

University of Nebraska Medical Center

HOUSE OFFICER POLICIES

2024 – 2025

Prepared by the Office of Graduate Medical Education

PREFACE

Welcome to the graduate medical education programs of the University of Nebraska Medical Center. Residency and fellowship training are critically important to the professional development of any physician, and the time and effort you devote to your training will likely set the course to a successful career in your chosen specialty. The Office of Graduate Medical Education (GME), working in partnership with the University of Nebraska affiliated hospitals, is responsible for ensuring a safe and effective learning environment for residents, fellows, and patients. The policies and procedures in this manual describe the appropriate engagement of residents and fellows in the UNMC learning environment.

We wish you the best of luck in the coming year. Please contact GME if you have any questions about the contents of this manual.

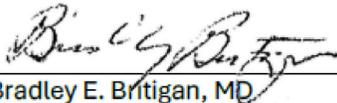
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UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

July 1, 2024

The University of Nebraska Medical Center and Graduate Medical Education’s mission is to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care.

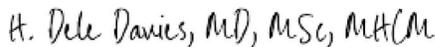
The University of Nebraska Medical Center College of Medicine sponsors graduate medical education programs to provide education opportunities for physicians and to prepare highly qualified physicians to practice the various disciplines of medicine for the health care benefit of the people of the State of Nebraska. The college is committed to providing the necessary educational, financial, and human resources to support these programs. These graduate medical education programs are established under the authority of the Board of Regents of the University of Nebraska.



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UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE**HOUSE OFFICER AGREEMENT****2024-2025**

THIS AGREEMENT between the Board of Regents of the University of Nebraska, governing body for the University of Nebraska Medical Center College of Medicine (UNMC) and the house officer has been executed and entered into this first day of July, 2024 and shall be effective from July 1, 2024, through and including June 30, 2025. Except as otherwise set forth in this agreement, the benefits, terms, and conditions of employment of the house officer shall be those set forth in the rules and policies covering "other academic staff" as defined in paragraph 3.1.1.2 of the Bylaws of the Board of Regents of the University of Nebraska. House officers are required to be in compliance with the policies and procedures in the hospital to which they are assigned. UNMC and the undersigned house officer hereby agree as follows:

- 1. Acceptance:** The house officer wishes to obtain further training in the art and science of medicine. The house officer will enroll in the UNMC College of Medicine as a House Officer-[INSERT TRAINING YEAR].
- 2. Responsibilities:** The house officer agrees to obtain and maintain the appropriate Nebraska license or permit to practice medicine while participating in this graduate medical education program. The house officer agrees to participate fully in patient care, and educational programs including the teaching and supervision of the house officers and students. The house officer agrees to adhere to the established practices, procedures, and policies of the institution and to develop a personal program of self-education and professional growth under the guidance of the teaching staff. The UNMC College of Medicine, through its administration and teaching faculty, agrees to use its best efforts to meet or exceed the guidelines relating to house officer education as set forth in the Program Requirements established by the Accreditation Council for Graduate Medical Education and to provide supervision of house officers' educational experiences. The terms and conditions set forth in this agreement are subject to reasonable rules as established by the accrediting bodies for each training program.
- 3. Salary:** Salary for the academic year beginning July 1, 2024, and ending June 30, 2025, shall be [INSERT SALARY FOR TRAINING YEAR].
- 4. Determination of Salary Level:** House officer salary at the time of appointment is based on the number of prior years of ACGME recognized residency training. Credit towards an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who enter a fellowship position following residency training outside the U.S., will start at the level defined by the minimum prerequisite training for that fellowship, regardless of their years of prior training outside the United States. For the purpose of determining salary level, a chief resident year done after the required training is completed will be counted as a year of training provided the house officer is entering a subspecialty in the same discipline.
- 5. Insurance Benefits:** As employees of UNMC, house officers and eligible dependents may participate in benefits offered to employees such as health, vision, long-term care, and dental insurance, automatic eligibility disability insurance, term life insurance, supplemental accidental

death and dismemberment insurance and reimbursement accounts for health care and dependent care.

6. Vacations: The house officer shall have four weeks (twenty working days) of paid vacation per year provided that such vacation days shall not include more than eight weekends. Vacation for house officers employed less than one year will be pro-rated. The maximum vacation that may be accrued is six weeks (30 working days). House Officers are encouraged to use their vacation but in the event that clinical demands prevent it, house officers shall be reimbursed for unused vacation time (up to 30 days) upon termination of employment.

7. Scheduling Professional Leave or Vacations: Professional meetings and vacation days must be scheduled to assure coverage in accord with minimum staffing standards of the service to which the house officer is assigned. House officers may have up to five days of leave with pay per year for approved professional or educational meetings. Vacation and meeting days shall be scheduled by delivering a notice in writing at least 30 days in advance of the beginning of the scheduled rotation to both the house officer's own program and the service to which the individual is assigned and from which leave is to be taken. Conflicts in scheduling of meetings or vacation days shall be resolved by the Office of Graduate Medical Education. Meeting or vacation days not scheduled in the manner described above may nevertheless be taken if approved in advance by the house officer's program and by the director of the service to which the individual is then assigned.

8. Sick Leave: As employees of UNMC, house officers are eligible for family leave, funeral leave, military leave, sick leave, and civil leave as set forth in the UNMC Policies. House officers shall accumulate one day sick leave per month for the first two years of employment as a house officer at UNMC; thereafter house officers receive 1,040 hours of sick leave at the beginning of their third year of employment and may be used according to UNMC Policies. Notwithstanding any limitation referenced in this paragraph, an additional allotment of paid medical, parental or caregiver leave may be available to all house officers under the UNMC Family Medical Leave Policy.

9. Effect of Leave on Completion of Educational Program: In some circumstances, the amount of allowable leave may exceed the amount allowed by the program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or program requirements, as outlined in your program's policies, if applicable. Details regarding specialty board availability can be found at the board's web site.

10. Non-Discrimination and Prohibited Harassment: UNMC promotes equal educational and employment opportunities in an academic and work environment, free from discrimination, and/or harassment. UNMC does not discriminate, based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. A detailed policy is contained in the UNMC policies & procedures manual and is reprinted in the Housestaff Manual.

11. Impaired Physicians and Substance Abuse: The policy on impaired physicians is provided in the Housestaff Manual.

12. Accommodation for Disabilities: The policy on accommodation for disabilities is provided in the Housestaff Manual.

13. Counseling Services: Counseling and psychological support assistance are available free of charge. More information is reprinted in the Housestaff Manual.

14. Professional Activities Outside of the Training Program: House officers may engage in medical practice outside of their residency program provided such practice does not interfere in any way with the responsibilities, duties, and assignments of the training program and the house officer is in compliance with the following requirements.

To moonlight, the house officer must:

- a. Be in the PGY-2 year or above
- b. Not be on a J-1 visa
- c. Be in good academic standing within their training program
- d. Have a full medical license in the state in which they are planning to work

Outside practice (moonlighting or locum tenens) must be approved in advance by the house officer's program director. The house officer must apply in writing to the program director before the starting date of the outside practice. The director will approve or disapprove the proposed outside practice in writing and the signed statement of permission will be kept in the house officer's permanent department file and a copy will be kept in the Graduate Medical Education Office. Such approval, once given, shall be withdrawn if it is determined that the outside practice interferes with the responsibilities, duties, or assignments of house officer's training program. If approval is withdrawn, the house officer shall be notified in writing as soon as possible, but before the effective date of the practice activity. Moonlighting during a leave of absence or FMLA is not allowed. House officers cannot be required to participate in outside practice. Outside practice includes all moonlighting/locum tenens done in affiliated (internal moonlighting) or non-affiliated hospitals or outpatient practice. All outside practice is subject to College of Medicine duty hour policies. The house officer must keep a log of the hours during the outside practice and enter the times into the departmental duty hour record or present the log to the present director.

15. Professional Liability Insurance: UNMC provides professional liability insurance, including tail coverage. This policy covers the house officer while providing patient care either as a part of the training program or as outside medical practice that has been approved according to paragraph 14 above. Details of the malpractice coverage are on the card provided to all new house officers at orientation and also are available at the Graduate Medical Education Office.

16. Call Rooms and On Call Meals: UNMC will ensure that call rooms are provided for house officers assigned to in-house overnight call duty. The facilities so provided shall be approved by the Office of Graduate Medical Education and shall, at a minimum, include bed, bath and toilet facilities, a computer, and a phone. Meal allowances will be provided for those house officers as determined by the program.

17. Required Off-Campus Training: When off-campus training within the State of Nebraska is required as part of the training program of any house officer, and conditions require the house officer to reside at a place other than their regular residence, then UNMC shall provide a suitable residence. The residence shall be approved by the Office of Graduate Medical Education and shall provide, at a minimum, a bed, bath and toilet facilities, a writing desk, and a phone. In the event off-campus training is required within the State of Nebraska as part of a

house officer's training program at locations more than 75 miles from the UNMC campus, or for those based at Lincoln, 75 miles from the Family Practice Center, and conditions require the house officer to use a personal vehicle in order to reach such location, then the house officer shall be reimbursed for mileage at the rate provided under current UNMC policy for one round trip to and from the location. This does not preclude reimbursement for other off-campus travel at the discretion of the department or program involved.

18. Clinical and Educational Work Hours: The policy on work environment and duty hours is in the Housestaff Manual. Accurate reporting of duty hours is important to program planning as well as patient care and safety. Misreporting of duty hours is considered a breach of professional behavior and will affect academic performance evaluation.

19. Lab Coats and Laundering: The house officer will be supplied with four lab coats at the beginning of training unless the house officer is enrolled in either a one or two year program, and then the house officer will be supplied with two coats. Coats are laundered without charge to the house officer.

20. Committees and Councils: The house officer agrees to participate in UNMC and Nebraska Medicine committees and councils to which they are appointed or invited.

21. Grievance Procedures: House officers who have a grievance regarding terms of this agreement should first attempt to resolve the grievance through their program director and chairman. If a satisfactory solution is not found they may ask the Associate Dean for Graduate Medical Education in conjunction with the Graduate Medical Education Committee to resolve the problem. If this does not produce a satisfactory solution, a house officer grievance committee may be convened. Membership on the grievance committee shall be appointed by the Dean, College of Medicine, and shall include three house officers and three faculty members. The grievance committee shall have the following powers and duties:

- A. To establish its own rules of procedure in accordance with the Bylaws of the Board of Regents.
- B. To consider a complaint filed by any house officer alleging any grievance.
- C. To seek to settle the grievance by informal methods of adjustment and settlement, either itself or by using the services of any officer or body directed to settle grievances and disputes by mediation, conciliation, or other informal methods.
- D. To proceed, if informal methods fail to resolve the matter satisfactorily, in accordance with the following principles:
 1. If the grievance alleges that inadequate consideration was given to relevant matters by the person or body which took the action or made the decision which led to the grievance, the Grievance Committee shall investigate the facts, and, if convinced that inadequate consideration of the relevant matters occurred, state the facts found and the respects in which the consideration was inadequate. The committee may order that the matter be reconsidered by the appropriate person, group, or groups, or recommend that other rectifying actions be taken.
 2. The Grievance Committee shall not substitute its judgment on the merits for that of the person, group or groups which previously considered the decision.
 3. The committee shall not have the authority to modify any of the provisions of this agreement.
 4. The recommendations of the committee shall be reported in writing to the Dean, College of Medicine.

22. Termination: Unsatisfactory academic or professional performance or any other breach of the terms of this agreement or of the Bylaws of the Board of Regents shall be sufficient grounds for termination of this agreement by UNMC. If it is determined by the appropriate dean, director, or department chairman that sufficient grounds exist for termination of this agreement, then written notice shall be given to the house officer specifying the facts constituting grounds for termination and the effective date of termination. The house officer so notified shall have the right to file an appeal under the house officer appeal procedure described in the Housestaff Manual.

23. Grievance and Due Process Procedure: The parties expressly agree that the house officer appeal procedure referred to in paragraph 22 shall apply to academic failure of a rotation, suspension, termination or nonrenewal prior to completion of the training program, notwithstanding contrary provisions in other policies and procedures of the University relating to termination of employment or academic dismissal.

24. Appointment and Advancement: This agreement shall be for the period commencing July 1, 2024 through and including June 30, 2025. Reappointment to succeeding years of training will depend on the house officer's satisfactory academic and professional performance, the availability of funding, and continuation of the training program. If the appropriate department decides that the house officer's agreement shall not be renewed prior to the house officer's completion of the training program, written notice of nonrenewal specifying the reason for nonrenewal shall be given to the house officer. The house officer shall have the right to file an appeal under the house officer appeal procedure.

The house officer must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. For a house officer who does not meet this requirement, the house officer's program director may apply to the GMCC for a one-time extension of the requirement for a period of 6 months or less. Until the requirement is met, the house officer will not advance to the HO III level. At the end of the extension, if the requirement is not met, the house officer will be dismissed.

25. Certificate: A certificate of service will be provided for house officers who leave after twelve months or more of service. The certificate will list only those degrees conferred by educational institutions.

26. Program Reduction or Closure: The policy regarding program reduction or closure is contained in the Housestaff Manual.

27. Restrictive Covenants: The University of Nebraska Medical Center has no restrictive covenants relative to practice or employment of house officers after completion of postgraduate training.

28. Image Consent/Release: I hereby consent and authorize UNMC to take photographs or electronic images of me, and I authorize UNMC to use, reuse, copy, publish, display, exhibit, reproduce, and distribute such information technology in any educational or promotional materials or other forms of media, which may include, but are not limited to University or affiliate hospital publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

All employer rights, powers, discretions, authorities and prerogatives are retained by and shall remain exclusively vested in the Board of Regents of the University of Nebraska and the University of Nebraska Medical Center except as clearly and specifically limited by this agreement.

Executed this _____ day of _____ 2024.

House Officer

Board of Regents of the University of Nebraska

By: Department Chair

Associate Dean
Graduate Medical Education

POLICIES

This section of the manual includes policies approved by the UNMC Graduate Medical Education Committee (GMEC), UNMC, and Nebraska Medicine. Nebraska Medicine is UNMC's primary clinical teaching partner and the primary site for the majority of UNMC's residency and fellowship training programs. UNMC and Nebraska Medicine are highly integrated, and policies for both institutions are determined through close consultation to avoid any potential conflicts.

House officers are expected to comply with all GMEC, UNMC, and Nebraska Medicine policies during their training. Key policies are included here, but due to space considerations, not all UNMC and Nebraska Medicine policies can be included in this manual. House officers are encouraged to explore the following links to learn more.

All UNMC policies are available online at the UNMC wiki, which can be accessed at https://wiki.unmc.edu/index.php/Policies_and_Procedures. These policies apply to all UNMC employees, including house officers.

All Nebraska Medicine policies are available online at <https://now.nebraskamed.com/policies-and-procedures-manual/>. These policies apply to all house officers training at Nebraska Medicine sites.

Recruitment, Selection, Appointment and Promotion of House Officers

Recruitment

Program must follow specialty and Match policy guidelines.

An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. Information must include:

- Stipends, benefits, professional liability coverage and disability insurance accessible to residents/fellows;
- Institutional policies for vacation and leaves of absences, including medical, parental and caregiver leaves of absence; and,
- Health insurance accessible to residents/fellows and their eligible dependents.

Visas

In general, H1B and J1 visas are the trainee visas accepted at our institution. Programs will specify if one or both are accepted for the individual training program.

Selection

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

Residency (ACGME CPR III.A.)

- Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
- Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
- Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
 - Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
 - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty program.

Fellowship (ACGME CPR III.A.)

The ACGME Review Committee may choose one of the following options and programs must follow requirements listed for their specialty:

- Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.

- Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program.

ACGME states some specialties may accept exceptionally qualified applicants who do not satisfy eligibility requirements listed in Common Program Requirements III.A. as long as specific criteria are met and GMEC approves the action. At the present time, the University of Nebraska Medical Center GMEC does not permit applicants that do not meet ACGME eligibility requirements.

Appointment and Promotion

The house officer agrees to obtain and maintain the appropriate Nebraska license or permit to practice medicine while participating in this graduate medical education program. The house officer agrees to participate fully in patient care and educational programs including the teaching and supervision of the house officers and students. The house officer agrees to adhere to the established practices, procedures, and policies of the institution and to develop a personal program of self-education and professional growth under the guidance of the teaching staff. The UNMC College of Medicine, through its administration and teaching faculty, agrees to use its best efforts to meet or exceed the guidelines relating to house officer education as set forth in the Program Requirements established by the Accreditation Council for Graduate Medical Education and to provide supervision of house officers' educational experiences. The terms and conditions set forth in this agreement are subject to reasonable rules as established by the accrediting bodies for each training program.

The house officer agreement period is July 1 through June 30th. Reappointment to succeeding years of training will depend on the house officer's satisfactory academic and professional performance, the availability of funding, and continuation of the training program. If the appropriate department decides that the house officer's agreement shall not be renewed prior to the house officer's completion of the training program, written notice of nonrenewal specifying the reason for nonrenewal shall be given to the house officer. The house officer shall have the right to file an appeal under the house officer appeal procedure.

The house officer must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. For a house officer who does not meet this requirement, the house officer's program director may apply to the GMEC for a one-time extension of the requirement for a period of 6 months or less. Until the requirement is met, the house officer will not advance to the HO III level. At the end of the extension, if the requirement is not met, the house officer will be dismissed.

Notification of Employment Background Checks

As a condition of employment, University of Nebraska Medical Center conducts a background check of all new employees. UNMC utilizes a third party to conduct the background check. The type of information that can be collected by this agency includes, but is not limited to, that pertaining to an individual's past employment, education, character, finances, reputation, criminal and credit history. Background checks will be performed in compliance with the Fair Credit Reporting Act. This information will not be used as a basis for denying employment unless the information indicates the applicant is not suitable for the position. For more information, please visit: [UNMC Employment Background Checks < University of Nebraska Medical Center](#)

As a condition of appointment, you will be required to obtain a Nebraska Temporary Education Permit (TEP) or full-unrestricted license to practice medicine and surgery. A criminal background check is required for all applicants for either a TEP or full-unrestricted license. Full licensure requirements provided here: [Medicine and Surgery](#)

Effective December 2024, if the program in which a house officer is enrolled has rotations at the VA Nebraska-Western Iowa Health Care System (VA), the VA will require a robust background check and FBI-facilitated security clearances for onboarding house officers.

Approved by GMEC 1/11/00; Revised 12/17/24

Due Process in Instances of Suspension, Non-Renewal, Non-Promotion, or Dismissal of a House Officer, and Procedures for Submitting and Processing House Officer Grievances

House officers are expected to fulfill their responsibilities and conduct themselves in a competent, professional manner while meeting program expectations and adhering to University of Nebraska Medical Center policies and state/federal law. House officers can be counseled, disciplined, or dismissed for issues related to:

- Academic deficiency (failure to meet academic expectations and adequately progress in gaining the knowledge, skills and attitudes necessary to achieve competence).
- Academic integrity (cheating or research misconduct).
- Unprofessional behavior (improper behavior; intentional wrongdoing; violation of a law, standard of practice, or policy of the program, or hospital).

Please contact the Graduate Medical Education Office if you have any questions or concerns about the policy and how it applies to you.

Academic Performance Remediation

Academic "On Review"

If questions are raised regarding a house officer's performance, the house officer may be placed "on review". The academic "on review" status indicates the house officer's performance is being more closely scrutinized. The house officer is placed on review through written notification to both the house officer and the Graduate Medical Education Office and the house officer's academic file. This status must be reviewed no later than three months after it is initiated. On review status is not generally reported to outside agencies. In the event that specific information is requested that involves issues regarding the on-review status, the program director may be obligated to disclose information to agencies that request information.

Academic Probation

If a house officer's performance is deemed to be unsatisfactory from academic or professional aspects or as a consequence of a breach of the House Officer Agreement, the house officer may be placed on academic probation. The house officer and the Office of Graduate Medical Education shall be notified in writing. The notice shall include:

- The specific problems in the house officer's performance.
- The expectations of what will constitute evidence that the problems have been remedied, and
- The date at which the house officer's performance will next be reviewed and the next course of action

A review of the house officer's performance must take place within three months following the initiation or extension of probation. At the designated time, the department may extend the house officer's probation, end the probation, or dismiss the house officer.

Suspension, Non-renewal, Non-Promotion, or Dismissal

Unsatisfactory academic performance, or breach of the terms of the house officer agreement shall be sufficient grounds for suspension, non-renewal, non-promotion, or dismissal. Gross failure to perform duties, or illegal or unethical conduct may result in immediate dismissal. The Office of Graduate Medical Education must be notified and provided with all supporting documentation prior to initiating dismissal action. House officers must receive written notice of the action and be offered, in writing, the right to due process.

Due Process - Grievance and Appeals

Policies regarding appeal of academic dismissal, unsatisfactory academic performance, or grievances involving terms of the House Officer Agreement are contained in the House Officer Agreement. When possible, grievances should be settled within the resident's department. If this route has been tried and no agreement is reached, the house officer should contact the Graduate Medical Education Office. If there is no resolution at this point, then the resident can activate a formal grievance procedure as described in the house officer agreement or in the academic appeals section below.

House Officer Grievance Procedure

Appeal to the House Officer Appeals Committee ("the Committee") is available for house officers when any of the following actions occur:

1. Written notice of dismissal for unsatisfactory academic performance; or unsatisfactory professional performance; or a breach of the terms of the House Officer Agreement.
2. Written notice of non-renewal of the House Officer Agreement prior to the completion of the training program.
3. Written notice of non-promotion to the next academic year.
4. Written notice of suspension or academic failure of a rotation.

The house officer must submit the reasons for the appeal in writing to the Designated Institutional Official (DIO). The house officer must submit the appeal letter within two weeks after receiving notice of the adverse action affecting the house officer. The house officer's letter requesting an appeal will initiate the appointment of an appeal committee.

Appeal Committee

The Associate Dean for Graduate Medical Education/DIO shall appoint the Committee to hear the appeal. The Committee shall consist of four members of the full-time clinical faculty and one resident, all with equal voting status. The Committee shall not include anyone who participated in the action resulting in the adverse action nor anyone who might have a conflict of interest.

The Associate Dean for Graduate Medical Education/DIO shall select one of the full-time clinical faculty members appointed to the Committee as Chairperson. The Chairperson shall vote as a member of the Committee.

Procedure

At least one week in advance of the hearing, the house officer requesting an appeal shall be given written notice of the time and place of the hearing, the membership of the Committee, and a copy of the House Officer Appeal Procedure.

If the house officer requests a personal appearance before the Committee, the request shall be granted. The house officer wishing to appear personally before the Committee may be accompanied by an advisor of choice. The name of the advisor must be provided to the Committee at least 24 hours before the hearing. The role of the advisor shall be limited to assisting the house officer. If the advisor is an attorney, the house officer's residency program may have an attorney present to assist the program. The Committee may have the assistance of counsel for UNMC to advise the Committee on procedural and other matters.

The house officer and program director shall provide copies of documents and a list of witnesses (2 witnesses each) to the Graduate Medical Education Office at least 48 hours in advance of the hearing. The Graduate Medical Education Office shall distribute the information to the house officer, program director, and committee members in advance of the hearing.

The appeal agenda will begin with the Chair of the Committee giving committee introductions followed by opening of the appeal procedure. The house officer will present to the Committee first, followed by Committee questioning of the house officer. Witnesses of the house officer will each present to Committee next, followed by questioning of each witness. Once the house officer and house officer's witnesses have presented, the program director will then present to the Committee, followed by Committee questioning of the program director. The program director's witnesses will each present, followed by questioning of each witness. The committee will allow for brief (5-10 minutes) rebuttal remarks by the house officer prior to Committee deliberations.

The Chairperson of the Committee shall direct the questioning of the house officer and other witnesses and conduct the hearing so that the house officer, his or her advisor and any other individuals appearing before the Committee are treated fairly.

The Associate Dean of Graduate Medical Education/DIO and/or the Director of Graduate Medical Education, who are non-voting members of the Committee, shall act as secretary to the Committee. The secretary shall arrange for a recording of the house officer's testimony and the testimony of any other witnesses. The house officer may request a copy of the recording of his or her testimony and the testimony of any other witnesses who may appear before the Committee.

At the conclusion of the hearing, the Committee shall consider the written and oral evidence. The Committee deliberations shall not be recorded. The Committee members shall consider the following questions during their deliberations:

1. Whether the person(s)/Clinical Competency Committee taking the action affecting the house officer considered all relevant matters.
2. Whether the action taken was arbitrary or capricious.

After thorough consideration of all of the written evidence and oral testimony presented, the Committee shall vote by secret ballot. The decision of the Committee shall be by majority vote. The Committee decision may be one of following: to uphold, to reverse, or to modify the action taken affecting the house officer. The Committee Chair shall submit the decision in writing to the Dean of the College of Medicine as a recommendation.

The Dean, upon receipt of the Committee's recommendation, shall review the matter and make the final decision about the appeal. The house officer and program director shall be notified in writing of the final decision.

Approved by GMEC 10/1998, Minor Revisions 9/2008, 8/2023, 5/2024

House Officer Vacation / Paid Time Off

Vacation Leave

The house officer shall have four weeks (twenty working days) of paid vacation per year provided that such vacation days shall not include more than eight weekends. Vacation for house officers employed less than one year will be pro-rated. The maximum vacation that may be accrued is six weeks (30 working days). House Officers are encouraged to use their vacation but in the event that clinical demands prevent it, house officers shall be reimbursed for unused vacation time (up to 30 days) upon termination of employment.

Sick Leave

As employees of UNMC, house officers are eligible for family leave, funeral leave, military leave, sick leave, and civil leave as set forth in the UNMC Policies. House officers shall accumulate one day sick leave per month for the first two years of employment as a house officer at UNMC; thereafter house officers receive 1,040 hours of sick leave at the beginning of their third year of employment and may be used according to UNMC Policies. Notwithstanding any limitation referenced in this paragraph, an additional allotment of paid medical, parental or caregiver leave may be available to all house officers under the UNMC Family Medical Leave Policy.

Education Leave

House officers may have up to five days of leave with pay per year for approved professional or educational meetings. This is in addition to vacation and sick leave. House officers should refer to program policy for what is allowable professional/education leave. Education leave does not rollover from one academic year to the next.

Scheduling Education and Paid Time Off

Professional meetings (Education leave) and vacation days (PTO) must be scheduled to assure coverage in accord with minimum staffing standards of the service to which the house officer is assigned. Vacation and meeting days shall be scheduled by delivering a notice in writing in the timeframe specified by individual program policy.

Conflicts in scheduling of meetings or vacation days shall be resolved by the Office of Graduate Medical Education. Meeting or vacation days not scheduled in the manner described above may nevertheless be taken if approved in advance by the house officer's program and by the director of the service to which the individual is then assigned.

Effect of Leave on Completion of Educational Program

In some circumstances, the amount of allowable leave may exceed the amount allowed by the program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or program requirements, as outlined in individual program policies, if applicable and the resident will be informed of this decision. Details regarding specialty board availability can be found on each Board's web site.

Holidays

House Officers are considered essential and mission-critical employees and do not receive holidays, much like the general non-physician Nebraska Medicine employees. Holidays are considered workdays. For example, if a house officer wants to take the week of Thanksgiving as vacation or wants a guarantee to not be called to the hospital where they are assigned, those days will be deducted from their PTO balance.

Approved by GMEC 1/11/00

Vacation Leave Rollover Examples

All house officers receive four weeks (20 work days) of vacation during each year of training. The maximum number of vacation days that a house officer can accrue is 30 work days (six weeks). Therefore, house officers will ideally use enough vacation time to get their balance to 10 or fewer days prior to the next academic year. No more than 30 days can be paid out at the end of training.

Unused vacation time for house officers who move directly from one UNMC training program to another (usually residents matching into fellowship) will not be paid out at the end of the first training program, but will roll over to the new UNMC training program, as in Example 3 below.

Example 1

Resident A starts Year 1 of residency with 20 vacation days. She uses 16 days over the year, leaving her with 4 unused days. When Year 2 begins, she receives 20 new vacation days and carries over her 4 unused days from Year 1. She will have 24 vacation days to use during Year 2.

Example 2

Resident B starts Year 1 of residency with 20 vacation days. He uses 7 days over the year, leaving him with 13 unused days. When Year 2 begins, he receives 20 new vacation days and carries over 10 unused days from Year 1 to reach the maximum accrual of 30 days. He has forfeited the remaining 3 unused vacation days from Year 1.

Example 3

Resident C starts Year 3 of her three-year residency with 21 vacation days (20 new days and 1 unused day carried over from Year 2), and she uses 12 days over the year. She matches into fellowship at UNMC, so her 9 unused vacation days are rolled over to her fellowship. She will start Year 1 of fellowship with 29 vacation days.

Example 4

Fellow D starts Year 2 of his two-year fellowship with 26 vacation days (20 new days and 6 unused days carried over from Year 1). He uses 8 vacation days over the year, leaving 18 unused days at the end of his training. These 18 days are paid out in his final paycheck from UNMC.

Medical, Parental, or Caregiver Leave (Family Medical Leave Policy)

ACGME Program Requirements

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

UNMC Policy for Accredited and Non-Accredited Training Programs

In the event that a house officer becomes eligible for medical, parental or caregiver leave under the UNMC Family Medical Leave Policy, the house officer shall, for the first instance of such approved leave during the first or second year of employment, be entitled to at least six weeks of paid leave.

- All available sick leave¹ must be exhausted before additional medical, parental or caregiver leave will supplement to provide for six weeks of paid leave.
- The allowance of intermittent parental or caregiver leave is left to program director discretion.
- This benefit allotment must be available in each training program. For example, if a trainee completes a preliminary year and then transfers into a specialty program, the trainee may use this benefit in both the preliminary training program and the specialty training program.
- House officers may use vacation leave¹ during the academic year separate from this medical, parental or caregiver leave.
- Programs will disseminate the request/notification requirements related to requesting use of medical, parental or caregiver.
- House officers should consult with their program director regarding board requirements related to training time and if training will need to be extended as a result of leave time expended.

Approved by GMEC 7/2022

¹ Please refer to the house officer contract for an explanation of vacation and sick leave allotments during training. House officers receive 1040 hours of sick leave beginning their third year of employment.

Supervision of House Officers (Institutional Supervision Policy for House Officers)

Program Directors are expected to customize the program's supervision policy to meet expectations of the program.

Scope

The policy applies to all UNMC house officers appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including The Nebraska Medical Center, Omaha Veterans Administration Medical Center, Children's Nebraska and other clinical sites where UNMC house officers are engaged in patient care. The policy applies to residents and fellows appointed to ACGME accredited and non-ACGME accredited programs. All UNMC GME programs must adhere to the minimum standards put forth in this policy. Programs must supplement this policy with program-level supervision policies, with written descriptions of supervision requirements for each clinical rotation. In addition, programs must adhere to other supervision requirements of other entities if these policies exceed the standards put forth in this policy. Other supervision policies may include, but are not limited to:

- Medical staff policy for the institution
- Standards required by TJC, CMS, or other regulatory/accrediting bodies
- Individual ACGME program requirements

The standards put forth in this policy do not ensure compliance with standards required for billing purposes.

Definitions

1. Supervising Physician: A faculty physician, or a senior resident or fellow.

Levels of Supervision: Three levels of supervision are defined.

1. Direct: The supervising physician is physically present with the resident and the patient.
2. Indirect: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
3. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Policy

The development, implementation and enforcement of this policy are the responsibility of the program director. Oversight for the compliance of individual programs is the responsibility of the Graduate Medical Education Committee acting on behalf of the Dean of the College of Medicine. Program supervision policies will be reviewed during the Annual Program Assessment process.

Supervising faculty physicians

Supervising faculty physicians are responsible for ensuring patient safety and quality of care. Supervising physicians may not provide direct supervision of all aspects of patient care, but they are ultimately responsible for the care of each patient. Faculty will provide coverage and continuity of care in

circumstances in which house officers are unable to attend work, including, but not limited to fatigue, illness, family emergencies and parental leave.

Program Director

- Provide a curriculum, including clinical rotation summaries, delineating fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program.
- Assign progressive authority and responsibility, conditional independence, and a supervisory role in patient care based on specific criteria reviewed by the clinical competency committee for reach program, and supervising faculty members for each clinical experience.
- Review the levels of supervision with fellows, supervising faculty physicians, and appropriate medical technologists, apheresis nurses, and/or administrative staff.
- Provide a specific statement identifying any exceptions for individual house officers to supervising physicians and appropriate technical and administrative staff, as applicable.

Emergencies

An “emergency” is defined as a situation where immediate care is necessary to preserve the life or to prevent serious impairment of the health of a patient. In such situations, any house officer, assisted by hospital personnel, is permitted to do everything possible to save the life of the patient. House officers are expected to notify the attending physician as soon as possible.

Communication

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising physician faculty, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. House officers must notify the supervising physician faculty of significant changes in the patient’s condition.

Progressive Responsibility of House Officers

Development of mature clinical judgment requires that each house officer be involved in the decision-making process. This process should be determined by the program and individualized based on the Milestone progression of the house officer.

- Supervision is monitored by the Clinical Competency Committee. As the house officer progresses satisfactorily in training, the CCC will grant graded responsibility commensurate with their abilities shown in Milestone progression.
- Faculty members functioning as supervising physicians should delegate portions of care to house officers based on the needs of the patient and the skills of the residents.
- Senior house officers should serve in a supervisory role of junior house officers in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Physical Presence of a Supervising Physician is Required:

- Programs are required to list times when the physical presence of a supervising physician is required during the training program.

Procedures

Programs should provide specialty specific guidelines for the program's policy.

1. Inpatient Admissions: For patients admitted to an inpatient service of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient within 24 hours of admission including weekends and holidays or sooner if the clinical condition warrants.
2. Continuing Care of Inpatients: For continued care of admitted patients, supervising faculty must provide the correct level of supervision based on the skills of the house officer. Supervising faculty must physically meet, examine, and evaluate the patient on a daily basis, including weekends and holidays. Faculty is expected to be personally involved in the ongoing care of the patients. The supervising physician must be identifiable for each resident's patient care encounter.
3. Discharge from Inpatient Status: The supervising faculty, in consultation with the house officer, ensures that the discharge of the patient from an inpatient service of the hospital is appropriate and based on the specific circumstances of the patient's diagnoses and therapeutic regimen; this may include physical activity, medications, diet, functional status, and follow-up plans.
4. Transfer from Inpatient Service to Another Service or Transfer to Different Level of Care: The supervising faculty, in consultation with the house officer, ensures that the transfer of the patient from one inpatient service to another or transfer to a different level of care is appropriate and based on the specific circumstances of the patient's diagnoses and condition. The supervising faculty from the transferring service must be involved in the decision to transfer the patient.
5. Inpatient Consultations: For consultations to an inpatient service of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient within 24 hours of the consultation order including weekends and holidays or sooner if the clinical condition warrants.
6. Intensive Care Units (ICUs), including Adult and Pediatric Medical, Cardiac, and Surgical ICUs: For patients admitted to, or transferred into, an ICU of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient as soon as possible, but no later than 24 hours after admission or transfer, including weekends and holidays.
7. Outpatient Care: For patients in outpatient clinics, supervising faculty must provide the appropriate level of supervision based on the skills of the house officer. Faculty is expected to be involved in the ongoing care of the patients assigned. The supervising practitioner must be identifiable for each patient care counter.
8. Operating Room (OR) Procedures: Supervising faculty must provide appropriate supervision for the patient's evaluation, management decision, and procedures. Determination of the level of supervision is a function of the level of responsibility assigned to the individual house officer involved and the complexity of the procedure.
9. Non-OR Procedures
 - a. Routine Bedside and Clinic Procedures: Routine bedside and clinic procedures include skin biopsies, central and peripheral lines, lumbar punctures, thoracentesis, paracentesis, and incision and drainage. Supervision for these activities is dependent on the setting in which they occur as well as the skill of the house officer as determined by the leadership of the individual training program. Competency is assessed prior to

permitting residents to perform these bedside procedures under appropriate supervision.

- b. Non-Routine, Non-Bedside Diagnostic or Therapeutic Procedures: Non-routine, non-bedside, diagnostic, or therapeutic procedures (e.g., endoscopy, cardiac catheterization, invasive radiology, chemotherapy, radiation therapy) are procedures that require a high level of expertise in the performance and interpretation. Although gaining experience in doing such procedures is an integral part of the education of the house officer, such procedures may be done only by the house officers with the required knowledge, skill, and judgment and under an appropriate level of supervision by a supervising faculty. Supervising faculty is responsible for authorizing the performance of such procedures and most often provide direct Supervision. Supervision for these procedures takes into account the complexity and inherent risk of the procedure, the experience of the resident, and assigned graduated levels of responsibility.

Approved by GMEC 1/11/00; Minor revisions 10/31/24

Clinical and Educational Work Hours

Program Directors are expected to customize the program's work hours policy to meet expectations of the program.

Definition

Clinical and educational work hours are defined as all clinical, academic, and administrative activities related to the training program. These activities include inpatient and outpatient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program required activities such as participating in committees and in interviewing training program candidates. Clinical and educational work hours do not include reading and preparation time spent away from the duty site.

Standards

Clinical and Educational Work hours must meet the following standards based on ACGME requirements:

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must not exceed 80 hours per week averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting activities.

Mandatory Time Free of Clinical Work and Education

House officers should have eight hours off between scheduled clinical work and educational periods. House officers must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

House officers must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks) At home call cannot be assigned on these free days.

Maximum Clinical Work and Educational Period Length

Clinical and educational work periods for house officers must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or house officer education. Additional patient care responsibilities may not be assigned during this time.

Moonlighting

Time spent by house officers in internal and external moonlighting must be counted toward the 80 hour maximum weekly limit. Moonlighting must not interfere with the ability of the house officer to achieve the goals and objectives of the educational program, and must not interfere with the house officer's fitness for work nor compromise patient safety. Program directors have authority to deny moonlighting requests. Please see separatee institutional moonlighting policy for more details.

In-House Night Float

Night float must occur within the context of the 80 hour and one day off in seven requirements.

Maximum In-House On-Call Frequency

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

At-Home Call

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

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for the house officer.

Clinical and Education Work Hour Exceptions

The Sponsoring Institution does not grant exceptions to the 80 hour work week.

Monitoring and Compliance

Office of Graduate Medical Education (GME)

The GME Office conducts a thorough review of monthly duty hour reports of all the GME Programs on campus to ensure tracking and compliance. The GME Office also ensures that all Program Directors sign a monthly attestation form to state that all house officers are scheduled to work less than 80 hours per week. Programs not in compliance with any of the work hour policies are reminded and a follow up response is requested.

Programs

Programs are responsible for creation of a program-specific Clinical and Educational work hours policy.

Program directors are expected to attest individual rotations are not set up to cause clinical and educational work hours violations.

Programs are responsible for setting up rotations in New Innovations for oversight of clinical and educational work hours by the Office of Graduate Medical Education and the Graduate Medical Education Committee.

House Officers

House officers are responsible for documenting their clinical and educational work hours in New Innovations.

House officers are responsible for notifying the Program Director immediately with any concerns that infractions are occurring related to duty hour regulations. House officers may also contact the Office of Graduate Medical Education to report concerns not addressed at the program level.

Accurate and timely documentation of duty hours is considered part of the professional responsibility of house officers.

Faculty

Faculty will ensure that residents/fellow are allowed to adhere to the duty hour regulations at all times. In any event of potential work hour violations or signs of excessive fatigue, faculty will help to transfer patient care responsibilities to faculty or other house officers and permit fatigued residents/fellows to go home.

Faculty will be educated to keep up to date with the current work hours regulations and policies.

Approved by GMEC 1/11/00; Rev 7/1/23

Moonlighting

House officers may engage in outside medical practice provided such practice does not interfere in any way with the responsibilities, duties, and assignments of the training program of the University of Nebraska Medical Center. Individual program directors have discretion in determining if and when moonlighting activities will be permitted within their training programs.

- Moonlighting requests must be approved in advance of the activity by the director of the house officer's program and the Director or DIO of the Office of Graduate Medical Education. Requests expire at the end of each academic year and should be resubmitted each academic year if the activity is continuing.
- All moonlighting hours must be logged in the work hours module of New Innovations and are counted toward the 80-hour maximum weekly limit.
- House officers must be in the PGY -2 year or above to participate in moonlighting activities.
- Any house officer on a J1 visa is not permitted to moonlight.
- House officers must be in good academic standing within their training program to participate in moonlighting activities.
- House officers must have a permanent Nebraska medical license and non-exempt DEA to participate in moonlighting activities. The house officer is responsible for license and DEA costs.
- House officer malpractice coverage does not extend to moonlighting activities outside of Nebraska.
- If moonlighting approval is withdrawn, the house officer will be notified in writing as soon as possible and before the date of the practice activity. Moonlighting during a leave of absence or FMLA is not allowed.

House officers cannot be required to participate in moonlighting activities.

Moonlighting approval forms can be obtained from your department or from the Graduate Medical Education Office.

Approved by GMEC 1/11/00

Health Care Vendors (Pharmaceutical Representatives) Policy

Employees and representatives of pharmaceutical, medical device, surgical equipment, and nutritional companies are considered health care vendors. No vendor should contact UNMC house officers except in the following cases: 1) the vendor is invited to attend a departmental educational event; 2) the vendor is involved in an in-service training scheduled by UNMC training programs or faculty; or, 3) the vendor is a part of the health care team involved in clinical care of a patient (e.g., implant vendors).

Except in cases where the vendor is part of a patient's health care team, no vendor should have access to any inpatient floors of the hospital, intensive care units, procedural and/or operating rooms, or pharmacy work areas, and no protected health information should be shared with a vendor.

Vendors are prohibited from providing food or funds to purchase food for any on-campus meetings, including departmental conferences and educational events.

All UNMC personnel, including house officers, are prohibited from accepting marketing/promotional materials or gifts of any kind from health care vendors. Drug sample policies are set individually by each department: house officers with any questions about their department's drug sample policy should contact their program director.

All UNMC personnel, including house officers, are prohibited from accepting payments or reimbursements from vendors for attending a vendor-sponsored conference as a passive participant (not a presenter), or for participating in a vendor speaker's bureau to present vendor-developed content. UNMC personnel are also prohibited from publishing articles under their own name that are wholly or partially written by a health care vendor unless the vendor's contribution complies with International Committee of Medical Journal Editors (ICMJE) guidelines for authorship.

Approved by GMEC 5/2023

Non-Competition Guarantees or Restrictive Covenants

The University of Nebraska Medical Center has no restrictive covenants relative to practice or employment of house officers after completion of postgraduate training.

Neither the Sponsoring Institution nor any of its ACGME or non-ACGME accredited training programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

Approved by GMEC 4/2024

Substantial Disruptions in Patient Care or Education (Disasters and Emergencies)

Purpose

To establish institutional standards for the involvement of house officers to ensure optimal patient care, educational effectiveness, house officer safety, and compliance with ACGME institutional requirements and other regulatory body requirements.

Scope

The policy applies to all UNMC house officers appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including Nebraska Medicine, Omaha Veterans Administration Medical Center, Omaha Children's Medical Center, and other clinical sites where UNMC house officers are engaged in patient care. The policy applies to house officers appointed to ACGME accredited and non-ACGME accredited programs. All UNMC GME programs must adhere to the minimum standards put forth in this policy. In addition, programs must adhere to other disaster/emergency responses plans of other entities that may include, but are not limited to:

- a. Medical staff policy for the affiliated hospital (Faculty Safety Plan, Emergency Operations Plan, Crisis Communications Plan, Social Media Crisis Communication Plan, etc.)
- b. Standards required by TJC, CMS, or other regulatory/accrediting bodies
- c. Individual ACGME program requirements

Policy

The policy is guided by the following principles:

- a. The sponsoring institution is committed to ensuring a safe, organized, and effective clinical learning environment for house officers.
- b. The sponsoring institution recognizes the importance of physicians at all levels of training in the provision of emergency patient care in the event of a disaster.
- c. Decisions regarding initial and continuing deployment of house officers in the provision of emergency patient care during a disaster will be made based on the importance of patient needs, the educational needs of the house officers, and the health and safety of the house officers and their families.

Procedures

Upon the occurrence of the disaster/emergency situation and immediately following for up to 72 hours:

- a. House officers will be deployed as directed by the Incident Commander as specified by the emergency operations plan of the affiliated hospital. Ongoing decision-making regarding deployment of house officers to provide clinical care will be based on both the clinical needs of the institution and the safety of the house officers. These measures will be undertaken in conjunction and consultation with the Designated Institutional Official (DIO)
- b. Those involved in making decisions in this period are: Incident Commander(s), Department Chairs, College of Medicine Dean, Chancellor, Designated Institutional Official (DIO), Executive Committee of GMEC, and Affiliated hospital decision makers (VA, Children's, other sites).

- c. To the extent possible within the constraints of the disaster, decision- makers shall inform and consult with the DIO, Program Directors and the President of the House Staff Council.
- d. Any major change involving the workflow of the house officers at all the training sites will be communicated with office of DIO for approval.
- e. House officers will maintain their salary, benefits, and professional liability coverage.
- f. The safety of house officers in their clinical and educational environments throughout the period of the disaster will be ensured through the oversight of the DIO, in conjunction with the Program Directors, Executive Committee of GMEC, and relevant Departmental and hospital leadership.
- g. Programs will follow and comply with all the ACGME requirements and any modifications made to these requirements by ACGME as necessitated by the emergency situation.
- h. In situations where the disaster or emergency situations affects the whole nation, efforts will be made to ensure ongoing training at UNMC within the confines of feasibility, while placing a strong emphasis on the safety of the house officers.
- i. By the end of the first week following the occurrence of the disaster/emergency situation, if the situation is ongoing:
- j. An assessment will be made of: the continued need for provision of clinical care by house officers; and the likelihood that training can continue on site. The assessment will be made by: DIO in collaboration with Executive Committee of GMEC, College of Medicine Dean, Chancellor and Incident Commander.
- k. By the end of the second week following the occurrence of the disaster/emergency situation, if the situation is ongoing:
- l. The DIO, in collaboration with Executive Committee of GMEC, will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at UNMC. The DIO will contact the ACGME to provide a status report. Those involved in decision making in this period are: DIO / Associate Dean for Graduate Medical Education, Assistant Dean for GME (if applicable), Executive Committee of GMEC, GME Director, Individual Program Directors, Individual Department Chairs, College of Medicine Dean.
- m. Programs must continue to assess residents and fellows in all six Core Competencies, and such assessments must form the basis for decisions regarding promotion to subsequent appointment levels or satisfaction of requirements for program completion. Programs should follow the principles of competency-based medical education to make determinations regarding the advancement, graduation, and Board eligibility of individual residents and fellows. Reference: <https://www.acgme.org/newsroom/2020/9/guidance-statement-on-competency-based-medical-education-during-covid-19-residency-and-fellowship-disruptions/>
- n. House officers who wish to take advantage of the Leave of Absence Policy or to be released from their House Officer Contract will be accommodated.
- o. During the third and fourth weeks following the occurrence of the disaster/emergency situation:
- p. If the situation is ongoing: Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate, as long as the alternative site is not affected as well. Transfers will be coordinated with ACGME; Program Directors will have the lead

responsibility for contacting other program directors and notifying the DIO and the GME Director of the transfers. The DIO and the GME Director will be responsible for final approval and coordinating the transfers with ACGME.

Ongoing substantial disruption to patient care by disaster/emergency situation

- a. n. House officers must receive written information regarding their program's plans to ensure their ability to satisfy requirements for program completion and to become eligible for board certification.
- b. o. The ACGME Extraordinary Circumstances policies will be invoked if the Sponsoring Institution's disaster status persists for more than 90 days in the academic year.

When the emergency situation has ended:

Plans will be made with the participating institutions to which house officers have been transferred for them to resume training at UNMC. Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees, and decisions as to other matters related to the impact of the disaster on training will be made. The GMEC will conduct a review of the disaster response and make recommendations for improvements.

Communications with ACGME

The Associate Dean of Graduate Medical Education (DIO) will notify the ACGME Institutional Executive Director, and, if appropriate, request a declaration of disaster. The ACGME will post the notice on its web site.

Within ten days after the declaration of disaster by ACGME, the DIO or his/her designee will contact ACGME to discuss revised due dates that ACGME will establish for the affected programs' submission of program(s) reconfigurations necessary because of the disaster and notifications to the affected programs' house officers of the transfer decisions.

All information will be submitted no later than 30 days after the disaster unless other due dates are approved by ACGME.

ACGME Resources during Substantial Disruptions in Patient Care or Education

Guidance Statement on Competency-Based Medical Education

<https://www.acgme.org/newsroom/2020/9/guidance-statement-on-competency-based-medical-education-during-covid-19-residency-and-fellowship-disruptions/>

Frequently Asked Questions

<https://www.acgme.org/covid-19/frequently-asked-questions/>

Sponsoring Institution Emergency Categorization

<https://www.acgme.org/covid-19/sponsoring-institution-emergency-categorization/>

Program Emergency Categorization

<https://www.acgme.org/covid-19/program-emergency-categorization/>

Approved by GMEC 7/2014; Rev 7/1/22

Closures or Reduction in Size of ACGME-Accredited Programs, or Closure of the Sponsoring Institution

If a graduate medical education program or the Sponsoring Institution is at risk for reduction or closure either by the University of Nebraska Medical Center for financial or administrative reasons or by loss of ACGME accreditation, the Sponsoring Institution will inform the GMEC, Associate Dean of Graduate Medical Education (DIO) and house staff physicians as soon as possible.

The Sponsoring Institution will allow house staff physicians to complete the academic year in progress or if possible, the full accredited program. If the accredited program or academic year cannot be completed, the Sponsoring Institution will make every effort available to place the current house staff physicians into another similar approved program elsewhere. The DIO and the program director will reach out to other programs in an effort to secure a spot for the orphan residents. If possible, attempts will be made to absorb these residents into the other programs within the University of Nebraska Medicine Center or Nebraska Medicine. Every effort will be made to ensure the resident and their dependents will receive salary and benefits for the term of their employment.

Approved by GMEC 1/11/00

Physician Impairment

The Graduate Medical Education Committee and Graduate Medical Education Office will follow the Nebraska Medicine policy for Physician Impairment. When a house officer is suspected of impairment, the Chief Executive Officer and Medical Staff President will involve the Designated Institutional Official (DIO) in the below process / procedures.

Purpose

1. The Nebraska Medical Center and its medical staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a clinician is suffering from impairment.
 - a. Issues of impairment related to House Officers will be referred to their respective GME programs and Designated Institutional Official.
2. The Practitioner Health Committee (as defined in the Medical Staff Bylaws, Part IV: Organization and Functions Manual, Section 1.3.12) shall recommend to the Credentials Committee, the Medical Executive Committee, and the Chief Executive Officer additional educational materials beyond this policy and suggested educational programs that address clinician health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness for the education of medical staff and other professional healthcare providers at the Medical Center.

Definitions

1. Clinicians: This policy shall apply to all members of the Medical Staff of The Nebraska Medical Center: to include MD/DOs, DDS/DMDs, Advance Practice Providers, and Professional Associates.
2. Impairment: The inability of a clinician to practice with reasonable skill and safety because of mental illness, physical illness or conditions including by not limited to those illnesses or conditions that would adversely affect cognitive, motor or perceptive skills or habitual or excessive use or abuse of drugs defined by law as controlled substances, alcohol, or other substances that impair ability.

Mechanism for Reporting and Reviewing Potential Impairment

1. Issues of impairment relating to members of the medical staff, Advance Practice Practitioners, or Professional Associates, will be referred to the Practitioner Health Committee. To the extent possible, and consistent with quality-of-care concerns, the Practitioner Health Committee will handle impairment matters in a confidential fashion. The Chief Executive Officer, the Medical Staff President, and the Chair of the Credentials Committee shall be kept apprised of matters under review by the Practitioner Health Committee.
2. If any individual has a concern that a clinician is impaired in any way that may affect his or her practice at that medical center, a written report shall be given to any member of the Practitioner Health Committee, the Chair of the Credentials Committee, or the Medical Staff President. The report shall include a description of the have proof of the impairment by must state the facts that led to the suspicions.

- a. In the event, the impairment is thought to be of an acute nature, the individual should follow the escalation policy (TX04 – Chain of Command/Escalation of Concern) in reporting the perceived impairment. Immediate action may include, but is not limited to, substance use testing for cause or temporary suspension of hospital privileges.
 - b. Refusal to submit to substance use testing or to provide the necessary authorization for releasing hospital or medical reports that would indicate whether or not the clinician was under impairment may also be grounds for temporary suspension.
 - c. Collection process for breath and/or blood alcohol testing will follow the policies and procedures of The Nebraska Medical Center Employee Health. Testing will be performed by certified Breath Alcohol Technician. Any alcohol testing results equal to or above 0.04% will be considered positive.
 - d. Collection process for drug testing will follow policies and procedures of The Nebraska Medical Center Employee Health.
3. Any individual who has acknowledged an impairment or disability that affects his/her ability to perform the privileges requested shall also be encouraged to voluntarily present the issue to any member of Practitioner Health Committee, the Chair of Credentials Committee, or the Medical Staff President.
4. If, after discussing the incident(s) with the individual who filed the report or the clinician who self-reported, the Medical Staff President, the Chair of the Credentials Committee, Chair of Practitioner Health Committee believe there is encounter information to warrant a review, the matter shall be referred to the Practitioner Health Committee.
5. The Practitioner Health Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention.
6. As part of its review, the Practitioner Health Committee shall have the authority to meet with the individual(s) who provided the report if other than the clinician him/herself.
7. If the Practitioner Health Committee has reason to believe that the clinician is or might be impaired, it shall also meet with the clinician. At this meeting, the clinician should be told that there is a concern that he or she might be suffering for an impairment that affects his or her practice. The clinician should not be told who filed the initial report but should be advised of the nature of the concern and provided a typed copy of the written report with the identity of the person making the report expunged.
8. As part of its review, the Practitioner Health Committee shall also have the authority to request that the clinician be evaluated by a qualified organization/consultant and have the results of the evaluation provided to it. Consent for the release of information to the Practitioner Health Committee is attached as Appendix A.
9. Depending upon the severity of the problem and the nature of the impairment, the Practitioner Health Committee has the following options to recommend to the Medical Staff President:
 - a. Recommend that the clinician voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment. All costs incurred for rehabilitation or treatment will be the responsibility of the clinician.
 - b. Recommend that appropriate conditions of limitations be placed on the clinician's practice.

- c. Recommend that the clinician voluntarily agree to refrain from exercising some of all privileges in the medical center until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the clinician is able to practice safely and competently.
 - d. Recommend that some or all of the clinician's privileges be suspended if the clinician does not voluntarily agree to refrain from practicing in the medical center.
 - e. Determine there is no impairment.
 - f. All determinations by the Practitioner Health Committee shall be made in accordance with federal, state, and local laws concerning disability and shall be based upon an individualized mandatory assessment of the clinician.
10. If the Practitioner Health Committee recommends that the clinician participate in a rehabilitation or treatment program, it should assist the clinician in locating a suitable program. In the case of M.D.s, the Practitioner Health Committee will make an elective referral to the Nebraska Licensee Assistance Program or equivalent program for an assessment.
11. If the clinician agrees to abide by the recommendation of the Practitioner Health Committee, then a confidential report will be made to the Chief Executive Officer, the Medical Staff President, and the Chairman of the Credentials Committee. In the event there is concern by the Chief Executive office, Medical Staff President, and the Chairman of the Credentials Committee that the action of the Practitioner Health Committee is no sufficient to protect patients, the matter will be referred back to the Practitioner Health Committee with specific recommendation on how to revise action or it will be referred to the Medical Executive Committee for an investigation.
12. The Practitioner Health Committee shall seek the advice of the medical center legal counsel to determine whether any conduct must be reported to law enforcement authorities, state licensing board, or other government agencies and what further steps must be taken.
13. Upon sufficient proof that a clinician who has been suffering from an impairment has successfully completed an elective rehabilitation or treatment program, the Practitioner Health Committee may recommend that the clinician be reinstated the Practitioner Health Committee must consider patient care interests as paramount.
14. Prior to recommending reinstatement, the Practitioner Health Committee must obtain a letter from the clinician overseeing the rehabilitation or treatment program- (A copy of a release from the clinician authorizing this letter is attached as Appendix B). The letter must address the following:
 - a. The nature of the clinician's condition.
 - b. Whether the clinician is participating in a rehabilitation or treatment program and a description of the program.
 - c. Whether the clinician is in compliance with all of the terms of the program.
 - d. To what extent the clinician's behavior and conduct need to be monitored.
 - e. Whether the clinician is rehabilitated.
 - f. Whether an after-care program has been recommended to the clinician and, if so, a description of the after-care program; and
 - g. Whether the clinician is capable of resuming medical practice and providing continuous, competent care to patients/.

15. Before recommending reinstatement, the Practitioner Health Committee may request a second opinion on the above issues from a clinician of its choice.
16. Assuming that all of the information received indicates that the clinician is capable of resuming care of patient that following additional precautions should be taken before the clinician's clinical privileges are reinstated:
 - a. The clinician must identify at least one practitioner who is willing to assume responsibility for the care of his or her patient in the event of the clinician's inability or unavailability and:
 - b. The clinician shall be required to provide periodic reports to the Practitioner Health Committee from his or her attending clinician or the rehabilitation/treatment program, for a period of time specified by the Committee, stating that the clinician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat or care for patients in the medical center is not impaired. Additional conditions may also be recommended for the clinician's reinstatement.
17. The final decision to reinstate a clinician's clinical privileges must be approved by the Medical Staff President in consultation with the Chief Executive Officer, and the Chairman of the Credentials Committee.
18. The clinician's exercise of clinical privileges in the medical center shall be monitored by the Service Chief or by a clinician appointed by the Service Chief. The nature of that monitoring shall be recommended by the Practitioner Health Committee in consultation with Medical Staff President and the Chairman of the Credentials Committee.
19. If the clinician is suffering from an impairment relating to substance abuse, the clinician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Chief Executive Officer, the Medical Staff President or designee, and any member of the Practitioner Health Committee.
20. In the event of any apparent or actual conflict between this policy and the bylaws, credentials policy, or other policies of the medical center or its medical staff, including the investigation hearing and appeal sections of those bylaws and policies, the provisions of this policy shall prevail.

Commencement of an Investigation

1. The medical center and the medical staff believe that issues of impairment can best be dealt with by the Practitioner Health Committee to the extent possible. If, however, the Practitioner Health Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the clinician refuses to abide by the recommendation, the matter shall be referred to the Medical Executive Committee for an investigation to be conducted pursuant to the Investigative Procedure of the Medical Staff Policies and Procedures.
2. The original report and a description of any recommendations made by the Practitioner Health Committee should be included in the trending file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the clinician's trending file and the clinician's activities and practice shall be monitored until it can be established whether there is an impairment that might affect that

- clinician's practice. The clinician shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her quality file.
3. The Chief Executive Office and the Medical Staff President shall inform the individual who filed the report that follow-up action was taken.
 4. Throughout this process, confidentiality and privacy should be maintained.
 5. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardize the safety of the clinician or other, the Chief Executive Officer, and the Medical Staff President, or the Chairman of the Credentials Committee may contact law enforcement authorities or other government agencies.
 6. All requests for information concerning the impaired clinician shall be forwarded to the Medical Staff President for response.
 7. Nothing in this policy precludes immediate referral to the Medical Executive Committee) or the Board of Directors or the elimination of an particular step in the policy in dealing with conduct that may compromise patient care.

Approved by GMEC 1/11/00

Requests for Reasonable Accommodation Under the Americans with Disabilities Act

Individuals with mental or physical impairments may request reasonable accommodation under the Americans with Disabilities Act (“ADA”), the Americans with Disabilities Act as amended (“ADAAA”) and the Rehabilitation Act of 1973 to enable them to perform the essential functions of their job.

Requests may be made directly to the individual’s supervisor or by contacting Human Resources/Employee Relations. Upon receiving a request, the supervisor must contact Human Resources/Employee Relations to initiate the process.

Human Resources/Employee Relations will provide the individual with an accommodation request form to complete. Human Resources/Employee Relations will also provide the individual with a medical release form, a physician cover letter and a physician information form for their healthcare professional to complete. All completed forms must be provided directly to Human Resources/Employee Relations. Once the completed forms have been received by Human Resources/Employee Relations and it has been determined that the individual has a disability eligible for accommodation under the ADA, reasonable accommodations will be discussed with the individual. The ADA is an interactive process. Reasonable accommodations will be implemented which meet the needs of both employee and employer and that are in compliance with the ADA.

Reasonable accommodations may include modifying work schedules, purchasing of office equipment, restructuring of job responsibilities (non-essential duties of job), providing interpreters, etc. If the individual is not satisfied with the reasonable accommodation selected or has been denied accommodation, the individual may appeal by filing a complaint to the University of Nebraska ADA/504 Compliance Officer (see “Americans with Disabilities Act and Section 504 Grievance Procedure”).

American with Disability Act and Section 504 Grievance Procedures

The University of Nebraska Medical Center (UNMC) has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Sections 503 or 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) or Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12132). Section 202 states, in part, that “no individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

Complaints should be addressed to: ADA/504 Coordinator, Human Resources-Employee Relations, 985470 Nebraska Medical Center, ADC 2000, Omaha, NE 68198-5470, 402-559-7394, who has been designated to investigate complaints under the ADA and the Rehabilitation Act.

1. A complaint should be filed in writing, contain the name and address of the person filing it, and briefly describe the alleged exclusion from participation in or denial of benefits of the services, programs, or activities of UNMC or discrimination by UNMC. Complaints may also be made verbally to the ADA/504 Compliance Officer.

2. A complaint should be filed within 30 calendar days after the complainant becomes aware of the alleged circumstances. (Later complaints may be considered on a case-by-case basis.)
3. An investigation will follow a filing of complaint. The investigation will be conducted by the ADA/504 Coordinator or their designee. Investigations will be informal but thorough and appropriate for the circumstances, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. A written summary of the complaint, results of the investigation, and a description of any proposed resolution, will be issued by the ADA/504 Coordinator or their designee and a copy forwarded to the complainant, the appropriate campus authority, and the Chancellor no later than 30 calendar days after its filing.
5. The ADA/504 Coordinator's Office will maintain all files and records relating to any filed complaint and resulting investigation.
6. A complainant may request a reconsideration of the case when dissatisfied with the resolution. The request for consideration must be made within 10 working days to the Chief Compliance Officer (System-wide ADA/504 Coordinator), 222 Varner Hall, 0742, V/TDD (402) 472-8404.
7. This grievance procedure will be construed to protect the substantive rights of interested persons, meet appropriate due process standards and assure that the University of Nebraska Medical Center complies with Section 504, and the ADA and their implementing regulations.

Contact Information

- Linda Cunningham, Division Director, Employee Relations, lcunning@unmc.edu 402-559-7394
- Debra Motl, Manager, Employee Relations dmotl@unmc.edu 402-559-8534
- Cierra Johnson, Employee Relations Specialist ciejohnson@unmc.edu 402-559-4371

Approved by UNMC 11/2019

Non-Discrimination/Sexual Harassment

Purpose

1.1 UNMC promotes equal educational and employment opportunities in the academic and work environment free from discrimination and/or harassment. UNMC is dedicated to creating an environment where everyone feels valued, respected and included.

Scope

2.1 This policy is applicable to all UNMC students, and employees to include Office/Service, Managerial/Professional, Faculty, and Other Academic positions. It also applies to campus visitors like applicants for educational programs, applicants for employment, volunteers, and vendors.

Basis of the Policy

3.1 Notice of Non-Discrimination & Equal Employment Opportunity (EEO):

UNMC does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment.

UNMC complies with all local, state and federal laws prohibiting discrimination, including Title IX, which prohibits discrimination on the basis of sex.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under UNMC Policy No. 1107, Sexual Misconduct.

3.2 Harassment:

UNMC reaffirms that all women and men -- administrators, faculty, staff, students, patients, and visitors -- are to be treated fairly and equally with dignity and respect. Any form of harassment on the basis of a person's protected status is prohibited.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under UNMC Policy No. 1107, Sexual Misconduct.

3.3 Related Policies and Laws:

University of Nebraska Board of Regents Policies

Federal and State laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act, as amended, more specifically define UNMC non-discrimination obligations.

Authorities and Administration

4.1 The UNMC Associate Director of Human Resources - Employee Relations and the Assistant Vice Chancellor, Academic Affairs/Student Affairs are responsible for the administration, implementation,

and maintenance of the Non-Discrimination and Harassment Policy at the campus level in consultation with the Assistant Vice Chancellor for Business and Finance Executive Director of Human Resources and the Vice Chancellor of Academic Affairs.

Policy

5.1 The University of Nebraska Medical Center (UNMC) declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and non-discrimination in providing its services to the public. Therefore, UNMC does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. Harassment on the basis of a person's protected status is prohibited under this policy.

Sexual Misconduct, which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking, is covered under UNMC Policy No. 1107, Sexual Misconduct.

5.2 Employees on each campus of the University of Nebraska shall be employed and equitably treated in regard to the terms and conditions of their employment without regard to individual characteristics other than qualifications for employment, quality of performance of duties, and conduct in regard to their employment in accord with University policies and rules and applicable law.

5.3 Hostile Environment: conduct which is severe or pervasive, on the basis of a person's protected status, whether verbal/audio, pictorial, electronic (whether real or virtual), written, or physical, which in purpose or effect intimidates the recipient or creates an offensive or hostile working or academic environment. Such communication might be repeated use of greeting or titles offensive to the recipient, e.g.: gestures.

Inquiries

6.1 Any student applicant or student participating in educational programs and activities, employee, applicant for employment, or campus visitor, who believes he or she may have suffered discrimination or harassment based upon protected status (race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation) should report problems, concerns, complaints, or issues relating to alleged prohibited discrimination or harassment to:

Employees, applicants for employment, or campus visitors – Discrimination or Disability Inquiries:

Linda Cunningham, MPA

Associate Director of Human Resources - Employee Relations

Administrative Building (ADM) – Office# 2001

Telephone: 402.559.7394

E-mail lcunning@unmc.edu

Students or applicants for educational programs and activities – Discrimination or Disability Inquiries:

Philip D. Covington, EdD

Assistant Vice Chancellor for Student Success & Academic Affairs

Student Life Center 2033 Telephone: 402.559.2792 E-mail philip.covington@unmc.edu

Employees, Students, Applicants, Campus Visitors – Title IX Inquiries:

Carmen Sirizzotti, MBA,

Title IX Coordinator

Administrative Building (ADM), Office# 2010

Telephone: 402.559.2710

E-mail csirizzotti@unmc.edu

Responsibilities

Human Resources' Associate Director of Human Resources – Employee Relations, Assistant Vice Chancellor for Student Success & Academic Affairs, Administrators, Faculty, Staff, Students, and the University.

7.1 A work and academic environment free of discrimination is the responsibility of every member of the campus community. The Associate Director of Human Resources – Employee Relations, Linda Cunningham, MPA, is responsible for hearing employee's complaints, concerns, reports of problems, and for providing assistance in such matters as ADA, discrimination and/or harassment.

Assistant Vice Chancellor for Student Success & Academic Affairs, Philip D. Covington, EdD, is responsible for hearing student's complaints, concerns, reports of problems, and for providing assistance in such matters as ADA, discrimination and/or harassment.

University representatives (e.g.: Vice Chancellors, Deans, Directors, Department Chairs, Directors, Managers and Supervisors) are responsible for assisting faculty, staff, and students in receiving appropriate responses to complaints or issues.

Faculty, staff, and students are encouraged to bring forward complaints, concerns, problems or issues regarding discrimination or harassment based upon protected status.

UNMC reserves the right to take appropriate action against prohibited discrimination and harassment affecting the work or academic environment in the absence of a complaint from an individual.

Confidentiality

8.1 To the extent possible the investigation of complaints filed under this policy shall be kept confidential. Investigations may be limited by the information provided by the complainant and the complainant's willingness to pursue a formal complaint.

However, all persons involved in the complaint shall understand that UNMC is not precluded from conducting a thorough investigation and communicating with UNMC employees who have a need or right to know the findings of the investigation.

No Retaliation

9.1 There shall be no retaliation against individual employees or students who raise concerns. UNMC will not permit retaliation against any individual who, in good faith, files a complaint of discrimination or harassment on the basis of a person's protected status or participates as a witness in an investigation. Those who engage in such retaliatory behaviors shall receive the appropriate discipline.

Individuals with compliance concerns or complaints should review the UNMC Policy No. 8001, Compliance Hotline, which provides information on communication channels for employees and students to report any activity or conduct that they suspect violates University of Nebraska or UNMC policies and procedures, and/or federal, state, or local laws and regulations. Compliance Hotline: 844-348-9584.

Additional Information

- Employees, applicants for employment, or campus visitors may contact Linda Cunningham, MPA at 402.559.7394 or at lcunning@unmc.edu
- Students or applicants for educational programs and activities may contact Philip D. Covington, EdD at 402.559.2792 or at philip.covington@unmc.edu
- Employees, Students, Applicants, Campus Visitors - Title IX Inquiries may contact Carmen Sirizzotti, MBA, at 402.559.2717 or at csirizzotti@unmc.edu
- [Non-Discrimination and Harassment - Procedures #1099](#)
- [University of Nebraska Board of Regents Policies](#)
- [University of Nebraska Regents Policy 2.1.8](#)
- UNMC Policy No. 1107, [Sexual Misconduct](#)
- [UNMC Student Sexual Misconduct Procedures](#)
- [UNMC Employee Sexual Misconduct Procedures](#)
- UNMC Policy No. 8001, [Compliance Hotline](#)
- [Statement of Understanding](#)
- Compliance Hotline: 844-348-9584
- [Americans with Disabilities Act and Section 504 Grievance Procedures – University of Nebraska](#)
- [Requests for Reasonable Accommodations under the American with Disabilities Act](#)
- [Lactation Support Program](#)

Approved by UNMC 9/2009, revised 4/2019

Transitions of Care

Scope

The policy applies to all UNMC residents appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including The Nebraska Medical Center, Omaha Veterans Administration Medical Center, Omaha Children's Medical Center, and other clinical sites where UNMC residents are engaged in patient care. The policy applies to residents and fellows appointed to ACGME accredited and non-ACGME programs.

All UNMC GME programs must adhere to the minimum standards put forth in this policy. Programs may supplement this policy with program-level transitions of care policies. In addition, programs must adhere to other transitions of care requirements of other entities if these policies exceed the standards put forth in this policy. Other transitions of care policies may include, but are not limited to:

1. Medical staff policy for the institution
2. Standards required by TJC, CMS, or other regulatory/accrediting bodies
3. Individual ACGME program requirements

Definitions

A handoff is the process of transferring information and authority and responsibility for a patient during transitions of care. Transitions include changes in providers, whether from shift to shift, service to service, or hospital or clinic to home. Transitions also occur when a patient is moved from one location or level of service to another, such as emergency department to inpatient floor or operating room to post-anesthesia recovery room.

Both written and verbal handoffs are important, and each has a different purpose. Written handoffs can provide detailed information that serves as a reference for the receiving provider. Verbal handoffs allow discussion and cross-checking with the receiving provider to be certain that he/she has understood the information being provided.

Policy

I. It is the policy of the University of Nebraska College of Medicine that each residency and fellowship program develops standards that provide for the safe transfer of responsibility for patient care. The format for transfer of care may vary, but each program's standards must ensure continuous, coordinated delivery of care in settings that are appropriate to patients' needs, including arrangements that extend beyond the inpatient setting into the community and the home.

II. Each residency and fellowship program must develop a handoff policy that outlines the expectations for transfer of responsibility for patient care in all the settings and situations in which handoffs occur. The amount of information to be included in the process will vary depending on the functional role of the resident or fellow in patient care. Residents and fellows providing continuous and direct care and taking responsibility for order writing require a higher level of information exchange than those with less continuous duties, such as consultative or supervisory services. At a minimum, that policy must address the following:

1. The time and place that routine handoffs should be expected to occur. The location should be chosen so as to minimize distractions and interruptions and where all needed resources are available (e.g.,

appropriate information systems). The handoff process MUST allow the receiving physician to ask questions, so written handoff alone is not acceptable. The time chosen should be as convenient as possible for all participants.

2. The structure or protocol for handoffs. Programs must ensure that verbal handoffs have predictable content and structure. Mnemonics may be helpful in this regard. Some commonly used mnemonics are listed at the end of this section.

Time for questions must be a part of all verbal handoffs. A process for verification of the received information, including repeat-back or read-back, as appropriate (JCAHO)

Written handoffs must be structured and organized so that information is provided in a predictable format or is readily available for each patient. Programs should develop implement standardized written handoff templates within the hospital electronic health record (EHR) no later than January 1, 2015.

Written information for residents and fellows providing continuous care and taking responsibility for order writing should include the following:

- Identifying information --Name, location, medical record number
- Code Status
- Primary Diagnosis
- Prioritized active problem list, including recent changes in condition or treatment plan (as necessary)
- Medications and other treatments
- Allergies
- Important contact information (e.g., patient's attending of record, family, referring physician)
- Follow-up tasks to complete with suggested plan of action. Programs should consider using "if-then" statements to guide such action plans. Examples may include follow-up on pending diagnostic studies and bedside assessment of a patient for serial examination
- Contingency planning for anticipated problems with suggested plan of action. Programs should consider using "if-then" statements to guide such action plans. Examples include expected or previously encountered problems during cross-cover, medications to specifically avoid, and social issues that may be encountered. Written information for trainees in a supervisory or consultative role must include sufficient information to understand and address active problems likely to arise during a brief period of temporary coverage, or to assume care without error or delay when care is transferred at a change of rotation or service.

3. All patients for whom a resident or fellow is responsible must be included in the handoff. All information should be updated prior to each subsequent handoff.

III. Each residency and fellowship program must inform their trainees about the institutional and program-specific handoff policies. Trainees must be informed about the reasons for these policies and the expectation that the policies be followed.

Each program must develop a system for assessing the effectiveness of resident handoffs and for monitoring compliance with handoff policies. Programs are encouraged to develop assessment programs that include direct observation of learners by faculty or senior trainees. Program level assessment will be monitored through annual institutional program evaluations.

Transitions of Service

1. Except for transfers in emergency situations, a transfer note must be provided by the “sending” resident when a patient is transferred to a different level of care or to a different service. No transfer note is required if a patient is being relocated but will be cared for by the same service; when a patient is being admitted from the Emergency Department, the Emergency Department record serves as the transfer note. A “transfer acceptance note” must be documented by the receiving service.
2. An “off-service” note must be written by the responsible resident when the entire resident care team rotates off service on the same day and the team has cared for the patient for more than 48 hours (24 hours for ICU care). This note should provide a sufficient summary of the patient’s hospitalization and proposed plans so that the next resident(s) can assume knowledgeable and efficient care of the patient.
3. When the responsible prescriber (resident) changes, nursing staff and all others who may need to contact the provider promptly must be notified of the change before noon of the day of service change.

Discharges

1. The discharging resident must ensure that prescriptions for discharge medications are written and available at the time of discharge.
2. The discharging resident must ensure that the discharge worksheet is completed and is accurate. The discharge worksheet must not be changed after the patient has been discharged.
3. The discharging resident is responsible for ensuring that information about clinically important laboratory, radiologic, or other results that come to a prescriber after a patient leaves the hospital is conveyed either to the patient or his/her primary care provider. This contact should be documented in the medical record.

Commonly Used Handoff Mnemonics

SBAR-Q

- Situation: Summarize patient demographics and primary problem(s), code status
- Background: PMH, active problems, recent or upcoming procedures, etc.
- Assessment: Clinical status, recent changes in condition or treatment plan, follow-up tasks with action plan
- Recommendations: Contingency planning
- Questions

SAIF-IR

- Summary: Summarize patient demographics and primary problem(s), code status
- Active problems and management
- If-then contingency plan
- Follow-up tasks and plan
- Interactive questions
- Read-backs: to verify received information

SIGNOUT

- Sick or DNR: highlight sick or unstable patients, identify DNR/DNI patients
- Identifying data: name, age, gender, diagnosis
- General hospital course
- New events of the day

- Overall health status/clinical condition
- Upcoming possibilities with plan, rationale
- Tasks to complete overnight with plan, rationale

Approved by GMEC 1/11/00

House Staff as Teachers of Medical Students

LCME Element 9.1 states: "... residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment." It is College of Medicine Policy that all non-faculty instructors including residents and fellows are responsible for supervising, training, or evaluating COM students required portions of the curriculum are to be familiar with program objectives, block/clerkship, and event objectives, as well as required patient encounters/ skills, their teaching roles, appropriate levels of supervision, and relevant methods of assessment.

Responsibilities

- All incoming residents and fellows are required to attend the orientation sessions on medical student education conducted by the Graduate Medical Education Office
- All non-faculty instructors are required to complete the annual online educational compliance course in Canvas each fall and review COM program objectives, course objectives, and required patient encounters and skills relevant to their medical student teaching activities with attestation.
- All residents/fellows that supervise or evaluate medical students in departments administering a required clerkship must participate in at least one development activity focused on teaching skills during their training. This may be in person or online.
- All departments administering a clerkship should review relevant clerkship objectives, course objectives, required patient encounters/skills, and assessment methods with all applicable house officers at least once annually. This may be in person or online.

Monitoring Procedures

- The Graduate Medical Education Office monitors incoming resident/fellow participation in orientation activities with a report given to the Office of Medical Education (OME) annually.
- The UNMC Compliance Office monitors completion of annual educational modules administered through Canvas with individual departments ensuring their faculty members are compliant. The Compliance Office reports on completion rates to the Office of Medical Education annually.
- Clerkship directors, in cooperation with their chairs, are responsible for ensuring that the programs and reviews are scheduled and non-faculty instructors participate as outlined above. Clerkship coordinators submit dates/agendas/and attendance logs for relevant activities to the OME each spring.
- The OME is responsible for disseminating program, course, and event objectives to teaching assistants. Block or coil directors are to provide training in use of assessment instruments.

Approved by GMEC 2/2015