

University of Illinois College of Medicine Rockford *Graduate Medical Education*

Graduate Medical Education Manual

1601 Parkview Avenue
Rockford, IL 61107
Telephone: 815-395-5752 – Facsimile 815-395-5891

**THE
UNIVERSITY OF
ILLINOIS
COLLEGE
OF MEDICINE**
ROCKFORD CHICAGO PEORIA URBANA



Please note that we make every effort to keep the information in this manual as accurate and up –to –date as possible. New content is posted as soon as possible. If you have any questions regarding the accuracy of a policy, please email Jodi Pirrello, jlpirre2@uic.edu.

GME INSTITUTIONAL POLICIES

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GME POLICY AND PROCEDURE POLICY ON POLICIES

DEFINITIONS OF CATEGORIES OF COLLEGE OF MEDICINE POLICIES

- A. College of Medicine UIC (COM) policy
A policy that affects more than one regional COM or a policy that is necessary to ensure overall UIC-COM compliance with statutory, ACGME, University, or COM policies, rules, and/or regulations will be identified as a College of Medicine policy.
- B. COM-Regional policy
A policy that affects a single region of the COM, or is necessary to ensure compliance with statutory, ACGME, University, or COM policies, rules, and/or regulations will be identified as a COM-Region policy. The current regions are COM-Chicago, COM-Peoria, COM-Rockford, and COM-Urbana-Champaign.
- C. Department and Program Policy
A policy set by a single Department or Program for an individual residency training program that does not affect other programs or the College of Medicine, and does not conflict with COM or any COM-Region policy, will be identified as department/program policy.
- D. GME Committee
Each COM region will establish a committee that follows ACGME General Requirements and advises and monitors all aspects of resident education. For the Rockford region, this committee is called the Committee for Graduate Medical Education (GMEC).

SETTING COM-ROCKFORD POLICY

- A. Any faculty, resident, or University staff member may submit suggestions for addition, deletion, or change to COM-Rockford policy to the Office of Graduate Medical Education.
- B. The Assistant Dean for GME will review all such submissions and as appropriate include them in the agenda for the GMEC.
- C. The GMEC will review policy recommendations, and recommend approval changes by majority vote. The Committee may modify recommended policy as appropriate.
- D. The GMEC will be responsible for ensuring that all COM-Rockford policies are consistent with Accreditation Council for Graduate Medical Education General Requirements, University policy, College of Medicine policy, and applicable state and federal law.

SETTING DEPARTMENT/PROGRAM POLICY

- A. Each Department Head and Residency Program Director may set policies to meet applicable Resident Review Committee (RRC) and Specialty Requirements, and other operating policies as they see fit, as long as the policies do not conflict with Specialty Requirements, applicable COM-Rockford policies or University policy.
- B. The GMEC will review department/program policies during each program's Internal Review, and recommend any changes to the Program Director.

INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

- A. **ELIGIBILITY AND SELECTION OF RESIDENTS:** The Sponsoring Institution must have written policies and procedures for resident recruitment and appointment and must monitor each program for compliance. These eligibility requirements must address the following:
1. Resident Eligibility: Applicants with one of the following qualifications are eligible for appointment to programs:
 - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
 - 2) Have a full unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
 2. Resident Selection
 - a) The Sponsoring Institution must ensure that its ACGME accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
 - b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.
- B. **FINANCIAL SUPPORT FOR RESIDENTS:** Sponsoring and participating sites must provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.
- C. **BENEFITS AND CONDITIONS OF APPOINTMENT:** Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.
- D. **AGREEMENT OF APPOINTMENT:**
1. The Sponsoring Institution and program directors must assure that residents are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.
 2. The Sponsoring Institution must monitor programs with regard to implementation of terms and conditions of appointment by program directors.

3. The Sponsoring Institution and program directors must ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
4. The resident agreement/contract must contain or provide a reference to at least the following institutional policies:
 - a) Residents' responsibilities;
 - b) Duration of appointment;
 - c) Financial support; and,
 - d) Conditions for reappointment
 - (1) Non-renewal of appointment or non-promotion: In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the nonrenewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
 - (2) Residents must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.
 - e) Grievance procedures and due process: The Sponsoring Institution must provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:
 - (1) Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,
 - (2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
 - f) Professional liability insurance:
 - (1) The Sponsoring Institution must provide residents with professional liability coverage and with a summary of information.
 - (2) Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the residents are within the scope of the program(s).
 - g) Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. Cover for such benefits should begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.
 - h) Leave of Absence:
 - (1) The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws.
 - (2) The Sponsoring Institution must ensure that each program provides its residents with:

- (a) a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program, and;
 - (b) information relating to access to eligibility for certification by the relevant certifying board.
 - i) Duty Hours: The Sponsoring Institution must have formal written policies and procedures governing resident duty hours.
 - j) Moonlighting:
 - (1) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:
 - (a) Specify that residents must not be required to engage in moonlighting
 - (b) Require a prospective, written statement of permission from the program director that is included in the resident's file; and,
 - (c) State that the residents' performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.
 - k) Counseling services: The Sponsoring Institution should facilitate resident's access to confidential counseling, medical, and psychological support services.
 - l) Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.
 - m) Harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.
 - n) Accommodation for disabilities: The Sponsoring Institution must have a written policy regarding accommodation, which would apply to residents with disabilities. This policy need not be GME-specific.
5. Closures and Reductions: The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program or closure of the Institution. The policy must include the following:
- a) The Sponsoring Institution must inform the GMEC, the DIO, and the residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Sponsoring Institution intends to close; and,
 - b) The Sponsoring Institution must either allow residents already in the program(s) to complete their education or assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.
6. Restrictive Covenants: Neither the Sponsoring Institution nor its programs may require resident to sign a non-competition guarantee.

E. RESIDENT PARTICIPATION IN EDUCATIONAL AND PROFESSIONAL ACTIVITIES:

- 1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.
- 2. The Sponsoring Institution must ensure that residents:
 - a) Participate on committees and councils whose actions affect their education and/or patient care; and,
 - b) Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

F. RESIDENT EDUCATIONAL AND WORK ENVIRONMENT:

1. The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:
 - a) An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.
 - b) A process by which individual residents can address concerns in a confidential and protected manner.
2. The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives. These services and systems must include:
 - a) Patient support services: Peripheral intravenous access placement, phlebotomy, and laboratory/transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
 - b) Laboratory/pathology/radiology services: Laboratory, pathology, and radiology services must be in place to support timely and quality patient care.
 - c) Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents' education, quality assurance activities, and provide a resource for scholarly activity.
3. The Sponsoring Institution must ensure a healthy and safe work environment that provides for:
 - a) Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions.
 - b) Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
 - c) Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

RESIDENT RESPONSIBILITIES

THROUGHOUT THE RESIDENCY PROGRAM, A RESIDENT MUST:

- Develop a personal program of self-study and professional growth with guidance from the teaching staff in order to acquire and maintain throughout his or her professional career the knowledge, clinical skills, attitudes, and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for his or her chosen discipline.
- Participate fully in the educational and scholarly activities of his or her program and in all mandatory GME conferences.
- Embrace the professional values of honesty, compassion, integrity, and dependability.
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the Graduate Medical Education Program and of all affiliated hospitals, including the timely completion of medical records, per institutional policy.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measure in the provision of patient care.
- Participate in institutional committees and councils, especially those that relate to patient care review activities.
- Assume responsibility for teaching, peer evaluating, and supervising other residents and students, providing candid and constructive feedback on their performance to encourage quality improvement.
- Adhere to the highest standards of the medical profession and pledge to conduct him or herself accordingly in all interactions. The resident will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
- Make the patient's welfare his or her first priority by participating in safe, effective and compassionate patient care under supervision, commensurate with his or her level of advancement and responsibility.
- Secure direct assistance from faculty or appropriately experienced residents whenever the resident is confronted with high-risk situations or with clinical decisions that exceed confidence or skill to handle alone.
- Learn the most from direct patient care and guidance from faculty and other members of the health care team. The resident should understand the need for faculty to supervise all interactions with patients.
- Participate in the evaluation of the quality of education provided by the program.
- Provide documentation of a physical examination and documentation of immunity to rubeola, mumps, rubella, diphtheria, polio and results of skin test for tuberculosis per policy and regulations at the teaching hospital.
- Abide by the University of Illinois College of Medicine Rockford policies, procedures, and work rules as well as the rules and regulations of the University's hospitals, affiliate hospitals, and clinics.

**UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE ROCKFORD
GRADUATE MEDICAL EDUCATION COMMITTEE
MISSION STATEMENT**

The mission of the University of Illinois College of Medicine Rockford (UICOM-R) Graduate Medical Education Committee is to provide appropriate oversight of graduate medical education in all ACGME accredited residency/fellowship programs and to ensure that the necessary educational, financial and human resources to support GME are provided. In order to accomplish this goal, the GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for residents; reviews and makes recommendations on resident/fellow stipends and benefits; establishes and maintains oversight of program directors; establishes and implements policies regarding duty hours; ensures programs provide appropriate supervision; reviews all ACGME program accreditation letters; and approve correspondence to ACGME.

GMEC/DIO REVIEW AND APPROVAL

The following must be reviewed for approval by the GMEC/DIO before being submitted to ACGME:

- All applications for ACGME accreditation of new programs;
- Change in program director;
- Changes in resident complement;
- Major changes in program structure or length of training;
- Progress reports requested by the Review Committee;
- Responses to all proposed adverse actions;
- Requests for increases or any change to resident duty hours;
- Voluntary withdrawals of ACGME-accredited programs;
- Requests for appeal of an adverse action;
- Appeal presentations to a Board of Appeal or the ACGME; and
- Additions and deletions to program's participating sites;
- Responses to Clinical Learning Environment Review (CLER) reports.

In order to ensure Graduate Medical Education oversight, the Designated Institutional Official (DIO) reviews and cosigns all program information forms and any documents or correspondence addressing program citations and requests for changes prior to submission to the ACGME by program directors.

GME GLOSSARY OF TERMS

Accreditation Council for Graduate Medical Education (ACGME) – a private, non-profit council that evaluates and accredits over 8,800 medical residency programs in the United States. Member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Council of Medical Specialty Societies. Under the aegis of ACGME, accreditation is carried out by 28 individual Residency Review Committees (RRC).

Advanced Programs – programs that begin in the PGY-2 year after a year of designated prerequisite training.

American Board of Medical Specialties (ABMS) – the umbrella organization for the 24 approved medical specialty boards in the United States.

Applicant – an M.D. or D.O. invited to interview with a GME program.

Attending – a teaching physician or supervising physician.

Categorical Program – program that begins in the PGY-1 year and provides the training required for board certification in medical specialties.

Certification – process through which a physician completes approved residency training and passes a certifying board examination.

Chief Resident - typically, a position in the final year or year after residency where the resident has additional administrative and teaching roles in guiding new residents.

Designated Institutional Official (DIO) – the individual in a sponsoring institution who has the authority and responsibility for the oversight and administration of GME programs.

Electronic Residency Application Service (ERAS) – is the service used to transmit applications and supporting documents from applicants to residency and fellowship programs.

Education Commission for Foreign Medical School Graduates (ECFMG) – the organization that assesses the readiness of graduates from foreign medical schools to enter GME programs in the U.S. ECFMG certification is required for admission into ACGME programs.

Fellow – a physician in a training program that is beyond the requirements for first board certification in the discipline. The term “subspecialty residents” is also applied to such physicians.

Formative Evaluation – assessment of a resident/fellow with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

Graduate-Year-Level – refers to a resident’s current year of accredited GME (also referred to as ‘post graduate year’ or ‘PGY’). This designation may or may not correspond to the resident’s particular year in a program; e.g., a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics).

Intern – historically used for the first year of training following medical school. Since 1975, ACGME has not used the term, but refers to all trainees as “residents”.

Moonlighting – any professional activity outside the course and scope of a resident’s approved training program.

National Resident Matching Program (NRMP) – the national matching system that matches GME programs with applicants to those programs. Match results are generally released during the third week of March.

Participating Site – an organization providing educational experiences or assignments/rotations for residents/fellows. **Major Participating Site** is an RRC-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place.

Post Graduate Trainee- refers to any resident or fellow in a program.

Preliminary Programs – one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs. *Designated preliminary programs* provide positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty. *Non-designated preliminary programs* provide positions for residents who at the time of admission have not been accepted into any specialty.

Specialty Programs – also known as ‘core’ programs; a structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the program requirements of a particular specialty.

Subspecialty Program – a structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the program requirements of a particular subspecialty.

Dependent Subspecialty Program – a program that is required to function in conjunction with an accredited specialty/core program, usually reviewed conjointly with the specialty program, usually sponsored by the same sponsoring institution, and geographically proximate. The continued accreditation of the subspecialty program is dependent on the specialty program maintain its accreditation.

Independent Subspecialty Program – a program that is not directly related to, or dependent upon, the accreditation status of a specialty program.

Transitional Program – a well-balanced program in multiples clinical disciplines designed to facilitate the choice/preparation for a specialty program.

Transitions of Care – The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

United States Medical Licensure Examination (USMLE) – physicians become eligible for licensure by passing the four parts of this examination: Step 1, Step 2 CK (Clinical Knowledge), Step 2 (CS) Clinical Skills, and Step.