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-Regional 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/Associate 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, providing that the policies do not conflict with Specialty Requirements, applicable COM-Rockford policy 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) Programs will select from eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. The University of Illinois College of Medicine Rockford (UICOMR) will not discriminate in programs and activities against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as disabled veteran or veteran of the Viet Nam era. UICOMR will not engage in discrimination or harassment against any person protected under Title VII of the Civil Rights Act.
   b) In selecting from among qualified applicants, the programs will 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 ensures the program directors implement the terms and conditions of appointment.
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 appeal 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/fellows who receive a UICOMR trainee stipends, 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).
      (3) A comprehensive benefit package is available to the resident/fellow who receives a UICOMR postgraduate trainee stipend and depends consistent with University policy. Detailed information on applicable benefits and eligibility requirements can be found at https://www.hr.uillinois.edu/benefits.
      (4) All residents and fellows who receive a UICOMR postgraduate trainee stipend are covered for professional liability through the University Risk Management and Self-Insurance program or through individual affiliated institution plans while performing duties directly related to their educational programs.
g) Health and disability insurance: The Sponsoring Institution must provide a comprehensive benefit package to the resident/fellow receiving a UICOMR postgraduate trainee stipend and their dependents consistent with University policy. The Sponsoring Institution must also provide access to insurance to all residents/fellows receiving UICOMR postgraduate trainee stipends 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 so to acquire and maintain 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 policy.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care.
- Participate in hospital 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.
- Understand the need for faculty supervision and learn as much as possible from direct patient care and the guidance received from faculty and other members of the health care team.
- 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, SARS-CoV-2 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.

Approved: 4/25/2017
Approved: 10/12/2021
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE ROCKFORD
COMMITTEE ON GRADUATE MEDICAL EDUCATION (GMEC)
Purpose and Function

The purpose of the University of Illinois College of Medicine Rockford (UICOM-R) Committee on Graduate Medical Education is to provide appropriate oversight of graduate medical education in all ACGME accredited residency/fellowship programs and GMEC approved programs 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 approves 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.

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.

**Postgraduate 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 multiple 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: Step 1, Step 2 CK (Clinical Knowledge), and Step 3.

Approved: 4/25/2017
Approved 10/21/2021
SECTION 1 – RESIDENT ELIGIBILITY AND SELECTION

- Resident Eligibility and Selection Guidelines
- USMLE Requirement
- Nondiscrimination Policy
- Observerships, Outside Participants, and Resident Transfers
RESIDENT ELIGIBILITY and SELECTION GUIDELINES

PRECONDITIONS

In addition to meeting all qualifications for resident/fellow eligibility described below, the resident must:

• Possess a valid medical license as defined by GME policy, the cost of which will be born entirely by the resident.
• Undergo an exclusion/sanction check and criminal background check and meet all the requirements of University policy.
• Disclose any documented finding of sexual misconduct or sexual harassment and to authorize inquiries to current and former employers regarding findings of sexual misconduct or sexual harassment.

APPLICANT ELIGIBILITY

Medical Education: Only the following individuals will be considered as candidates for residency/fellowship programs in the University of Illinois College of Medicine Rockford.

• Graduates of Liaison Committee on Medical Education (LCME) approved U.S. and Canadian Medical Schools.
• Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools.
• International Medical Graduates who have valid Educational Commission for Foreign Medical Graduates (ECFMG) certificates.

Visa Status: In the event the resident/fellow is not a U.S. citizen, the resident must provide, upon request of UICOMR, proof of eligibility to participate in the residency program prior to beginning training, as prescribed by applicable immigration law. The GME Office with institutional assistance can support residency applicants who satisfy one of the following:

• Eligible for J-1 or H-1B visa
• Permanent Resident or Alien status (i.e., “Green Card”)
• Current /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 (NRMP). Program directors shall comply with the regulations and the spirit of the NRMP.

APPLICATION PROCESS AND INTERVIEWS

• All applications must be submitted through the Electronic Residency Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
• Early submission is encouraged.
• Recommendations of all interviewing faculty and residents will be considered in determining the rank order of the interviewed applicants.
• The program, in partnership with the Sponsoring Institution, will select from among eligible applicants utilizing a holistic review process for review of applications. Programs must be able to demonstrate evidence of this process if requested by the Sponsoring Institution and must promote a diverse and inclusive workforce of residents and fellows.
• The program, in partnership with its Sponsoring Institution, should engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents and fellows.

National Resident Matching Program (NRMP) and Rank Order Process:
• This program participates in the NRMP Match. All senior medical student applicants must participate in the NRMP Match or another national matching plan to be considered.
• All interviewed applicants will be considered for ranking in the Match on the following criteria: residents’ and faculty perceptions during interviews, determination of communication skills, motivation and integrity via interviews, USMLE scores, medical school performance and letters of recommendation.

APPOINTMENTS
• Appointments will be issued to all matched applicants who meet eligibility requirements, pass a criminal background check, and pass a 10-panel negative drug screen.
• Following release of the Match results, attempts will be made to fill any vacant positions in accordance with the terms of the University of Illinois College of Medicine Rockford Institutional Agreement with the NRMP. If an applicant is unable to fulfill a Match commitment, the Program will not recruit another candidate until NRMP has granted a waiver.
• Unless otherwise stated in specialty-specific requirements, the Program Director may not appoint more residents than approved by their Review Committee.
• Agreements of Appointment for all positions will be issued through the Graduate Medical Education Office following a review of eligibility.

Individual program policies will specify additional specialty-specific eligibility and selection criteria.

Approved: 4/25/2017
Approved 10/21/2021
USMLE REQUIREMENTS

STEPS 1 AND 2
The Graduate Medical Education Office requires that all residents entering any graduate medical education program sponsored by the University of Illinois College of Medicine Rockford pass USMLE Steps 1 and 2 or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident is responsible for providing copies of passage of Steps 1 and 2 or equivalent examinations to the program director and GME Office and will not be allowed to start training until this documentation is submitted.

Accepted or matched residents and fellows who have not passed Steps 1 and 2 (or equivalent examinations) by July 1 will be released from their contract. Any program that releases a resident or fellow who matched through the NRMP will be required to obtain a release from NRMP before offering the position to another applicant.

STEP 3
All residents are required to pass USLME Step 3 (or equivalent examinations, COMLEX-USA) before they can advance to the PGY-3 level. All residents on the standard cycle must take USLME Step 3 or equivalent examinations for the first time by March 1st of the PGY-2 year and pass the exam by June 30th of the PGY-2. It is the responsibility of the resident to provide proof of passage to the Program Director and the GME Office by June 30th to be promoted to the PGY-3 level. Failure to provide proof of passage by June 30th will result in non-renewal of the resident’s contract and the resident will be terminated from the program.

Residents that are off cycle must register for the exam no later than the end of the 8th month of training during the PGY-2 year or be placed on leave without pay until registered. Proof of passage must be provided no later than the last day of the PGY-2 year or the resident contract will not be renewed, and the resident will be terminated from the program.

Any Agreement of Appointment or offer letter to begin training at the PGY-3 or higher level will be contingent upon passing Step 3 (or equivalent examination). Accepted or matched residents and fellows who have not passed Step 3 (or equivalent examination) prior to their scheduled start date do not meet eligibility requirements for entering programs at the PGY-3 or high level and will be released from their appointment. Any program that releases a resident or fellow who matched through the NRMP will be required to obtain a waiver from NRMP. The waiver must be granted before offering the position to another applicant.
EXCEPTIONS
Any resident that passed USMLE Step 2 prior to 2004 will not be made to take Step 2 Clinical Skills. Any resident that passed Step 1 and Step 2 prior to June 1994 will not need to take Step 3. Any entering resident that holds an unrestricted Illinois medical license meets this USMLE requirement.

Individual programs may have earlier examination deadlines or specific score requirements. The resident will be responsible for meeting individual program requirements when they exceed GME requirements.

Any exception to this policy may only be brought to the Graduate Medical Education Committee by the Program Director at his/her discretion. Only the Program Director may submit the written request and present at the GMEC meeting. If an exception is granted by the GMEC the resident will be placed on leave without pay on their original advancement date and take USMLE Step 3 (or equivalent examination) at the next available test date. The resident will bring proof of passage to the Program Director and GME office to be removed from leave without pay and advanced to the next level of training. The resident may be required to extend their training to make up any time missed in accordance with the Residency Program and board eligibility requirements. Failure to pass will result in immediate termination of the resident. The decision of the GMEC is final.

RESIDENT RESPONSIBILITIES
Each resident is responsible for contacting the appropriate licensing authority to register for the examinations. Each resident should carefully review the exam dates and policies to ensure that the results will be available by the required deadlines. Some UICOMR programs pay for the Step 3 exam fee one time.

In addition, many states have restrictions regarding time intervals between the three steps, so residents should familiarize themselves with these requirements. In Illinois, all three USMLE steps must be taken and passed within seven years. General information regarding state-specific requirements for licensure can be obtained from the Federation of State Medical Boards (http://www.fsmb.org/usmle_eliiinitial.html).

Approved: 6/13/2018
Approved: 10/21/2021
UNIVERSITY OF ILLINOIS  
NONDISCRIMINATION STATEMENT

The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.

The University of Illinois will not engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this Statement. Members of the public should direct their inquiries or complaints to the appropriate equal opportunity office.

For the Chicago campus*, the Office for Access and Equity, 717 Marshfield Building, M/C 602, 809 South Marshfield Avenue, Chicago, Illinois 60612-7297, (312)996-8670, cabw@uic.edu.

For the Springfield campus, the Office for Access and Equal Opportunity, Public Affairs Center-575B, One University Plaza, MS-563, Springfield, Illinois 62703-5407, (217)206-6222, deaniejd@uis.edu.

For the Urbana-Champaign campus, the Office for Equal Opportunity and Access, 807 South Wright Street, Suite 440, MC-312, Champaign, Illinois 61820-6219, (217)333-7925, eas@uillinois.edu.

*Rockford Residents and Fellows should contact the Chicago campus.

Policy Council
Revised June 24, 2010
Affirmed October 21, 2021
OBSERVERSHIP, OUTSIDE PARTICIPANTS AND RESIDENT TRANSFERS

OBSERVERSHIP
The University of Illinois College of Medicine Rockford does not offer or provide the opportunity for any externships or observerships. Due to restraints imposed by the Claims Commission Act of 1985, the GME program is unable to provide liability coverage (for the visiting individual or the institution) for these activities.

OUTSIDE PARTICIPANTS
The GME Office may at its discretion allow residents from other programs to participate in aspects of the University’s program. Rotations with UIC programs must be described in a written affiliation agreement with the resident’s originating institution and with the hospital where rotation would occur. All outside participants must provide appropriate documentation prior to beginning clinical training activities.

The following documents must be provided to the GME Office prior to the resident’s start:
1. A residency application or a form issued by the GME Office to collect needed information on the resident.
2. Copy of an active Illinois medical license (other state licenses will not be accepted).
3. Copy of ECFMG Certificate, if applicable.
4. Unless the resident is under contract in an institution holding major affiliation with the University Illinois College of Medicine Rockford, the resident must provide a letter from the institution guaranteeing salary, health insurance, and professional liability insurance coverage.

Post graduate trainees from major affiliates need not provide item #4, provided that a signed Program Addendum is in place for the rotation. When regularly scheduled rotations from major affiliates are planned, Program Directors may have the residents complete the “Appointment/Credentialing Packet” at the beginning of the year and send the material to the GME Office. In that case, outside resident assignments should be clearly indicated on the Program’s rotation schedule.

Participating hospitals may ask for an affiliation agreement for any education done within their institution.

RESIDENT TRANSFERS
If a fully funded post graduate trainee position is available, program directors may accept a resident in transfer from another University of Illinois College of Medicine program or from another ACGME accredited institution’s approved program. 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 and/or Wisconsin medical licensure and, if not a U.S. citizen, must be eligible for a visa.

In the case of transferring resident, before accepting a transfer, the program director must obtain primary source written or electronic verification of previous educational experiences (including evaluations, rotations completed, and procedural/operative experience) as well as summative
competency-based performance evaluation of the transferring resident. The DIO must be informed of all transfers.

Any transfer of residents from one accredited program to another within the University of Illinois College of Medicine must be reviewed and approved by the program directors of both affected programs.

All transfers from approved residency programs at other AGME accredited sponsoring institutions require the approval of the program director original institution as well as the program director of the University of Illinois College of Medicine Rockford.

Program directors must provide timely verification of training and summative performance evaluation for residents transferring or leaving a University of Illinois College of Medicine Rockford program prior to completion of training.

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: 4/25/2017
Approved: October 21, 2021
SECTION 2 – INCOMING RESIDENT PROCEDURES AND APPOINTMENTS

- Incoming Resident Procedures
- Resident Agreement of Appointment
  - Agreement, Exhibit A, Exhibit B, and Addendum
- Background Checks, Exclusion/Sanction Check, and 10-panel drug screen
- Visas
- ACLS Certification/Recertification
- Licensure and Prescribing Information
- Orientation
- Resident Health Policies
INCOMING RESIDENT PROCEDURES

The GME office will mail registration materials and orientation information to incoming residents/fellows. Formal new resident orientation sessions are held on the campus. Documents that must be completed or received in the GME office prior to the start of residency include:

- Agreement of Appointment (contract)
- Registration Form
- Personnel Data Form
- Background Check Authorization
- Sanction check authorization
- Competency Form
- UI New Hire (on-line enrollment)
  - Payroll Authorization
  - Disability Enrollment (voluntary)
  - W-4 Form
- My Benefits (on-line enrollment)
  - Health Insurance Enrollment
  - Life Insurance Enrollment
- Tracker I-9
  - Identification for I-9
- Outside Interest Disclosure Form
- Immunization Form, including SARS-CoV-2
- Health Statement
- 10-panel drug screen
- National Provider Identifier (NPI) number
- An official copy of medical school FINAL transcript showing medical degree conferred (sealed or mailed directly to GME)
- If not included with program application documents, proof of required USMLE or equivalent examination passage scores
- International medical school graduates must attach a current and a valid ECFMG certificate.
- Documentation of current ACLS certification

Post graduate trainees cannot begin training until the criminal background check and sanction check processes are completed, licensure exemption is processed and all registration materials are received (including proof of recent TB screening and a negative 10-panel drug screen). Immunization records are expected to be completed by the start date. If the University determines that a resident’s immunization information is insufficient, the resident must provide the necessary documentation within 90 days of beginning training; he/she will be placed on leave without pay and removed from the program until cleared.

Approved: 4/25/2017
Approved: 10/21/2021
RESIDENT AGREEMENT OF APPOINTMENT

FORM
The Resident Agreement, developed by the GMEC and reviewed by University counsel, complies with all applicable ACGME and University policies and serves as the resident contract for residents in programs that receive a UICOMR postgraduate resident stipend.

REQUEST FOR ISSUANCE OF AGREEMENT
The Residency program coordinators will prepare resident agreements to be issued to residents upon receipt of the following:

1. A written request by the Program Director that an agreement be issued. The request will include start and end dates and will be for no more than 12 months duration, except where a resident has explicitly agreed to start prior to the normal starting date but will advance to the next level at a date consistent with his/her cohort.
2. Confirmation from the Assistant/Associate Dean for GME that a funding commitment exists for the position the proposed applicant will fill.
3. In the case of a transferring resident, verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.
4. A completed file with original application and supporting documents.

RESIDENT AGREEMENT EXECUTION
The Office of the Residency Program will issue all Resident Agreements.

The Resident Agreement with attachments is the written contract between the University of Illinois and the resident to receive a postgraduate trainee stipend from the University. The following parties must sign the agreement for it to be valid:

1. The Resident candidate
2. The Program Director
3. The Department Head
4. The DIO/Assistant Dean for GME
5. The Regional Dean

The Resident Agreement shall become valid and binding only when all signatures have been placed on said Agreement and an original of that Agreement has been received by both parties (the Resident and the University). UICOMR Human Resources will keep one original executed copy of the agreement and another original will be given to the Resident.

NOTIFICATION TO RESIDENT OF INTENT TO NOT ISSUE A SUBSEQUENT RESIDENT AGREEMENT
The Program Director will notify any resident at the earliest reasonable date of the program’s intent not to issue an agreement for the following training year. This notification must occur no later than four months prior to the end of the resident’s current agreement unless the primary reason for nonrenewal occurs within the four months prior to the end of the agreement.
All such notification will be in writing and copied to the Office of GME.
A non-renewal/non-reappointment shall not be considered a termination, but the Resident shall be entitled to the process set forth in Exhibit B of the Resident Agreement to appeal that decision.

WITHDRAWAL OF RESIDENT AGREEMENT OFFER
The Program Director may withdraw an offer for a new Resident Agreement or a Renewal Agreement at any time prior to the commencement date of that Agreement if, in the Program Director’s judgment, the Resident has failed to meet the program’s standards or requirements or if the Program Director finds that the Resident has misrepresented him/herself in any way during the application/interview process (including without limit, providing false or misleading information or failing to provide relevant information). If the Program Director withdraws an offer for a Resident Agreement before said Agreement has been signed by all parties as described above, the Resident shall have no rights to appeal that decision unless that Agreement is a renewal/reappointment for a current Resident, in which case, the Resident shall be entitled to due process as set forth in Exhibit B of the Resident Agreement.

ADVANCEMENT
Advancement to the next PG-level is not automatic and must be recommended by the Program Director. The Program Director may withdraw an offer based on a resident’s performance at any time prior to the new agreement date. If a Resident is on probation at the time the offer for reappointment is made, the Resident must fulfill all the requirements of his/her probation before the commencement date of the new Agreement as a precondition to the renewal. In the event the Resident fails to meet that precondition, the offer for reappointment shall become null and void and no new contract shall be issued. The Resident shall not have the right to appeal said nullification.

RESIDENT RESIGNATION
Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to the Program Director. The Program Director has the right to delay or specify the actual termination date to ensure coverage of services.

The Resident Agreement will terminate on the date agreed to by the Program Director. The final paycheck will be issued at the next regular payday, provided the resident has completed the clearance process.

DECLINING TO SIGN THE RESIDENT AGREEMENT
A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the Agreement. The resident will remain in good standing during the remainder of the current agreement without prejudice and will perform the usual Resident functions until the end of the term of the agreement.

NO RESTRICTIVE COVENANT
No resident in an ACGME-accredited program may be required to sign a noncompetition guarantee.

Approved: 4/25/2017
Approved: October 21, 2021
This agreement is entered into this ____ day of _______ by and between THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS (“University”), a public body corporate and politic under the laws of the State of Illinois on behalf of its College of Medicine at Rockford, Illinois and ________________.

RECITED

In consideration of the mutual obligations set forth below, this Agreement is entered into for the purpose of defining the relationship between the University, its College of Medicine, and the Resident during the Resident’s participation in the College of Medicine graduate medical education and clinical training program (“program”). As used in this Agreement, the term “Resident” shall also include any “intern” or “fellow”.

I. TERM: The term of this Agreement shall be for a period commencing ______ (hereinafter “commencement date”) and terminating __________. If this signed Agreement has not been received in the Graduate Medical Education Office of the College of Medicine by ___________ the offer of Residency may be withdrawn.

II. PROGRAM: Resident is hereby appointed to the Family Medicine Residency at Rockford, Post-Graduate (PG) level __, pay level of ____ and shall perform those duties as set forth in this Agreement.

III. COMPENSATION & BENEFITS: During the term of this Agreement the Resident shall receive compensation at an annualized rate of __________ (or current stipend for the Resident PG level, if different) payable in monthly installments of _________ for a full year appointment. This compensation includes Resident’s compulsory attendance at New Resident Orientation. In addition to the compensation set forth above, the Resident shall be entitled to those benefits more fully described in Exhibit A attached to this Agreement. An additional one-time payment of up to __________ will be paid by the program for actual relocation expenses incurred.

IV. PRECONDITIONS: The Resident acknowledges that the following representations are preconditions to this Agreement and that misrepresentation of, failure to comply with, and/or failure to document compliance with any one of these preconditions as of the commencement date of this Agreement shall render the Agreement null and void and shall prohibit the Resident from performing any duties on behalf of the University. The Resident represents that, as of the commencement date of this Agreement, he/she will:

a. Complete all requirements for graduation from a recognized school of medicine, osteopathy, or equivalent academic training prior to beginning residency training.

b. Possess a valid State of Illinois medical license, the cost of which will be born entirely by the Resident.
c. Undergo an exclusions/sanctions check and criminal background check and meet all the requirements of University policies related hereto.

d. Be eligible for employment according to applicable law and University policy. In the event the Resident is not a U.S. citizen, the Resident must provide, upon request of the University, proof of eligibility to participate in the residency program prior to beginning training, as prescribed by applicable immigration law. A Resident is not eligible for employment if his/her name appears on a federal, state or her mandated governmental exclusions/sanctions listing.

e. Meet all of the qualifications for Resident eligibility described in the most recent Accreditation Council for Graduate Medical Education (ACGME) Institutional and Program Requirements.

f. Comply with University policy requiring an initial health evaluation through University Health Services and with all immunizations and tests.

g. Comply with all other requirements as set forth in the GME Policy & Procedures Manual, and all other University requirements.

If this agreement is a renewal of a previous Resident Agreement, the Resident must meet all the conditions of probation or advancement that may have been imposed on the Resident.

The University may waive any or all of said preconditions to this Resident Agreement upon written request to the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official/Assistant Dean for Graduate Medical Education by the Program Director and the Department Head, providing proof of extenuation circumstances provided, however, that a Resident may not, under any circumstances, be employed/receive compensation from the University if his/her name appears on a federal, state, or other mandated governmental exclusions/sanctions listing.

V. DUTIES OF THE RESIDENT: During the term of this Agreement, the Resident shall perform the duties described below. Resident acknowledges that failure to fulfill any or all of these duties shall be considered a material breach of this Agreement and may lead to corrective action, including but not limited to termination, suspension or probation, or to non-renewal of this Agreement.

a. Fulfill the educational and clinical requirements of the graduate medical education and graduate clinical training programs as specified by the Accreditation Council for Graduate Medical Education and the UIC College of Medicine including mandatory attendance at New Resident Orientation.

b. Use his/her best effort, judgment, and diligence in a professional manner in performing all duties, tasks, and responsibilities of whatever nature assigned to the Resident for the duration of the program.

c. Provide safe, effective, and compassionate patient care whenever assigned or assumed.

d. Participate in the educational activities of the training program and, as appropriate, teach and supervise other Residents and students, and participate in institutional orientation and education programs and other activities involving the clinical staff.

e. Participate in institutional committees and councils to which the Resident is appointed or invited.

f. Notify the Office of Graduate Medical Education and Program Director in writing immediately if his/her medical license is revoked or otherwise restricted or if his/her
application for temporary license is denied. Any such revocation or denial shall serve automatically to terminate this Agreement.

g. Obtain, if requested by the University during the term of this Agreement, any medical examination, including physical, psychiatric, and/or laboratory testing, as required by GME or University policy. The University will reimburse any cost to the Resident for such testing.

h. Complete and keep current any and all medical records, progress notes, charts, reports or other necessary documentation in a timely manner. Complete a discharge summary for each patient assigned to the Resident according to the documentation timeline of the hospital or clinic site in which the Resident is assigned. Failure to complete any medical records including such discharge summaries as required may result in the University assessing penalties against the Resident that may include, but are not necessarily limited to monetary penalties, reduction of privileges, suspension, termination, or the failure to receive a certificate of completion of the program.

i. In performance of the above duties abide by and conform to the following:

   i. All University’s policies and procedures, which are expressly incorporated herein and made a part hereof. The University of Illinois College of Medicine Rockford’s GME Policy and Procedure Manual can be found at https://www.rockford.medicine.uic.edu.

   ii. Established practices, procedures, and policies of the University, the clinical department, hospital(s), institutions or organizations to which the Resident shall be assigned, as well as, among others, state licensure requirements for physicians in training.

   iii. All applicable laws, rules and regulations of the Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), and the Illinois Department of Public Aid (IDPA) infection control policies and other rules, regulations and policies of any Affiliated Hospital at which the Resident is placed; all relevant guidelines and moral codes, both stated and published, governing the practice of medicine; and the applicable statutes, rules and regulations relating to the practice of Medicine, including without limitation the Illinois Medical Practice Act.

   iv. The Residency’s evaluation policies and procedures as outlined in Residency Policy.

   v. The Residency’s policies and procedures regarding work hours as outlined in Residency and GME policy.

   vi. The University’s drug-free workplace policy.

   vii. The University’s and the Affiliated Hospitals’ respective policies regarding equal employment, unlawful discrimination, sexual harassment and harassment on the basis of any other protected status set forth in the respective policies.

j. The specification of a particular policy does not in any way diminish the requirement that the Resident adhere to all GME/University policies and all applicable rules, laws and regulations.

VI. DUTIES OF THE UNIVERSITY: The University shall:

a. Provide an educational program in graduate medical education that meets the standards outlined in the Institutional Program Requirements of the Accreditation Council for Graduate Medical Education.
b. Apply the standards, policies, and obligations affecting the Residents in a uniform and equitable manner.

c. Evaluate the Resident in a manner consistent with GME policies.

VII. OUTSIDE ACTIVITIES & MOONLIGHTING: The Resident shall not engage in any activity that could interfere with the Resident’s obligations to the University or the effectiveness of the educational program that is being pursued. Outside employment is not permitted unless prior written approval from the respective Program Director is obtained. Permission to engage in outside employment or similar off-duty activities may be withdrawn if in the opinion of the Program Director such employment or similar activity is interfering with the Resident’s assigned duties or obligations. In the event that a Resident engages in outside activity or the Program Director is of the opinion such activities are taking place, Resident shall execute such documents as may be requested by the Program Director in order to verify or perform a financial audit of such activity.

VIII. UNIVERSITY PROPERTY: The University shall have the right, during reasonable hours and with appropriate notice to the Resident, to enter upon and inspect any property owned by the University and provided to the Resident for his or her use.

IX. CORRECTIVE ACTION: Whenever the behavior 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 reserves the right to take corrective action, as documented in the University of Illinois College of Medicine Rockford GME Policy and Procedure Manual, Section 7 – Administrative Academic and Disciplinary Processes. The resident has the right to appeal certain corrective actions, as documented in the GME Policy and Procedure Manual, Section 7.

a. Grounds for Termination or Suspension: This Agreement may be terminated or suspended by the University at any time for any reason including, but not limited to, those reasons set forth in the GME or Residency Policy and Procedure Manual.

b. Termination:
   i. Definition: Ending the Resident’s participation in the residency program and terminating the Resident Agreement even though the term of the Agreement has not yet run.
   ii. Process:
      1) By the University: If this Agreement is terminated by the University before the end of its term for any reason, the University shall follow the process for notification and appeal of said termination set forth in Exhibit B, attached hereto and made a part hereof.
      2) By the Resident: If the Resident wishes to terminate this Agreement before the end of its Term, he/she must provide thirty (30) days’ advance written notice to the Office for Graduate Medical Education and the Program Director.
      3) By Mutual Agreement: If both parties agree to terminate this Agreement before the end of its term, that agreement to terminate must be reduced to writing and signed by both parties.

c. Suspension:
   i. Definition: Corrective action that removes the Resident from any Program duties
Process:

1) **Summary Suspension:** The Department Head, Program Director, his/her designee, 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 best interest of patient or staff welfare. Within ten (10) working days of the date of imposition of such summary suspension, unless extended by agreement of the Resident, the Department Head, Program Director, his/her designee, or such other individual in similar capacity, must either reinstate the Resident or provide the Resident with a written notification of his/her general suspension and/or termination and the reason(s) therefore. The Resident shall not have the right to appeal a summary suspension, but may appeal the general suspension or termination in the manner set forth in Exhibit B.

2) **General Suspension:** The Program Director, his/her designee, or any such other individual in a similar capacity may suspend a Resident with pay if he/she believes that the Resident has failed to comply with the Resident’s Duties set forth in this Agreement. The Resident shall be provided with written notification detailing the reasons for the suspension, its length, and the remedy necessary to remove the suspension. The notice may also indicate under what circumstances the Resident may be terminated if the situation is not corrected. The Resident may be suspended until such time as the infraction has been corrected. Failure to correct the infraction adequately, in a timely manner, or in the period specified by the University may lead to further corrective action. Suspension will be removed when the initiating reason has been corrected to the satisfaction of the Program Director and DIO. The Resident shall have the right to appeal that general suspension in the manner set forth in Exhibit B.

3) The Resident does not receive credit for training time while on suspension of any kind.

d. **Other Corrective Action:** The University may take such other corrective action it deems appropriate, including but not limited to written warning and probation as documented in the University of Illinois College of Medicine Rockford GME Policy and Procedure Manual, Section 7.

X. **RENEWAL/REAPPOINTMENT:** The Resident acknowledges that nothing contained in this Agreement shall require the University to extend the term of this Agreement or offer the Resident a new Agreement upon termination or expiration of this Agreement.

a. **Basic Conditions for Reappointment:** If the University decides to renew this Agreement, the Resident understands that said renewal must be recommended and supported by the Program Director. In the event of renewal, it is expressly understood that the renewal is contingent upon the satisfactory completion off all prior requirements and upon the University receiving necessary funding.

b. **Withdrawal of Offer of Reappointment:** The Resident further acknowledges that the Program Director may withdraw an offer of reappointment at any time prior to the commencement date of the new Agreement.

c. **Effect of Probation:** If the Resident is on probation at the time that offer for reappointment is made, the Resident acknowledges that is a precondition of the renewal that he/she fulfill
all the requirements of his/her probation before the commencement date of the new Agreement. In the event the Resident fails to meet that precondition, the offer for reappointment shall become null and void.

d. **Appeal of Non-Renewal:** A non-renewal/non-reappointment shall not be considered a termination as defined by this Agreement and the GME policies. The Resident shall be entitled to the process set forth in Exhibit B to appeal said non-renewal. It is expressly understood that nothing in this Agreement shall entitle the Resident to a renewal.

**XI. SEXUAL HARASSMENT:** The University will not tolerate sexual harassment. The Resident acknowledges that he/she is expected to read, understand and abide by the University’s Policy and Procedures on Sexual Harassment a copy of which shall be provided to the Resident as part of the New Resident Orientation process.

**XII. GOVERNING LAW:** The validity, interpretation and effect of this Agreement shall be governed by the laws of the State of Illinois. The Resident acknowledges that the appropriate jurisdiction for any disputes arising hereunder are in Illinois, and that the Court of Claims is the only appropriate venue for actions against the Board of Trustees of the University of Illinois.

**XIII. DAYS:** All references in this Agreement to time periods are to calendar days, not working or business days unless otherwise specified.

In witness whereof the parties have caused the Agreement to be signed as of the date set forth.

<table>
<thead>
<tr>
<th>Resident</th>
<th>University of Illinois at Rockford</th>
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EXHIBIT B
PROCEDURAL RIGHTS TO PROBATION, GENERAL SUSPENSION AND TERMINATION

a. Within fourteen (14) working days of written notification of his/her probation, general suspension and/or termination, a Resident may request a hearing. The request shall be in writing and submitted to the Assistant/Associate Dean for Graduate Medical Education (GME), 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, general suspension and/or termination shall include an explanation from the Program Director (or such individual acting in a similar capacity depending on the particular program in which the Resident is enrolled) of the reason(s) for such probation, general suspension and/or termination. The written notification shall also advise the Resident of his/her right to request a hearing pursuant to this Exhibit.

c. The Hearing Committee shall consist of a minimum of three faculty members from the Resident’s department. The Assistant/Associate Dean for GME shall appoint the members of the Committee. If there are insufficient faculty from the department willing or able to serve on the Committee, the Assistant/Associate Dean for GME will appoint members from other departments. The Program Director shall not be a member of the Committee. The Committee shall elect a member from the group to preside at the hearing.

d. The Committee shall convene the hearing within fourteen (14) working days of receipt 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 or his/her designee shall be present at the hearing and each shall present information or materials (oral or written) as they wish to support their cases. No other representatives shall be present during the hearing, with the exception of attorneys who represent the resident/fellow and the University. Attorneys will be allowed to attend only in an advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party or each other directly.

f. Any materials to be presented at the hearing by either party must be provided to the Committee at least three (3) working days prior to the hearing. A copy of any materials submitted to the Committee by either party will be provided to the other party at least one (1) working day prior to the Hearing. The Committee shall have the sole right to determine what information or materials are relevant to the proceedings and shall consider only that which they deem to be relevant.

g. A majority vote of the Committee shall decide the issue(s) before it and the program shall be bound by the decision.

h. Regardless of the outcome of the hearing, the Committee will provide the Resident and Program Director with a written statement of its decision and the reason(s) for such decision within ten (10) working days from the date of the conclusion of the hearing.

i. A Resident may appeal the Hearing Committee’s decision to the Assistant/Associate Dean for GME within ten (10) days of the issuance of the Committee’s decision. The Assistant/Associate Dean for GME shall review the Committee’s decision and any documentation submitted to the Committee and may conduct his/her own investigation of the matter. The Assistant/Associate Dean may, or may not appoint an Appeals Committee, to review and discuss the matter. If appointed, the Appeals Committee will have a minimum of three (3) members and the make-up of the Appeals Committee will be at the discretion of the Assistant/Associate Dean.
j. He/she shall render his/her decision in writing within a reasonable time, but not later than twenty (20) working days after receipt of the request for appeal.

k. The Resident may appeal the Assistant / Associate Dean for GME or the Appeal Committee’s decision to the Regional Dean of the College of Medicine within ten (10) days from the date of issuance of the decision.

l. The Regional Dean shall render his/her decision within ten (10) working days after receipt of the request for appeal. The decision shall be final and not appealable.

Exceptions to the Appeal Process:

a. The Department Head, Program Director, 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 and/or staff welfare. The Resident shall not have the right to appeal the summary suspension.

b. 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.

c. 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.

d. 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.

e. The nullification of the Resident Agreement as a result of the resident’s failure to meet any or all of the pre-conditions set forth in Section IV of the Resident Agreement. Said nullification is not subject to appeal.
EXCLUSION/SANCTION CHECK and CRIMINAL BACKGROUND CHECKS

1. **PURPOSE**
   To provide a safe and secure environment for all students, employees and visitors at the University of Illinois, to safeguard the University’s reputation, property and resources, and to promote sound hiring decisions, the University has established the following policy and guidelines for conducting criminal background and exclusion/sanction checks.

2. **OVERVIEW**
   Commencing on October 5, 2015, offers of employment to prospective new hires, as well as offers to current employees who are seeking to transition into a position that requires a background check, will be made contingent upon the results of the criminal background check and other pre-employment assessments. The purpose of these background checks is to ascertain the suitability for employment.

   The University may revoke any conditional offer of employment to an individual who refuses to consent to a background check and individuals who criminal record or history creates an unacceptable level of risk to (1) maintaining a safe and secure University environment, or (2) the University’s reputation, property, or resources. If an individual’s background check indicates a criminal record or history, the University may conduct an individual assessment of the criminal record or history, which may include asking the individual about his/her criminal record or history. A criminal record or history will not automatically exclude an individual from being considered for or being offered employment with the University, as consideration is given to such factors as, but not limited to, the nature and seriousness of the underlying offense/conduct, the relatedness of the offense/conduct to the position being sought, the length of time that has elapsed since the conviction/end of sentence/conduct and demonstrated rehabilitative efforts.

   All applicants for residency/fellowship positions who will receive a UICOMR postgraduate trainee stipend must undergo an exclusion/sanction check and meet all requirements of the University policy (Policy 7. Exclusion/Sanction Check and Criminal Background Check). Any offer extended to a resident/fellow for a position in a residency at UIC is contingent upon completion and clearance.

3. **INDIVIDUALS COVERED**
   Except as set forth below, these guidelines will be followed and a background check and exclusion/sanction check will be conducted with respect to new hires and employees transitioning into security sensitive or critical positions, regardless of whether the individual is seeking a position as a faculty member (tenure track, non-tenure track, specialized faculty, or other academic), staff member (academic professional, civil service, extra-help, retiree, or hourly), or medical resident. A background check also will be conducted with respect to all individuals (including University personnel, graduate and undergraduate employees, fellows, volunteers, and contractors) who are subject to the University of Illinois Protection of Minors Policy or who may be assigned to a security sensitive position, as defined by the University.
A background check generally will not be conducted with respect to graduate or undergraduate student employees, fellows, volunteers, individuals appointed to non-paid positions, contractors or other individuals employed by another entity who are not subject to the University of Illinois Protection of Minors Policy or who will not be assigned to a security sensitive position, as defined by the University.

The University reserves the right, however, to modify at any time the categories or groups of individuals who may be subject to a background check.

4. **RESPONSIBILITIES**
   
   **Candidates**
   
   Provide complete and accurate information relating to any past criminal convictions, when requested
   
   • Provide consent to a background check, when requested

   **University Human Resources**
   
   • Facilitate University compliance with this policy to ensure campus policies and procedures follow established provisions and protocols for background checks
   • Oversee the administration on, and the development and implementation of the policies and procedures relating to, background checks for individuals to be employed by or otherwise associated with University Administration
   • Communicate and provide necessary training regarding this policy with respect to individuals employed by or otherwise associated with University Administration
   • Coordinate the process for soliciting and contracting, as necessary, with an outside vendor to perform background checks on specified individuals pursuant to this policy.

   **Campus/Central Human Resources**
   
   • Develop, oversee, administer, and manage the background check policy, guidelines and procedures relating to background checks for individuals to be employed by or otherwise associated with their respective campuses, colleges, departments, and units
   • Ensure the background check policies, guidelines and procedures developed by that office for its respective campus, colleges, departments, and units comply and are consistent with this policy
   • Communicate and provide necessary training regarding this policy for individuals employed by or otherwise associated with their respective campuses.

5. **CONFIDENTIALITY**

   All records obtained through a background check will be maintained in accordance with the background check and record retention policies and procedures established by each campus and by University Administration. All such records must be deemed confidential, maintained in a secured, access-restricted file and be limited to access to only those University representatives who have a need to review or utilize those records in fulfilling their responsibilities under these guidelines.

Approved: 4/25/2017
Approved: October 21, 2021
**VISAS**

Prospective post graduate trainees who are graduates of foreign medical schools and who are not permanent U.S. residents must be eligible for J1 or H1B visas and must maintain their visa status while training at UICOM-R. No exceptions will be made except under extraordinary circumstances.

Residents sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) must renew their visas annually. The Residency Office and the institution will assist foreign residents with renewal of their J-1 or H-1 visas.

The J-1, Exchange-Visitor visa, is intended for educational purposes. It stipulates that a holder of the visa will return to his/her home country following completion of the program. All fees as well as reporting changes to the U.S. Citizenship and Immigration Services for a J-1 visa are the responsibility of the resident.

The H-1, Temporary Worker visa, allows its holder to work only for a specified employer. It requires substantial additional documentation and sponsorship by the University. For an H-1 visa, the program will pay for University Processing fees charged by the Office of International Services including the premium processing fee if expedited processing is required. **In the event the resident intends to obtain an H1-B Visa, prior authorization is required by the Designated Institutional Official (DIO) before the department can extend an offer for H1-B sponsorship.**

Approved: 4/25/2017
Approved: October 12, 2021
ACLS CERTIFICATION / RECERTIFICATION

All post graduate trainees entering any graduate medical education program sponsored by the University of Illinois College of Medicine Rockford must obtain Advanced Cardiac Life Support (ACLS) certification prior to or within 30 days of beginning training at UICOMR and must maintain certification throughout their residency.

Post graduate trainees not obtaining certification after 30 days of beginning training will be placed on leave without pay until certification is completed. The University must be provided with a copy of a current ACLS certificate for inclusion in residents’ files. Certification dates will be entered in each trainee’s personnel profile and will be forwarded to the medical staff office of each hospital where the resident has rotations.

RECERTIFICATION
All residents must maintain certification. Residents not achieving recertification within 30 days following their ACLS expiration will be placed on a leave without pay during which time they may attempt to achieve recertification. If, at the end of this 30-day period, the resident has not achieved ACLS recertification, the resident may be terminated. Following completion of a recertification course, the resident is responsible for providing the University with a copy of his or her new ACLS certificate.

Approved: 4/25/2017
Approved: October 21, 2021
MEDICAL LICENSURE and PRESCRIBING INFORMATION

Purpose:
To establish clear procedures and expectations for residents/fellows, program coordinators, program directors and GME Office staff regarding the licensing process.

Definitions:
A. Valid License
   A valid license is defined as: (1) a state specific temporary license with an effective date not later than the resident’s first day of work. In the case of Illinois programs, the temporary license is specific to the University of Illinois program; (2) a state specific permanent license.

B. Complete Application
   A license application is considered complete if the resident entered appropriate responses on all required forms and attachments as specified in the application instructions, signed the application and submitted the required application fee.

C. Resident
   Throughout this policy, the term “residents” shall refer collectively to residents and fellows.

Responsibility
Every resident must possess a valid license in order to participate in his or her graduate medical training. The resident is responsible for obtaining a valid temporary or permanent license for training. The individual graduate programs will assist the resident in his/her efforts to obtain a valid license; however, it is the resident’s responsibility to apply for the license and to monitor the license expiration date. Residents are not permitted to practice medicine or surgery outside of their training (moonlighting) without being fully licensed in the state where moonlighting activity occurs.

Notifications
A. New Residents
   The Program Director’s Office will notify each physician accepted into the training program that he/she must be able to document that they submitted a completed license application no later than 60 days prior to their projected start date in order to begin his/her program on schedule.
   Program Directors will be notified via regular reports as to the status of each resident’s compliance with timely application completion.

B. Continuing Residents
   Each currently employed resident will receive written notice from the Program Director’s office no later than 120 days prior to temporary license expiration that they applied for a renewal or permanent license no later than 60 days prior to the expiration date to ensure continuity of licensure.
Temporary Licensure
A resident with less than two years of ACGME-approved postgraduate training is only eligible for a state specific temporary license. For Illinois programs, the license is the property of the University of Illinois College of Medicine Rockford (UICOMR). For Wisconsin programs, the state specific licenses are the property of Monroe Clinic and Hospital, a member of SSM Health. The temporary licenses are valid for practice of medicine within the scope of the resident’s training program.

A. The Program Director’s office provides information and guidance for temporary license application.
B. Temporary licenses are institution and program-specific.
C. Temporary licenses are issued for a three - year period, or anticipated duration of the resident’s program, whichever is shorter. Family Medicine residents are allowed a total of 36 months to work under a temporary license. Should a resident’s program be extended, the resident is eligible to obtain a permanent license.
D. Residents must apply through the Program Director’s office for transfer between institutions and program.
E. The resident is responsible for the fees associated with temporary license transfer.
F. If a resident leaves a program for any reason, the institution returns the resident’s license to the State.

Permanent Licensure
A resident who has completed 24 months or more of ACGME-accredited training and has passed USMLE Step 3 is eligible to apply for permanent state licensure.

A. Residents with permanent licenses must provide copies to the Program Director’s office.
B. All patient care provided within the training programs are subject to teaching physician supervision despite permanent licensure status.

Pharmaceutical Prescribing Information

A. Drug Enforcement Agency (DEA) Number
   a) Residents with temporary licenses must use his or her faculty advisor’s DEA number when prescribing controlled substances.
   b) A permanent license is needed to obtain an Illinois Controlled Substance and DEA certification.
   c) An individual DEA number (requires an unrestricted state medical license) is required for post graduate trainees who are moonlighting.
B. National Provider Identifier (NPI) Number
   All residents must obtain an NPI number. Information on obtaining the NPI can be found on UICOMR website under GME. The NPI number must be included on all prescriptions including those requiring a DEA number.

Requirement for Pay
A resident must have a valid license prior to the commencement date of his/her Resident Agreement in order for said agreement to remain valid. Having a valid license is a prerequisite to being placed on payroll. If the resident fails to meet these conditions, the Resident or Fellowship Agreement will automatically become null and void and the resident will not be entitled to participate in his/her
program or receive pay until a new Resident or Fellow Agreement has been issued and signed by all appropriate parties. A resident may seek to have the requirement waived for a period not to exceed 30 days, as set forth in Section IV of the Resident or Fellow Agreement.

**Resident Letter**
Each resident not licensed prior to the commencement date of his/her Resident or Fellow Agreement, will be required to sign a statement which informs him/her that:

A. The resident is not eligible to participate in any way in clinical activities in any institution affiliated with their program.

B. Unless the licensing precondition has been waived, his/her Resident or fellow Agreement is no longer valid and, as such, he/she will not be paid nor receive any benefits unless and until a new Agreement has been issued and signed by all appropriate parties. If the licensing precondition has been waived, he/she will be paid for up to 30 days of his/her contract, after which time if he/she has not provided a valid license, he/she will be placed on unpaid leave until he/she provides such a copy. Under those circumstances, the resident must arrange for continuation of benefits at his/her own expense during the period of unpaid leave.

C. If the licensing precondition has been waived, and all appropriate parties have signed the Resident Letter referenced above, the resident may attend lectures and conferences, but will not be permitted to work in any clinical capacity for the University or in his/her program during the unlicensed period (not to exceed 30 days). The Program Director may count this period as vacation.

D. If a new Resident or Fellow Agreement is issued and signed by all appropriate parties, the commencement date indicated therein shall be the correct commencement date of the Resident into the program.

E. If the licensing precondition has not been waived, the Program Director may decide not to issue a new Resident or Fellow Agreement if the resident has failed to obtain a valid license as of the commencement date of the original Agreement. That decision shall not be subject to appeal. If the licensing precondition has been waived and the original Agreement has commenced, the Program Director, after first consulting with the Assistant/Associate Dean for GME, may terminate any resident who has not obtained a license thirty days after said commencement date.

**Exceptions**
All exceptions to this policy will be made in writing by the Assistant/Associate Dean for Graduate Medical Education.

Approved 4/25/2017
Revised and approved by the GMEC 10/31/19
Approved: 10/21/2021
ORIENTATION

The University of Illinois College of Medicine Rockford strives to create the most positive transition to our program. Departments will schedule programs for orienting new residents/fellows to ensure they are fully informed of policies and procedures specific to the clinical department that sponsors the resident/fellow program.

The College/Institutions will sponsor one of more orientation sessions each June for incoming residents and fellows.

All new residents of the University of Illinois College of Medicine Rockford sponsored programs will be required to attend, unless an exception is granted by the Assistant/Associate Dean of Graduate Medical Education.

The program content will include:
- Presentations by representatives of all major participating institutions
- Benefits and payroll enrollment
- Health screening
- ID photos
- Training sessions required by law
- Any other information or sessions as determined by the Office of Graduate Medical Education

Approved: 4/25/2017
Approved: 10/21/2021
RESIDENT HEALTH POLICIES

The following is a guide to policies specific to UICOMR residencies and fellowships. As both a professional-in-training and an academic employee of the University of Illinois, the resident/fellow physician holds a unique position that does not allow absolute application of all standard University policies. Therefore, the following have been developed to best address the needs of the resident physician.

HEALTH ASSESSMENT

Every resident/fellow must have an initial health evaluation. The content of the initial health evaluation will include the following as well as a Health Statement by a licensed health provider in the United States.

- Titer test for immunity to measles, mumps, rubella, and varicella, and subsequent vaccination if any of these are susceptible
- Documentation of SARS – CoV – 2 vaccination, compliant with University policy
- Tuberculosis screen and Chest X-Ray when indicated
- Titers for Hepatitis B Antigen, Core Antibody, and Surface Antibody, and vaccination when indicated
- Tetanus, Diphtheria, Pertussis (Tdap) Vaccine as needed
- Color vision testing
- Drug Screen

Affiliated hospitals can restrict the clinical activities of any resident who has not completed the health assessment. Titers and/or immunizations will be provided as needed at the program’s expense.

UNIVERSAL PRECAUTIONS

All affiliated hospitals follow rules established to comply with OSHA regulations regarding employee exposure to blood borne pathogens. Residents must complete a mandatory program in universal precautions, offered at the beginning of residency. Each program is responsible for documenting that each resident and fellow has completed a program in OSHA blood borne pathogen precautions.

PERSONAL ILLNESS

Each Program Director will establish procedures for residents calling in ill for their respective programs. Each programs residency office will maintain records of resident sick and vacation days.

OCCUPATIONAL INJURIES, ILLNESS, AND EXPOSURES

A resident who is injured, becomes ill, or is exposed to a toxic or infectious agent as a consequence of performing assigned duties must:

- Get prompt medical attention. If the injury or illness occurs during normal working hours (9:00am to 5:00pm, Monday-Friday) at the Family Health Center, residents should report immediately to the clinic manager. If the injury occurs at the hospital during normal working
hours, residents should go to employee health at the hospital. They will assist you in obtaining medical attention and completing the necessary documentation. If the injury occurs at the hospital after hours, residents should report the injury to the nursing supervisor and receive medical attention in the Emergency Room.

- Report the incident to their Program Director. University regulations require the resident’s supervisor (Program Director) to complete an Occupational Injury or Illness Form. The resident must give the completed form to the residency coordinator. A copy of this form must be sent to the Office of Graduate Medical Education.

- Regardless of where the injury occurs, residents must complete the University Employee Injury Report form. This must be done in addition to any forms you complete for the hospital. The residency office will provide all necessary forms. Please contact the residency coordinator.

INOCULATIONS
The College of Medicine provides influenza vaccinations free of charge to all staff whose duties include patient contact.

All associates, providers, volunteers, contracted workers and students will be required to obtain the influenza vaccine annually. Associates, providers, volunteers, and contracted workers will be required to sign a consent/declination form. The Vaccination Information Sheet (VIS) will be given at the time of acceptance or declination.

During a designated flu epidemic period (when flu activity becomes widespread), associates, providers, volunteers, contracted workers and students, who have signed the declination form, will be required to wear masks while on College of Medicine or Hospital property.

Associates, providers, volunteers, contracted workers and students will explain to patients that they did not receive the vaccine and in order to protect others, they are required to wear a mask.

SARS-CoV-2 (Covid-19) vaccination is required by the University of Illinois System for all students, faculty and associates. The booster and vaccination schedule will be updated by the University as guidance becomes available. Residents/fellows are expected to comply with University requirements.

EXAMINATIONS UPON THE REQUEST OF THE PROGRAM DIRECTOR
To ensure the safety of patients and staff and in keeping with Illinois Compiled Statues, Medical Practice Act of 1987, 225 ILCS 60/, the University reserves the right to request any resident to undergo a medical examination, which may include but is not limited to physical, psychiatric and/or laboratory procedures. The resident must comply with such a request within the time limit set by the Program Director.

Expenses relating to examinations only (not treatment) that the resident incurs that are not covered by health insurance will be reimbursed by the resident’s program. Claims for reimbursement must include:

- Original proof of payment (bills marked “paid” or canceled checks).
- A letter from the resident’s Program Director that shows that the examination was done at the Program Director’s request.

Approved: 4/25/2017
Approved: 10/21/2021
SECTION 3 – RESIDENT FINANCIAL SUPPORT AND BENEFITS

- Stipend Rates
- Payroll
- Leave and Time Off Policies
- Insurance Benefits
- Professional Liability Insurance
- Workers Compensation
- Accommodations for Disabilities
STIPEND RATES
OFFICE OF GRADUATE MEDICAL EDUCATION
2021-2022 RESIDENT COMPENSATION RATES

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

Postgraduate trainee stipends for the academic year of 2021-2022 are as follows:

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<td>Chief</td>
<td>$63,500</td>
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<tr>
<td>Resident</td>
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Resident benefits include:
- access to all University of Illinois library resources
- Life insurance – 1x salary, with option to purchase additional term life coverage for spouse and children
- Disability insurance available
- Health insurance for benefit eligible employees
- Dental insurance for benefit eligible employees
- Vision insurance for benefit eligible employees
- Tax-deferred voluntary savings plan
- Family leave
- Paid parental leave
- Professional liability insurance coverage related to residency program duties
- Paid permanent license for residents
- Five additional days per year available for conference attendance
- Medical library with free photocopy privileges
- Hospital call rooms provided

Other resident benefits determined by the program may include the following:
- Relocation allowance of $1,500 for R1 relocating to the Rockford area
- Portable computer provided for each resident
- Meals provided when on duty in the hospital
- Lab coats and laundry service
- Membership at the YMCA for resident and family
- Paid certification courses in CPR, ALSO, NRP, PALS, ACLS and ATLS
- CME funding per year available for conference attendance, medical books or software $700 (R1)
  $1200 (R2/R3)
• Annual Retreat
• Night float system

Outside employment (Moonlighting) is permissible with the consent of the program director. Residents must first obtain an Illinois or Wisconsin permanent license.

Approved: 4/25/2017
Approved: 10/21/2021
PAYROLL

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

Residents are paid the current rate for the postgraduate level set in their agreements. When the University authorizes increases to the resident stipend schedule, residents are automatically paid the new stipend, regardless of the amount stated in their agreements.

The University of Illinois pays resident stipends by direct deposit on the 16th of each month. When the 16th falls on a weekend or holiday, the checks are issued on the previous working day.

Approved: 4/25/2017
Approved: 10/21/2021
LEAVE AND TIME OFF POLICIES

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

The following is a guide to benefits specific to the residency. These benefits and policies have been developed to best address the needs of the resident physician. They are encouraged to participate in informational sessions offered through our Human Resources office for all University employees.

Residents/Fellows annual and business leave must be coordinated with rotation assignments, call, and leave time available. “Request for Time Away from Residency Program” forms may be obtained from the Program Coordinator residency office and must be completed in its entirety and returned to the residency office a minimum of twelve (12) weeks in advance. Based upon specialty board requirements, individual program leave policies may be more restrictive than the following GME policies. Approval signatures are required.

ANNUAL LEAVE
Residents are provided sixteen (16) days of paid annual leave each postgraduate year. Annual leave must be used for any time away from the program not specifically covered by other leave benefits listed. Residents may take not more than five (5) rotation days of leave (i.e. vacation or CME in any combination) during any four (4) week curriculum block to ensure that the curriculum requirements of the rotation are met. Annual leave is non-cumulative from year to year for residents. Annual leave or leave without pay is granted at the discretion of the Program Director and must be approved, in writing, by the Program Director (or his/her designee) in advance. Residents terminating before the end of their training year will be paid only through their final active working day and will not be paid for unused annual leave.

SICK LEAVE
Each resident is allowed up to five (5) days absence due to illness or emergency. A physician’s statement of illness or injury may be required for an excessive number of days throughout the year. Sick leave is non-cumulative from year to year for residents. Residents are not paid for unused sick leave. A resident may be required to make up any time missed in accordance with the Residency Program and board eligibility requirements.

FAMILY AND MEDICAL LEAVE (FMLA)
Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12 month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 12 weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse; child or parent. Residents are required to use all available sick and annual leave days to be paid during FML leave.

Except in the case of emergency, all maternity, parental or adoptive leave should be requested at least three (3) months in advance of the expected date of birth or adoption in order to ensure adequate
coverage in the program. The Program Director and resident should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria.

UICOMR Human Resources office has administrative oversight for the FMLA program.

The Program Coordinator or Program Director should notify HR when it appears a resident may qualify for FMLA leave. HR will coordinate with GME and the Program Coordinator or Program Director to approve or disapprove a resident’s request for FMLA leave.

EDUCATIONAL LEAVE
Educational leave is granted by the Program Director and consists of five (5) CME days per year. Available CME days and funding may be revoked due to low conference attendance. A request for CME, completed registration form, and a time away request form must be submitted for approval. All completed forms are submitted to the Program Coordinator in the Residency Office.

HOLIDAYS
The University of Illinois College of Medicine Rockford determines the designated holidays. The chief resident determines all service coverage for the holidays taking resident vacation requests into consideration.

BEREAVEMENT LEAVE
Employees are granted five days of paid leave for immediate family members, which include:

- Father
- Mother
- Sister
- Brother
- Spouse
- Registered same-sex domestic partner
- Child, including child of a registered same-sex domestic partner (if unborn, gestational age must be 20 or more weeks)
- Grandparent
- Grandchild, including grandchild of a registered same-sex domestic partner
- Biological, adopted, foster, legal ward, step or in loco parentis relationship
- In-law (grandmother-, grandfather-, mother-, father-, brother-, sister-, son-, and daughter-in-law), including a relative of a registered same-sex domestic partner (grandmother, grandfather, mother, father, brother, sister, son, and daughter)
- Member of the employee's household

Employees are granted one day of paid leave for a relative other than the above who is not a member of the employee's household - aunt, uncle, niece, nephew, or cousin of the employee. (Such relatives are regarded as members of the immediate family only if in residence in the employee's household.)

A designated supervisor may grant a leave to an employee who cannot, because of special circumstances, return to work at the completion of the allowable funeral leave days. Such leave will be taken without pay or accrued vacation time may be used.
While on bereavement leave, employees continue to receive the same State and University benefits as when actively working. All State-paid contributions continue.

**JURY DUTY**
Employees are granted leave with pay to satisfy jury duty obligations within their civic jurisdiction.

Employees shall request jury duty leave from their appropriate supervisor. Employees are expected to report to work whenever their services are not required by the court during their normally scheduled workday and call their supervisors for report-to-work instructions unless earlier arrangements were approved.

For academic employees, arrangements for jury duty leave are made between the department head and the employee.

While on leave for jury duty, employees continue to receive the same State and University benefits as when actively working. All State-paid contributions continue.

Employees are granted jury duty leave with pay at the employee's regular rate for non-overtime scheduled hours for the duration of jury duty.

Academic employees are granted jury duty leave with pay for the duration of the jury duty.

All employees may retain funds paid to them in compensation for such duty.

**TIME OFF TO VOTE**
The University encourages all employees to vote in local, state, and national elections and provides residents and fellows who are registered voters, reasonable time off to vote in an election held in their local municipality. Residents may receive time off without loss of pay, not to exceed three (3) hours between the opening and closing of polls if the request is made to their Program Director before noon the day prior to the election. Each program may specify the hours during which the resident may be absent.

Residents are strongly encouraged to vote during non-working hours. If the polls open three (3) hours or more before the resident’s work schedule begins or if the polls close three (3) or more hours after the resident’s work schedule ends, the resident may not receive time off to vote.

**MILITARY LEAVE**
Leave will be granted consistent with applicable law and University policy.

**EXTENDED ABSENCE FROM PROGRAM**
Any permissible leaves of absence, if excessive, may prevent a resident/fellow from fulfilling his/her training responsibilities. This 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. In the event there is no certifying board restriction in the duration of absence, a resident/fellow 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 decides 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 (GMEC). During the extension of training, a resident/fellow will receive the regular stipend and benefits except vacation time will not accrue.

Note:
- Residency/Fellow positions will be protected for individuals on approved Family Medical Leave
- An unpaid leave of absence may affect a resident’s visa status

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

Residents are required to know and understand the ABFM and ACGME policies which apply to their training. A copy of the policy is available in the Program Director’s office and found at: https://www.theabfm.org/cert/absence.aspx.

Failure to comply with leave policies, including obtaining written prior approval, may result in leave without pay.

Approved: 4/25/2017
Approved: 10/21/2021
INSURANCE BENEFITS

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

The State of Illinois Employees Group Insurance Program (SEGIP) health insurance plan is available to both University of Illinois medical residents who meet the eligibility criteria and their eligible dependents. SEGIP health insurance is a State benefit which requires participation by all eligible full-time employees. Full-time employees may elect to opt out of the health, dental, and vision coverage with proof of enrollment in another comprehensive health plan.

Specific health insurance coverage details can be found at https://www.hr.uillinois.edu/benefits/segip.

State regulations prohibit the university from providing SEGIP insurance coverage to J-1 visa holders until specific length of service requirements are met.

Approved: 4/25/2017
Approved: 10/21/2021
PROFESSIONAL LIABILITY INSURANCE

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

The University of Illinois College of Medicine Rockford shall maintain professional liability insurance coverage on all current residents/fellows for duties performed within the scope of the residency program. This insurance cannot be converted for a departing resident/fellow.

The professional liability insurance does not protect the resident/fellow when engaged in professional activities outside the University of Illinois College of Medicine Rockford training program. In the event prior written permission is obtained from the Program Director to engage in professional activities outside the universities program, it is responsibility of each resident/fellow to maintain separate professional liability insurance.

Approved: 4/25/2017
Approved: 10/21/2021
WORKERS COMPENSATION

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

PURPOSE
To communicate University policy regarding the payment of Workers’ Compensation Benefits for employees incurring work-related accidental injury or occupational disease; to identify eligibility requirements for receipt of Workers’ Compensation Benefits; to establish responsibility and authority of UIC personnel in the provision and monitoring of these benefits; and to insure compliance with the Illinois Workers’ Compensation Act and the Illinois Occupational Disease Act.

POLICY
The University provides benefits under the Illinois Workers' Compensation Act and the Illinois Occupational Disease Act for employees who suffer an accidental injury or a disabling occupational disease arising out of, and in the course of, the employee's employment at the University.

An employee who fails to give the employer notice of an on-the-job injury or disablement may be denied benefits otherwise available to the employee under these two Acts. Notice of an accident must be given to the employer as soon as practical, but no later than 45 days following an accident. In any case, other than one in which the injury was caused by exposure to radiological materials or equipment, the statute of limitations will expire within three years after the accident where no compensation has been paid or within two years after the date of the last compensation payment, whichever is later.

While receiving income benefits under Workers’ Compensation, an employee’s years of service, vacation, and sick leave earnings are computed as if the employee were in pay status. Within thirty (30) days of receiving notice of leave benefit earnings and service credit restoral amounts, an employee may appeal the calculations.

Approved: 4/25/2017
Approved: 10/21/2021
ACCOMMODATION POLICY

This policy applies to residents and fellows who receive postgraduate trainee stipends from the University of Illinois College of Medicine Rockford.

The University of Illinois at Chicago (UIC) is committed to the full inclusion and participation of persons with disabilities in all aspects of university life. Consistent with the Illinois Human Rights Act, the American with Disabilities Act, and other state and federal law, UIC will provide reasonable accommodations to qualified applicants, candidates, and employees with known disabilities on an individualized basis and will expand coverage to include requests based on medical conditions that may not meet the legal definitions of “disability” or “handicap.”

UIC will notify all applicants, candidates, and employees of their responsibilities and the procedures the University will follow in processing accommodation requests. It is the responsibility of each and every applicant, candidate, and employee with a disability or handicap to submit a request for an accommodation pursuant to established procedures. UIC has no obligation to accommodate disabilities of which it is unaware or disabilities or handicaps not covered by federal or state law.

Requests based on medical conditions not qualifying as disabilities or handicaps under state or federal law may be granted or denied at UIC’s discretion. By considering a request or granting a requested accommodation based on a medical condition, 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.

Approved: 4/25/2017
Approved: 10/21/2021
SECTION 4 – RESIDENT EDUCATIONAL AND WORK ENVIRONMENT

- Duty Hours
- Handoffs and Transition of Care
- Alertness and Fatigue Management
- Moonlighting
- Harassment
- Mistreatment Guidelines
- Social Networking Guidelines
- Professionalism
- Resident Impairment Substance Abuse
  - Drug Free Workplace Statement
- Vendor Interaction Policy
- Medical Record Policy
- Disaster Policy
- Resident and Faculty Well-Being
Every training program must comply with the current duty hour’s requirements specified by the Accreditation Council on Graduate Medical Education (ACGME). A request for exception to these requirements must be first approved by the GME office and then by the ACGME specialty Residency Review Committee (RRC).

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 how 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 duty hours
- Ensure that faculty and residents or fellows in the program have received education on 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
- Periodically review program compliance with duty hours policy.

RESIDENT DUTY HOURS IN THE LEARNING AND WORKING ENVIRONMENT

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (internal and external), and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

RESIDENT’S WORK WEEK

Residents’ regular clinical responsibilities, for most rotations and for office hours, typically extend Monday through Friday, 7 a.m. to 5:30 p.m. However, for residents on rotation which involve night call, time off will be given to comply with ACGME duty hour guidelines. During working hours, residents should always be available by pager. A residents’ weekend working hours will vary depending upon the rotation.

PGY-2 and PGY-3 residents completing a call shift are required to work for their 24-hour call, and then are allowed 4 hours to finish continuity duties.

If a resident is scheduled in clinic, they must stay for the entire session regardless of patient volume, and you must check with the charge nurse and faculty preceptor prior to leaving the clinic to verify all patient responsibilities have been completed.
All rotation work hours have been designed to comply with the ACGME duty hour requirements.

**DUTY HOUR LOGGING**
Residents are responsible for logging all duty hours into the New Innovations system. All duty hours should be logged according to the program policies. For Example, all duty hours for block 2 must be completed before the start of block 4. Failure to complete this requirement will be discussed during your advisor meeting or semi-annual review. The web address for New Innovations is [http://www.new-innov.com](http://www.new-innov.com).

**MAXIMUM DUTY HOURS PER WEEK**
Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

**MANDATORY TIME FREE OF DUTY**
Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as an continuous 24-hour period.

**MAXIMUM DUTY PERIOD**
PGY-1 residents: Duty period for PGY-1 residents must not exceed 16 hours in duration.
PGY-2 and PGY-3 residents: Duty periods for PGY-2 and PGY-3 residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. The program encourages residents to use fatigue management strategies as detailed during orientation. PGY-2 and PGY-3 residents are allowed to remain on-site for up to four (4) additional hours to ensure effective transition of care occurs.

**MINIMUM TIME OFF BETWEEN DUTY PERIODS**
PGY-1 residents should have 10 hours and must have 8 hours free of duty between duty periods.
PGY-2 and PGY-3 residents should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must also have at least 14 hours free of duty after 24 hours of in-house duty.

**CRITICAL EVENTS**
Residents should also be available for critical events in the lives of their continuity patients such as obstetrical delivery throughout their three (3) years of training, but with the understanding that their subsequent schedules should be adjusted, as necessary, to comply with the duty hour restrictions.

**DUTY HOUR 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 including sections 1-5 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.

Approved: 4/25/2017
Approved: 10/21/2021
HANDOFFS AND TRANSITIONS OF CARE

The purpose of this policy is to assure continuity of care and patient safety. The ACGME requires a minimum number of patient care transitions, a structured and monitored handoff process, training for competency by residents in handoffs, and readily available schedules listing residents and attending physicians responsible for each patient’s care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

DEFINITION
A “handoff” or “transition of care” is defined as the communication of information to support the transfer of care and responsibility for a patient or a group of patients from one provider to another. This is best done as a face-to-face encounter between providers, but it can be conducted over the telephone so long as both parties have access to an electronic or printed version of the sign-off sheet or summary. The handoff/transition of care is an interactive communication process for passing specific, essential patient information from one caregiver to another.

POLICY
Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other duty hour standards. Whenever possible, transitions of care should occur at a uniform daily time to minimize confusion. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the annual program review meeting.

Each training program is responsible for notifying the hospital telephone operators about its call schedule so that the entire health care team (staff physicians, residents, medical students, and nurses) know how to immediately reach the resident and attending physician responsible for an individual patient’s care.

Each residency training program is responsible for assuring its residents are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective interprofessional teams that are appropriate to the delivery of care as defined by their specialty residency review committee. Methods of training to achieve competency may include GME orientation sessions, annual review of the program-specific policy by the program director with the residents, departmental and GME conferences, and on-line training activities.

Each program must ensure that its process includes opportunities to observe both the behavior of the receiving clinician and the reporting clinician, as each has a responsibility to the patient.

- The process must be facilitated by a supervising attending physician or, at a minimum, a senior resident, until such time as competency is determined for any individual resident
- An opportunity for verification of the received information through repeat back or read back as deemed appropriate for the situation
- An opportunity for the receiving clinician to ask pertinent questions and requisite information from the reporting physician
An opportunity to observe and reinforce that the process is conducted discreetly to preserve confidentiality, and in a way that is free from distractions such as telephones, cell phones, handheld electronic devices, or disruptive third-party conversations

Each program must ensure that residents demonstrate competency in performance of tasks related to handoffs. Some suggested methods include:

- Direct observation of a handoff session, with use of a checklist by a supervising clinician skilled in this task, to provide feedback
- Direct observation of a handoff session by a more senior supervising resident already certified as competent in performing the process
- Evaluation of written handoff materials by either of the above supervisory chains of command
- Use of case-based simulation OSCE
- Mini-CEX for knowledge and skill assessments
- Evaluation of adverse event and root cause analysis to define causational relationship to quality of handoff process

RESPONSIBILITIES
The transferring resident or attending MUST:
- Comply with policy and procedures for handoffs
- Resolve discrepancies and concerns in a timely manner
- Remain in the hospital until an effective handoff has occurred with the attending or resident coming onto the service. Supervision as required must be in attendance

The receiving resident or attending MUST:
- Review the handoff form or receive verbal handoff (free of distraction)
- Resolve any questions with transferring resident or attending prior to acceptance of patient

The Program Director MUST:
- Ensure that schedules and assignments minimize the number of transitions in caring for patients
- Evaluate each resident for competency attainment in performing handoffs through direct observation and documentation in the resident’s file
- Ensure that a standardized process is in place and familiar to all residents and attending supervisors
- Ensure that the learning environment has the requisite materials and infrastructure to support the process (e.g., forms, computers, telephones)
- Ensure that all are familiar with HIPAA requirements and the need to preserve patient confidentiality and privacy
- Ensure that a process is in place for any necessary remediation

Approved: 4/25/2017
Approved: 10/21/2021
ALERTNESS AND FATIGUE MANAGEMENT

All residents and fellows are required to complete training on fatigue. This addresses the hazards of fatigue and ways to recognize and manage sleep deprivation. Programs must adopt fatigue mitigation processes to manage sleep deprivation. Programs must adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or backup call schedules. Call rooms will be available in all hospitals for residents who take in-house call. A safe transportation option and/or adequate sleep facilities in which residents may sleep or rest for periods of time must be available to any resident who may be too fatigued to safely return home. A trainee who needs safe transportation home due to fatigue or illness may use a taxi/Uber service and submit the original receipt to their residency program office.

The program director must monitor duty hours and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. The program director must also monitor the need for and ensure the provision of backup support systems when patient care responsibilities are unusually difficult or prolonged. If applicable, the program director will monitor the demands of at home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

In addition to the training on fatigue that the GME office requires for all new residents and fellows, individual programs must provide annual education for residents and faculty members on their program-level duty hour policies including the process to ensure continuity of patient care, in the event that a resident may be unable to perform his/her patient care duties. Annual program training must:

- Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation,
- Educate all faculty members and residents in alertness management and fatigue mitigation process,
- Educate residents and faculty members on the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. Residents and faculty members must also demonstrate an understanding and acceptance of their personal role in:
  - management of their time before, during and after clinical assignments,
  - recognition of impairment, including illness and fatigue, in themselves and in their peers; and,
  - honest and accurate reporting of duty hours.

Approved: 4/25/2017
Approved: 10/21/2021
MOONLIGHTING

Moonlighting is defined as any professional activity outside the course and scope of a resident’s approved training program. Residents must not be required to engage in moonlighting.

Residents on a J-1 visa cannot participate in moonlighting activities. All other residents are allowed to submit a request for moonlighting. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs and separate malpractice insurance.

To ensure that professional activities outside the program do not interfere with the ability of the resident to achieve the goals and objectives of the educational program, written approval must be obtained from the program director. If approved, the program director will include a written statement of permission in the resident’s file. 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 GMEC and institution.

Approved: 4/25/2017
Approved: 10/21/2021
HARASSMENT

DEFINITION
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.

ABOUT
The University of Illinois College of Medicine Rockford is firmly committed to the most fundamental principles of academic freedom, equality of opportunity, and human dignity. To this end, the University strictly prohibits discrimination or harassment against any person because of race, color, religion, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran, arrest records, genetic information, citizenship status and/or order of protection status, and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders, and regulations. The University's Nondiscrimination Policy protects persons from discrimination in all terms and conditions of employment, including hiring, selection, promotion, transfer, pay, tenure, discharge, and discipline. It also applies to admissions and access to/treatment in University programs and activities.

As part of the Office of the Chancellor, the Office for Access and Equity (OAE) is the office charged with reviewing and addressing complaints of harassment and/or discrimination.

RECOGNITION
Sexual harassment can occur between faculty-residents, resident-resident, resident-student, resident-patient, and resident-employee.

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.
POLICY STATEMENT
In accordance with “The University of Illinois Statement on Sex Discrimination, Sexual Harassment, and Sexual Misconduct”, the University of Illinois prohibits and will not tolerate sex discrimination, sexual harassment, or other sexual misconduct of any kind (including sexual assault, sexual violence, and sexual abuse) of or by employees, students, and visitors. The University will take action to provide remedies when such discrimination, harassment, or misconduct is discovered. The University complies with applicable federal and state laws to achieve an environment for study, work, and public engagement that is free from sex discrimination, sexual harassment, and sexual misconduct in all of its forms.

In particular, the University is committed to complying with Title IX of the Education Amendments Act of 1972 (“Title IX”), which states as follows:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Discrimination on the basis of sex (i.e., sex discrimination) includes sexual harassment, sexual assault, and sexual violence.

EXPECTATIONS FOR RESPONSIBILITY AND COOPERATION

1. Each of the University of Illinois campuses (at Chicago, Springfield, and Urbana-Champaign) is responsible for maintaining and broadly disseminating a comprehensive written policy that prohibits sex discrimination, sexual harassment, and other types of sexual misconduct (including sexual assault, sexual violence, and sexual abuse). Each campus must also maintain a set of written procedures that include, at minimum, information about (a) the identity of any and all lead and deputy Title IX coordinators on each campus, (b) how to make a complaint or a report of conduct that is alleged or suspected to be a violation of the campus’s policy, (c) how complaints and reports will be investigated, and (d) the types of sanctions or other corrective actions available to address violations of each campus’s policy and other conduct inconsistent with the campus’s policy.

2. Each campus must conduct an education program for all students and employees as part of an ongoing effort to prevent sex discrimination, sexual harassment, and sexual misconduct within the University of Illinois community. At a minimum, each campus’s education program must include the following topics (a) identity of any and all Title IX coordinators for the University and the campus; (b) overview of applicable federal, state, and local laws (including Title IX); (c) prevention of sex discrimination, sexual harassment, and other types of sexual misconduct (including sexual assault, sexual violence, and sexual abuse); (d) procedures for making a complaint or report of alleged or suspected sex discrimination, sexual harassment, or other type of sexual misconduct; (e) the procedures that will be used to investigate and resolve such complaints and reports; (f) the types of sanctions or other corrective actions available to address violations of each campus’s policy and other conduct inconsistent with the campus’s policy; and (g) requirements for mandatory reporting of child abuse and neglect under the Illinois Abused and Neglected Child Reporting Act (“ANCRA”). Campuses must provide this education program to all incoming and transfer students each fall and to all employees and designated personnel on a regular interval of not less than every three years. All Title IXZ coordinators shall also be training regarding Title
IX and the conduct that Title IX prohibits this policy, and the applicable campus-specific policy and procedures.

3. All members of the University of Illinois community are responsible for reviewing, understanding, and adhering to the policies in place for the campus at which they preside. University of Illinois employees and students will be subject to the campus-specific policy and procedures in place on the campus at which they are employed or enrolled. If more than one policy and procedures could apply to a particular situation, the University will determine in its discretion which policy and procedures shall apply and notify the parties involved of its determination.

WEBSITE ADDRESS FOR THIS POLICY
This policy and related procedures are published on the University Human Resources website at http://www.hr.uillinois.edu/ in the Policy Library section. Required posting associated with this policy are also available online at the University’s Required Federal and State Posters site.

Approved: 4/25/2017
Approved: 10/21/2021
MISTREATMENT GUIDELINES

BACKGROUND
The University of Illinois College of Medicine Rockford is committed to assuring a safe and supportive learning environment. Mistreatment of residents is unacceptable and will not be tolerated. Expectations are outlined in University documents/policies. These include the following:

Expectations for all members of the University Community are outlined in multiple University policies and code statements. These policies include, but are not limited to, the following:

Nondiscrimination & Harassment Policies: http://oae.uic.edu/UnlawfulDiscrimination/index.htm
Title IX/Sexual Misconduct Policy: http://oae.uic.edu/TitleIX/index.htm
University of Illinois Ethical Code of Conduct for Employees: https://www.ethics.uillinois.edu/compliance/code_of_conduct

The Guidelines for Reporting of Resident Mistreatment, along with the aforementioned documents/policies will be shared, by the Office of Graduate Medical Education, on an annual basis with all residents (new and continuing), faculty and staff.

EXAMPLES OF MISTREATMENT
The University of Illinois College of Medicine Rockford defines mistreatment as behavior that is inconsistent with the aforementioned documents/policies and which unreasonably interferes with the learning process. Individuals are encouraged to report.

Examples of mistreatment include, but are not limited to:

Verbally abusing, belittling, or humiliating a resident.
• Intentionally singling out a resident for arbitrary treatment that could be perceived as punitive.
• Unnecessarily excluding a resident from reasonable learning opportunities.
• Assigning duties as punishment rather than education.
• Pressuring a resident to exceed established restrictions on work hours.
• Exploiting a resident in any manner, e.g., performing personal errands.
• Threatening a lower or failing grade/evaluation to a resident for inappropriate reasons.
• Committing an act of physical abuse or violence of any kind, e.g. throwing objects, aggressive violation of personal space.
• Making any sexual advances, comments, jokes, or taunting remarks about a resident.

REQUIRED REPORTING
If a supervisor, executive, administrative staff or faculty member observes sexual harassment or discrimination or receives a sexual harassment or discrimination complaint from a resident, he or she is obligated to report the observation or complaint in a timely manner to the Office for Access and Equity at 312.996.8670 or oae@uic.edu.

PROCEDURES FOR REPORTING CONCERNS
Residents should use the following procedures to address what they believe to be discriminatory, harassing, unfair, arbitrary, or capricious treatment by faculty or staff. Residents who themselves
experience or observe other residents experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment may first, if possible and comfortable doing so, attempt to resolve the matter directly with the alleged offender. Residents may use any of the following reporting options:

**Options for Filing a Report:**

A. File a report with the Behavioral Intervention Team (B.I.T.). A referral form can be obtained at [https://web.rockford.uic.edu/campus/bit/BIT_BehaviorReferralForm.pdf](https://web.rockford.uic.edu/campus/bit/BIT_BehaviorReferralForm.pdf). Place the completed referral in the B.I.T. boxes located in the Family Health Center, Physical Plant, Human Resources or send to B.I.T. through interoffice mail.
B. File an identified or anonymous report on the College of Medicine compliance hotline at 866.665.4296. The College of Medicine Rockford participates in a Compliance Hotline Reporting Program that is answered 24 hours a day, 365 days a year by a representative from a nationwide vendor. Concerns are then reported back to the campus for review and investigation. If callers choose, this program of reporting will allow callers to remain anonymous.

C. File a report with the UIC Office for Access and Equity at 312.996.8670 or oae@uic.edu. Residents may also choose to pursue claims of unlawful discrimination or harassment in compliance with the University’s Nondiscrimination Policy Statement.

RESPONDING TO CONCERNS
All complaints of mistreatment will be taken seriously. The residency Program Director will be notified of all reported concerns of mistreatment of residents and conduct an initial inquiry into the circumstances. The Program Director in consultation with the Office of Access and Equity will determine whether or not the alleged behavior is a violation of Title VII and Title IX of the Civil Rights Act and/or the Illinois Human Rights Act. The Program Director, in consultation with the Office of Access and Equity, will determine the extent to which further investigation is needed.

If a decision is made that further investigation is warranted, the Program Director will convene an investigative committee, whose members will include the Director of Compliance and Risk Management and the Director of Human Resources. The committee will also include the Designated Institutional Official (DIO), or their designee. The DIO or their designee will serve the role of resident advocate, supporting the resident throughout the process, prioritizing the resident’s needs and best interests. The Program Director will serve as the committee chair and will ensure the completion of the investigation, the development of recommendations, the implementation of potential corrective action and the maintenance of appropriate records.

All concerns will be responded to in a timely and professional manner. During an investigation, all parties will receive an equal opportunity to be heard. The privacy rights of all parties will be respected. Individuals requesting anonymity should be aware that doing so may interfere with the University’s ability to investigate the concern and their ability to receive information about the follow-up investigation. While complete confidentiality cannot be promised, disclosure of allegations and findings will be made only to persons with a legitimate need to know.

Given the nature of resident mistreatment, specific investigations and remedies will be determined on a case-by-case basis.

NO RETALIATION
UIC policy prohibits retaliatory action against any person who engages in a good faith disclosure of alleged wrongful conduct to a designated University official or public body. It also prohibits retaliatory action towards anyone participating in an investigation of wrongful conduct, such as sexual harassment. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination.

Approved: 05/2016
Approved: 10/21/2021
SOCIAL NETWORKING GUIDELINES

The Office of Graduate Medical Education recommends that post graduate trainees exercise caution in using social networking sites such as Facebook, Instagram, Twitter, etc. Items that represent unprofessional behavior posted by post-graduate trainees on such networking sites are not in the best interest of the University and may result in disciplinary action up to and including termination.

If using social networking sites, residents and fellows should use a personal email address as their primary means of identification. Their University email address should never be used for personal views. Residents who use these web sites must be aware of the critical importance of privatizing their web sites so that only trustworthy “friends” have access to the web sites/applications.

If posting information on personal social networking sites, residents may not present themselves as an official representative or spokesperson for a residency/fellowship program, hospital, or the University. Patient privacy must be maintained and confidential or proprietary information about the University or hospitals must not be shared online. Patient information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Residents have an ethical and legal obligation to safeguard protected health information and posting or emailing patient photographs is a violation of the HIPAA statute.

Each program will provide training during orientation to help residents and fellows understand how the University and program policies apply to social media and professionalism.

Approved: 4/25/2017
Approved: 10/21/2021
PROFESSIONALISM

In accordance with the ACGME Core Competency requirement for Professionalism, this policy is written to facilitate programs and their post graduate trainees in meeting professionalism standards for the practice of medicine.

INSTITUTIONAL
Each program must have a program-level policy that describes the manner in which the program provides professionalism education to the post graduate trainees.

Post graduate trainees are required to fulfill all obligations that the GME Office, residency programs and hospitals deem necessary to begin and continue duties as a post graduate trainee, including but not limited to:

- Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training, and obtaining badges. Some of these may occur prior to the resident/fellow appointment date.
- Completing required GME, program, and hospital administrative functions in a timely fashion and before established deadlines. (i.e., medical records, mandatory on-line curricula, mandatory surveys or other communication.

All program directors and faculty are responsible for education, monitoring, and providing exemplary examples of professionalism for post graduate trainees.

PROGRAM
Each program must do the following:

- Facilitate the development of habits of conduct that demonstrate sensitivity, compassion, integrity, respect, and trust, through the use of an organized curriculum.
- Emphasize the importance of maintaining the patient’s dignity and confidentiality at all times.
- Emphasize the need for residents to commit to carrying out professional responsibilities and to adhere to ethical principles.

CODE OF CONDUCT
With regard to professional conduct, those acting on behalf of the College of Medicine at Rockford are expected to hold themselves to the highest ethical and professional standards. Each member of the university community is expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities.

- Integrity by maintaining an ongoing dedication to honesty and responsibility
- Trustworthiness by acting in a reliable and dependable manner
- Evenhandedness by treating others with impartiality
- Respect by treating others with civility and decency
• Stewardship by exercising custodial responsibility for the property and resources provided by the College of Medicine at Rockford
• Compliance by following state and federal laws and regulations and University of Illinois College of Medicine Rockford policies and procedures related to your duties
• Confidentiality by protecting the integrity and security of confirmation such as patient medical records, student records, employee files, contractual documents, physician files, research files, financial information, etc.

Approved: 4/25/2017
Approved: 10/21/2021
RESIDENT IMPAIRMENT/SUBSTANCE ABUSE

The University of Illinois College of Medicine Rockford has established a policy committing itself to be a drug-free workplace. All residents sign a statement agreeing to abide by the policy (copy of statement attached).

The University recognizes its obligation to protect other employees, patients, and the resident/fellow 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 instability on the part of the resident as it affects performance, the Program Director must take steps to verify the impairment and take immediate action. Further, it is the responsibility of the Program Director to investigate all reasonable reports that a resident may be using any substance in an abusive manner or is using any illegal substance.

MEDICAL EXAM
The Program Director, Department Head, or appropriate College of Medicine official may direct a resident to submit to a medical fitness for duty exam at any time. The exam may consist of physical, psychiatric, or laboratory tests and procedures.

Refusal on the part of the resident to cooperate with the exam will be grounds for termination of the resident’s contract agreement.

The resident’s program will pay for any portion of the medical exam charges not covered by the resident’s insurance.

The Program Director will take steps to ensure the confidentiality of all exams, reports, and correspondence in the matter.

REMOVAL FROM AND RETURN TO WORK
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).

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.

STATUTORY REPORTING
Illinois law requires that health care institutions report to the Illinois Department of Financial and Professional Regulation (IDFPR) all instances of physician conduct that endangers a patient under that physician’s care.
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
2. The resident’s behavior endangers the safety of a patient

A 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 how the incident should be reported.

The Chief of Staff/Chief Medical Officer will conduct an investigation and determine whether reporting to the IDFPR is appropriate. The resident’s Program Director and involved faculty will be expected to fully cooperate with the investigation.

Approved: 4/25/2017
Approved: 10/21/2021
University of Illinois College of Medicine Rockford

Statement of a Drug-Free Workplace

The University of Illinois College of Medicine Rockford 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, statues, rules, regulation, employment contracts, and labor agreements. Any employee convicted of a drug offense involving the workplace shall be subject to employee discipline or required completing satisfactorily a drug rehabilitation program as a condition of continued employment.

The illegal use of a controlled substance 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 the Human Resources Department, University Health Services, or the Employee Assistance Service. Employees may obtain this information anonymously either through self-referral or at the direction of their supervisor. Employees who are engaged in work under a federal contract may be required to submit a test for illegal use of controlled substances as provided by the law or regulations of the contracting agency.

As a condition of employment, employees are asked to abide by this statement. In addition, those employees working on a federal contract or grant must notify their supervisor if they are convicted of a criminal drug offense occurring in the workplace within five (5) days of the conviction. The University will notify the granting or contracting federal agency within ten (10) days of receiving notice of 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.

‘This statement and its requirements are promulgated in accordance with the requirements of the Drug-Free Workplace Act of 1988 and shall be interpreted and applied in accordance with this law and the rules and regulations promulgated pursuant thereto.

This is to acknowledge that I have received, read and understand the above “Statement of a Drug-Free Workplace” for the University of Illinois College of Medicine Rockford.

___________________________________                         _____________________
Signature                                                                                  Date
VENDOR INTERACTION POLICY

Purpose: This policy is to establish guidelines for University faculty, staff, student, resident, and fellow interactions with external agencies.

The University of Illinois College of Medicine 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. Soliciting or accepting personal gifts or the use of gifts, gratuities, and favors from industry representatives is not allowed, as it creates the possibility of (or appearance of) favored treatment or an unfair influence for the outside entity.

B. 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.

C. Individual gifts of minimal value are permissible as long as the gifts are related to the physician’s work (e.g., pens and notepads).

D. 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.

E. 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.

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.

EMPLOYEE REPORTING REQUIREMENTS
Employees are notified annually to disclose outside interest on the form required by the University of Illinois College of Medicine. This form requires the disclosure of specific outside interest that may or may not represent conflicts. New employees are required to complete and file new disclosure forms within 30 days of employment. All employees are required to take the initiative and report in writing to their immediate supervisor any conflict or potential conflict of interests involving their University duties and an outside interest as soon as it develops.

FAILURE TO COMPLY
Failure to comply with this policy may result in disciplinary action up to and including termination of employment.

Approved: 4/25/2017
Approved: 10/21/2021
This policy provides residents/fellows with the expectations for timely completion of medical records.

Accurate and timely completion of medical records is essential to provide good medical care. This policy will apply to all University of Illinois College of Medicine Rockford residents. Failure to complete medical records in a timely manner may result in disciplinary action.

1. All residents/fellows must comply with the applicable hospital policies where they have rotations.
2. If a resident/fellow rotates away from a hospital they are still responsible for completion of charts left at the hospital,
3. As part of the annual Training Agreement, residents are expected to keep charts, records and/or reports up to date and signed at all times.
4. The formal semi-annual evaluation of a resident’s performance must include an element under the competency of Interpersonal and Communication, an assessment of timely, comprehensive, and legible completion of all medical records.
5. All medical record documentation must be current and completed prior to completion of the training program.

Approved: 4/25/2017
Approved: 10/21/2021
DISASTER POLICY

The University of Illinois College of Medicine Rockford is committed to providing residents/fellows with a complete, high-quality educational program. In the event the program is disrupted by emergencies, catastrophic events, or natural disasters which interrupt training, arrangements will be made to enable residents currently in the program to complete their educational program in the least disruptive manner.

Residents and fellows are encouraged to develop a Personal/Home Disaster plan so that if the resident/fellow cannot get home to take care of family, there is a plan in place regarding child care, pet care, etc.

PROCEDURE

a) The DIO will immediately communicate with the program directors to determine their needs. The residents/fellows will also be informed that an emergency has occurred.

b) Program directors shall maintain operational awareness of the locations of residents and fellows within their programs as well as various points of contact for each trainee within their program(s). This shall include email addresses and cell phone numbers (if available) for the trainees as well as provisions for notification of next of kin. The program director/designee shall take an immediate accountability of the location and welfare of all involved in the event of a disaster. The program directors will contact the DIO to confirm the safety of all trainees. The Program Director and/or Designated Site Directors at the participating hospitals will be responsible for determining the operational status of each participating hospital and any necessary relocation of patient care activities as a result of the disaster. The DIO will maintain contact information and establish communication with program directors until a decision is made regarding the need to relocate trainees, either on a temporary or permanent basis. Once this decision is made, trainees will be notified in a timely fashion.

c) Once conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education, the Designated Institutional Official (DIO) shall notify all Department Chiefs, program directors, ACGME, RRC and CMS;

d) The DIO will communicate with the ACGME Institutional Review Committee’s Executive Director to inform them of the situation that has occurred and to request assistance in placement of affected residents/fellows for continuation of their training.

A list of approved programs can be found on the AGME website, which will serve as a resource to identify programs in non-disaster affected areas which may be able to accept temporary or permanent transfers.

ACGME/RRC Suite 2000, 515 North State Street; Chicago, IL 60654
312-755-5000              Fax 312-755-7498                www.acgme.org
e) Within ten days after the declaration of a disaster, the designated institutional official (DIO) (or
designee) will contact the ACGME to discuss due dates that the ACGME will establish for the
programs (a) to submit program reconfigurations to ACGME and (b) to inform each program’s
residents of resident transfer decisions. The due dates for submission are no later than 30 days
after the disaster unless other due dates are approved by ACGME.

The DIO will call or email the Institutional Review Committee Executive Director with
information and/or requests for information.

Program Directors will call or email the appropriate RRC Executive Director with information
and/or requests for information.

Residents will call or email the appropriate RRC Executive Director with information and/or
request for information. On its website, ACGME will provide institutions for changing resident
email information in the ACGME Web Accreditation Data System.

f) Residents/fellows who transfer temporarily will be informed initially and continually by the
program director about the estimated duration of the transfer.

g) Documentation of resident/fellow demographics, licensure, ECFMG certification, and other
training information is maintained in New Innovations, a comprehensive resident database
located on a secure remote server. Any program that accepts a transferring resident/fellow will
be asked to submit all evaluations to the GME Office to be uploaded through the New
Innovations program to allow continuity for the trainees when they return to UICOM-R.

h) Residents/fellows will continue to receive salary and benefits from UICOMR during temporary
relocations. For program closure/disruptions that are permanent, residents will continue to
receive salary and benefits until the trainee is placed and begins in another institution, or until
the end of their contract.

i) In the event that the disaster renders UICOMR incapable of reestablishing the training
environment within a reasonable period of time, the DIO and respective program directors will
arrange for permanent transfer of the trainees to suitable programs.

j) UICOMR will also, to the best of its ability, offer to accept temporary and/or permanent
transfers of trainees displaced by disasters at other ACGME-accredited institutions.

Approved: 4/25/2017
Approved: 10/21/2021
RESIDENT AND FACULTY WELL-BEING

This policy establishes standards and expectations for resident/fellow and faculty well-being to ensure patient safety and the continuity of patient care. This policy applies to faculty, residents and fellows who participate in University of Illinois College of Medicine Rockford (UICOMR) graduate medical programs. It is the responsibility of the Designated Institutional Officer, program directors, faculty members and physicians in training to promote and support the standards outlined in this policy.

PROCEDURE

A. Self-care is a skill that must be learned and nurtured throughout residency and fellowship training. Finding a balance between work and personal well-being is a key component of professionalism. The responsibilities to address well-being include:
1. enhancing the meaning that each resident/fellow/faculty member finds in the experience of being a physician by promoting protected time for patient care, minimizing non-physician obligations, providing necessary administrative support, and promoting progressive autonomy and flexibility,
2. monitoring scheduling, work intensity and work compression that may impact physician well-being,
3. evaluate the workplace to ensure physician safety,
4. promote policies, programs and curricula that support optimal physician well-being such as offering the opportunity to attend medical, mental health and dental care appointments during their regularly scheduled work hours, and
5. encourage physicians to notify the program director, chief resident, or supervisor when they are concerned about a resident/fellow or colleague displaying signs of burnout, depression, substance abuse, suicidal ideation, or the potential for violence. The University must educate faculty, residents and fellows about the signs and symptoms of burnout, depression, and substance abuse, including the means to assist those who may experience those conditions. Including when to seek help for themselves. Self-screening tools such as those available through ACGME tools and resources should be encouraged. https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/AWARE-Well-Being-Resources The AMA also offers online modules on professional well-being topics, https://edhub.ama-assn.org/steps-forward/pages/professional-well-being .
6. Program directors are encouraged to implement a validated mental health screening tool periodically that screen for burnout and/or depression.

B. When a resident or fellow is unable to attend work, including but not limited to fatigue, illness, and family emergencies, the following coverage and support should be provided:
1. All programs must have a policy and procedure that ensures coverage of patient care in the event a resident or fellow is unable to perform their patient care duties.
2. All residents and fellows that are unable to attend work, should be able to do so without fear of negative consequences.
REFERRALS AND RESOURCES

A. Residents, fellows, and faculty are encouraged to seek voluntary confidential health services before experiencing problems with interpersonal relationships, or clinical, educational, and professional performance. Employee Health – Rockford Region can provide referral information, at 815-395-5789 as can UI Health Employee Assistance Program at 800-697-0353.

B. A formal referral of a resident occurs when they are instructed and/or required by the program director to contact University Health Service (UHS) for consultation and/or evaluation regarding a concern the program director has related to the resident/fellow’s performance within the training program. The program director contacts UHS to notify them of the incoming referral. Automatic referral to UHS will be triggered if the resident/fellow is removed from duties due to reasonable suspicion of impairment in the workplace. UHS will meet with the resident/fellow in an expedient manner. In the case of formal referral, the program director has access to information on the plan of care.

C. An informal referral can be made by a resident, chief resident, fellow, faculty member or program director. The referred resident or fellow may opt to contact UHS for consultation or they may utilize the UI Health Employee Assistance Program (EAP). EAP services are designed for residents or fellows who are struggling with personal, professional, or emotional problems and are seeking one-on-one support in a confidential setting. EAP services are available 24/7 for all residents/fellows at 800-697-0353. Employee Health – Rockford Region is available at 815-395-5789.

D. The GME Office offers transportation reimbursement for any resident or fellow unable to drive their own vehicle due to fatigue, illness or other impairments. The GME Office has an open door to assist all residents, fellows, and faculty, 815-395-5600.

Approved 10/21/2021
SECTION 5: - Educational Program/Curriculum

- Resident Supervision/Program Letters of Agreement
  - Blank PLA Agreement
- Chief Residents
- Program Goals and Objectives
- Program and Faculty Evaluation
- Off-Site Rotation Approval
- Resident Travel Procedures
- Program Closure/Reduction
RESIDENT SUPERVISION
PROGRAM LETTER OF AGREEMENT

PURPOSE
The purpose of this policy is to outline the minimal supervision requirements for all University of Illinois College of Medicine Rockford residency/fellowship programs. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth. One of the core principles of graduate medical education is the concept of graded and progressive responsibility. As residents gain experience and demonstrate growth in their ability to care for patients; they assume roles that permit them to exercise those skills with greater independence.

POLICY
It is the responsibility of each program director to establish detailed written descriptive policies delineating supervision requirements for each level of training in the program. These requirements must be distributed annually and/or made readily available in a web-based format to all residents and faculty for each program. The requirements for on-site supervision will be established by the program director in accordance with ACGME institutional, common, and program-specific requirements. Supervision of residents must be graded to provide increasing responsibility and maturation into the role of the independent-functioning licensed provider, with sound judgment and good technical skills.

PROGRAM LETTERS OF AGREEMENT
In order to ensure residents/fellows receive appropriate educational experience under the appropriate level of supervision, programs should annually review resident clinical assignment and update the Program Letter of Agreement (PLA) for each participating site providing a required program assignment. The program director must monitor resident supervision at all participating sites and should review faculty supervision assignments to determine if they are of sufficient duration to assess the knowledge and skills of each resident and delegate to each resident the appropriate level of patient care authority and responsibility. An updated PLA must be signed annually by the program director and site director and must include the following information:

- identify faculty name/or general faculty group who teaches/supervises residents,
- specify their responsibilities for teaching, supervision, and formal evaluation of residents,
- specify the duration and content of the educational experience and
- state that residents must abide by the policies of the site, the program, and the GMEC.

A copy of the signed PLA will be sent to and maintained in the GME office.

SUPERVISION OF RESIDENTS
In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each ACGME Residency Review Committee) who is ultimately responsible for that patient’s care.

- This information should be available to residents, faculty members, and patients.
- Residents and faculty members should inform patients of their respective roles in each patient’s care.
Programs must demonstrate that the appropriate level of supervision, as defined by ACGME, is in place for all residents who care for patients. Supervision may be exercised through a variety of methods.

- Some activities require the physical presence of the supervising faculty member.
- For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
- Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities.
- In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Based on the needs of the patient and the skills of the residents, faculty members functioning as supervising physicians should delegate portions of care to residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. A more senior resident may be designated by the program director as a supervising physician when he/she has demonstrated the medical knowledge, procedural competency skill set, and supervisory capability to teach and oversee the work of junior residents.

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

In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available as described in the following four levels of supervision. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.

**LEVELS OF SUPERVISION**

Programs must use the following classification of supervision to ensure oversight of resident supervision and graded authority and responsibility:

- **Direct Supervision** – the supervising physician is physically present with the resident and patient.
- **Indirect Supervision With Direct Supervision Immediately Available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- **Indirect Supervision with Direct Supervision Available** – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
• **Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The program director, in conjunction with the program’s Clinical Competency Committee and faculty, must provide written descriptions of the roles, responsibilities, and patient care activities of the residents by level. These must be available to the supervising faculty, residents, and health care staff in the clinical work environment.

**PROGRAM – LEVEL SUPERVISION POLICIES AND PROCEDURES**

Each ACGME-accredited training program is required to establish a written program-specific supervision policy consistent with GME institutional policies and individual Residency Review Committee (RRC) requirements. Programs must use the ACGME classification of supervision and must demonstrate the appropriate levels of supervision are in place. Program-specific policies and procedures should include the following:

• Definition of who is qualified to supervise residents (in addition to faculty attending’s) including more advanced residents/fellows or licensed independent practitioners as specified by each RRC

• Criteria in compliance with individual RRC requirements that define when a resident is approved to safely and effectively perform certain procedures or clinical activities without direct supervision. The Program Director will define the mechanism by which residents can be deemed competent to perform a procedure(s) under indirect supervision or oversight. Lists of approved clinical activities should be maintained for each resident so that they can be made available for review by all patient care personnel.

• Requirement that PGY-1 residents (if applicable to program training levels) should be supervised either directly or indirectly with direct supervision immediately available and, if defined by a program’s RRC, a listing of achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.

• Guidelines for circumstances and events when residents must contact appropriate supervising faculty, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. These guidelines should be specific to patient situations, resident level, who is to be contacted (by position) and what to do if the contact does not respond.

• A description of clinical responsibilities for each resident based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. (RRC may specify optimal clinical workloads.)

• Educating residents and faculty on supervision policies and procedures including the ACGME requirement that residents and faculty members should inform patients of their respective roles in each patient’s care.

• Faculty supervision assignments should be of sufficient duration to allow for the assessment of the skills, knowledge, and professional attitude development of each resident in order to facilitate the assignment to the appropriate level of care responsibility and authority.

Programs should annually review faculty supervision assignments and the adequacy of supervision levels. A copy of each program’s current supervision policy should be submitted to GME along with a sample procedure/clinical activity competency list. Compliance with these requirements will be monitored by the GMEC through periodic audits, review of annual program evaluation meeting minutes, and the internal review process.

**PATIENT CARE SETTING RESIDENT SUPERVISION STANDARD**
The following are minimum standards for resident supervision and documentation in patient care settings. They are designed to promote patient safety, provide educational excellence, but maintain autonomy based on demonstrated educational competence. These requirements are effective in all training sites without regard to patient insurance status or time of day. Residents and faculty members in training programs under the auspices of ACGME will abide by the supervision and documentation schema as noted below. Individual programs and hospitals may have more stringent supervision and documentation requirements.

All residents’ patient care activities are ultimately supervised by a credentialed and privileged attending physician (or an approved licensed independent practitioner). Programs must define the resident procedures or clinical tasks that are permitted by year of training with and without direct supervision. Programs must maintain records of each resident’s attainment of procedural/clinical task competence.

### Supervision Setting/Clinical Activity

<table>
<thead>
<tr>
<th>Supervision Setting/Clinical Activity</th>
<th>Required Supervision Level/Description</th>
</tr>
</thead>
</table>
| **A. Operating/Delivery Room**       | - Direct Supervision by Attending Physician  
Departmental attending must be physically present and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident. |
| **B. Non-Routine, Non-Bedside, Non-OR Procedures (e.g., Cardiac Cath, Endoscopy, Interventional Radiology, etc.)** | - Direct Supervision by Attending Physician  
Departmental attending must be physically present and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident. |
| **C. Emergency Department**          | - Direct Supervision by Attending Physician  
Departmental attending must be physically present and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident. |
| **D. Emergency Care-Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated when the departmental attending physician is contacted.** | - The departmental attending must be notified prior to the scheduling of the procedure. |
In the following patient care settings, the Program Director may designate a more senior resident/fellow to supervise a junior resident.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Supervision Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Inpatient Care/ New Admissions</td>
<td>Indirect Supervision with Direct Supervision Available</td>
</tr>
<tr>
<td></td>
<td>Oversight</td>
</tr>
<tr>
<td>Inpatient Care/ Continuing Care</td>
<td>Oversight</td>
</tr>
<tr>
<td>Inpatient Care/ Intensive Care</td>
<td>Indirect with Direct Supervision immediately available</td>
</tr>
<tr>
<td>Inpatient Care/ Hospital Discharge and Transfers</td>
<td>Oversight</td>
</tr>
<tr>
<td></td>
<td>The attending must be involved in the decision to discharge or transfer patient</td>
</tr>
<tr>
<td>F. Outpatient Care/ New Patient Visit</td>
<td>Indirect with Direct Supervision immediately available</td>
</tr>
<tr>
<td>Outpatient Care/ Return Patient Visit</td>
<td>Oversight</td>
</tr>
<tr>
<td>Outpatient Care/ Clinic Discharge</td>
<td>Oversight</td>
</tr>
<tr>
<td>G. Consultations</td>
<td>Oversight</td>
</tr>
<tr>
<td>Inpatient, Outpatient and Emergency Department</td>
<td>Post-hoc review with feedback by supervising faculty/resident physician</td>
</tr>
<tr>
<td>H. Routine Bedside and Clinic Procedures</td>
<td>Indirect Supervision with Direct Supervision Available</td>
</tr>
</tbody>
</table>

Approved: 4/25/2017
Approved: 10/21/2021
Program Letter of Agreement
Between ___________________________ and _____________________________
Effective Date: ______________________

Residency Program: ___________________________

Program Directors:

I. Individuals who assume administrative, educational and supervisory responsibility for the residents while rotating at:

Rotation Site Director: ___________________________

Rotation Teaching Faculty: ___________________________

<table>
<thead>
<tr>
<th>Rotation Name</th>
<th>Faculty</th>
</tr>
</thead>
</table>

Responsibilities:

Of The Rotation Site Director:
- Coordinate the resident rotation schedules
- Ensure that evaluations are completed for the resident and returned to the Program
- Ensure that there is an identifiable, appropriately credentialed and privileged attending physician preceptor supervising the resident physician in the clinical setting

Of The Teaching Faculty:
- All patient care provided by a resident physician while on rotation at ________ must be supervised by the assigned preceptor(s)
- Provide residents with rapid, reliable systems for communication with supervising preceptors(s)
- Oversee the residents’ overall clinical experience including performance of any technical procedures
- Ensure that training goals and objectives are completed for each resident
- Evaluate resident performance on the rotation
- Communicate with the residency Program Director regarding specific resident issues or concerns

The ___________ Family Medicine Residency Program Director has primary responsibility to see that objectives and goals of the training program are fulfilled for each rotation. It is the responsibility of the ___________ Family Medicine Residency program to provide the preceptor(s) with any specific supervision guidelines pertaining to the rotation.

The ___________ Family Medicine Residency assumes responsibility for ensuring that Caregiver Background Checks are completed for all residents, and that each resident has received training in blood-borne pathogens and HIPAA privacy requirements.
II. Educational content:
Educational goals and objectives for each Family Medicine Residency program rotation are attached. Additionally, specific rotation requirements are outlined by the and Accreditation Council on Graduate Medical Education (acgme.org) websites.

III. Duration of Assignment:

<table>
<thead>
<tr>
<th>PG Level</th>
<th>Duration of Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Funding responsibility for rotations at remains responsible for the resident compensation and benefits during these training rotations. Residents on training rotations have medical malpractice and liability insurance coverage through

V. Policies and procedures governing family medicine residents while rotating at
Residents are required to follow the policies and procedures of and . Violations by residents should be reported to the Program Director and/or Residency Coordinator for follow-up and/or disciplinary action as may be appropriate.

VI. Renewals and Updates.
This Program Letter of Agreement will be revised and renewed at least every five years. Updates of educational goals and objectives, name(s) of teaching faculty, and other changes may be provided as an amendment to this agreement annually, and more frequently as may be appropriate. The Family Medicine Residency will also communicate names of residents on rotations, schedule dates, and other pertinent information as appropriate.

VII. Counterparts
This Agreement may be executed by electronic or facsimile means and in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

VIII. Signatures in acknowledgement of this Program Letter of Agreement.

__________________________________________             Date

__________________________________________             Date

__________________________________________             Date

IX. Program Contact Information
______________, Fellowship Coordinator
CHIEF RESIDENTS

The Chief Resident is a senior resident appointed by a residency program to supervise junior residents, develop rotation schedules, and perform other administrative duties as assigned. The Chief Resident reports to the Program Director and residents.

The Chief Resident shall function as the main liaison between the residents and program director, faculty, and administrative staff. He/she functions to facilitate communication between residents and faculty, ensure a high level of educational opportunity as well as oversee the functioning of the residents within the program. He/she assumes the responsibility of providing educational leadership and being a role model for other residents. Essential to this role is confidentiality, especially when dealing with personnel issues of the residency and hospital. There is a continued obligation upon completion of the residency to hold confidential any information secured during the time served as Chief Resident.

No program is required to appoint a Chief Resident for the purpose of fulfilling this policy.

REQUIREMENTS

The Chief Resident must be a senior resident in good standing. He/she must be respected clinically as an excellent physician. The Chief Resident must demonstrate exceptional leadership, communication, and organizational skills. He/she must also be able to interact and support the program administration and have a commitment to work for the good of the entire program. He/she must be willing to invest the time and accept the responsibilities required by the position. He/she must have common sense and patience that is required in negotiating with the various aspects of the program and the medical community. The Chief Resident must have an understanding of conflict management. He/she must have or develop managerial and leadership skills.

APPOINTMENT PROCEDURE

- The selection process will be the responsibility of the Program Director and core program faculty.
- The Program Director reserves the right to remove the Chief Resident from their position in consultation with program faculty in the event that the selected resident loses their eligibility for the position due to personal or professional circumstances which compromise the resident’s ability to perform the duties of the position.

REMUNERATION:

- The Office of GME will make all stipend adjustments for Chief Residents.
- Fund and time to attend a Chief Resident training course will be made available at the cost of the residency program.
- An additional stipend of $2000 annually.
- The stipend will be paid monthly from July 1-June 30.

Approved: 4/25/2017
Approved: 10/21/2021
PROGRAM GOALS AND OBJECTIVES

GME programs at the University of Illinois College of Medicine Rockford (UICOMR) are required to have goals and objectives for each rotation and training level. These goals and objectives, along with teaching and evaluation methods, are essential to a competency-based education. The following ACGME general competencies have been integrated into our curricula:

1. **Patient Care**  
   Resident must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical Knowledge**  
   Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. **Practice-Based Learning and Improvement**  
   Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

4. **Interpersonal and Communication Skills**  
   residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

5. **Professionalism**  
   residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

6. **System-based Practice**  
   residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Goals and objectives will be distributed annually to residents, fellows, and faculty and reviewed by the residents/fellows at the beginning of each rotation. Each program will evaluate the curriculum at least annually.

Approved: 4/25/2017  
Approved: 10/21/2021
OFF-SITE ROTATION APPROVAL
(ELECTIVE APPROVAL)

The purpose of off-site rotations is to provide training experiences outside University of Illinois College of Medicine Rockford affiliated hospital system. These assignments, when performed outside the system and on an irregular basis, will be referred to as “electives”.

University of Illinois College of Medicine Rockford residents may with the Program Director’s permission participate in training programs outside the Universities affiliated hospital system. The Program Director is ultimately responsible for the ability of his/her program to meet ACGME requirements within UICOMR facilities whenever possible. To request an additional training experience outside of UICOMR facilities, completion of the following procedure is required in writing, and information provided should include:

- Request for Approval using the Elective Approval Form
- Requests must be submitted at least twelve (12) weeks in advance of the starting date
- Letter from off-site supervising faculty/institution supporting and verifying the rotation
  Or if required by the rotation site, the host institution’s Off-Site Affiliation Agreement
- Goals and objectives for the rotation

Upon receipt of the completed Elective Approval Form and accompanying documentation, GME staff will present the request to the DIO for approval.

GME Committee will consider the request and if approved, GME staff will send the request to the Program Director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

While it is within the Program Director’s discretion to allow electives, the appropriate justification should be to provide training experience not available in the University of Illinois College of Medicine Rockford system.

The resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. The program director’s office can furnish a letter providing proof of liability insurance coverage for residents planning to take elective rotations that are out of the University of Illinois College of Medicine Rockford affiliated hospitals, clinics, or an affiliated institution.

Residents taking electives at hospitals outside of Illinois should make arrangements for required licensing well in advance of their starting dates.

Program Directors may not certify malpractice coverage for the resident’s participation in the elective. This must be done through the University Risk Management Office. The GME Office will handle all requests for malpractice certification.

Latest Revision: 4/3/2017
Approved: 4/25/2017
Approved: 10/21/2021
ELECTIVE APPROVAL FORM

NAME: ____________________________________________       DATE:__________________

1. Elective Approval Forms must be submitted to the Program Director at least 16 weeks prior to the rotation start date.

2. Dates of Elective Rotation:____________________________________________________

3. Preceptor Name:____________________________________________________________

4. Facility Name:______________________________________________________________

5. Because being away from the clinic takes you away from being able to care for your patients, what experience or knowledge will you obtain through this elective that cannot be obtained locally?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Submit preceptor CV and letter of acceptance

7. Submit time away form for away rotation

____________________________________________________________________________
Initial                     Date

Elective request form submitted to residency office                              _________        __________
Goals and Objectives attached                                                                    _________        __________
Letter of acceptance attached (away rotations)                                      _________        __________
Preceptor CV attached (away rotations)                                                   _________        __________
Program Director Approval                                                                          _________        __________

________________________________________________________________                  ____________________
Signature - Designated Institutional Official (DIO)                                                                        Date

**Permission granted only if all affiliation agreements obtained.
RESIDENT TRAVEL PROCEDURES

All resident travel requires prior approval of the Program Director.

The Program Director or Program Coordinator must obtain a Travel Authorization for residents by emailing the GME Office. Once the request has been approved, reimbursement, the resident must complete the Resident Travel Form before the expenses can be submitted for reimbursement.

PROCEDURE
Employees should submit claims for reimbursement of travel expenses no later than thirty (30) days after completion of travel. Timely submission of claims will allow departments to approve travel more effectively.

Travelers should submit travel claims to the appropriate department/unit designee assigned for processing travel reimbursements. The designee should enter the reimbursement in TEM and submit as soon as possible.

RECEIPTS
An acceptable original, itemized receipt must be submitted for lodging, registration fee, airline tickets, rental cars, or any other allowable expense.

An acceptable receipt for the cost of the ticket should be supported by the original passenger coupon which includes proof of payment.

Approved: 4/25/2017
Approved: 10/21/2021
REQUEST FOR TIME AWAY FROM THE ROCKFORD RESIDENCY PROGRAM

PHYSICIAN: __________________________ DATE: _____________
Rotation (during time away): __________________________

1. Request for vacation and CME must be submitted at least six weeks prior to date requested.
   i. The only exception will be in the event of true emergency or illness in which case approval from (Residency Coordinator) is necessary.

   Approval Signature ______________________________________________

2. The following information must be completed and ALL APPROPRIATE AUTHORIZATION OBTAINED BEFORE time away will be approved.

3. Once all authorization has been obtained, the RESIDENT is ultimately responsible for delivering and VERIFYING notice of time away to clinic schedulers.

4. You must check with the clinic schedulers prior to your time away to verify that your name has been removed from the schedule.

5. Are you on call or post-call? □ No □ Yes
   (If post-call you are not allowed to take time off)

6. Are you on a call rotation? □ No □ Yes
   (No time away allowed if on a call rotation)

7. If on call, call change request form completed? □ No □ Yes

8. Are you at risk? □ No □ Yes

9. If you are at risk, ___________________________ is covering.
   (The person covering must sign on the line.)

   YOUR TIME AWAY IS CONSIDERED “NOT APPROVED” UNTIL ALL CALL CHANGES AND AT RISK COVERAGE IS TAKEN CARE OF.

DATES REQUESTED FOR TIME AWAY: _______________________________________
REASON FOR TIME AWAY ____________________________ (Vacation, CME, Sick)
Proxy Assigned by (Residency Coordinator) ____________________________
Resident Requesting Time Away (Signature) ____________________________

Residency Office (Is time available?): Initial Date
Put in Google: □ Yes □ No
Blocked Clinic □ Yes □ No
Updated AMION □ Yes □ No
Updated Student Schedule □ Yes □ No

**Be sure to notify your rotation preceptor at the start of your rotation or as soon as you get the approval if you are currently on the rotation**
REQUEST FOR TIME AWAY FROM THE MONROE RESIDENCY PROGRAM

PHYSICIAN: _______________________________ DATE: ____________

1) Request for vacation and CME must be submitted at least six weeks prior to date requested.

2) Personal time, search time and other more urgent circumstances that arise are somewhat negotiable but should be submitted as early as possible.

3) **IF TIME OFF IS REQUESTED ON SHORT NOTICE (LESS THAN SIX WEEKS IN ADVANCE,) RESIDENTS WILL BE REQUIRED TO RESCHEDULE ALL PATIENTS ALREADY SCHEDULED.**

   The only exception will be in the event of a true emergency or illness.

4) The following information must be completed and ALL APPROPRIATE AUTHORIZATION OBTAINED BEFORE time away will be approved.

5) Once all authorization has been obtained, the RESIDENT is ultimately responsible for delivering and VERIFYING notice of time away to clinic schedulers.

6) You must check with the clinic schedulers prior to your time away to verify that your name has been removed from the schedule.

7) If absence is five days or longer, all evaluations, duty hours, hospital records and clinic charts must be up to date prior to time away. If these are not up to date, absence is considered unexcused.

DATES REQUESTED FOR TIME AWAY: __________________________

REASON FOR TIME AWAY: _______________________________________

Obtain the following approvals in order:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency Office (Is time available?):</td>
<td>____________</td>
</tr>
<tr>
<td>Rotation Preceptor Approval:</td>
<td>____________</td>
</tr>
<tr>
<td>Residency Director Approval:</td>
<td>____________</td>
</tr>
<tr>
<td>Clinic Manager/Schedule Notification</td>
<td>____________</td>
</tr>
</tbody>
</table>
Monroe Clinic Rural Family Medicine Residency
Time off Request Form

This form is to be used for any time away from the program or any change to your current schedule. Please complete this form and submit it to Lori Rodefeld, Residency Coordinator.

Requests must be approved by the Program Coordinator, Program Director and Family Medicine Coach.

CTO Date:

Reason for request:

Requested by ______________________________ Date

Resident Physician

Approved by ______________________________ Date

Program Coordinator

Approved by ______________________________ Date

Program Director

Approved by ______________________________ Date

Family Medicine Coach
PROGRAM CLOSURE/REDUCTION

The University of Illinois College of Medicine Rockford is committed to providing residents/fellows with a complete, high-quality educational program. In the event the University should reduce the number of positions in a training program or closes 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 will take any and all actions reasonable and appropriate to assist the residents in relocating to another ACGME accredited program.

Approved: 4/3/2017
Approved: 10/21/2021
Section 6: - Evaluations and Promotions

- Resident and Faculty Evaluation
- Resident Reappointment and Promotion
- GME Certificates of Training
- Resident Records
RESIDENT AND FACULTY EVALUATIONS

MANDATORY PARTICIPATION REQUIREMENT
The ACGME Institutional Requirements state: “The Sponsoring Institution must ensure that residents submit to the Program Director...at least annually confidential written evaluations of the faculty and of the educational experience.” No resident will be allowed to advance to the next PGY level until the required evaluations have been completed.

RESIDENT EVALUATION OF FACULTY
Residents must be given the opportunity to evaluate their teaching faculty at least once a year, which will be forwarded to the Department Head or designee and Program Director. Confidential online evaluations using New Innovations are available for the resident. In the case of small or one person fellowships, the evaluations may be collated with the core program to ensure confidentiality.

- The evaluation must be confidential and in writing.
- Each Program Director will establish a policy and a form for evaluation of faculty members by residents.
- Evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism and scholarly activities.
- A sample copy of the faculty evaluation will be provided to the Office of GME.
- The results of resident’s assessments will be included in the annual program evaluation.

PROGRAM DIRECTOR EVALUATION OF FACULTY
Each Program Director must evaluate the teaching faculty on an annual basis. The Program Director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program.

FACULTY EVALUATION OF RESIDENTS
Each Program Director will provide a resident/fellow with a written evaluation no less than every six (6) months, and ideally after each rotation is completed. The program must provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice: use multiple evaluators (e.g., faculty, peers, patients, self and other professional staff); document progressive resident performance improvement appropriate to the educational level; and provide each resident/fellow with documented semiannual evaluation of performance with feedback.

- The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.
- Form of the evaluation will be at the discretion of the Program Director.
- The evaluation procedure will include a discussion between the Program Director or current supervisor and the resident.
- Residents will be allowed to submit written addenda to the evaluations, which will be included in the resident's program file.
- The Program Director must provide a summative evaluation for each resident upon completion of the program.
This evaluation must become part of the resident’s permanent record maintained by the institution and must be accessible for review by the resident in accordance with institutional policy. This evaluation must document the resident’s performance during the final period of education and verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

RESIDENT EVALUATION OF CLINICAL ROTATIONS
Each Program Director will establish a policy for evaluation of each clinical rotation by residents. Programs will be expected to use the form provided by the GME Office unless formal GMEC approval for an alternative form has been given.

- The resident will complete an evaluation following each rotation, which will be forwarded to the Department Head or designee and Program Director.
- Institutional monitoring reports will be provided by the GME Office to the programs on a schedule as approved by the GMEC to maintain the anonymity of the respondents. Programs using approved alternative evaluation forms will submit reports to the GME Office on the same schedule.

FACULTY EVALUATION OF PROGRAM
Faculty must have the opportunity to annually evaluate the program.

- Evaluations are to be in writing and confidential.
- Form of the evaluation will be at the discretion of the Program Director.
- The results will be included in the annual program evaluation and submitted to the office of GME.

ANNUAL PROGRAM EVALUATION AND IMPROVEMENT
Each Program Director is responsible for implementing a review process for the annual evaluation of the training program. The review must include evaluations from residents, faculty and other stakeholders as the program deems useful to have evaluations done. In accordance with the ACGME Program Requirements, the program must monitor and track each of the following areas:

- Resident performance
- Faculty development
- Graduate performance, including performance of program graduates on the certification examination
- Program quality

The resident must complete a confidential evaluation of the program at least annually which will be turned in for review by the program director, department head and education committee where one exists. The program must use the results of resident’s assessments of the program together with other evaluation results to improve the program.

If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed above. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

The results from the program evaluation meeting will be sent to the GME Office as part of the GME annual program report.
PROGRAM RESPONSIBILITY FOR MAINTAINING EVALUATION RECORDS
The Program Director office will keep all resident evaluations in the residents’ permanent files. Resident files will be made available to the GME Office and Associate Dean/Director GME upon request, consistent with University policy on record access.

Approved: 4/3/2017
Approved: 10/21/2021
RESIDENT REAPPOINTMENT AND PROMOTION

Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period.

Reappointment and promotion of a resident to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicates satisfactory progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program. This includes demonstrated proficiency in:

- Each of the ACGME competencies:
  - Patient Care
  - Medical Knowledge
  - Practice-Based Learning and Improvement
  - Interpersonal and Communication Skills
  - Professionalism
  - Systems-Based Practice,
- Ability to teach others,
- Attendance, punctuality, and availability,
- Adherence to rules and regulations in effect at the University of Illinois College of Medicine Rockford and each health care entity to which assigned,
- Other examples include satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.

USMLE Step 3 Requirement
All new residents entering University of Illinois College of Medicine Rockford Graduate Medical Education Programs at the PGY-1 or PGY-3 level on or after July 1, 2017 will be required to pass USMLE Step 3 (or equivalent examination, COMLEX - USA) prior to being promoted to the PGY-3 level. Failure to pass Step 3 (or equivalent examination) prior to June 30th of the PGY-2 year will result in non-renewal of the resident’s appointment. Any entering resident who has already passed Step 3 or holds a current, unrestricted medical license meets this requirement.

Those residents deemed to have completed satisfactorily the requirements for a specific level of training will be promoted to the next higher level of responsibility. No resident may remain at the same level of training for more than 24 months, exclusive of leave. A resident whose performance is deemed to be satisfactory will advance until the completion of the program.

When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four months prior to the end of the resident’s current contract. If the primary reason for non-promotion occurs within the last four months of the contract period, the program will give as much written notice as circumstances reasonably allow.

A resident can be dismissed without prior written notification at any time during the contract year due to the occurrence of a serious act as described in GME Policy on Disciplinary Action.

Latest Revision: 4/3/2017
Approved: 10/21/2021
GME CERTIFICATES OF TRAINING

A resident who successfully completes all requirements of their training program will receive a certificate of completion. A certificate will be issued at the completion of a full residency/fellowship training program. Certificate forms will be designed by the Office of GME to conform with University Identification policy. Certificates for residents who complete a program will indicate such on the certificate.

VERIFICATION LETTERS
An official verification of training letter will be issued when a resident or fellow does not complete the full training program. The GME Office will issue a letter certifying completion of rotations. The content of the letter will be restricted to confirming dates of training and that the resident performed in a satisfactory manner. The letter will be signed by the Residency Program Director.

Requests received by the GME Office for additional information regarding resident performance, or verification requests for residents who have experienced disciplinary problems, will be referred to the appropriate Program Director for completion.

CLEARANCE
Certificates and letters will be issued to residents only if they complete all College of Medicine Rockford and affiliated hospital clearance requirements.

EXIT CHECKLIST
Each resident must submit a completed GME Clearance Form to the GME Office at the time they are finishing their program or are leaving. The GME Office will not release a training certificate or verify a residency until the resident turns in the completed Clearance Form.

The GME Clearance Form will be approved by the GMEC.

REPRINTING OF CERTIFICATE
- Should a trainee lose his/her certificate, another can be reissued at no charge.
- The current format for certificates must be used.
- The correct training dates must be printed but the witness date on the certificate must match the current date and not the original date on the certificate.
- The above procedure will be followed for reprints.

Approved: 4/25/2017
Approved: 10/21/2021
The University of Illinois
College of Medicine at Rockford

This certificate is awarded to

First Last Name, MD

in recognition of satisfactory completion of a
graduate medical educational experience as a

Resident in Family Medicine

from July 1, 2015 to June 30, 2016

Given at Rockford, Illinois, this twenty-fourth day of June 2016.

[Seal]

[Signature]
Department Chairperson

[Signature]
Program Director

SwedishAmerican Hospital, CEO

[Logo]
The University of Illinois
College of Medicine at Rockford

This certificate is awarded to

First Last Name, MD

in recognition of satisfactory completion of a graduate medical educational experience as a

Chief Resident in Family Medicine

from July 1, 2015 to June 30, 2016

Given at Rockford, Illinois, this twenty-fourth day of June 2016.

[Signature]

Program Director

Department Chairperson

[Seal]

SwedishAmerican Health System
The University of Illinois
College of Medicine at Rockford
Dixon Rural Training Track

This certificate is awarded to

First Last Name, MD

in recognition of satisfactory completion of a graduate medical educational experience as a

Resident in Family Medicine

from July 1, 2013 to June 30, 2016

Given at Rockford, Illinois, this twenty-fourth day of June 2016.

[Signature]
Dean

[Signature]
Department Chairperson

[Signature]
Program Director

[Signature]
Director, KSB Hospital, President and CEO
The University of Illinois
College of Medicine at Rockford
Dixon Rural Training Track

This certificate is awarded to

First Last Name, MD

in recognition of satisfactory completion of a
graduate medical educational experience as a

Chief Resident in Family Medicine

from July 1, 2015 to December 31, 2015

Given at Rockford, Illinois, this twenty-fourth day of June 2016.

[Signature]
Dean

[Signature]
Program Director

[Signature]
Katherine Schaefer-Bellis Hospital, President and CEO
Monroe Clinic

and

HEARTland Network Osteopathic Postgraduate Training Institute

in association with

Des Moines University – Osteopathic Medical Center

certifies that

Xxxxxxxx X. Xxxxxx, D.O.

Has successfully fulfilled the

Family Medicine

program requirements during the period

XX to XX

Monroe Clinic, approved for the training of family medicine residents by the
American Osteopathic Association, awards this Certificate of Graduation.
In witness thereof, we have affixed our hands and our seals on this XX day of XX.

______________________________      ______________________________   ___________________________
Program Director                                         President/CEO Monroe Clinic  Director of Medical Education

Dean, College of Osteopathic Medicine
Des Moines University

______________________________                                                                      ____________________________
Dean, College of Osteopathic Medicine                                   HEARTland Network OPTI Director

Des Moines University
RESIDENT RECORDS

GME OFFICE RECORD
Each GME office will maintain a permanent file for each resident who participates in a College of Medicine program. The file contains application materials including letters of reference, medical license application, routine correspondence, and payroll documents.

PROGRAM DIRECTOR RECORD
The Office of the resident’s Program Director will perpetually keep a permanent file for each individual in the program. Contents of the file can include any of the materials held in the GME Office record, plus copies of all evaluations completed for the resident.

RESIDENCY VERIFICATION
The GME office training programs will verify residencies to institutions who request information for purposes of credentialing. Verification letters will be restricted to dates of attendance, whether the program was accredited, and whether the resident completed the program. The GME office will forward all requests for additional information on performance or conduct to the appropriate Program Director’s office.

RESIDENT ACCESS TO RECORDS
Resident records may be accessed in accordance with the Illinois Personnel Record Review Act (820 ILCS 40/1, et. seq.). A resident may review or request a copy of said records in the manner described in Act. In addition, the University will only release said records in accordance with said Act.

A resident may challenge the contents of his/her records by utilizing the process set forth below:

PURPOSE
A resident has the right to challenge the content of his/her record on the ground that he/she believes that it is inaccurate, misleading, or otherwise in violation of his/her privacy or other rights and to have inserted in the record his/her written explanation of its contents.

PROCEDURE
To initiate a challenge to the resident record, the resident shall, within one year after cessation of his/her participation in the residency program at University of Illinois College of Medicine Rockford, file with the Department Head, a written request for correction. Within thirty (30) days following receipt of such request, the Department Head, or an authorized designee, shall review the record in question with the resident and either order the correction or deletion of such alleged inaccurate, misleading, or otherwise inappropriate data as specified in the request or notify the resident of the right to a hearing at which the resident and other persons directly involved in the establishment of the record will have an opportunity to present evidence to support or refute the contention that the data specified in the request are inaccurate, misleading, or otherwise inappropriate.

HEARING
Within ten (10) days following receipt of notification that the Department Head is not ordering a correction of the record in question, the resident shall submit to the Assistant/Associate Dean for Graduate Medical Education a written request for a hearing.
The resident will be given written notice sent to his/her last known address of the time and place of such hearing not less than ten (10) days in advance. The hearing will be conducted by the Assistant Dean for Graduate Medical Education or his/her designee.

The residents shall have the right to attend the hearing, to be accompanied by an individual or his/her choice at his/her own expense, including an attorney, though said individual shall be present only to advise the resident, and shall not have a speaking part during said hearing. The resident shall have the right to present evidence, and to call witnesses on his/her behalf. The same rights shall be accorded the University representative defending the inclusion of disputed information in the resident’s record.

The resident shall be notified in writing of the decision within ten (10) days following the hearing. Such decision is final.

The decision shall be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the decision. If, as a result of the hearing, the University decides that the record is not inaccurate, misleading or otherwise in violation of his/her privacy or other rights it will inform the resident of the right to place a statement in the record commenting on the contested information or stating why he/she disagrees with the decision of the University, or both. That statement shall be attached to the disputed record and released with said record anytime a proper request is made for the resident’s records.

Approved: 4/25/2017
Approved: 10/21/2021
Section 7: - Administrative Academic and Disciplinary Processes

- Grievances
- Remediation Actions
- Disciplinary Actions
- Academic Appeal Processes
- Voluntary Termination
GRIEVANCES

At the University of Illinois College of Medicine Rockford, a resident may raise and resolve issues without fear of intimidation or retaliation. The DIO and the chair of the Graduate Medical Education Committee will maintain an open-door policy.

The individual residency program may have extensive grievance policies and procedures and will make them available to all residents and faculty.

Approved: 4/25/2017
Approved: 10/21/2021
REMEDIATION ACTIONS

Remediation actions are designed to define and correct areas of marginal and/or unsatisfactory performance by a resident to close an identified learning gap. These actions include Performance Review, Academic Remediation, repeating a rotation(s) and repeating an academic year. Each is designed to correct a deficiency and is not a form of discipline. If a remediation action should result in the non-promotion of a resident to the next level of training, then it may be subject to the University of Illinois College of Medicine Rockford Graduate Medical Education Appeal process.

PERFORMANCE REVIEW
A performance review is a tool that program directors may use to formally notify residents on areas of marginal/unsatisfactory performance noted by the faculty and/or program director. This review is designed to assist the program director in counseling and developing an improvement plan for the resident.

Performance reviews are not to be used as a substitute for the ongoing assessment and evaluation of residents during training. Performance Reviews may be used at the first written notice to the resident that their current performance needs improvement in any of the six (6) ACGME competencies. Any resident who receives an overall marginal or unsatisfactory evaluation for any rotation, semi-annual evaluation, or year of training should have a Performance Review on file. The Performance Review should be signed by the resident and documents the performance concern(s) and strategies for improvement. The Performance Review should be started as soon as marginal/unsatisfactory progress has been identified. The resident should be informed within 7-10 working days. If the resident fails to meet the expectations documented in the Performance Review, Academic Remediation may be implemented.

ACADEMIC REMEDIATION
Academic Remediation is a remediation action that may be used by the program directors in instances where the resident has failed to comply with the academic requirements established by the residency training program, University of Illinois College of Medicine Rockford, and/or participating institutions. Academic Remediation may serve as an official notice to the resident of unsatisfactory performance and expectations for remediation. Typically, the deficiencies are associated with a significant lapse in one or more of the six (6) ACGME competencies. The deficiencies may also include disruptive physician behaviors not addressed in the ACGME competencies.

If the program director implements Academic Remediation, he/she is required to provide the resident with a notification letter advising him/her of the Academic Remediation status and the area(s) of unsatisfactory performance, measures to improve performance, time frame for completion, and consequences of not addressing the issues outlined. A copy of the notification letter, signed by the program director and resident, must be sent to the DIO. If a resident failed to satisfactorily meet the expectations outlined in the Academic Remediation document, additional remediation, disciplinary, or adverse actions may be implemented.
REPEAT ACADEMIC YEAR
Repeating an academic year is a remediation action that may be used in limited situations such as: overall unsatisfactory performance during the academic year and failure to pass an annual written examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. At least four (4) months prior to the end of the academic year, the resident shall receive written notice of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs within the last four (4) months of the contract year, the program will provide the resident with as much written notice of non-promotion as reasonably possible. A copy of the notification, signed by the program director and resident, will be sent to the DIO. Any resident receiving a non-promotion to the next level of training may implement the GME Academic Appeal process.

Approved: 4/25/2017
Approved: 10/21/2021
DISCIPLINARY ACTIONS

Disciplinary actions are typically utilized for serious acts requiring immediate 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 respond to the situation through corrective action as it sees fit. All disciplinary actions, unless otherwise specified, are subject to the University of Illinois College of Medicine Rockford Graduate Medical Education Academic Appeal Process. All disciplinary actions will become a permanent part of the resident training record.

CAUSES FOR CORRECTIVE ACTION

The following list provides examples of resident actions that can be grounds for discipline. The list is not intended to be inclusive of all reasons for corrective action. The program director considers the severity of the infraction, prior warnings and efforts on the part of the resident to correct his or her behavior when determining the course of action.

1) Behavior that threatens the well-being of patients, medical staff, employees or the general public.
2) Other substantial or repeated misconduct considered 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.
3) Failure to conform to the terms of the Resident Agreement, or established policies and procedures of the program, University, and/or University of Illinois College of Medicine Rockford (UICOMR).
4) Failure to comply with federal, state and local laws.
5) Failure to provide patient care of satisfactory quality expected for the resident’s training level.
6) Sexual harassment, sexual misconduct, or abuse.
7) Repeated or lengthy absences from work assignments without reasonable excuse.
8) Fraud by commission or omission in application for the residency position or in completing other official University documents.
9) Failure to perform normal and customary services of a resident as defined by the accreditation body.
10) Suspension, revocation, or any other activation, voluntary or not, of a resident’s license by the State of Illinois for any reason.

Corrective action may or may not be progressive, in that it follows the order of actions listed below. If a resident’s behavior, in the judgement of the program director and/or the University of Illinois College of Medicine Rockford (UICOMR) administration warrants removing the resident from normal duties, suspension or dismissal may be imposed without prior warning.

ORDER OF DISCIPLINARY ACTIONS

Written Warning

The program director may issue a letter of warning to a resident. The letter will detail the situation, the remedy requirement of the resident and the consequences of not correcting the situation. A copy of the letter will be placed in the resident’s department file.
**Probation**
Probation is a disciplinary action that constitutes notification to a resident in writing of specific deficiencies that must be corrected in a stated period of time. Probation is typically the last opportunity to correct deficiencies and the final step before dismissal occurs. The resident will receive credit for training time and the salary and benefits will remain in force during the probation period.

The program director will schedule a meeting with the resident to discuss the reasons for probation, the actions required by the resident and the date of the probation. The program director must present a letter that is reviewed in advance by the Designated Institutional Officer (DIO). A copy of the probation notification, signed by the program director and resident, must be placed in the resident’s file and sent to the DIO.

At the end of the probationary period, the program director meets again with the resident and depending on the resident’s performance makes the decision to:

1) Remove from probation,
2) Give an additional period of probation; or,
3) Enter into the termination process.

**Suspension**
A resident may be suspended from all program activities and duties by his or her program director, department chair, the Assistant Dean for Graduate Medical Education, or the Dean of the College of Medicine Rockford. Program suspension may be imposed for conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, non-compliant with the University of Illinois College of Medicine Rockford policies, procedures, and Code of Conduct. All suspensions must be reported to the DIO.

1) **Summary Suspension**: The program director and/or UICOMR administration may at any time summarily suspend a resident with pay. Within ten (10) working days of the date of imposition of such summary suspension, the program director must either reinstate the resident or provide the resident with a written notification of his/her general suspension or termination. The resident shall not have the right to appeal a summary suspension.

2) **General Suspension**: The program director may suspend the resident with pay if he or she believes that the resident has failed to comply with the resident duties in the Resident Agreement. The resident must be provided with written notification detailing the reasons for suspension, its length and the remedy necessary to remove the suspension. The notice may also indicate under what circumstances the resident may be terminated if the situation is not corrected. Failure to correct the infraction in the period specified may lead to further corrective action. Suspension will be removed when the reasons for suspension have been corrected to the satisfaction of the program director and DIO. The resident shall have the right to appeal the general suspension as set forth in GME Policy 704 Academic Appeal Process in the GME Policy Manual at [https://rockford.medicine.uic.edu/education/graduate-medical-education-gme/welcome/policies-manual/](https://rockford.medicine.uic.edu/education/graduate-medical-education-gme/welcome/policies-manual/)

**Non-Promotion or Non-Renewal of Agreement**
A decision of intent not to promote or renew a resident’s contract should be communicated to the GME Office by the program director and the resident must be provided written notice no later than four (4) months prior to the end of the contract year. If the primary reason for non-renewal occurs during the
last four months of the contract, the program will provide the resident with as much written notice as circumstances allow.

A copy of the notification, signed by the program director and resident, must be sent to the DIO. The resident shall have the right to appeal the non-promotion or non-renewal as set forth in GME Policy 704 Academic Appeal Process in the GME Policy Manual: https://rockford.medicine.uic.edu/education/graduate-medical-education-gme/welcome/policies-manual/.

**Denial of Certificate of Completion**

A resident may be denied a certificate of completion of training as well as a result of overall unsatisfactory performance during the final academic year of residency training. Overall unsatisfactory performance may include the entire year or 50% of rotations during the final academic year. The residency program is responsible for setting specific written criteria for denial of certificate of completion.

In certain situations, at the discretion of the program director, a resident denied a certificate of completion may be offered the option of repeating the academic year.

**Termination / Dismissal**

Termination or dismissal is the removal of a resident from a training program even though the resident holds a current Resident Agreement. Residents may be dismissed for a variety of serious offenses. The DIO must review all dismissals. In the event of dismissal, a prior written notice will not be provided to the resident when it is determined that the seriousness of their act requires immediate dismissal. The resident does not need to be on probation or suspension for this action to be taken. The resident has the right to appeal a termination as set forth in GME Policy 704 Academic Appeal Process in the GME Policy Manual: https://rockford.medicine.uic.edu/education/graduate-medical-education-gme/welcome/policies-manual/

Immediate dismissal will occur if the resident’s name appears on any government exclusions/sanctions list.

Approved: 4/25/2017
Edited June 14, 2021/June 15, 2021, June 18, 2021
Approved June 18, 2021
ACADEMIC APPEAL PROCESS

Introduction
The University of Illinois College of Medicine Rockford assures a resident the right to appeal disciplinary or adverse academic action taken by the residency program or institution. The academic appeal process is intended to provide a formal, structured review to determine if the policies and procedures leading up to the disciplinary or adverse academic action were followed in a fair and reasonable manner.

Applicability
The procedures provided under this policy **DO NOT** apply to the following:

A. Departmental determinations relating to certification and/or evaluation of the resident’s academic performance or clinical competence. Such certification shall be handled according to the standards of the various specialty boards.

B. The nullification of the Resident Agreement as a result of the resident’s failure to meet any or all of the pre-conditions set forth in Section IV of the Resident Agreement. Said nullification is not subject to appeal.

C. The reduction of a Resident’s clinical privileges or an imposition that some or all of the privileges be performed under direct supervision shall not constitute a suspension and the Resident is not entitled to a hearing.

D. The failure to complete medical records in a timely manner, may result in suspension for the Resident until such time the delinquent records are completed. In this case of suspension, the resident is not entitled to an appeal hearing.

Request for Hearing
Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review to the Assistant/Associate Dean for GME or his/her designee within fourteen (14) working days of written notification of his/her probation, suspension and/or termination.

Hearing Committee
The Hearing Committee shall consist of a minimum of three faculty members from the resident’s department. The Assistant/Associate Dean for GME shall appoint the members of the Committee. If there are insufficient faculty from the department willing or able to serve on the committee, the Assistant/Associate Dean for GME will appoint members from other departments. The Program Director shall not be a member of the Committee. The Committee shall elect a member of the group to preside at the hearing.
Conduct of Hearing:

A. The Committee shall convene the hearing within 14 working days of receipt of the resident’s written request.

B. The Committee 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.

C. The resident and program director shall be present at the hearing and each shall present information or materials (oral or written) as they wish to support their cases. No other representatives shall be present during the hearing, with the exception of attorneys who represent the resident/fellow and the University. Attorneys will be allowed to attend only in an advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party or each other directly.

D. Any materials to be presented at the Hearing by either party must be provided to the Committee at least three (3) working days prior to the hearing. A copy of any materials submitted to the Committee by either party will be provided to the other party at least one (1) working day prior to the Hearing. The Committee shall have the sole right to determine what information or materials are relevant to the proceedings and shall consider only that which they deem to be relevant.

Hearing Committee Decision

A. A majority vote of the Committee shall decide the issue(s) before it and the program shall be bound by the decision.

B. Regardless of the outcome of the hearing, the Committee will provide the resident and program director with a written statement of its decision and the reason(s) for such decision within ten (10) working days from the date of the conclusion of the hearing.

Appeal of Hearing Committee Decision

A. A resident may appeal the Committee’s decision to the Assistant/Associate Dean for GME within ten (10) days of the issuance of the Committee’s decision.

B. The Assistant/Associate Dean shall review the Committee’s decision and any documentation submitted to the Committee and may conduct his/her own investigation of the matter. The Assistant/Associate Dean for GME may, or may not appoint an Appeals Committee, to review and discuss the matter. If appointed, the Appeals Committee will have a minimum of three (3) members and the make-up of the Appeals Committee will be at the discretion of the Assistant/Associate Dean.

C. He/she shall render his/her decision in writing within a reasonable time, but not later than twenty (20) working days after receipt of the request for appeal.

Final Appeal

A. The resident may appeal the Assistant/Associate Dean’s or the Appeal Committee’s decision to the Regional Dean of the College of Medicine within ten (10) days from the date of issuance of the decision.

B. The Regional Dean shall render a decision within ten (10) working days after receipt of the request for appeal. The decision shall be final and not appealable.

Approved: March 15, 2021
VOLUNTARY TERMINATION

Residents may leave their training programs voluntarily or involuntarily prior to completion. The procedure for involuntarily terminating a resident is outlined in Exhibit B, Procedural Rights to Suspension and Termination, in the Resident Agreement. The policy sets forth other conditions under which a resident may voluntarily terminate participation in the program.

DECLINING TO SIGN RESIDENT AGREEMENT
A resident may choose to decline to accept an offered agreement for the following year by not signing and returning the Agreement within two weeks of its offer. The resident will remain in good standing during the remainder of the current agreement without prejudice and will be assigned tasks until the end of the term of the agreement.

RESIDENT RESIGNATION
Any resident wishing to voluntarily terminate participation prior to the end date of the agreement must submit a written request for release to their Program Director. The Program Director has the right to delay or specify the actual termination date to ensure coverage of services, up to the end of the term of the agreement. The Assistant Dean for GME must be notified upon receipt of resident resignation.

A resident who resigns prior to the end of the contract but is not released by the Program Director will not be allowed a contract for another UIC-COM program for the current or following year, unless the Program Director releases the resident from his/her contract in writing.

The Assistant Dean for Graduate Medical Education may, at his discretion, review resident releases from contracts, and may reverse approval for the release to the end of the resident’s current contract.

The Resident Agreement will be considered terminated on the date agreed to by the Program Director or on the Resident’s last day of work if he/she is leaving without approval of the Program Director. The paycheck will be issued at the next regular payday, provided the resident has completed the clearance process.

Approved: 4/25/2017
Approved: 10/21/2021
SPECIAL PROGRAM REVIEWS

Purpose:
To ensure a proactive process for effective oversight by the GMEC for educational quality by identifying and monitoring of underperforming programs. The Special Review Process is an internal and confidential quality assurance assessment and should not be shared with external parties.

Scope:
All graduate medical education programs for which UICOM Rockford serves as a Sponsoring Institution.

Responsibility:
The Graduate Medical Education Committee is responsible for defining triggers for program underperformance and the screening and monitoring methods used to identify risks to educational quality.

Procedure:

A. The Graduate Medical Education Committee identifies underperformance or quality concerns through a wide range of mechanisms including:
   1. Program failure to meet established ACGME Common Program Requirements and specialty-specific requirements as evidenced by:
      a) Multiple citations (issued or extended); or,
      b) A status of continued accreditation with warning or probation.
   3. ACGME Resident and Faculty Surveys including:
      a) Significant downward trends since last survey;
      b) Results at or below 80% in any category for two consecutive periods; and/or
      c) Results that necessitate review dependent upon severity.
   4. Program non-compliance with administrative duties; including failure to:
      a) submit Milestones evaluations or other reporting required by ACGME;
      b) submit a timely annual program evaluation to GME office; or,
      c) address other institutional administrative requests or requirements.

B. Request for Special Review:
   1. Program administration can request a special review.
   2. The DIO, at his or her discretion and based on underperforming data from a program, can request a comprehensive review.

C. Special Review Process
   1. GME Office will schedule a Special Review within 60 days of identifying a need for review.
      a) The Special Review will be conducted by a team appointed by the Assistant Dean for GME/DIO or appropriate designee. At a minimum, the team will consist of the Assistant Dean for GME or appropriate designee to function as lead reviewer, a program director or other faculty member, and a resident.
b) The team members should not be a part of the program under review.

2. GME Office Supports the Team
   a) The lead reviewer requests data and materials from the program under review to be shared with the review team in advance of the assessment.
   b) The Special Review team conducts interviews with the program director, faculty, and residents at each level training. Other individuals may be interviewed as determined by the team.
   c) A written report is prepared by the team with proposed quality improvement goals and corrective actions and then presented to the program director for comment or correction. The report is reviewed at the next available GMEC.

D. GMEC Monitoring
   1. The GMEC makes final recommendations for the corrective action plan and monitors the program’s progress through progress reports, data collection, accreditation results, surveys, annual program reviews and other appropriate means.

Approved by GMEC 10/31/19
Approved: 10/21/2021