

UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE  
AT ROCKFORD

# Graduate Medical Education Policy Manual

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## Table of Contents

<b>Policy: Graduate Medical Education Committee: Structure and Function.....</b>	<b>- 3 -</b>
<b>Protocol: Internal Review .....</b>	<b>- 6 -</b>
<b>Policy: Candidate Eligibility and Resident Selection .....</b>	<b>- 9 -</b>
<b>Policy: Duty Hours Compliance .....</b>	<b>- 10 -</b>
<b>Policy: Duty Hours Extension.....</b>	<b>- 11 -</b>
<b>Policy: Program Closure/Reduction .....</b>	<b>- 12 -</b>
<b>Policy: Leaves of Absence .....</b>	<b>- 13 -</b>
<b>Policy: Administrative support for continuation of education in event of disaster/interruption in patient care .....</b>	<b>- 14 -</b>
<b>Policy: Resident supervision .....</b>	<b>- 15 -</b>
<b>Policy: Vendor Interaction.....</b>	<b>- 16 -</b>
<b>Policy: Procedural Rights to Probation/Suspension/Termination .....</b>	<b>- 18 -</b>
<b>Policy: Corrective Action .....</b>	<b>- 20 -</b>
<b>Policy: Resident Impairment/Substance Abuse .....</b>	<b>- 23 -</b>
<b>University of Illinois Statement on Drug-free Workplace .....</b>	<b>- 24 -</b>
<b>Policy: Sexual Harassment.....</b>	<b>- 26 -</b>
<b>Policy on Moonlighting.....</b>	<b>- 28 -</b>
<b>Policy on Transfers.....</b>	<b>- 29 -</b>
<b>Policy on Evaluation and Promotion.....</b>	<b>- 30 -</b>

## **Policy: Graduate Medical Education Committee: Structure and Function**

The ACGME requires, as part of the Institutional Requirements, that each sponsoring institution have a Graduate Medical Education Committee (GMEC).

### **A. GMEC Composition and Meetings**

1. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate program directors, administrators, the accountable DIO, and may include other members of the faculty.
2. The committee must meet at least quarterly, and maintain written minutes documenting fulfillment of the committee's responsibilities.

### **B. GMEC Responsibilities (designated by the IR's)**

The GMEC must:

1. Establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. Review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
3. Establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.
4. Establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. The GMEC must assure that the following requirements are met:
  - a. Each ACGME-accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
    2. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules

must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,

3. Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.
  - b. The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements.
  - c. The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
2. Assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Supervision of residents must address the following:
  - b. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.

- c. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
  - d. The teaching staff must determine the level of responsibility accorded to each resident.
- 3. Assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies and as defined in each set of Program Requirements.
- 4. Establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
- 5. Regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
- 6. Regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
- 7. review and approve prior to submission to the ACGME
  - . all applications for ACGME accreditation of new programs and subspecialties;
    - a. changes in resident complement;
    - b. major changes in program structure or length of training
    - c. additions and deletions of participating institutions used in a program;
    - d. appointments of new program directors;
    - e. progress reports requested by any Review Committee;
    - f. responses to all proposed adverse actions;
    - g. requests for increases or any change in resident duty hours
    - h. requests for "inactive status" or to reactivate a program;
    - i. voluntary withdrawals of ACGME-accredited programs;
    - j. requests for an appeal of an adverse action; and,
    - k. Appeal presentations to a Board of Appeal or the ACGME.
- 8. Conduct internal reviews of all ACGME-accredited programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees.

This extensive list of responsibilities theoretically ensures that the ACGME is relieved of policing duties.

**Approved 4/15/08**

## **Protocol: Internal Review**

### **1. Sponsoring Institution Responsibilities**

The University is responsible for directing all aspects of the internal Review Program, including: the timing and conduct of internal reviews to ensure at least one review for every program occurring at approximately mid-way through the ACGME approval cycle; review of internal review summary reports; ensuring follow-up from programs when areas needing improvement are identified; assessing the effectiveness of the internal review process for each program at the time of review of that program's accreditation letter.

### **2. Review Team**

The core review team shall consist of:

- Associate Dean for Academic Affairs/GMEC chair
- Program Director (external to program being reviewed)
- resident physician (nominated by the above program director)
- senior level administrator or other faculty member

Other members may be included on the team as appropriate.

### **3. Conduct of the Review**

#### **A. Materials gathered prior to review**

- questionnaire filled out by program director
- questionnaire to all residents; replies collated

#### **B. Materials previewed by Review Team**

- questionnaire from program director
- collated results from resident questionnaires
- previous ACGME accreditation letter
- current ACGME institutional and program requirements
- list of frequent citations from that RRC to all programs over the prior year (if available)
- results of most recent ACGME resident survey
- prior internal review summary

#### **C. Interview of faculty members from program (1 hour)**

- minimum of three faculty members including program director (minimum two for small fellowships)
- integrated programs must include faculty from all integrated training sites

D. Interview of residents (1 hour)

- as many residents as possible, ideally all in program; if not all, residents must be peer selected and represent all levels of training

E. Information reviewed with faculty and residents must include:

- history of the program
- changes in the program since last review
- previous ACGME citations and effectiveness of corrective measures
- organization of the education curriculum, including educational objectives
- supervision
- research and scholarly environment
- work environment, including duty hours and moonlighting policy
- support and resources
- the methods for evaluating the faculty, the program, and the residents

F. Specific assessment with regard to competencies:

- assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, professionalism, practice-based learning, and systems-based practice
- Provide evidence of the program's use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas.
- appraise the development and use of dependable outcome measures by the program for each of the general competencies
- appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement

G. Summarization with program director (15 min)

#### 4. Summary Report

A. Report drafted by Associate Dean for GME within 2 days

- B. Draft circulated to other internal review team members for review/editing, and to program director of program reviewed (labeled “draft”)

**5. GMEC Action**

- A. Edited summary circulated to GMEC members at least 5 days prior to meeting
- B. Corrective actions recommended by GMEC
- C. GMEC-approved summary report circulated to program director and chair, if different from program director; attached letter delineating GMEC expectations for program action on recommendations
- D. Follow-up on corrective actions reported back to GMEC from the program

Approved 7/15/08

## **Policy: Candidate Eligibility and Resident Selection**

House staff are considered eligible for appointment if they are graduates of U.S. or Canadian LCME accredited medical schools, of U.S. colleges of osteopathic medicine accredited by the American Osteopathic Association, or of non U.S. or Canadian medical schools if they have a currently valid ECFMG certificate, a currently valid visa (J-1, H-1B, or O-1, or alternatively, Immigrant [permanent resident] status), and a currently valid license from the Illinois Department of Professional Regulation. Eligibility will be determined by each individual training program and will be based on preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs shall not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status. Selection of residents should occur through the National Resident Matching Program (NMRP). Program directors shall comply with the regulations and the spirit of the NRMP.

**Approved 4/15/08**

## **Policy: Duty Hours Compliance**

Every training program must comply with the current duty hours requirements specified by the Accreditation Council on Graduate Medical Education (ACGME). A request for exception to these requirements must be first approved by the GMEC and then by the ACGME specialty Residency Review Committee (RRC).<sup>1</sup>

The program director from each training program must:

- File a detailed duty hours policy with the GMEC which covers all major assignments and which specifies the means by which duty hours and fatigue will be monitored.
- file an updated policy annually with the GMEC, or more often if a change in the training program occurs that impacts on duty hours
- ensure that faculty and residents or fellows in the program have received education in the effects of fatigue
- ensure that residents respond to surveys regarding compliance with duty hours from the ACGME and from the GMEC

The GMEC shall:

- approve and maintain a duty hours policy from each training program
- periodically survey residents and fellows regarding compliance with duty hours, provide program directors with the results, and request follow-up when appropriate
- review the results of externally conducted surveys of residents and fellows regarding duty hours and request follow-up when appropriate
- review a program's compliance with the duty hours policy at the time of Internal Review

**Approved 4/15/08**

## **Policy: Duty Hours Extension**

A program desiring to petition its specialty RRC for an exception to the Common Program Requirements regarding duty hours, i.e. for up to a 10% increase in total weekly hours averaged over four weeks for one or more specific rotations, must first submit a written request to the GMEC for endorsement. The narrative to be submitted to the GMEC must follow the format requested by the ACGME, as provided on the ACGME.org web page under the title “RRC Procedures for Granting Duty Hours Exceptions,” and include sections 1 through 5 as listed under “Required Documentation.”

Such requests will be considered by the GMEC at the next regularly scheduled monthly meeting. If the GMEC endorses the request, the petition may be forwarded to the specialty RRC signed by the program director and by the Chair of the GMEC. No modifications may be made in training hours until approval has been granted in writing by the specialty RRC.

The prerequisites to GMEC consideration of endorsement are as follows:

- The program must have full accreditation and no warning language based on the most recent RRC accreditation letter.
- The program director must provide a plan for monitoring duty hours on the specific rotation(s) for which exception is to be granted and the frequency with which this will be performed to ensure that there is complete compliance within the limits of the exception, if granted.

**Approved 4/15/08**

**Policy: Program Closure/Reduction**

If a decision is made to reduce the complement of trainees in a program, or to close a training program, the GMEC, DIO and all trainees in that program will be notified as soon as possible. Current trainees in the program, including trainees who have not yet initiated training but who have been notified that they are accepted into the program, will be permitted to continue their education until completion of the total number of years defined by the ACGME for that program. In the event that a trainee chooses to leave the program, the program director shall assist the individual's efforts to matriculate in another ACGME accredited program.

**Approved 4/15/08**

## **Policy: Leaves of Absence**

Any permissible leaves of absence as discussed in the Residency Policy Manual, if excessive, may lead to the necessity to extend training beyond the final year in order to make up training time. The specialty certifying boards (i.e. ABFM) have limits on the duration of absence from training that may not be exceeded if the individual is to be eligible to sit for the certifying examination. Even if there is no certifying board restriction in the duration of absence, a housestaff member may be required to extend training if total leave for any reason in any one training year exceeds that allotted to vacation, education, and sick leave and if the program director judges that this has resulted in the resident missing essential training. In that event, the program director must file a plan for training extension with the Graduate Medical Education Committee. During extension of training, a housestaff member will receive the regular stipend and benefits except that vacation time will not accrue.

It is the responsibility of program directors to be knowledgeable of the specialty board's rules and to inform residents of limits, if any, in allowable absences. If there is a resident or fellow who requires extension of training in an ACGME-accredited program, the program director must inform the RRC of the implications regarding the total complement of trainees.

**Approved 4/15/08**

**Policy: Administrative support for continuation of education in event of disaster/interruption in patient care**

In the event of a disaster or other event that leads to interruption in the patient care and educational resources for the residency program, the University will make every effort to safely provide continuation of the residents' education locally using whatever resources are available. If this is not realistic, safe or feasible, then every effort will be made to facilitate transfer of the residents to other local, regional or national programs. This effort will include assisting with transfer of available records as well as obtaining necessary references and licensure. Should the interruption in care be temporary, residents may resume educational activities when it is feasible and safe to do so.

**Approved 7/15/2008**

**Policy: Resident supervision**

It is incumbent upon the program director and faculty to assure that each resident is properly supervised. All patient care provided by a resident must be done under the direction and supervision of attending physicians and within the context of the training program, except in emergent situations. Patient care responsibilities should be assigned based upon the level of training according to the ACGME special requirements and the judgment of the program director. Junior residents may be supervised by senior residents within the scope of the senior residents' level of competence and responsibility. Each residency program should define in writing the expected competencies and responsibilities for each level of training.

**Approved 7/15/2008**

## **Policy: Vendor Interaction**

The University of Illinois College of Medicine at Rockford residency programs have chosen to adopt and follow the Ethical Guidelines put forth by the AMA regarding physicians and industry as outlined below:

- A. Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.
- B. Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).
- C. The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.
- D. Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

- E. Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.
  
- F. Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional or specialty medical associations.
  
- G. No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures. (II) Issued June 1992 based on the report "Gifts to physicians from industry," adopted December 1990 (*JAMA*. 1991; 265: 501 and *Food and Drug Law Journal*. 2001; 56: 27-40); Updated June 1996 and June 1998.

**Approved 7/15/2008**

**Policy: Procedural Rights to Probation/Suspension/Termination**

- A. Within fourteen (14) days of written notification of her/her probation, suspension, and/or termination, a Resident may request an informal hearing before a Departmental Review Committee, as more fully described below. The Resident's request shall be in writing and submitted to the Associate Dean for Academic Affairs, or such individual acting in a similar capacity depending on the particular program in which the Resident is enrolled.
- B. The written notification of probation, suspension and/or termination shall include an explanation from the Program/Program Director of the reason(s) for such suspension and/or termination. The written notification shall also advise the Resident of his/her right to request an informal hearing pursuant to this Exhibit.
- C. The Committee shall consist of a minimum of three (3) faculty members from the Resident's department. The Department Head shall not be a member of the Committee. The Committee shall elect a member from the group to preside at the hearing. Each department may have a standing Department Review Committee to conduct hearings requested under this Exhibit. If there is not a Standing Committee, an ad hoc committee shall be appointed by the Associate Dean for Academic Affairs for each hearing requested.
- D. The Committee shall attempt to convene the hearing within fourteen (14) days of the Resident's written request and shall notify the Resident in writing of the date, time and place for the hearing as soon as reasonably possible, but no less than 72 hours in advance of the hearing.
- E. The Resident and Program Director shall be present at the hearing and shall each present such information or materials (oral or written) as they wish to support their case. No other representatives shall be present during the hearing. Each party shall be permitted to review all materials submitted to the Committee during the hearing.
- F. A majority vote of the Committee shall decide the issue(s) before it and the Department Head or his/her designee shall be bound by the decision.
- G. Regardless of the outcome of the hearing, the Committee will provide the Associate Dean for Academic Affairs, the Program Director, Resident and Department Head with a written statement of its decision and the reason(s) for such decision within ten (10) days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee's report.
- H. A Resident may appeal the Departmental Review Committee's decision to the Associate Dean for Academic Affairs within ten (10) days of receipt of the

Committee's decision. The Associate Dean shall render his/her decision in writing within a reasonable time, which shall not exceed thirty (30) days.

- I. The Program Director, Department Head or such other individual in a similar capacity may, at any time, summarily suspend with pay a resident if he/she believes such suspension is in the interests of patient welfare. Within ten (10) days of the date of imposition of such summary suspension, unless extended by mutual agreement of the Resident, the Department Head/Program Director must either reinstate the Resident or provide the Resident with a written notification of his/her suspension and/or termination and the reasons therefore.
- J. The reduction of a Resident's clinical privileges or the imposition of a requirement that some or all of the Resident's clinical privileges be performed under supervision shall not constitute a suspension for purposes of this Exhibit and the Resident shall not be entitled to a hearing.
- K. Should a Resident fail to complete medical records for which he/she is responsible in a timely manner, the Resident may be suspended until such time as the delinquent records are completed. In case of such suspension, the Resident shall not be entitled to due process under this procedure.
- L. The procedural rights provided under this Exhibit do not relate to department determinations relating to certification and/or evaluation of the Resident's academic performance or clinical competence. Such certification shall be handled according to the various specialty boards.

## **Policy: Corrective Action**

Whenever the professional activities, conduct, or demeanor of a Resident interferes with the discharge of assigned duties or those of other University or affiliated institution employees, or jeopardizes the well-being of patients, the University, through its administration, reserves the right to correct the situation through disciplinary action as it sees fit.

Residents may appeal probation, suspension, or termination, with the exceptions noted in the Resident Agreement. A valid appeal must follow the Procedural Rights to Suspension/Termination, and provided as an attachment to the Resident Agreement.

### Causes for Corrective Action

The following list provides examples of Resident Actions that can be grounds for discipline. It is not intended to be inclusive of all reasons for a disciplinary action. The Program Director's action will depend on the severity of the infraction, prior warnings, and efforts on the part of the Resident to correct his/her behavior. In all cases the basis for the decision will be in the Program Director's best judgment.

- Behavior that threatens the well-being of patients, medical staff, employees, or the general public.
- Other substantial or repetitive conduct which is considered by the Resident's supervisor to be professionally or ethically unacceptable or which is disruptive to the normal and orderly functioning of the institution to which the resident is assigned.
- Failure to conform to the letter of the Resident Agreement, or to policies and procedures of the University of Illinois, the College of Medicine or the Resident's Program.
- Failure to comply with federal, state and local laws whether related or not to the medical profession. Convictions for other than minor traffic violations can be cause for dismissal.
- Failure to provide patient care of satisfactory quality expected for the Resident's training level.
- Fraud by commission or omission in application for the residency position, or in completing other official University documents.
- Suspension, revocation, or any other inactivation, voluntary or not, of a Resident's license by the State of Illinois for any reason.
- Continued or lengthy absence from duty assignments without reasonable excuse.

- Failure to perform the normal and customary services of a Resident as defined in the ACGME "General Requirements."
- Sexual harassment or abuse of patients, other residents or staff.

#### Disciplinary Actions

Residents may be subject to the following actions taken by the Program Director or by the College of Medicine. Discipline may be progressive, in that it follows the order of actions listed below. However, if the Resident's behavior, in the judgment of the Resident's supervisor or University administration, warrants removing the Resident from normal duties, suspension or dismissal may be imposed without prior warning.

#### Written Warning

A Program Director may issue a letter of warning to a Resident in response to a behavior or performance problem. The letter will detail the situation, the remedy required of the Resident, and the consequences of not correcting the problem. A copy of the letter will be placed in the Resident's file.

#### Probation

Definition: Probation is a disciplinary condition in which the Program Director notifies a Resident in writing of specific deficiencies that must be corrected in a stated period of time or the Resident will not be allowed to continue in the program, or will be continued on probationary status. The Resident receives credit for training time and salary and benefits remain in force.

Procedure: The Program Director schedules a meeting with the Resident to discuss the reasons for probation, the actions required by the Resident, and the dates of probation. The Program Director will provide the Resident with a letter detailing the above points, either at the meeting or within a reasonable time following the meeting. Copies of this letter will be placed in the Resident's file.

At the end of the probationary period, the Program Director meets again with the Resident. Depending on the Resident's performance, he/she may be:

- Removed from probation
- Given an additional period of probation, or
- Entered into the termination process.

#### Suspension

Definition: Suspension is a corrective action that removes the Resident from any program duties. The Resident does not receive credit for training time, nor is he/she paid for the time on suspension. Health benefits continue in force. A continuing non-corrected suspension will lead to the initiation of the dismissal process.

Procedures: The Program Director may initiate suspension under conditions in which the Resident's behavior or competence threatens patient, staff or employee well-being, for

flagrant or continued disregard for the University, College of Medicine, or program rules and regulations, or where suspension is the next step in a progressive disciplinary action.

A Resident may be suspended "pending investigation" in cases where the Program Director believes that removing the Resident from duty is in the best interests of the University, but lacks details of the problem. A Resident suspended pending investigation cannot work, but will continue to be paid until the matter is resolved. Depending on the Program Director's findings, the Resident may be restored to full duty, have pay reduced in relation to suspension time already served, or be terminated.

The Program Director will provide a letter to the Resident detailing the reasons for a suspension, its length, and the remedy necessary to remove the suspension. The letter may also indicate under what circumstances the Resident may be terminated if the situation is not corrected. Copies of the letter will be placed in the Resident's file.

Suspension will be removed when the initiating reason has been corrected to the satisfaction of the Program Director.

#### Dismissal

Definition: Dismissal means termination from University employment and participation in a residency-training program even though the Resident holds a current Resident Agreement.

Procedure: The Program Director will provide a letter to the Resident detailing the reasons for dismissal, with the effective dates. Copies of the latter will be placed in the Resident's file.

A dismissed Resident must complete the sign-out process in order to receive his/her final paycheck.

**Approved 7/15/08**

## **Policy: Resident Impairment/Substance Abuse**

- A. The University of Illinois College of Medicine has established a policy committing itself to a drug-free workplace. All residents agree to follow this policy as set forth in their contracts.
- B. The College of Medicine recognizes its obligation to protect other employees, patients, and the resident personally from the effects of substance abuse and/or psychiatric impairment. It is also committed to a positive program of rehabilitation when a resident becomes impaired.

### Recognition and Action

It is the responsibility of each Residency Program Director to be aware of resident behavior and conduct at all times. If a Program Director observes physical, mental, or emotional inability on the part of the resident as it affects performance, the Program Director must take steps to verify the impairment and act. Further, it is the responsibility of the Program Director to investigate reasonable reports that a resident may be using any substance in an abusive manner, or is using any illegal substance.

### Medical Exam

- A. The Program Director, Department Head, or appropriate College of Medicine official may direct a resident to submit to a medical exam at any time. The exam may consist of physical, psychiatric, or laboratory tests and procedures to determine fitness for duty.
- B. Refusal on the part of the resident to cooperate with the exam will be grounds for termination of the resident's contract agreement.
- C. The residency program/GME will pay for any portion of the medical exam charges not covered by the resident's insurance.
- D. The Program Director will need to be apprised of the results of this evaluation and will take steps to ensure the confidentiality of all exams, reports, and correspondence in the matter.

### Removal From and Return to Work

- A. A Program Director may relieve a resident from work assignment if impairment is suspected. The resident will continue to be paid under sick leave policy until benefits are exhausted, at which time he/she will be placed on disability leave of absence (as the benefit permits).
- B. The Program Director will decide after appropriate consultation to allow the resident to return to work. The resident's continued participation in the program will be subject to conditions of behavior and/or performance that the Program Director will describe in writing to the resident, in cooperation with the Impaired Physician Committee

## Impaired Physician Committee

- A. All resident rehabilitation should be done under the auspices of the Impaired Physician Committee of the University of Illinois College of Medicine. Program Directors should not prescribe or conduct rehabilitation without the approval of the Impaired Physician Committee.
- B. Failure of a resident to cooperate with Impaired Physician Committee supervision will be grounds for termination.
- C. The Graduate Medical Education Office will not be responsible for exams or treatments not covered by the resident's insurance carrier while the resident is in rehabilitation.

## Statutory Reporting

- A. Illinois law requires that health care institutions report to the Department of Financial and Professional Regulation all instances of physician conduct that endangers a patient under that physician's care.
- B. Program Directors or other faculty who directly supervise residents will report all instances where, in the judgment of the resident's Program Director, two conditions are met: (1) A resident is behaving in a clearly impaired manner, and (2) The resident's behavior endangers the safety of a patient. Report will be made to the Chief of Staff or other Chief Medical Officer of the institution in which the incident took place. The Chief of Staff/Chief Medical Officer will instruct the faculty supervisor on the form in which the incident should be reported.
- C. The Chief of Staff/Chief Medical Officer will conduct an investigation and determine whether reporting to the DPR is appropriate. The resident's Program Director and involved faculty will be expected to fully cooperate with the investigation.

## **University of Illinois Statement on Drug-free Workplace**

- A. The University of Illinois is committed to maintaining a drug-free workplace in compliance with applicable state and federal laws. The unlawful possession, use, distribution, dispensation, sale or manufacture of controlled substances is prohibited on University premises. Violation of this policy may result in the imposition of employment discipline as defined for specific employee categories by existing University policies, statutes, rules, regulations, employment contracts and labor agreements. Any employee convicted of a drug offense involving the workplace shall be subject to employee discipline or required to satisfactorily complete a drug rehabilitation program as a condition of continued employment.
- B. The illegal use of controlled substances can seriously injure the health of employees, adversely impair the performance of their responsibilities and endanger the safety and well-being of fellow employees, students and members of the general public. Therefore, the University encourages employees who have

a problem with the illegal use of controlled substances to seek professional advice and treatment. A list of sources for drug counseling, rehabilitation and assistance programs may be obtained from either the appropriate personnel office or the campus health service. Employees may obtain this information anonymously either through self-referral or by direction of their supervisor. Employees who are engaged in work under a federal contract may be required to submit to tests for illegal use of controlled substances as provided by the law or regulations of the contracting agency.

- C. As a condition of employment, the employee will abide by this statement and notify his/her supervisor if he or she is convicted of a criminal drug offense occurring in the workplace within five days of the conviction. The University will notify the granting or contracting federal agency within 10 days of receiving notice of a conviction of any employee working on a federal contract or grant when said conviction involves a drug offense occurring in the workplace. A copy of this statement shall be given to all employees assigned to a federal contract or grant.
- D. This statement and its requirements are promulgated in accordance with the requirements of the Drug-Free Workplace Act of 1988 enacted by the United States Congress and shall be interpreted and applied in accordance with this law and the rules and regulations promulgated pursuant thereto.

**Approved: October 22, 2008**

## **Policy: Sexual Harassment**

### Introduction

- A. The University of Illinois College of Medicine is committed to providing an atmosphere of work and study free from the threat of sexual harassment of its patients, students, employees, and residents.
  
- B. Sexual harassment is defined by law as unwanted sexual advancements, physical contact, gestures, or verbal communication that is offensive or humiliating, or interferes with required tasks or career opportunities at the University.
  
- C. The University of Illinois College of Medicine has promulgated a policy on Sexual Harassment as follows:
  - 1. “The University will not tolerate sexual harassment of students or employees and will take action to provide remedies when such harassment is discovered. The University environment must be free of sexual harassment in work and study.”
  - 2. “The University will not tolerate sexual harassment of students or employees and will take action to provide remedies when such harassment is discovered. The University environment must be free of sexual harassment in work and study.”
  - 3. “The University will respond to every complaint of sexual harassment reported.”

### Recognition

- A. Sexual harassment can occur between faculty - resident, resident - resident, resident - student, resident-patient, and resident - employee.
  
- B. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual or gender-related nature constitute sexual harassment when:
  - 1. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's rewards or status in employment or in an academic program. Coercion or bribery could be involved.
  - 2. Such conduct is sufficiently severe to create a hostile, humiliating, offensive University-related environment or to interfere substantially with required tasks or career opportunities at the University. Repetition of the unwelcome behavior would be viewed as sexual harassment. However, in the case of an

unwelcome intimate touch, one occurrence can be sufficient to constitute sexual harassment.

3. The College of Medicine will provide information on the sexual harassment policy and reporting procedure to all new residents during orientation.

#### Action

- A. A resident or student who believes that he or she has been the subject of sexual harassment at any institution affiliated with the College of Medicine should report the incident to the University of Illinois Office of Access and Equity.
- B. When a faculty member or other staff at an institution not governed by University of Illinois policy and procedure is accused of sexually harassing a resident the Department Head will consult with that institution's personnel office to ensure that institutional requirements are met.
- C. Residents who themselves are accused of sexual harassment of patients, University employees, other residents, or students, will be subject to corrective action as set forth in the policies and procedures and in the Resident Agreement. The Program Director will investigate and take action as appropriate in concert with the University of Illinois Office of Access and Equity. Residents who are disciplined for sexual harassment may appeal that corrective action through the process described in Corrective Action Policy, depending upon the type of corrective action imposed.

**Approved: October 22, 2008**

## **Policy on Moonlighting**

Residents must not be required to engage in moonlighting. Moonlighting within the institution must be monitored within the context of the residents' work hours. Prospective, written approval must be obtained from the program director for resident moonlighting. This approval must be included in the resident file. The resident's performance and the potential adverse effects on current activities should be considered prior to granting approval. The resident's performance must be monitored and if adversely affected, may require withdrawal of permission to moonlight. All resident moonlighting activities will be closely monitored by the program directors with oversight from the institution.

**Approved** January 20, 2009

## **Policy on Transfers**

Potential transfers may be interviewed and accepted into the programs according to the standards set by the Candidate Eligibility and Selection Policy. The candidate must be eligible for Illinois medical licensure and, if not a U.S. citizen, must be eligible for a visa. In the case of a transferring resident, the program director must obtain primary source written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. Standard hiring procedures (e.g. background checks, etc. ) must be followed as for any other candidate whether participating in the match or independent of the match. Transfer credit may be requested at the discretion of the program director and is subject to any specialty board rules and oversight (i.e. ABFM).

**Approved** January 20, 2009

## **Policy on Evaluation and Promotion**

- At the conclusion of their clinical rotations, residents will receive feedback and evaluation of their performance from the responsible faculty.
- At a minimum, semi-annual evaluation must be provided by the resident's program director or designee to monitor the resident's progress in the curriculum.
- Residents must have the opportunity to evaluate the program and the faculty in an anonymous manner.
- Decisions regarding contract renewal must be provided to the residents in a timely manner. The resident must be provided with written notice no later than four months prior to the end of the current agreement. If the reason for the non-promotion/non-renewal occurs within this four months, then the program must provide the resident with as much written notice as possible under the circumstances.
- The resident must be allowed to implement the grievance/due process procedures if they receive written notice of intent not to renew or be promoted.

**Approved** January 20, 2009

# UIC POLICIES AND PROCEDURES

UIC POLICIES AND PROCEDURES		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  1 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
ISSUED BY  Vice Chancellor for Human Resources		REVISED  06/25/2007
APPROVED BY  Chancellor		

## PURPOSE

To provide notice to all UIC applicants, candidates, and employees of their responsibilities and the procedures to be followed in processing accommodation requests.

## SOURCES AND BACKGROUND

The Americans with Disabilities Act (ADA)  
The Rehabilitation Act  
The Illinois Human Rights Act

## APPLICABILITY

All UIC employees and applicants

## DEFINITIONS

**Medical Condition/Person with a Medical Condition** - a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

**Reasonable Accommodation** - may include making existing facilities used by employees readily accessible and useable by individuals with disabilities; and job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials, or policies, the provision of qualified readers or interpreters, and other accommodations for individuals with disabilities.

**Major Life Activity** - means such things as walking, talking, seeing, hearing, breathing, caring for oneself, learning, working, doing manual tasks, and participating in community activities.

**Qualified Individual with a Medical Condition** - an individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

**Essential Function** - those functions that the individual who holds the position must be able to perform unaided or with the assistance of reasonable accommodation.

**Auxiliary Aids and Services** - includes qualified interpreters or other effective methods of making aurally delivered material available to individuals with hearing impairments; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisition or modification of equipment and devices; and other similar services and actions.

**Applicant** - person who makes application or takes a civil service exam for employment at UIC.

**Candidate** - an applicant invited by UIC to interview for a particular position.

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  2 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
		REVISED  06/25/2007
ISSUED BY  Vice Chancellor for Human Resources	APPROVED BY  Chancellor	

**Preliminary Decision** - the decision made by the unit representative to honor or deny a request for reasonable accommodation after receipt of the Accommodation Request Form.

**Final Decision** - occurs when a preliminary decision is accepted by signature by the requesting employee and OAE, or after OAE review of a preliminary decision to deny request.

## POLICY

Consistent with the obligations of the University of Illinois at Chicago (UIC) under applicable state and federal laws, UIC is responsible for providing reasonable accommodations to qualified applicants, candidates, and employees with covered disabilities. Individuals with disabilities are responsible for requesting accommodations. Departments are responsible for following the established procedures to evaluate and process accommodation requests. In this policy, UIC broadens the scope of considering accommodation requests to include requests based on Medical Conditions that may not meet the definitions of “disability” or “handicap” under the laws mentioned in this paragraph. Requests based on medical conditions not qualifying as disabilities or handicaps under the laws may be granted or denied at the discretion of UIC. By considering a request or granting a requested accommodation under this policy, UIC is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, or a handicap as defined by the Illinois Human Rights Act.

## PROCEDURES

### RESPONSIBILITY

The University of Illinois at Chicago has the responsibility to give notice to all applicants and employees of their right to request accommodations, the procedures to do so, and their right of appeal. UIC also has the responsibility to make reasonable accommodations to the physical or mental limitations which are a result of an individual's known disability. UIC has no obligation to accommodate disabilities of which it is unaware or disabilities/handicaps not covered by federal or state law.

In accordance with the applicable laws, if applicants or employees need an accommodation to participate in the application process or to perform the functions of a job, it is their responsibility to inform UIC that an accommodation is needed.

The following procedures are to be used by UIC administrators, supervisors, employees, or applicants to fulfill these responsibilities.

## I. EMPLOYMENT APPLICANTS/CANDIDATES

### A. NOTICE

All applicants who submit applications or take civil service exams, and all candidates who are invited to interview for a specific job, will be given notice of the University's policy of nondiscrimination against persons with disabilities and the procedures available for requesting a reasonable accommodation in the application or interview process. This notice will be provided in the following manner:

1. An ADA poster;
2. A statement on the application, in letters, and, on written referrals that are used as part of the interview

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  3 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
ISSUED BY  Vice Chancellor for Human Resources		REVISED  06/25/2007
		APPROVED BY  Chancellor

- scheduling process;
- 3. Information given as part of the conversation if interview arrangements are made by telephone/TTY;
- 4. All candidates who receive a job offer should be informed in writing of the procedures for an employee to request an employment accommodation, whether UIC is aware of a medical condition or not.

## B. ACCOMMODATION REQUEST PROCEDURES

- 1. The Department of Human Resources will designate a responsible person(s) to accept requests for accommodations from applicants/candidates.
- 2. The designated person(s) will receive requests for accommodations in the application process either by telephone or in writing and communicate this information to the appropriate individuals involved in the application process.
- 3. Decisions on accommodation requests must be made in a timely fashion so as not to interfere with the applicants' ability to compete equally for vacant positions.

## C. APPEAL PROCEDURES

- 1. Applicants who are not current employees of UIC do not have access to formal, internal UIC grievance procedures. Informal complaints may be made to Office for Access and Equity (OAE) 809 S. Marshfield Ave, Room 717, Chicago, Illinois 60612, 312.996.8670.
- 2. Non-employee applicants have the option of following the usual discrimination complaint procedure with the Illinois Department of Human Rights or the Equal Employment Opportunity Commission.
- 3. Employees who are applicants for another position may use the appropriate existing grievance procedures.
- 4. Students who are applicants for employment shall use the UIC Office of the Ombudsperson of Student Affairs to assist in appealing a decision.

## II. EMPLOYEES

### A. NOTICE

Employees will be regularly informed of their right to request reasonable accommodations, the procedures to do so, and how to appeal denials of such requests by the following methods:

- 1. At employee orientation sessions conducted either by the employing unit or individually by supervisors.
- 2. At the time of hire, by information sheet included in the hire packet. A copy of the information sheet with the employee's signature acknowledging its receipt, will be retained in the employee's personnel record.
- 3. On the NESSIE website for UIC employees.
- 4. Periodically, in UIC News.
- 5. On administrative surveys or questionnaires inviting employees to self-identify as persons with disabilities.
- 6. In the faculty/staff and student employment handbooks.

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  4 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
ISSUED BY  Vice Chancellor for Human Resources		REVISED  06/25/2007
APPROVED BY  Chancellor		

## B. ACCOMMODATION REQUEST PROCEDURES

1. An employee may request an accommodation from:
  - a) the immediate supervisor,
  - b) the supervisor's superior,
  - c) the employing unit's Dean/Director/Department Head/Chair,
  - d) the Department of Human Resources, or
  - e) Office for Access and Equity (OAE).
2. UIC encourages employees to request accommodations at the lowest authority level according to their preference.
3. The employee must request an accommodation in writing using the Accommodation Request Form. Questions regarding verbal requests should be directed to OAE.
4. The Accommodation Request Form is available at the Department of Human Resources, Office for Access and Equity, University Health Services and on-line [www.uic.edu/depts/oe/ReasonableAccomm.doc](http://www.uic.edu/depts/oe/ReasonableAccomm.doc)
5. If the employee chooses to request an accommodation within his/her unit, the following procedures apply:
  - a) The supervisor, his/her superior, or the employing unit head (the unit representative) receiving the accommodation request should consult with University Health Services and OAE prior to making a Preliminary Decision to honor or deny the request. University Health Service will assist in assessing whether or not a medical condition exists. OAE will assist in determining if accommodations are required by law or discretionary. Also, if a department is required by law to provide an accommodation or decides to do so on a voluntary/discretionary basis, OAE will assist in determining what a "reasonable accommodation" is under the facts presented by the request. However, the decision will be made at the department level.
  - b) If the unit representative makes a Preliminary Decision to honor the request for an accommodation, he or she informs OAE within two weeks of the decision using the Accommodation Request Form. This form is to be completed and signed by the unit representative, the requesting employee, and OAE. At this point, the decision becomes a Final Decision.
  - c) If making a Preliminary Decision to deny a request for an accommodation, the unit representative shall forward the accommodation request and relevant materials to OAE for review and consultation. Relevant materials shall include, minimally, the documents instrumental in the denial of the request.
  - d) If the accommodation request does involve unusual issues or expenses, OAE may assist the employing unit in any of, but not limited to, the following ways:
    - (1) Meet with the employee and supervisor to obtain additional information concerning the request.
    - (2) Consult with the supervisor and appropriate departmental, division, or campus personnel staff to determine the essential functions of the job.
    - (3) Provide information as to the availability of funding for an accommodation.
    - (4) Consult with the safety office, assistive technology unit, or other specialists, including members of Chancellor's Committee on the Status of Persons with Disabilities where appropriate.
    - (5) With employee's written permission, consult with any medical professional,

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  5 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
ISSUED BY  Vice Chancellor for Human Resources		REVISED  06/25/2007
		APPROVED BY  Chancellor

rehabilitation specialist, or assistive technologist who may be working with the individual.

- (6) Consult with University Health Services to ensure appropriate verification of the medical condition and accommodation needs.
- e) After the denial has been reviewed, the employing unit will inform the employee of the Final Decision within two weeks of its preliminary denial or within a reasonable time that is mutually agreed upon by the employee and unit. This notification will be made through the Accommodation Request Form.
- f) A decision that an accommodation is an undue burden to the campus may only be made by the Chancellor or his/her designee. The Chancellor has designated the Director of Budgeting and Program Analysis to make determinations of undue financial burden, and the Associate Chancellor for Access and Equity to make determinations of undue administrative burden. In both cases a written justification of undue burden must be made and maintained in the Office for Access and Equity.
- 6. If the request for an accommodation is made directly to the Department of Human Resources, University Health Services, or OAE, the office contacted will ensure that the employee has completed the Accommodation Request Form. A representative from the office will then contact the employing unit and inform it of the request. The representative will forward to the employing unit only the information needed to determine how reasonable the accommodation is and how to implement it. Steps 5-a through 5-e above then apply.
- 7. When a final decision is made regarding the request for an accommodation, the employee will be informed of the right of appeal.
- 8. The Accommodation Request Form will be kept in a secure file separate from the employee's personnel file. Access to the information will be limited to individuals who have a need to know about the accommodation.

## C. APPEAL PROCEDURES

The following guidance procedures govern the appeals process for UIC employees:

- 1. The Academic Grievance Procedures detail campus procedures available to faculty, academic professional, and student employees.
- 2. The Non-academic Grievance Procedures detail University procedures available to non-academic, civil service employees not otherwise covered by a union contract.
- 3. Any employee may file formal allegations, termed a "Request for further action" with OAE.
- 4. Student employees should contact the Office of the Ombudsperson for assistance in appealing an adverse Final Decision regarding a request for reasonable accommodation in employment.

## III. GUIDELINES FOR PROCESSING REQUESTS FOR ACCOMMODATIONS

### A. VERIFICATION OF MEDICAL CONDITION

- 1. Employees may be asked to provide documentation of their Medical Condition. Some situations where documentation may not be necessary include, but are not limited to, instances where:
  - a) the employee is a current or former UIC student who received service from University Health

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL  Human Resources	SECTION  Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE  6 of 7
SUBJECT  Employment Accommodation Policy		EFFECTIVE  04/01/1997
ISSUED BY  Vice Chancellor for Human Resources		REVISED  06/25/2007
		APPROVED BY  Chancellor

- Services;
  - b) the employee has an observable Medical Condition;
  - c) the request expands upon existing accommodations or previously provided accommodations for which documentation was provided.
2. When an employee is requested to provide verification of a Medical Condition, the employee should be directed to provide the medical information to University Health Services or OAE. University Health Service and OAE will work jointly to determine the medical validity of the documentation.
  3. An employee must bear the initial cost of verification of the Medical Condition. If UIC requests additional verification of the Medical Condition or the Medical Condition's impact on job requirements, UIC will bear the cost.
  4. All medical information will be kept confidential in the same secure file as the Accommodation Request Form, separate from the employee's personnel file, and with access to the information limited to individuals who have a need to know.

## B. ASSESSMENT OF REASONABLE ACCOMMODATIONS

1. The following factors should be used to determine the reasonableness of the accommodation requested:
  - a) Is the employee otherwise qualified to perform the essential job functions?
  - b) Whether the accommodation would accomplish the desired result (i.e., allowing the individual to effectively perform the essential functions of the job)?
  - c) Whether the accommodation would be unduly disruptive to the workplace so that business cannot be conducted?
  - d) Does the accommodation raise safety concerns?
2. As a general rule, the employing unit will purchase equipment only if it is determined that the use of the equipment is necessary in transaction of the official business. The equipment may not be of a personal nature (eyeglasses, hearing aids, etc.) which the employee can be reasonably expected to provide.
3. The employee or applicant will always be the primary person consulted when determining the most appropriate accommodation. Employees will be given the opportunity to provide, or arrange for, their own accommodation; (i.e., using volunteer drivers or readers, providing their own adaptive equipment, etc.). While the procedures in these policies and guidelines must be followed in order for documentation to be maintained, they should not be interpreted rigidly. The process of determining an effective, reasonable accommodation for employees should be an interactive one, involving input and feedback from the employee, as well as the supervisor.
4. If an employee of UIC acquires a Medical Condition and the University is unable to make reasonable accommodations which allow the individual to continue his or her current position, the University will explore possibilities for placement in other positions within the institution. Any movement to another position will be considered in accordance with applicable University and campus rules.

## C. MODIFICATIONS OF REQUEST AND ACCOMMODATIONS NOT BASED ON MEDICAL CONDITION.

1. While appropriate deference will be given to the employee's or applicant's requested accommodation, the accommodation originally requested by the employee or applicant may be modified or altered to provide an effective, reasonable accommodation. Any modifications will be noted on the

# UIC POLICIES AND PROCEDURES

		NUMBER 103
MANUAL Human Resources	SECTION Nondiscrimination, Equal Opportunity, and Affirmative Action	PAGE 7 of 7
SUBJECT Employment Accommodation Policy	EFFECTIVE 04/01/1997	REVISED 06/25/2007
ISSUED BY Vice Chancellor for Human Resources	APPROVED BY Chancellor	

accommodation request form.

2. It may also be decided that an accommodation will be granted not because UIC is obligated under the law, nor because the requesting employee has a Medical Condition, but for other sound reason(s).