General Principles

The UCSF School of Medicine guidelines have been developed to ensure that all interactions with industry be conducted in ways that avoid actual or perceived conflicts of interest. Because of the importance of the relationship between industry and the University community, when conflicts arise, they must be addressed appropriately and all attempts must be made to minimize conflicts that affect clinical care, education or research.

All faculty, trainees, students and staff have a responsibility to ensure, to the best of their abilities that all decisions about clinical care, research activities and educational content are independent and unbiased. Decisions should be made in the best interests of patients, students and the University and should not be based on any actual or perceived personal benefit that might be derived to the individual.

The University has a long history of collaboration with industry, including pharmaceutical companies and medical technology companies. These collaborations

have benefited patients, our educational programs and research activities. However, these interactions could have the potential for undue and deleterious influence by industry on the activities of the School of Medicine, its faculty, students and staff. The following guidelines have been adopted to minimize the potential for real or perceived bias in clinical care, education or research. The goal of these guidelines is to ensure, to the extent possible that clinical decisionmaking, educational program content and research activities are as free from bias and outside influence as possible and that all real or potential conflicts are disclosed and resolved. The guidelines cannot identify every potential conflict, but provide general principles upon which faculty, students and staff should act. It is incumbent upon each of us to comply with the guidelines and, when real or potential conflicts are identified to disclose and eliminate them to the extent possible.

Guidelines Regarding School of Medicine Relationships with Industry

A. Compensation or Gifts

1. Personal gifts from an industry representative may not be accepted by any faculty, trainee, student or staff at any School of Medicine site, or at any location when participating in any University-related activity or during any clinical or other educational rotation.

2. Individuals may not accept compensation, including reimbursement for expenses associated with attending a CME or other activity in which the attendee has no other role. Reasonable honoraria and payment of expenses may be provided for speakers at accredited educational meetings, consistent with guidelines developed by the Accreditation Council for Continuing Medical Education (ACCME) and University policy.

3. No gifts or compensation may be accepted in exchange for listening to a sales talk or similar presentation by a representative of a commercial interest that produces or distributes health care goods and services.

4. Faculty, trainees, students and staff are strongly discouraged from accepting gifts of any kind from industry as part of non-professional activities. Individuals should be aware of and comply with applicable policies, such as the:
 - AMA Statement on Gifts to Physicians from Industry (<http://www.ama-assn.org/ama/pub/category/8484.html>);
 - Accreditation Council for Continuing Medical Education Standards for Commercial Support (<http://www.accme.org>).

5. Meals and other gifts or donations funded directly by industry may not be provided at any UCSF School of Medicine location, including any site where

UCSF educational or social activities occur. Vendors and other industry representatives may provide unrestricted funds to departments or divisions for educational programs. The funds will be managed according to the Standards for Commercial Support of the ACCME.

6. No gifts may be accepted in exchange for modifying patient care, such as prescribing a specific medication. Support for research and educational programs must be provided without influence on clinical decision making.

7. Free samples, supplies or equipment designated for an individual are considered a gift and are prohibited. Vendors may donate products for evaluation or educational purposes to a department or division, if the University invites the donation and there is a formal evaluation process. Sample donations are restricted to the amount necessary to complete the evaluation. Other policies related to the management of samples must comply with the specific policies and procedures of each Medical Center. Faculty must abide by the policies developed at the clinical sites in which they practice.

B. Industry Support for Educational Programs

1. Commercial support for educational programs must be free of actual or perceived conflict of interest.

2. All educational programs within the School of Medicine must abide by the Standards for Commercial Support established by the ACCME. This requirement applies to all undergraduate, graduate and continuing medical education programs regardless of whether continuing medical education credit is offered.

3. All funds provided by industry or an industry representative to support educational programs must be given the University as an unrestricted grant. The funds can be provided to the Department, Program or Division, but cannot be given to an individual faculty member, student or staff. This requirement applies to all funds for meals or refreshments, speaker honoraria, or any other expense related to an educational program and includes noon conferences, grand rounds, and lectures at all UCSF sites. Funds that are provided by educational groups or other entities that act as “intermediaries” for industry must also be provided as unrestricted grants.

4. No gifts may be accepted in exchange for listening to a lecture or presentation by a representative of a commercial entity that produces health care or medical goods and services.

5. Vendors may provide educational activities on a UCSF site only if they are requested to do so by the department chair or designee. Participants in an educational program may not be required to attend any educational session in which an industry representative disseminates information about their products or services except when such services are provided as part of a contract for in-service or other training as part of an executed purchase decision.

6. The content of all educational programs will be determined by the UCSF program planning group and, when appropriate the CME office. Industry sponsors of educational programs may not determine the content or selection of speakers for educational programs.

7. These requirements do not apply to meetings governed by ACCME Standards or meetings of professional societies and other professional organizations that may receive partial industry support. Individuals who actively participate in meetings or conferences that are supported in whole or in part by industry, including lecturing, organizing the meeting or moderating sessions should abide by the following requirements:

- a. Financial support should be fully disclosed by the meeting sponsor;
- b. The content of the meeting or session must be determined by the speaker, not the industry sponsor;
- c. The speaker must provide a fair and balanced discussion, and;
- d. The speaker must make clear that the comments and content reflects the individual views of the speaker and not the University of California, the UCSF School of Medicine, or the Department.

8. Faculty, trainees, students and staff should carefully evaluate whether it is appropriate to participate in off-campus meetings or conferences that are fully or partially sponsored by industry because of the high potential for real or perceived conflict of interest.

C. Provision of Scholarships or Other Educational Funds for Students and Trainees

1. Industry support for students and trainees participation in education programs must be free of any real or perceived conflict of interest. All educational grants or

support of educational programs must be specifically for the purposes of education and must comply with the following requirements:

- a. The School of Medicine Department, Program or Division must select the student(s) or trainee(s) for participation.
 - b. The funds must be provided to the Department, Program or Division and not directly to the student or trainee.
 - c. The Department, Program or Division determines that the education conference or program has educational merit.
 - d. There is no implicit or explicit expectation that the participant must provide something in return for participation in the educational program.
2. This provision does not apply to regional, national or international merit-based awards which will be considered on a case-by-case basis.

D. Disclosure of Relationships with Industry

1. Faculty and staff must disclose all financial interests with outside entities in accordance with UCSF and University of California policy. The specific disclosure obligation and method is dependent on the activity.
 - a. For research activities the relationship must be disclosed to the UCSF Conflict of Interest Advisory Committee.
(<http://www.research.ucsf.edu/coiac/coiacPolicy.asp>)
(<http://www.ucop.edu/research/disclosure.html>)
 - b. All publications should be in compliance with the guidelines of the International Committee of Medical Journal Editors (www.icmje.org).
 - c. All continuing medical education activities must be disclosed and resolved as defined by the Office of Continuing Medical Education and the ACCME (<http://www.accme.org>).

2. Faculty or staff who serve as consultants, members of a speakers' bureau, have an equity interest in or another relationship with industry for which they receive personal compensation or other support must recuse themselves from deliberations or decision making regarding the selection of products or services to be provided to the Medical Center or School of Medicine (eg; selection of drugs to be added to the formulary) by the company. Faculty with such ties to industry shall not participate in decisions regarding the purchase of related items, drugs, procedures in their department unless specifically requested to do so by the purchasing unit and after full disclosure of the faculty member's industry relationship. Under all circumstances the financial relationship must be disclosed and any conflict resolved prior to participation in any decision making.

3. Faculty and staff are prohibited from publishing articles that are substantially or completely “ghost” written by industry representatives. Faculty and staff who publish articles with industry representatives must participate in the preparation of the manuscript in a meaningful way to include interpretation of data and/or the writing of the manuscript and shall be listed as authors or otherwise appropriately cited for their contribution. The financial interests of all authors shall be listed in accordance with the standards of the journal.

4. Faculty with financial relationships with industry must ensure that the responsibilities to the company do not affect or appear to affect the ability to properly supervise and educate students, residents and other trainees, nor influence employment decisions for faculty and staff. All such relationships must be disclosed and resolved as defined by ACCME.

E. Access by Sales and Marketing Representatives to Faculty, Trainees, Staff and Students

1. Faculty, trainees, and staff at each UCSF site must abide by the policies and procedures for each institution (UCSF and UCSF Medical Center, SFGH and VA Medical Centers with regard to meeting with industry representatives. In general representatives are permitted in non-patient care areas *by appointment only*. Company representatives are not permitted in any patient care areas except to provide scheduled and approved in-service training on devices and other equipment for which there is an executed University contract for these services. Involvement of students and trainees in such meetings should occur only for educational purposes and only under the supervision of a faculty member.

Relationship to Other University Policies

The guidelines supplement University policies on Conflict of Interest and the requirements of the Departmental Compensation Plan. Faculty and staff should familiarize themselves with the policies and reporting obligations. Where the guidelines and University policies conflict, the more restrictive of the two shall apply. Questions about the policies should be discussed with the department chair and/or administrative staff.

**** For purposes of these guidelines, industry refers to proprietary entities that produce health care and medical goods or services.***

Approved by: Graduate Medical Education Committee (GMEC)
Effective Date: September, 22, 2008

Leave Policy

Vacation Leave

Vacation leave with compensation shall be four (4) workweeks per academic year. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Under special circumstances, departments may make a discretionary allowance for carry over beyond that year. Vacation leave shall be scheduled by mutual agreement with the program and/or department and given as leave depending upon the mode of scheduling of a given service. Procedures for requesting and assigning vacation schedules must be written policy and be in compliance with each program's ACGME Program Requirements, which concern the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

Administrative Holidays

Administrative holidays for residents and clinical fellows will be consistent with the schedule at the institution to which the resident or clinical fellow is assigned and with the policies of the program and/or department.

Sick Leave

Sick leave with compensation is given at the rate of twelve (12) days per academic year (one day per month). Sick leave is credited to the year of appointment and does not carry over from year to year. In addition, vacation leave may be used to cover sick leave which exceeds twelve (12) days. The total length of sick leave (paid and unpaid) may not exceed twelve (12) workweeks in a calendar year (see "Family and Medical Leave" section below). Additional sick leave may be granted at the discretion of the program and/or department. Makeup time may be required to meet educational objectives and be in compliance with ACGME Program Requirements.

Personal Leave

Personal leave to attend to personal matters of a serious, time consuming nature may be taken by mutual agreement with the program and/or department. Personal leave in excess of vacation and sick leave is uncompensated.

Attendance at Educational Meetings and Activities

Attendance at educational, scholarly, and professional activities is scheduled by mutual agreement with the program and/or department.

New Parent Leave

Compensated leave is a minimum of two (2) workweeks. Time taken in addition to this exceeding vacation leave and sick leave will be uncompensated. In accordance with the Family and Medical Leave Act (FMLA), leave can extend to twelve (12) workweeks. The resident or clinical fellow must give written notice to the program and/or department of his/her intention to take leave prior to the expected birth or adoption.

Family and Medical Leave

Family and medical leave is provided for an eligible resident or clinical fellow's serious health condition, or the serious health condition of the person's child, spouse or parent. Medical leave may be requested for a medical condition affecting his/her ability to continue in a training program or provide patient care. These leaves must include the use of vacation leave and sick leave at the onset of the leave. The duration of the leave must conform to the program and/or department's and the American Board requirements together with the applicable state and federal law, including the federal Family and Medical Leave Act (FMLA) of 1993.

FMLA: FMLA allows for qualified employees to take leave of up to twelve (12) workweeks in a calendar year, continuance of health plan coverage, and employment reinstatement rights due to:

- Employee's own serious health condition;
- Care for child, parent, spouse, or domestic partner (same sex or opposite sex) with a serious health condition; or
- Care for a newborn child or a newly placed adopted/foster child (applicable for both maternity and paternity leave).

In order to qualify for FMLA, a resident or clinical fellow must meet the following two criteria:

- Provided at least 12 months of University service (does not need to be continuous) AND
- Worked at least 1,250 hours in the 12 months immediately preceding the leave (these are actual hours worked – including overtime – and do not include time on vacation, sick leave, or other paid leave).

Benefit and Pay Status: FMLA does not require residents or clinical fellows be paid during leave, only that benefit coverage continues during the Family and Medical Leave. However, in accordance with UCSF policy, vacation leave and sick leave may be used towards pay during the FMLA leave period. Once vacation leave and sick leave have been used, unless otherwise negotiated with the training program and/or department, leave will be unpaid.

While on unpaid leave (other than FMLA leave), the resident or clinical fellow will be eligible to maintain insurance coverage for the remainder of the leave and may be required to reimburse the department or program for the cost of the insurance. In accordance with federal law, the department or program will continue its contribution to health insurance benefits for up to twelve (12) workweeks per year of FMLA leave.

Moonlighting while on Family and Medical Leave is not allowed and may be cause to terminate leave.

Pregnancy-Related Disability: The California Family Rights Act allows for an additional twelve (12) workweeks of leave after the birth of a child for pregnancy-related disability. This leave is in addition to the twelve (12) workweeks of Family and Medical Leave in a twelve-month period.

Qualifying Time for American Board Requirements: The duration of Family and Medical Leave must be in compliance with each program's requirements, which concern the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the training program (see "American Board Requirements" below).

Leave for Military Service

Residents and clinical fellows are eligible for up to thirty (30) days of military leave with pay while engaged in the performance of military duty. All benefit coverage will continue during paid military leave. Absence from the training program to meet military service obligations must be with the approval of the program director and/or department.

Leave for Jury Duty

A resident or clinical fellow called to Jury Duty will receive regular compensation for time served. The program director and/or department must be notified as soon as a jury summons is received. Only the court, pursuant to the procedure outlined in the Jury Summons Notice, can grant deferment or excused absence from jury service.

Other

Disability Benefits: Please note that residents and clinical fellows are not eligible for, nor covered by the state of California for short-term disability insurance. However, residents and clinical fellows enrolled in the UCSF Housestaff Benefits Plan are entitled to disability coverage following 30 consecutive days of "total disability." For more information, please contact Housestaff Benefits in Human Resources at (415) 476-8093.

American Board Requirements: It is the responsibility of the department, program, and resident or clinical fellow to be in compliance with the Program Requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program, and guaranteeing eligibility for certification by the relevant certifying Board. Prior to granting leave, American Board requirements should be reviewed by the program director and resident or clinical fellow to assure that the resident or clinical fellow is familiar with the possibility of having to make up time away from training. If extended leave results in the requirement for additional training in order to satisfy American Board requirements, financial support for the additional training time must be determined when arrangements are made for the leave and the makeup activity.

Approved by GMEC: June 16, 2008

Moonlighting Policy

Each training program must have a program-specific policy addressing moonlighting. It is the responsibility of each resident and clinical fellow to ensure that he/she is compliance with his/her program's policy. Each program's policy must state whether or not moonlighting is permissible (both internal and external, see below for definitions). If moonlighting is allowed, the policy must contain a method for written pre-approval, monitoring (which must include the method for tracking hours), and periodic review. Trainees must not be required to engage in moonlighting and this must be clearly stated in the policy. Each program allowing moonlighting must demonstrate ongoing compliance with duty hours requirements as a prerequisite for GMEC approval of its policy.

Moonlighting must not interfere with the ability of the resident or clinical fellow to achieve the goals and objectives of the educational program. Time spent by residents and clinical fellows moonlighting, both internal and external, must be counted towards the 80-hour maximum weekly hour limit and closely monitored by the program in a manner similar to other duty.

PGY1 residents may not moonlight.

Residents and clinical fellows are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. It is the responsibility of the resident or clinical fellow to obtain written permission to moonlight from his/her program director prior to beginning any internal or external moonlighting activity. The program director will monitor resident performance in the program to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines that trainee performance does not meet expectations, permission to moonlight will be withdrawn. Any residents or clinical fellows moonlighting without written pre-approval will be subject to disciplinary action.

Internal moonlighting is defined as extra work for extra pay performed at any UCSF, San Francisco Veterans Affairs Medical Center, or San Francisco General Hospital site as well as any other site that participates in the resident or clinical fellow's training program. This activity must be supervised by faculty and is not to exceed the level of clinical activity and responsibility of the resident or clinical fellow in his/her training program. Trainees may not function as independent practitioners. Internal moonlighting hours must be documented and must comply with the written policies of the ACGME, UCSF GME, and the program regarding duty hours.

External moonlighting is defined as work for pay performed at a non-UCSF site or a site that does not participate in the resident or clinical fellow's training program. External moonlighting hours must be documented and must comply with the written policies of the ACGME, UCSF GME, and the program regarding duty hours. For external

moonlighting, the trainee is not covered under UC's professional liability insurance program as the activity is outside the scope of university employment. The trainee is responsible for ensuring liability coverage from another source, DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board as well as any other requirements for clinical privileging at the employment site.

Approved, GMEC: July 18, 2011

Non-Discrimination and Sexual Harassment Policy

It is the policy of UCSF School of Medicine that no residents be discriminated against because of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical disability or medical condition as defined in Section 12926 of California Government Code, status as a Vietnam-era veteran or special disabled veteran, or within the limits imposed by law or University regulations, because of age or citizenship.

The following offices have been designated as resources. Residents who believe they may have been subjected to discrimination and/or gender, sexual or other forms of harassment in the workplace may seek guidance and counseling:

- Office of Sexual Harassment Prevention & Resolution 415-476-5186
- Office of Affirmative Action/Equal Employment Opportunities/Diversity 415-476-4752
- Faculty and Staff Assistance Program (FSAP) 415-476-8279

A resident is entitled to follow the University's confidential sexual harassment procedure. <http://www.ucsf.edu/oshpr/policies/policy.html>

Date GMEC Reviewed & Approved: January 11, 1999

Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004

Residency Reduction and Closure Policy

UCSF School of Medicine requires Program Directors submit proposals for a temporary or permanent increase or decrease in resident complement to the GMEC for approval prior to submission to the ACGME/RRC. The GMEC will weigh the potential benefits of a change in program size against potential liabilities and may request justification and information on the projected impact of the proposed change. All changes should be submitted to the Senior Associate Dean for review in order to ensure compliance with both ACGME/RRC requirements and UCOP Post-MOU guidelines.

Changes in program size must also be approved per the UCOP oversight mechanism. Per University of California Office of the President (UCOP) requirements, changes approved by the GMEC require review and approval by the UCSF Local GME Enrollment Oversight Committee (consisting of the Senior Associate Dean for Graduate Medical Education, the Dean of UCSF School of Medicine and the CEO of UCSF Medical Center) and the UC Systemwide GME Enrollment Oversight Committee (where the Senior Associate Dean for GME serves as the UCSF representative).

Residents must be notified as soon as possible regarding an intended reduction in program size or closure of their residency program. In the event of such a reduction or closure, UCSF will allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.

Date GMEC Reviewed & Approved: February 22, 1999

Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004

Restrictive Covenants

Residents in training programs sponsored by UCSF School of Medicine are not required to sign a non-competition guarantee.

Date GMEC Reviewed & Approved: February 22, 1999

Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004

Revision of Policies

The Graduate Medical Education Committee (GMEC), the governing body responsible for housestaff policies, reviews and approves the housestaff policies stated in this booklet. Policies may be subject to change during the year with approval by the GMEC. Revisions will be highlighted and dated as such and posted on the Graduate Medical Education (GME) website: <http://medschool.ucsf.edu/gme>

Scientific Misconduct

This campus adheres to the DHHS definition of Scientific Misconduct as follows:
“*Misconduct or Misconduct in Science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting or reporting research. It does not include honest error or honest differences interpretations or judgments of data. Concerns about possible scientific misconduct should be reported to the responsible Vice/Associate Dean for Academic Affairs or the Vice Chancellor for Academic Affairs.

Supervision Policy

Each training program must have a program-specific policy addressing supervision that is consistent with ACGME, UCSF GME, UCSF Medical Center, SFVAMC, and SFGH policies. In addition, each program must have a communication policy that establishes guidelines for circumstances and events in which residents and clinical fellows must communicate with appropriate supervising faculty, such as the transfer of a patient to an intensive care unit or end-of-life decisions.

Every patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, clinical fellows, faculty, and patients. Residents, clinical fellows, and faculty should inform patients of their respective roles in each patient's care.

Each training program 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 residents or clinical fellow. Other portions of care provided by the resident or clinical fellow can be adequately supervised by immediate availability of the supervising faculty member or trainee, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of trainee-delivered care with feedback as to the appropriateness of that care.

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

- Direct Supervision: The supervising physician is physically present with the trainee and patient.
- Indirect Supervision:
 - With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
 - 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.
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident and clinical fellow must be assigned by the program director and faculty. The program director must evaluate each trainee's abilities based on specific criteria and when available this should be guided by specific national standards-based criteria. Faculty members functioning as supervising

physicians should delegate portions of care to residents and clinical fellows based on the needs of the patient and the skills of the trainees. Senior residents or clinical fellows should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on needs of each patient and the skills of the individual trainee.

Each resident and clinical fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY1 residents should be supervised either directly, or indirectly with direct supervision immediately available. Each program must follow RRC-defined achieved competencies under which PGY1 residents progress to be supervised indirectly, with direct supervision available.

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

Approved, GMEC: July 18, 2011

Transitions of Care and Handoffs Policy

Each training program must have a program-specific policy addressing transitions of care that is consistent with ACGME and UCSF GME policy. With heightened awareness of the effects of handoffs (hand-overs) on patient safety and education, the ACGME common program requirements include specific mandates to design systems, ensure competency for residents and clinical fellows, and monitor efficacy of handoffs. These, along with the Joint Commission patient safety goal regarding handoffs, affect all programs, departments, and clinical settings.

Each training program must design clinical assignments to minimize the number of transitions in patient care. Programs and their faculty must be aware of the hazards of discontinuity and new regulations and best practices to ensure patient safety and to role model effective handoffs. Duty hours requirements shorten the length of shifts for many trainees, particularly PGY1 residents (interns), and this will require careful attention to clinical assignments. Examples of strategies which have successfully minimized transitions include day/night teams, staggering of intern/resident/attending switch times and/or days to maintain continuity, outpatient clinic “pods” or teams, etc. As there is currently no single gold standard for clinical scheduling assignments, all training programs must design call and shift schedules to minimize transitions in patient care. Schedule overlaps should include time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues.

The institution and each program must ensure and monitor effective, structured hand-over processes that facilitate both continuity of care and patient safety. Handoffs vary considerably across programs and clinical settings. They may include temporary transitions of direct patient care (e.g. day and night teams on inpatient services, scrubbing out of a procedure), complete transitions of direct patient care (e.g. emergency department shifts, end-of-rotation, end-of-training in outpatient and inpatient services), or transitions of indirect patient care (e.g. laboratory and radiology settings).

Each training programs must develop handoff procedures that are structured, and that reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.)

Handoffs should include at least:

- Patient summary (exam findings, laboratory data, any clinical changes);
- Assessment of illness severity;
- Active issues (including pending studies);
- Contingency plans (“If/then” statements);
- Synthesis of information (e.g. “read-back” by receiver to verify);
- Family contacts;
- Any changes in responsible attending physician; and

- An opportunity to ask questions and review historical information.

Faculty oversight of the handoff process may occur directly or indirectly, depending on trainee level and experience. All programs should use the applicable tools (written or computerized) to assist them in this structured process.

Each program must ensure that residents and clinical fellows are competent in communicating with team members in the handoff process. Each training program must assess Interpersonal and Communication Skills competency. Handoff skills are a specific skill within this competency. Programs must deliver focused and relevant training to build these skills, use clear assessment strategies, and document this competency.

Educational resources include:

- "Standardizing the Handoff Process: Better Handoffs, Safer Care"
 - UCSF GME Grand Rounds (online): addresses handoff context and literature and UCSF- specific handoff policies and best practices
 - Available on the GME website:
 - <http://medschool2.ucsf.edu/gme/grounds/index.html> (date: /19/2013)
- I-PASS Handoff Toolkit
 - An evidence-based curriculum covering handoffs and communication tools
 - Includes tools for direct observation by faculty or peers
 - Online module available
 - Glenn Rosenbluth and Dan West are local I-PASS experts
 - Available on MedEd Portal (www.mededportal.org, search term: I-PASS)
- Handoffs and Signout Primer: Agency for Healthcare Research and Quality (AHRQ)
 - A literature overview with links to case scenarios and expert discussion that can be used as teaching cases
 - Available at: <http://psnet.ahrq.gov/primer.aspx?primerID=9>
- Specialty-Specific Tool-Kits
 - Several tool-kits exist that are specific to specialty. One specific one focused on peri-operative handoffs can be found here: <http://www.aorn.org/PracticeResources/ToolKits/PatientHandOffToolKit/>
- Teaching Video: "Handoffs: A Typical day on the Wards"
 - A peer-reviewed video on MedEdPORTAL that can be used as a trigger for teaching sessions on handoffs
 - Available here: <https://www.mededportal.org/publication/8331>

Assessment strategies include:

- Direct Observation Tools – may be modified to document competence in handoffs

- I-PASS observation tools: <https://www.mededportal.org/publication/9570>
- Additional sample: <http://www.ncbi.nlm.nih.gov/pubmed/12639081>
- Global Assessments of Interpersonal and Communication Skills may include *specific items reflecting assessment of competence in the handoff process*.
- Peer evaluation tools may be used to evaluate trainees in both giving and receiving handoffs.

The 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. All clinical staff, should have a mechanism to know which trainee and supervising physicians are responsible for patients and their contact information. UCSF GME supports the use of amion.com for publishing and disseminating schedules. Programs should utilize the pager forwarding system (as applicable and relevant) and the electronic health record handoff tools or equivalent specialty-specific tools.

Approved, GMEC: July 18, 2011

Editorial Revision Approved, GMEC: September 26, 2011

Editorial Revision (update references): April 21, 2014

Whistleblower Policy

Under the University policy, individuals are encouraged to use the University Whistleblower Policy if they have a good faith belief that an activity occurred or is continuing to occur that is not in compliance with federal or state law or University policy. Such individuals are protected from retaliation for making such a “protected disclosure.” A “protected disclosure” may be made to the campus Whistleblower Coordinator, Compliance Officer, or any campus administrator, director, manager or supervisor . This policy may be found on the campus web site at <http://ucssfhr.ucsf.edu/policies/whstblo.html>.

Work Conditions Policy

UCSF Provides services and systems to minimize the work of residents that extraneous to their educational program.

- Residents on duty have access to adequate food services in all institutions.
- Residents on call are provided with adequate sleeping quarters
- Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services are provided to be consistent with education objectives and patient care
- Laboratory, pathology and radiology services are available to support timely and quality patient care. Information systems are available.
- A medical records system is available at all times to support quality patient care, the education of residents, quality assurance activities, and to provide a resource for scholarly activity.
- Security and personal safety measures are provided to residents at all locations including parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.

The UCSF Graduate Medical Education Committee is the authoritative body to review concerns related to work conditions as well as issues related to the program and/or faculty. Residents who have concerns about their work conditions, program or faculty should address their Program Director and/or Chair. If problems or concerns are not resolved at this level, these should be brought to the attention of the DIO/Chair of the GMEC or, in her absence, a designee. The GMEC is then charged with the resolution of the concern or issue. In some cases, the appointment of a subcommittee or task force may be necessary to provide thorough analysis and plan of action.

Date GMEC Reviewed & Approved: September 20, 2004

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004