



LOYOLA MEDICINE

HOUSTAFF HANDBOOK
POLICIES AND PROCEDURES

LOYOLA UNIVERSITY MEDICAL CENTER
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LOYOLA MEDICINE

I. INTRODUCTION

This book has been prepared as a guide and reference for all residents.* The purpose of written policies is to establish guidelines regarding Loyola University Medical Center ** and the responsibilities expected of a resident. This policy book, however, is not a contract of employment or a guarantee of future training for any particular time period. Formal agreements of any kind are recognized only when they are in writing and signed by a designated Loyola official.

Please read the contents of this handbook carefully. This is one of the many channels of communication we maintain to create a productive learning environment. All residents should use this book as a reference to answer questions regarding all of our policies. It is hoped that the use of these policies will assist in working in a fair and equitable manner.

This policy book will be used as an ongoing document that will be amended and updated as needed. Residents are expected to become familiar with and comply with all policies set forth in this policy book.

*In keeping with the American Medical Association's *Graduate Medical Education Directory* and the ACGME, the word resident is used to designate all graduate medical education trainees in Loyola University Medical Center Graduate Medical Education programs.

** Throughout this Resident Handbook, Loyola University Medical Center may be referred to as Loyola.

LOYOLA MEDICINE

A. MISSION STATEMENT

Loyola University Health System is committed to excellence in patient care and the education of health professionals. We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve. We believe that thoughtful stewardship, learning and constant reflection on experience improve all we do as we strive to provide the highest quality health care.

We believe in God's presence in all our work. Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other. To fulfill our mission we foster an environment that encourages innovation, embraces diversity, respects life, and values human dignity. We are committed to going beyond the treatment of disease. We also treat the human spirit.

LOYOLA MEDICINE

B. INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

Loyola Medicine is committed to providing the highest quality of medical education, research and patient care. Sponsorship of post-graduate healthcare education programs furthers the Health System's mission and trains the future generation of health professionals necessary to provide healthcare and education for the communities we serve.

Loyola Medicine collaborates with Loyola University, Stritch School of Medicine in its educational mission. Fiscal support from the Health System provides the Stritch School of Medicine necessary resources for the recruitment of faculty of academic excellence, for infrastructure support for its myriad of post-graduate healthcare education programs and for research support.

Loyola Medicine recognizes the trainees entrusted to its care first and foremost as learners. It recognizes its responsibility for providing appropriate supervision and facilitating residents' professional and personal development while ensuring safe and appropriate care for patients.

Loyola Medicine's Vice President for Graduate Medical Education and Assistant Dean of Graduate Medical Education along with the Designated Institution Official have responsibility for the administration and oversight of post-graduate healthcare programs and for assuring compliance with accreditation standards. The oversight of post-graduate healthcare education programs resides in the Office of the Regional Chief Clinical Officer along with the School of Medicine faculty and administration, which provides continuity between the academic and health care missions. This continuity is further strengthened through representation of senior administration of Loyola Medicine and Loyola Stritch School of Medicine on the Graduate Medical Education Committee. The Vice President for GME and Assistant Dean of Graduate Medical Education chairs the Graduate Medical Education Committee.

Loyola Medicine recognizes its responsibility to provide the necessary resources to enable its programs to achieve substantial compliance with program accreditation standards. Institutional resources for the training of residents are allocated by the President and Chief Executive Officer, Loyola Medicine. Decisions for allocation of resources are based upon institutional imperatives, recommendations of the DIO, Vice President of GME and Regional Chief Clinical Officer, and outcome assessments of its post-graduate healthcare programs. Loyola Medicine financially supports the administrative, educational and clinical resources including personnel in accordance with ACGME requirement I.A.6.

Loyola Medicine is committed to excellence in patient care and the education of health professionals. We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve. We believe that thoughtful stewardship, learning and constant reflection on experience improve all we do as we strive to provide the highest quality health care.

Revised: August 2020

LOYOLA MEDICINE

C. COMMITMENT TO THE RESIDENT

Graduate Medical Education takes place in an environment of inquiry and scholarship, in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Each accredited program has the responsibility to meet its educational goals as described in program descriptions and the forms which it submits to the Residency Review Committee. The goals and the outline of usual resident assignments for each year are available in the departmental offices. The department may find it necessary to modify resident assignments as required by personnel needs, educational resources, institutional patient-care responsibilities, and the career goals and academic progress of each resident.

GMEC Approved: April 7, 2000
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V GENERAL INFORMATION

II.A. GRADUATE MEDICAL EDUCATION OFFICE

Graduate Medical Education Office
Location: Maguire Building, Suite 2840-A
Days: Monday through Friday
Hours: 8:30 a.m. - 5:00 p.m.
Phone: 708-327-4GME

This office is responsible for administering the activities that are common to all of the residency programs. When applicants are selected to join residency programs, the program director provides a Loyola or standard ERAS application and salary support information to the Central Office of Graduate Medical Education. When all submitted information is found satisfactory, an agreement is issued.

The Central Office of Graduate Medical Education is responsible for coordinating activities including keeping permanent records on residents, providing the appropriate state agencies with a list of residents enrolled, supporting the individual departments in carrying out the responsibilities of conducting graduate medical education programs.

More information about GME can be found at our website www.loyolamedicine.org/gme

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II. GENERAL INFORMATION

**II. B. GRADUATE MEDICAL EDUCATION AGREEMENT TERMS AND
CONDITIONS**

B.1. Non-discrimination statement

Loyola abides by all applicable provisions of Federal, State and Local law. Loyola does not discriminate in its employment policies and practices on the basis of race, color, religion (except where religion is a Bona Fide Occupational Qualification for the job), national origin or ancestry, gender, sexual orientation, age, marital status, veteran's status, or any other classification protected by law. Otherwise qualified individuals are not discriminated against on the basis of physical or mental handicap/disability. Loyola will not tolerate racial, sexual or other forms of harassment of students, faculty, staff employees, or patients and has established policies and procedures to promptly address any complaints.

B.2. Request for Agreement

The Graduate Medical Education Office Central Office of Graduate Medical Education 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 in duration;
2. Confirmation that a funding commitment exists for the position the applicant will fill;
3. A completed file with original application and supporting documents; and
4. A signed Consent and Release from Liability Form.

B.3. Agreement Execution

1. The Central Office of Graduate Medical Education will issue all Graduate Medical Education Agreements. Individual programs do not have the authority to issue Graduate Medical Education Agreements.
2. The Graduate Medical Education Agreement along with attachments is the written agreement between Loyola and the resident. The three copies of the agreement will be signed by the Designated Institution Official when the resident obtains a valid medical license and, if appropriate, necessary visa paperwork to train in the United States. The following parties must sign the all the copies for the agreement to be valid:

(1) The Resident;

- (2) Program Director;
- (3) Chairman; and
- (4) Designated Institution Official

3. The Central Office of Graduate Medical Education will keep one original executed copy of the agreement. The other two originals will be given to the department and to the resident.
4. It is the responsibility of the resident to obtain and maintain, at his/her own expense, medical licensure in the State of Illinois. Should the resident fail to obtain the appropriate licensure as outlined in the Graduate Medical Education Agreement the Agreement shall become null and void.
5. The resident must immediately notify the Central Office of Graduate Medical Education of any notice of license revocation, suspension or restriction. If at any time within the term of the Agreement the resident ceases to be properly licensed, the Agreement shall be terminated. *Residents without a valid medical license cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.*
6. *Residents without valid visa or work authorization cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.* If the resident fails to obtain or loses the appropriate authorization forms, visas, and other permits as outlined in the Graduate Medical Education Agreement and as may be required by the United States Citizenship and Immigration Service, the agreement shall become null and void.
7. *Residents without valid social security number cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.*
8. The resident must immediately notify the Central Office of Graduate Medical Education of any notice of revocation, suspension or restriction of work authorization or visa status. If at any time within the term of the Agreement the resident ceases to maintain appropriate work authorization or visa status, the Agreement may be terminated.

B.4. Restrictive Covenants

The resident shall not be bound by any non-competition guarantees by virtue of the Graduate Medical Education Agreement.

B.5. NRMP and Specialty Matches

1. The Director of Graduate Medical Education is the Institutional Contact for all matches.
2. The Central Office of Graduate Medical Education will pay all Loyola administrative department-specific match fees, if the applications and documents are submitted through the office.

3. Program Directors will adhere to all applicable NRMP and specialty rules as published.

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II.C. RESIDENT ELIGIBILITY and SELECTION

C. 1. Introduction

Applicants with the following qualifications are eligible to apply for appointment to accredited residency programs:

1. Medical Education

Applicants must provide proof of completion of the requisite professional education. This includes proof of the following status:

Graduate (or pending graduate) of United States and Canadian medical schools accredited by the Liaison Committee on Medical Education;

or

Graduate (or pending graduate) of United States colleges of osteopathic medicine accredited by the American Osteopathic Association;

or

Graduate (or pending graduate) of foreign medical schools who have or will hold a valid certificate from the Educational Commission for Foreign Medical Graduates at the time of training program commencement;

or

Graduate (or pending graduate) of foreign medical schools who have completed a Fifth Pathway program provided by a medical school accredited by the Liaison Committee on Medical Education (LCME).

2. Licensure

Applicants must have the requisite education to secure an appropriate license in the State of Illinois.

- (i) Applicants for accredited residency programs must have the requisite education and certification to secure a temporary license in the State of Illinois.
- (ii) Applicants for accredited and non-accredited fellowship programs must have the requisite education and certification to secure a full and unrestricted permanent license in the State of Illinois including, but not limited to, documentation of successful completion of USMLE parts I, II and III.

Applicants failing to meet the requirements as outlined above before the date identified in the Graduate Medical Education Agreement shall be deemed ineligible for the current academic year and shall be required to re-apply for admission to the program.

C. 2. Policy

Programs select residents from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, integrity and program fit.

1. Loyola University Medical Center (LUMC) does not discriminate with regard to gender, race, age, religion, color, national origin, disability, veteran status, or sexual preference.
2. Residents are selected for appointment to the program in accordance with institutional policies and procedures.
3. Residents shall be selected for appointment in accordance with program accreditation requirements. When specifically required by the accrediting body or when selection criteria are more specific than outlined by the accrediting body or by this policy, program-specific selection policies shall be maintained.
4. Where applicable, eligible fellowship applicants must be able to see patients independently in their board-eligible specialty.
5. Transfer of traditional trainees
Before accepting a resident from a preliminary year residency or an incoming fellow from a completed primary residency from another accredited training program (either from within LUMC or from an outside institution), a written verification of previous educational experience and an evaluation of past performance must be secured from the resident's current and/or previous program director(s). Such evaluation must include an evaluation of the individual's performance in each of the requisite the core competencies and ACGME milestones if the resident is in an accredited program.
6. Transfer of non-traditional trainees
Non-traditional trainees are defined as trainees who:
 - a. have not completed all of the requisite number of years of graduate medical education training as outlined by the accrediting body for the specialty at the same institution (e.g. internal medicine = 3 years, surgery = 5 years); or
 - b. have changed primary residency specialties or are attempting to change primary residency specialties; or
 - c. have a lapse from medical school or clinical training greater than two (2) years in duration (The exception made for individuals who choose to re-enter graduate medical education to complete a fellowship program following several years of medical practice is noted.)

Recruitment of all non-traditional trainees (either from within LUMC or from an outside institution) requires approval by the LUMC GME Selection Review Subcommittee. A written request signed by both the program director and

department chair as well as the following documentation is required for consideration by the subcommittee:

- a. a written verification of previous educational experience and an evaluation of past performance secured from the resident's current and/or previous program director(s). Such evaluation must include an evaluation of the individual's performance in the requisite core competencies, milestones; and
- b. a current and complete curriculum vitae; and
- c. a completed LUMC application or complete current ERAS application.

GMEC Approved: Jan 2004, December 2018
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II. D. RESIDENT REQUIREMENTS

D.1. Introduction

Residents who fail to obtain the below requirements will be unable to start training as agreed upon in the GME Agreement. Until all requirements are met, they are unable to participate in the training program and will receive no credit until such time that requirements are met and their contract is amended to reflect the adjusted training dates. They cannot be in any patient care areas, or have any patient contact, however (if approved by the GME office) may attend didactic lectures and orientation activities if no patients are present.

D.2. Requirements to begin initial training

1. Accepted letter of offer by signing and returning to program
2. Initial onboarding requirements, including but not limited to:
 - Completion of all assigned Healthstream modules
 - Employee Health clearance including post-offer drug screening
 - Background check
 - Others as assigned
3. Valid visa and/or work authorization
4. Current valid temporary or permanent Illinois medical license
5. Fully executed Graduate Medical Education Agreement
6. Valid social security number or receipt showing number applied for
7. Completed I-9, employment eligibility verification form
8. Completion of Annual Disclosure
9. Compliance with Loyola Medicine Employment requirements (OIG, EPLS)

D.3. Additional requirements to begin training

1. Valid ECFMG Certificate for international medical graduates
2. All trainees must attend Loyola University Medical Center (LUMC) sponsored orientation as assigned
3. All trainees must comply with Loyola Medicine Affiliate orientation/ onboarding requirements when applicable

D.4. Advancement Requirements

1. Residents must take, and pass USMLE Step 3 before the end of their second year of residency training. *Variation to this requirement is at the discretion of the Program Director and must be approved by the GME Office.
2. Completion of all assigned Healthstream modules
3. Completion of Annual Disclosure Statement
4. Fully executed Graduate Medical Education Agreement
5. Successful departmental advancement

D.5. Termination/Exit Requirements

1. Program Directors must complete a Final Summative Evaluation and Final Note to File for each resident concurrent with the completion of the training program.
2. The resident must complete the LUMC Housestaff Checkout form provided to him/her and return the following: all keys, IDs, lab coats and LUMC issued materials and property.
3. The resident must comply with any Loyola Medicine Affiliate's Checkout process including completion of any assigned Medical Record documentation.

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II. E. DUTY/ON-CALL HOURS

E. 1. Definition

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, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. The following tenets are understood to be the underpinning of all program-specific duty hours policies:
 - a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
 - b. Programs must ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged
 - c. Resident duty hours and on-call schedules must not be excessive.
 - d. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

E. 2. Requirements

1. All Programs, regardless of their accrediting body, are required to meet the ACGME Common Program Requirements related to duty hours as well as any Residency Review Committee requirements as described in the Program Requirements for each specialty.
 - a. All programs are required to:
 - i. Educate faculty members and residents to recognize the signs of fatigue and sleep deprivation.
 - ii. Educate all faculty members and residents in alertness management and fatigue mitigation processes.
 - iii. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps and back-up schedules.
2. Each Residency Training Program, regardless of their accrediting body, shall establish a formal policy governing resident duty hours and working environment that complies with the ACGME Common Program Requirements as well as that individual specialty's

Residency Review Committee Program Requirements and is optimal for both resident education and the care of patients. Basic requirements include:

- a. **Maximum Duty Hours:** Duty Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Exceptions (for up to an additional 10%) will require LUMC GME and RRC approval.
 - b. **Moonlighting:** Moonlighting shall be at the discretion of the training program but must be in compliance with the institutional policy on Resident Moonlighting.
 - c. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the training program.
 - d. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly duty hour limit. Reporting of hours must be by time card, New Innovations or certification by the institution/division in which the individual moonlights.
 - e. PGY 1 trainees are not permitted to moonlight.
- A. **Mandatory Time Free of Duty:** Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- B. **Maximum Frequency of In-House Frequency**
1. PGY-2 residents and above must be scheduled for in-house call no more frequently than every third night, averaged over a four-week period.
- C. **Maximum Frequency of In-House Night Float**
1. Residents must not be scheduled for more than six consecutive nights of night float. Program must also comply with any more stringent requirements delineated by their respective RRCs.
- D. **Maximum Duty Period Length:**
- Maximum continuous hours of duty are defined as follows:
1. Continuous on-site duty periods of PGY-1 residents must not exceed 16 hours in duration.
 2. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is encouraged.
 3. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - a. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

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

E. Minimum Time Off between Scheduled Duty Periods

- 1. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- 2. Intermediate-level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- 3. Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

F. At Home Call – At-home call (pager call) is defined as call taken from outside the assigned institution.

- 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- 3. Episodes requiring a return to the hospital to provide call does not initiate a new “off- duty period” that is extraneous to their educational program.

E. 3. Graduate Medical Education Requirements

- 1. Program-specific policies

- (a) Program Directors must implement program-specific duty hours policies that are consistent with the institutional and program requirements for resident duty hours and the working environment including moonlighting.
- (b) Program Directors distribute and ensure ready access to all policies and procedures related to duty hours are available for trainees and faculty.
- (c) Program Directors must provide a written copy of the program-specific duty hour policy to the Central Office of Graduate Medical Education.

2. Education of Faculty and Trainees

- (a) Program Directors must educate all faculty members and trainees to recognize the signs of fatigue and sleep deprivation; education of all faculty members and trainees in alertness management and fatigue mitigation processes and adopt a fatigue mitigation process to manage the potential negative effects of fatigue on patient care and learning.
- (b) Program Directors must ensure that all trainees and faculty members demonstrate an understanding and acceptance of their personal role in recognition of impairment, including fatigue, in themselves, their supervisors and peers;

3. Back-up Systems

- (a) Program Directors must ensure provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

4. Duty Hours Compliance, Monitoring and Reporting

- (a) Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- (b) Program Directors are responsible for monitoring the effects of duty hours responsibilities and making necessary modifications to scheduling to mitigate excessive service demands or fatigue including the demands of home call.
- (c)...Programs are required to review the results of the institutionally-mandated end-of-rotation duty hours questions included in the rotation evaluation at least annually. Programs electing to use alternate tools must include the standard questions in their evaluations.

- (d) All programs are required to collect actual duty hours reports from at least 50% of their trainees at least twice annually. Programs may be selectively required to sample more frequently by the institution's Graduate Medical Education Committee or Designated Institution Official. While paper timecards are acceptable for collecting data, programs are encouraged to use the New Innovations Duty Hours tool for collection and reporting. Results of the bi-annual sampling must be included in the annual review of program submission and remain available for review.

E.4. Institutional Support

1. Loyola University Health System provides institutional support for residents and fellows both through institutional-level services and compliance monitoring.

- a. Institutional-level Services – Way to Go Taxi Service

- i. Loyola University Health System provides residents and fellows access to an on-line taxi voucher system. Way to Go Taxi service provides hospital-site-to-home pre-paid taxi services in the event that the resident feels too fatigued to drive home. Vouchers are available through the institution's portal system.

- ii. Institution-level Monitoring

Compliance with Duty Hours regulations will be evaluated annually through the Annual Review of Training Program as well as at the time of the internal review. The institution reserves the opportunity to randomly evaluate compliance via survey, interview or other mechanisms deemed appropriate.

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II. F. JOB DESCRIPTION

F.1. Introduction

1. Loyola residents must meet the qualifications for resident eligibility as outlined in the Essentials of Accredited Residencies in Graduate Medical Education published in the American Medical Association's *Graduate Medical Education Directory*.
2. As the position of resident involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competency of the resident is evaluated on a regular basis.
3. The position of the resident entails the provision of care commensurate with the level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff.

F.2. General Statement of Resident Duties

1. To initiate and follow a personal program of professional growth in conjunction with the formal educational and training of the post graduate program sponsored by Loyola by participating in compassionate, appropriate and cost effective patient care. Skills demonstrated should be commensurate with the level of training and responsibility.
2. Participation in the educational activities of the program and, as required, assume responsibility for teaching and supervising other residents and medical students by making daily rounds.

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LOYOLA UNIVERSITY MEDICAL CENTER
GENERAL RESIDENT PRIVILEGES

Within the scope of the training program, all residents without exception will function under the supervision of a staff practitioner. The training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment. Each service must adhere to current accreditation requirements set forth by the ACGME or other corresponding accrediting bodies, for all matters pertaining to the training program. Resident advancement indicates the ability to perform procedures appropriate to that PGY level. Documentation of a resident's ability by way of evaluations will be filled in the resident's record or folder, maintained in the office of the relevant service chief or posted on the intranet where possible. * Assignment to Limited or Full Privileges in Surgery is based on information submitted by the departments to the operating room on an annual basis.

| | PGY I | PGY II | PGY III | PGY IV | PGY V |
|---------------------|--|---|--|--|--|
| RESIDENT PRIVILEGES | <p>HOSPITAL</p> <ul style="list-style-type: none"> `All residents may place patient classification orders for admission to a supervising attending physicians service. `Responsible for history and physical, assessment, problem list, formulation of a diagnostic plan. `Responsible for admission notes. `Responsible for clinical and lab studies of his/her patients. `Responsible for progress reports on patients. `Responsible for initial clinical and lab studies of patients. <p>EMERG ROOM</p> <ul style="list-style-type: none"> `Initial eval of ER patients not seriously ill. <p>SURGERY</p> <ul style="list-style-type: none"> `Knowledge of anatomy and literature related to procedure being performed. `Limited privileges for invasive procedures in ER, OR, ICU, Floor with Attending present in OR. | <p>HOSPITAL</p> <ul style="list-style-type: none"> `Supervision of interns & medical students. `Responsible for specific details of patient care. `Develops expertise in general hospital consultation service. `Responsible for wider spectrum of patients. `Organization of attending rounds. `Conducts P.M. chart rounds. <p>EMERG ROOM</p> <ul style="list-style-type: none"> `Initial eval and follow up care of all ER patients. `Treatment of minor injuries. <p>SURGERY*</p> <ul style="list-style-type: none"> `Limited privileges. `Develop surgical skill in soft tissue dissection and wound closure. `Limited privileges for invasive procedures with Attending present in OR. | <p>HOSPITAL</p> <ul style="list-style-type: none"> `Responsible for overall organization of service. `Primary decision-maker with faculty supervision on continuity clinics. `Leads work rounds with team. `Responsible for counter signing of medical records by junior residents. `Instructs procedural techniques during daily activities. <p>EMERG ROOM</p> <ul style="list-style-type: none"> `Responsible for review and disposition of ER patients. <p>SURGERY*</p> <ul style="list-style-type: none"> `Limited privileges. `Invasive procedures with Attending present in OR. | <p>HOSPITAL</p> <ul style="list-style-type: none"> `Senior resident serve as professional role model and instructor for residents and students in all phases of clinical activity. `Ultimate responsibility for maintaining the organization and function of the service. `Ability to appraise the professional and scientific literature. <p>EMERG ROOM</p> <ul style="list-style-type: none"> `Conducts and assessment of an ER situation and utilizes appropriate crisis intervention. <p>SURGERY*</p> <ul style="list-style-type: none"> `Limited privileges. `Develop surgical skill in aspect of related field. `To assist at all surgical procedures and will be either 2nd or 1st assist with Attending present in OR. | <p>HOSPITAL</p> <ul style="list-style-type: none"> `Responsible for direct patient care of all patients. `Responsibility to notify on-call attending of all invasive procedures. `Responsible for diagnosis and treatment in areas of subspecialization. `Develops own continuity patients to follow. <p>EMERG ROOM</p> <ul style="list-style-type: none"> `Supervises and provides preliminary interpretation for cases. <p>SURGERY*</p> <ul style="list-style-type: none"> `Full/limited privileges with Attending present in OR. `Functions as a teaching assistance. |

+Approved by the Graduate Medical Education Committee, March 1998

++ Reviewed by the Graduate Medical Education Committee, December 2012

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. G. HOUSESTAFF GOVERNANCE COMMITTEE

G.1. Purpose

1. The Housestaff Governance Committee is a voluntary organization whose officers serve as liaison between the Committee and Graduate Medical Education.
2. All trainees in residency/fellowship training programs sponsored by Loyola are members of the committee.

G. 2. Policy

1. This committee assists in influencing all matters that affect the resident. The committee meets as a forum to identify issues in the learning and work environment and to implement solutions and exchange information. It is anticipated that the enhanced communication will provide improved patient care and resident education.
2. Resident members are encouraged to utilize the committee's forum for expressing general concerns, which the committee can then present to the DIO and GMEC.
3. The Committee may elect to become involved in participating in operations improvement and restructuring initiatives.

G. 3. Procedure

1. All administrative chief residents shall be considered to be members of the Housestaff Governance Committee Board.
2. Each program is encouraged to select representatives to the committee to attend meetings and share information with their program.
3. The Designated Institution Official and the Vice President for GME or their delegate(s) shall also serve as members of the Committee. The Committee will have the option to conduct their meeting without the DIO and VP in attendance.
4. Discussion items may be placed on the agenda by contacting the department resident representatives or the Graduate Medical Education office.
5. Minutes shall be prepared by a designated resident member and distributed to each department representative.

GMEC Approved: January 8, 1999, October 2019
Reviewed: January 8, 1999, September 2019
Revised June 2003, March 2007, September 2019

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. H. MEDICAL RECORD DOCUMENTATION

- H.1. The hospital or clinic medical record is more than written documentation of a patient's encounter with the health care system. It is a means of communication between members of the health care team, a legal document in legal proceedings, and an auditing tool for a variety of health care agencies and insurers. It is not an instrument for unfounded conjecture. The importance of clear, concise, impartial and accurate recording of patient-physician encounters, analysis of findings, and articulation of treatment plans should be self-evident.
- H. 2. The following issues should be considered when a resident writes or dictates a note in the medical record (history and physical, progress note, procedural note, etc.):
1. The use of physician supervision should be documented (i.e. whether the resident reviewed the patient with the attending, whether the attending was physically present during key portions of the patient encounter, etc.) While for billing purposes it is the attending's responsibility to provide such documentation, the resident's notes can provide important supporting evidence.
 2. Procedure notes and documentation of informed consent are required for any invasive procedure (other than placement of a peripheral venous line, an arterial line, an oto- or nasogastric tube, a urinary catheter or a rectal tube.) An acceptable procedure note includes the procedure, indication, findings or post-procedure diagnosis, operators, and perioperative status or complications.
 3. Assume the patient and/or a legal representative will read everything written.
 4. Discharge planning begins upon admission and should be reflected in chart documentation.
 5. Medical student notes should not be relied upon for documenting the patient's hospital course. It is expected that a licensed physician evaluate patients and document the patient examination and assessment on a daily basis.
 6. Any text copied and pasted within the electronic medical record should be reviewed for accuracy and applicability to the patient's current condition.

GMEC Approved: September 7, 1995
Reviewed: September 7, 1995
Revised: March 2007

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. I. MOONLIGHTING

I.1. Introduction

Professional and patient care activities that are external to the educational program are called moonlighting.

I.2. Policy

1. Residents are not required to engage in moonlighting activities
2. A resident who participates in moonlighting activities must have prior written permission by the program director and/or chair of the department. This written permission must list each location of approved moonlighting and must be renewed annually. Such approval shall be made part of the resident's permanent file and must to be reviewed and updated at semi-annual evaluations with the trainee and program director.
3. A copy of the approval must be provided to the Graduate Medical Education Office.
4. Programs are responsible for maintaining a list of all trainees approved for moonlighting. An updated list shall be provided to the Graduate Medical Education Office upon request.
5. Program directors are responsible for continuous monitoring of the trainee's performance for the effects of moonlighting activities. Adverse effects may lead to withdrawal of permission.
6. The schedule of these activities should not interfere with the residents' performance in his/her respective residency program. Residents must maintain their caseload and academic performance at acceptable levels.
7. A resident must obtain a State of Illinois permanent medical license and Federal DEA number for use in activities not related to his/her residency program.
8. Loyola's professional liability insurance does not provide coverage for moonlighting activities at other institutions. Moonlighting residents must arrange for their own professional liability insurance.
9. Residents must maintain duty hour requirements. Programs must assure compliance with ACGME clinical and educational work hour requirements assuring moonlighting does not interfere with the abilities of the resident and their performance in the program and should not interfere with their fitness for duty or patient safety.

I.3. Limitations

1. A resident may not hold admitting privileges in any hospital, charge or receive fees for professional services rendered as part of the residency program.
2. Limitations imposed by the U.S. Citizenship and Immigration Services (USCIS) or the Educational Commission for Foreign Medical Graduates (ECFMG) shall govern visa-sponsored international medical graduates' participation in moonlighting activities. Residents holding J1 visas are prohibited from moonlighting in any capacity.
3. Permission to moonlight or participate in extra-curricular activities may be withdrawn at any time at the discretion of the program director or department chair.
4. The department reserves the right to initiate corrective action should these activities interfere with a resident's ability to fulfill their obligations to the training program.
5. The resident will complete and/or renew a listing of their moonlighting activities and non-training related professional activities every 6 months and at any time there is a change in the activities.
6. Proof that an individual is engaging in unauthorized moonlighting and/or other professional activity will be grounds for disciplinary action, up to and including termination.
7. Individual programs may prohibit moonlighting by residents and fellows.
8. PGY1 residents are not permitted to moonlight.

GMEC Approved: April 7, 2000, November 2018
Reviewed: April 7, 2000, November 2018
Revised: November 2018

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. J. PROFESSIONAL LIABILITY

- J. 1. Residents have liability coverage only while they are carrying out assigned duties as part of their residency-training program.
1. Coverage includes claims filed after completion of the program for acts that occurred during the training program.
 2. State regulations require that the hospital site where the resident is working provide liability coverage.
 3. Professional activities outside the program, including moonlighting, are not covered.
- J. 2. Any resident concerned about an interaction with a patient is encouraged to contact the Patient Safety and Risk Management office at the site where the problem occurred.

GMEC Approved: April 7, 2000
Reviewed: April 7, 2000
Revised: March 2007

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. K. RESPONSIBILITIES OF THE RESIDENT

K. 1. Resident Responsibilities

The resident physician will be expected to fulfill all assigned responsibilities, and to meet the qualifications for resident eligibility outlined in the *Essentials of Accredited Residencies in Graduate Medical Education* and the American Medical Association's *Graduate Medical Education Directory*. Accordingly, the resident is expected to:

1. Obtain and maintain, at his/her own expense, medical licensure in the State of Illinois.
2. Notify the Central Office of Graduate Medical Education immediately of any notice of licensure, visa or work authorization, revocation, suspension or restriction or change in authorization to remain or work in the United States.
3. Read and become familiar with the policies and procedures set forth in the Resident Handbook.
4. Complete and sign, within ten (10) days of discharge, all medical charts of Loyola University Medical Center patients. Loyola may suspend the Resident for failure to complete and sign medical charts, by providing the Resident written notice of the suspension. Such suspension shall be immediately effective until all outstanding medical charts are completed and signed. Upon such suspension, if the Resident has available, accrued paid time off, the Resident shall be paid his/her stipend, for each day of such suspension, and such days shall be charged to the Resident's paid time off. Thereafter, if the Resident still has not completed and signed all outstanding medical charts during such suspension, the Resident shall be suspended without pay, and may be dismissed from the Program without credit.
5. Develop an understanding of ethical, socio-economic and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care.
6. Secure program director approval prior to beginning outside professional activities not otherwise assigned. Failure to obtain advance approval for outside activities may be grounds for immediate termination.
7. Abide by departmental and other institutional policies and procedures, including, but not limited to, the Resident Wellness policy, the Duty/On-call

Hours Policy, and the Harassment in the Workplace Policy, set forth in Resident Handbook.

8. Refrain from engaging in any conduct which may bring Loyola's graduate medical education training program into disrepute.
9. Develop a personal program of professional growth with guidance from the key faculty members.
10. Participate fully in the educational activities of his/her program and, as required, assume responsibility for teaching and supervising other residents and students.
11. Participate in institutional programs and activities involving the medical staff.
12. Complete requisite evaluations of the training program and of the faculty as required by the program or institution,
13. Participate in any mandatory surveys required by the Graduate Medical Education Office including but not limited to collection of information related to duty hours compliance, completion of annual safety and compliance training and submission of annual disclosure statement.
14. Report any program-imposed violations of duty hours and workplace harassment/violence policies.
15. Participate in all mandatory compliance surveys, disclosures or educational sessions.

GMEC Approved: April 7, 2000
Reviewed: April 7, 2000
Revised June 2003, Feb 2006, March 2007

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. L. RESIDENT SUPERVISION

L. 1. Supervision: General Principles

Supervision shall be provided for all residents in a manner that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Program-specific policies must be in compliance with the institutional policy outlined herein as well as standards outlined by the appropriate residency review committees (RRCs).

Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility shall be determined by the program teaching staff.

All residents must function under the direction of an attending physician. The attending is to direct patient care and provide the appropriate level of supervision based upon the patient's condition, the likelihood of major changes in the management plan, the complexity of the care and the experience and judgment of the resident being supervised.

On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

Programs are strongly encouraged to develop criteria outlining those circumstances when attending physician notification is necessary.

Junior residents may be supervised by more senior residents to the extent of the senior resident's own clinical level of responsibility.

L.2. Program Director's Responsibility

1. Each program director is responsible for the development and maintenance of an explicit written description of supervisory lines of responsibility for the care of patients. Such description shall include a delineation of trainee clinical responsibilities by PGY level including operative and invasive procedures that may be performed independently.

2. Each program director is responsible for providing the Central Office of Graduate Medical Education and the Graduate Medical Education Committee:
 - a. Any revisions of the delineation of trainee clinical responsibilities by PGY level noted in L.2.1 above.

- b. a list of any trainees whose required level of supervision is different from the expected level of supervision outlined in the delineation of trainee clinical responsibilities by PGY level noted in L.2.1 above.
3. Each program director is responsible for reviewing the level of resident responsibilities at least annually with the resident. Changes in the level of responsibility and exceptions to standard responsibilities shall be documented in the resident's departmental file.
4. Each program director is responsible for communicating the written description of supervisory lines of responsibility to all residents and all members of the teaching staff at all clinical training sites. Such communication should be done at least annually.
5. Each program director is responsible for ensuring that each resident is appropriately supervised regardless of the training site to which the resident is assigned.

L.3. Graduate Medical Education Committee Responsibilities

The Graduate Medical Education Committee is responsible for oversight of resident supervision by means including, but not limited to:

- Internal review
- Oversight of resident privileges

Adequacy of resident supervision shall be included in the report of the Graduate Medical Education Committee to the Governing Board.

GMEC Approved: December 5, 1991
Reviewed: December 5, 1991
Revised: September, 2003

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. M. RISK MANAGEMENT INFORMATION

M. 1. Incident Reporting

1. Any incident involving a patient or visitor that could lead to a potential legal claim must be reported immediately to the Risk Management Office. In addition, the attending physician should be notified.
2. Refer to Loyola Administrative Policy # A-17 regarding incident reporting.

M.2. Examples of Reportable Events

1. Any serious lapse in the quality of care regardless of outcome.
2. Any serious incident, such as a major or unexpected complication resulting from a procedure or treatment must be reported at once. Early notification of a potential source of litigation is essential.
3. Threat of litigation by the patient.

M.3. Patient Confidentiality

1. Patient confidentiality should be protected at all times. HIPPA regulations should be adhered to at all times. Conversations about patients and their medical conditions should NOT take place in elevators, hallways, or the cafeteria. For additional information refer to the following Loyola Administrative Policies: A-8, P-1, P-4 and P-6.
2. Awareness of these issues and their potential consequences will help to protect residents, patients and the institution.
3. Any requests for copies of records or portions of medical records should be referred to the Medical Records Department.

GMEC Approved: April 7, 2000
Reviewed: April 7, 2000
Revised June 2003, March 2007

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. N. ELIGIBILITY AND VISA SPONSORSHIP

N.1. Introduction

1. Federal Law obliges Loyola to verify the identification and work authorization of all Employees. For residents, this is performed by the Office of Graduate Medical Education.
2. Residents are not eligible to begin work, or participate in the program in any capacity, prior to supplying valid and current work authorization.
3. When a visa is required, it is the responsibility of the resident to obtain and maintain a valid and current visa and/or valid and current work authorization.
4. If at any time within the term of the agreement the resident ceases to maintain appropriate work authorization, the resident's Graduate Medical Education agreement may be terminated. Residents without a valid ECFMG sponsored visa and work authorization cannot hold a Graduate Medical Education agreement, participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.
5. Residency program personnel and Loyola University Medical Center (LUMC) will not discriminate against an applicant on the basis of national origin or citizenship.
6. Federal regulations do not permit any additional activity or compensation outside of the defined parameters of the approved program. Unauthorized employment or "moonlighting" is prohibited for trainees holding J visas.

N.2. Visa Policy for Graduates of International Medical Schools

1. An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States.
2. LUMC accepts only J-1 and J-2 visas sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG). LUMC does not sponsor visas.
3. It is the responsibility of the resident to obtain the appropriate J-1 or J-2 visa and to be familiar with and follow the requirements and responsibilities of participating in the ECFMG Exchange Visitor Sponsorship Program.
4. Residents are responsible for all costs associated with obtaining and maintaining a J-1 or J-2 visa.

N.3. Research fellows

Visa needs for research fellows and other academic staff will be handled through the department office sponsoring the research. Individuals with this type of work authorization are not eligible for participation in a graduate medical education program.

GMEC Approved: April 7, 2000, December 2018
Reviewed: April 7, 2000, December 2018
Revised June 2003, Feb 2006, March 2007, December 2018

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

**II. O. ACTIONS REQUIRING GRADUATE MEDICAL EDUCATION COMMITTEE
REVIEW and APPROVAL**

The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of residency education. As such, the following activities require review and approval by the Loyola University Medical Center Graduate Medical Education Committee prior to submission of request to the accrediting body:

1. all applications for accreditation of new programs and subspecialties;
2. changes in resident/fellow complement;
3. additions and deletions of participating institutions used in a program;
4. appointments of new program directors;
5. progress reports requested by any Review Committee;
6. responses to all proposed adverse actions;
7. requests for increases or any change in resident duty hours;
8. requests for "inactive status" or to reactivate a program;
9. voluntary withdrawals of accredited programs;
10. requests for an appeal of adverse actions; and, written appeal presentations to the accrediting body.

All requests for consideration by the Graduate Medical Education Committee shall be in writing and include justification for any of the above outlined action.

Requests for complement increases (temporary or permanent) must be submitted in the format consistent with residency review committee requirements this includes at a minimum:

- Educational rationale for change
- Current block diagram
- Proposed block diagram
- Faculty to Resident ratio
- Descriptions of major changes since last accreditation review
- Response to previous accreditation and internal review citations
- Any specialty-specific documentation required by the residency review committee

Requests shall be acted upon at the next regularly scheduled meeting following submission.

GMEC approved: January 2004

Reviewed:

Revised: March 2007

II.P. Housestaff Guidelines for Wellness of Lactating Residents

P.1 Introduction

Loyola University Medical Center's Graduate Medical Education program has developed this guideline to support the wellness of lactating residents. We are committed to protecting the health and wellbeing of our residents.

Challenges faced by lactating residents

Health and wellness of lactating residents

- Infrequent or insufficient expression can lead to plugged ducts, mastitis, or decreases in supply
- Emotional issues/stress regarding significant time spent away from a young child

Resident commitment to clinical obligations

- Potentially results in infrequent or insufficient pumping
- Inability to schedule lactation breaks in advance given unpredictable nature of clinical practice

P.2. Responsibilities of lactating residents

Ongoing commitment to patient care and careful consideration for clinical continuity when determining appropriate times to express milk

Advanced notice to program director and all residents on the service if she will require time to express milk upon return from maternity leave

Clear communication with attending physicians and colleagues regarding specific needs for lactation (ex. Time interval, specific concerns)

P.3. Opportunities to express milk

Residents on ward

- Clear communication with team members regarding pumping needs
- The call room will be prioritized as a daytime lactation room if necessary

Residents in clinic

- Lactating resident will be allowed to leave clinic to pump at a reasonable interval
- Lactating resident will not leave during a patient encounter

Residents in the operating room

- Lactating resident will notify the attending surgeons on each service that they will require lactation breaks during long procedures
- Lactating residents will minimize disruptions to the operating team by pumping before or after cases whenever possible and will not leave during critical portions of the operation
- Lactating residents will reach out to available team members to serve in their absence and will minimize their time out of the operating room, whenever possible

Residents in conference

- Residents are allowed to leave mandatory teaching conference for pumping if necessary

P.4 GME Support

We strive to create a welcoming and inclusive environment for our residents

We are committed to distribution and posting this guideline

If issues or concerns arise regarding a lactating resident's ability to express milk, the Program Directors will lead conflict resolution.

GMEC Approved: November 12, 2020

Reviewed:

Revised:

LOYOLA MEDICINE
HOUSESTAFF HANDBOOK
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LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. A. POLICY AND PROCEDURE MANUALS

A.1. All Loyola residents are expected to follow established policy and procedures. It is essential for residents to understand and follow the policies outlined in the Patient Care Policy and Procedure Manual. The following includes a list of the institutional-wide policy and procedure manuals and where they are located:

1. Patient Care Policy and Procedure Manual

Education and Support Service Office 708-216-3965

Manuals are also located at all nursing stations and in every department office.

2. Administrative Policy and Procedure Manual

Healthcare Services Office 708-216-3730

Manuals are also located at all nursing stations and in every department office.

3. Infection Control Policies

Infection Control Office 708-216-3654

Policies are included in Administrative and Patient Care Manuals.

4. LUMC Safety Manual

Environmental Service Office 708-216-9079

Manuals are also located at all satellite centers, nursing stations and in every department office.

5. Resident Policy and Procedure Manual

Graduate Medical Education Office 708-327-4GME

Manuals are given to each resident/fellow at orientation.

A.2. Frequently Used Patient Care Policies

While it is important for residents to be familiar with all policies in the Patient Care Policy and Procedure Manual, the following is a list of policies that residents will frequently encounter:

- Admissions
- Chemotherapy
- Confirmation of Placement of Nasogastric Tubes
- Conscious Sedation
- Declaration of Brain Death Policy
- Drug Sample Usage and Records
- Hospital Transfers
- Informed Consent for Procedures and Treatment
- Internal Transfer of Patients
- Intravascular Devices
- Isolation
- Organ and Tissue Donation Policy

- Patient Discharge
- Patient Identification
- Restraints and Seclusion
- Standard Precautions/Universal Precautions
- Transporting Patients Within the Hospital
- Urinary Catheter and Closed Drainage System

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. B. RESIDENT RECORDS

- B.1. Central Office of Graduate Medical Education Record
The Central Office of Graduate Medical Education will maintain a permanent file for each resident who participates in a Loyola residency training program. The file contains application materials, consent and release of information authorization, medical license applications, Agreements, requisite attestations, correspondence, unpaid leave of absence forms, original medical school transcripts, and payroll documents.
- B.2. Residency Training Program Record
The office of the resident's program director will keep a permanent file for each individual in the residency training program. Contents of the file includes copies of documents held in the Central Office of Graduate Medical Education record, letters of recommendation, written evaluation of past performance from the resident's previous program director(s), as well as program evaluations completed for the resident's rotations or summaries thereof.
- B.3. Residency Verification
- a. The Central Office of Graduate Medical Education will verify dates of residency attendance to institutions that request information for purposes of credentialing. In the event that a Final Note to File is on file, a copy will also be released. The Central Office of Graduate Medical Education will forward all requests for additional information on performance or conduct to the appropriate program director's office.
 - b. Neither the clinical program nor the Central Office of Graduate Medical Education will provide information on any resident to any outside party without that resident's written release, except where mandated by law or when an agency will usethe information only for statistical purposes.
- B.4. Resident Access to Central Office of Graduate Medical Education and Program Director Files
- a. Files kept by the Central Office of Graduate Medical Education are for administrative and educational compliance purposes.
 - b. A resident may view his/her program level file in the presence of a staff member of the department. A resident may not remove or take any paper from the current file. Copies are available to currently enrolled trainees upon request. Residents may secure copies of completed evaluations through the residency software system. In the event that the resident's access to electronic systems has been limited or terminated for disciplinary purposes, copies of past evaluations will be made available upon written request throughout their term of appeal.

B.5 Record Retention

- a. Individual residency training programs will retain files for all residency training program applicants and interviewees for a period of one year from the date of the organized Match or final date of selection of candidates.
- b. Files for all individuals accepted for training in a Loyola residency training program will be retained for a period of five years after the resident's completion or departure from a residency training program. After five years, files may be purged, except that the following documents must be retained:

Letters or memos related to disciplinary action or academic probation
Letters written by faculty members
Semiannual reviews
Final note to file

- c. The Central Office of Graduate Medical Education will also retain files for all individuals accepted for training in a Loyola residency training program for a period of five years after the resident's completion or departure from a residency training program. After five years, files may be purged, except that the following documents must be retained:
 - Resident application
 - Consent and release of information authorization
 - Verification of license
 - Graduate medical education agreements
 - Letters or memos related to disciplinary action or academic probation
 - Final Note to File

GMEC Approved: April 7, 2000

Reviewed: April 7, 2002

Revised: June 2003, Feb 2006, March 2007

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III.C. GRIEVANCE PROCEDURE

C.1. Introduction

Loyola established this grievance procedure to provide a forum for the fair resolution of grievances regarding a resident's clinical and educational performance, conduct, or eligibility to continue in one of Loyola's Graduate Medical Education Residency Training Programs.

C.2. Right to File Grievance

A resident has the right to grieve the following actions by the Acting Party (Graduate Medical Education Office, Program Director or Department Chair):

- written warning based on corrective disciplinary action;
- suspension based on corrective disciplinary action;
- termination based on corrective disciplinary action;
- academic probation or extension of academic probation based on educational or clinical performance
- termination based on educational or clinical performance; or
- non-renewal of a Graduate Medical Education agreement.

C.3. Initial Filing of a Grievance

A. All requests for grievance must be in writing and must be submitted, by the resident, to the Designated Institutional Official within fifteen (15) calendar days of the resident's receipt of the written notice of one or more of the actions described above in Section C.2. A written request for a grievance submitted by a third party on behalf of a resident will not be accepted.

B. The written request for grievance must include the following information:

1. a description of the action giving rise to the grievance;
2. the date of the action;
3. a request that the action be overturned, including justification for this request and explanation of the action leading to the grievance
4. a request for grievance by document review or hearing

If the written request fails to specifically request a hearing, the right to a hearing shall be waived and the grievance shall be determined through a review of documents as set forth in Section C.4.

A resident who fails to request a grievance in writing within the time and in the manner specified above shall have waived any right to a grievance and the action, which could have been grieved, shall be considered final.

C.4. Grievance By Document Review

If the grievance will be determined by document review, the following procedure will apply:

- A. Within two (2) calendar days of receipt of the written request for a document review, the Designated Institutional Official will forward the written request for document review to the Vice President of Graduate Medical Education and the Program Director.
- B. Within five (5) calendar days of receipt of the written request for grievance by document review, the Designated Institutional Official shall provide written notice to the resident requesting the grievance and Acting Party (Graduate Medical Education Office, Program Director or Department Chair) that they have ten (10) calendar days from the date of receipt of the written notice to submit written documentation or other tangible things related to the grievance directly to the Vice President of Graduate Medical Education.
- C. Within fourteen (14) calendar days of receipt of documentation from the resident and the Acting Party, the Vice President of Graduate Medical Education shall review the information submitted and issue a written report, which includes recommendations, if any, and a decision regarding the grievance at issue to the Designated Institutional Official.
- D. Within five (5) calendar days of receipt of the Vice President of Graduate Medical Education's written report, the Designated Institutional Official shall advise the resident and the Program of the Vice President of Graduate Medical Education's decision, in writing, and provide a copy of the written report. A copy shall also be retained in the resident's file in the Graduate Medical Education Office.

C.5. Grievance by Hearing

If the grievance will be determined by a hearing, the following procedure will apply:

- A. Within two (2) calendar days of receipt of the written request for a hearing, the Designated Institutional Official will forward the written request for hearing to the Vice President of Graduate Medical Education and the Acting Party. Upon receipt of the written request for hearing, the Vice President of Graduate Medical Education shall appoint a Hearing Committee of three (3) physicians to conduct the hearing. Members of the Hearing Committee shall not be selected from the same department or specialty as the resident requesting the hearing. Not less than five (5) calendar days prior to the hearing, the Hearing Committee shall appoint one of its members to serve as the Hearing Chairperson. The Hearing Committee will advise the Designated Institutional Official of the identity of the Hearing Chairperson once selected.

- B. The hearing shall be held within thirty (30) calendar days of the Vice President of Graduate Medical Education's receipt of the written request for a hearing. The Designated Institutional Official shall notify the resident and the Acting Party, in writing, of the date, time and location of the hearing as soon as practicable.
- C. The resident and the Program shall notify the Designated Institutional Official, in writing, by 5:00 p.m. two (2) business days prior to the date and time of the hearing, of any and all individuals whom he/she intends to present as witnesses at the hearing. The resident shall be limited to three (3) witnesses, not including him/her. The witnesses shall speak only on the disciplinary action leading to the grievance or as character witnesses. The Acting Party shall be limited to three (3) witnesses, not including the program director/department chair. The Designated Institutional Official will forward the witness lists to the Hearing Chairperson upon receipt. Witnesses not disclosed within the time and manner specified above will not be permitted to testify at the hearing.
- D. The resident and the Acting Party may submit a position statement summarizing why the action-giving rise to the grievance should overturned or upheld. The position statement must be limited to five (5) pages in length and must be submitted by 5:00 p.m. five (5) business days prior to the date and time of the hearing. The Designated Institutional Official will forward the position statement to the Hearing Chairperson upon receipt. Position statements not submitted within the time and manner specified above will not be forwarded to the Hearing Committee for consideration.
- E. At the hearing, the resident and Acting Party may present any and all information which is relevant to a resolution of the grievance including, testimony of witnesses, written documents and/or other tangible things.
- F. The Hearing Chairperson shall decide all questions of procedure. The Program will present its case first and the resident will present his/her case second. The Acting Party and the resident will each be given ninety (90) minutes to present their cases and, if requested, an additional fifteen (15) minutes for rebuttal after the other party has presented its case. Unless the Hearing Chairperson deems it necessary, the hearing will not exceed three and one half (3.5) hours.
- G. The rules of evidence do not apply and all information provided shall be considered for relevance and reliability by the Hearing Committee. Neither the Program nor the resident may question each other or cross-examine the other party's witnesses. The Hearing Committee may ask questions of any individual participating in the hearing; this does not include support persons, who are not allowed to participate in the hearing.
- H. The Hearing Committee may request additional information and/or clarification from the parties and others, as it deems appropriate. Both the Acting Party and the resident may provide additional information to the Hearing Committee within three (3) calendar days of the conclusion of the hearing. If either party wishes to provide additional information, the intent to do so must be stated prior to the conclusion of the hearing. If a party fails to disclose his/her intent to provide

additional information within the time and manner specified above, any additional information submitted will not be considered by the Hearing Committee.

- I. The Hearing Chairperson shall issue a written report, which includes recommendations, if necessary, and a decision regarding the grievance at issue to the Designated Institutional Official within fourteen (14) calendar days of the conclusion of the hearing.
 - J. Within two (2) calendar days of receipt of the Hearing Chairperson's report, the Designated Institutional Official shall advise the resident, the Acting Party and the respective Department Chair of the Hearing Chairperson's decision, in writing, and provide a copy of the written report. A copy of the Hearing Chairperson's decision and report shall be retained in the resident's file in the Graduate Medical Education Office.
- C.6. The following shall also apply to requests for grievance by document review or hearing.
- A. The resident may be assisted by any member of the Loyola community in preparing his/her side of the grievance.
 - B. If the grievance is being determined by a hearing, the resident may have a support person present at the hearing; however, the resident is solely responsible for presenting his/her case and the support person will not be permitted to participate in the hearing in any way, witness included.
 - C. The procedures are intended to be informal and collegial and to resolve disputes within the framework of the Loyola academic setting. No attorney, including family members, may be present at or participate in any grievance hearing. If the Hearing Committee determines that either party has brought an attorney into the hearing, that individual shall be asked to leave the hearing.
 - D. The grievance hearing is not a legal or judicial proceeding and no attempt shall be made to conduct the hearing in accordance with any procedural, statutory, or other rules of procedure, or evidence other than as described within this procedure.
 - E. There shall be no written transcript or audio or video recording of any grievance hearing by either party; however, individuals participating in the hearing may take notes if they choose.
 - F. The Designated Institutional Official and the Vice President of Graduate Medical Education may answer questions regarding process and procedure. Neither the Designated Institutional Official nor the Vice President of Graduate Medical Education may assist the Acting Party or the resident in preparing or presenting his/her grievance.
- C.7. Appeal to the Regional Chief Clinical Officer
- A. If the resident is dissatisfied with the decision of the Vice President of Graduate Medical Education or Hearing Chairperson, he/ she may appeal the decision in

writing to the Regional Chief Clinical Officer within seven (7) calendar days of receipt of the written decision and report.

- B. The written request for appeal to the Regional Chief Clinical Officer must include the following information:
1. a description of the action from which the grievance is taken;
 2. the date of the action; and
 3. a copy of the written decision issued by the Vice President of Graduate Medical Education or Hearing Chairperson.

A resident who fails to request an appeal in writing within the time and in the manner specified above shall have waived any right to an appeal and the decision of the Vice President of Graduate Medical Education or Hearing Chairperson shall be considered final.

- C. The Regional Chief Clinical Officer shall provide a copy of the appeal to the Acting Party, the Vice President of Graduate Medical Education or Hearing Chairperson, and the Designated Institutional Official.
- D. In conducting the appeal, the Regional Chief Clinical shall review the following:
1. The resident's written appeal;
 2. The materials submitted by the resident and the Acting Party to the Vice President of Graduate Medical Education or the Hearing Committee; and
 3. The written decision and report of the Vice President of Graduate Medical Education or Hearing Chairperson.

No additional hearing will be conducted at this stage.

- E. The issues considered by the Regional Chief Clinical Officer during the appeal shall be limited to:
1. Whether there was a material failure to comply with this Grievance Procedure so as to deny the resident a fair review or hearing; and
 2. Whether the decision of the Vice President of Graduate Medical Education or Hearing Chairperson was supported by credible information.

The Regional Chief Clinical Officer shall not conduct a new review of the action giving rise to the grievance.

- F. The Regional Chief Clinical Officer shall issue a final written decision within fourteen (14) calendar days of receipt of the written request for appeal. A copy of the Regional Chief Clinical Officer's decision shall be sent to the resident, the Acting Party, the Vice President of Graduate Medical Education or Hearing Chairperson, and the Designated Institutional Official. A copy of the Regional Chief Clinical Officer's written decision shall be retained in the resident's file in the Graduate Medical Education Office.
- G. The Regional Chief Clinical Officer's written decision is the final decision in the matter under appeal.

C.8. Dates

- A. In the event a deadline set forth above falls on a weekend or a Loyola University Medical Center Holiday, the due date shall be the next business day.
- B. Exceptions to any of the time frames set forth in this Grievance Procedure may be made in the event of extenuating circumstances and/or by mutual agreement of the parties.

C.9. Applicability

This Grievance Procedure governs all disputes regarding the professional performance, conduct and eligibility to continue in a Graduate Medical Education Program at Loyola University Medical Center. Any provisions of any departmental rules of conduct, which may conflict with or be at variance with these procedures, are superseded by this procedure.

C.10. Resolution of Other Matters

- A. For matters related to resident work environment or issues related to the program or faculty, please refer to Loyola Medicine Policy G-13 Sexual Harassment/Workplace Harassment and Loyola Medicine Policy (NUMBER NEEDED) Consensual Relationships in the Workplace, as well as Housestaff Handbook Policies III.M Harassment/Abuse in the Workplace or Policy III.O Resolution of Resident Issues. If at any point a resident raises issues of discrimination, harassment and/or hostile work environment, those issues will be referred to Human Resources for investigation and will not be addressed in the grievance proceedings.

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III. D. CHIEF RESIDENT POLICY

D. 1. Definition

The chief resident is a senior resident appointed by the program director to supervise junior residents, develop rotation schedules and perform other administrative or clinical duties as assigned by the program director. There are currently three types of chief residents in the system:

1. Additional year past first certification. (These include: Medicine and Pediatrics.)
2. Final year of first certification: the chief resident responsibility is shared by all at the same level.
3. Final year of first certification: the chief resident responsibility is given to one resident in that final year of certification group.

D.2. Salary

Chief residents will receive a stipend appropriate to their training level. An additional chief resident stipend may be assigned by the department and is paid through the department account.

D.3. Appointment procedure

1. The program director will appoint chief resident(s) for the program.
2. Terms may be less than one year, in which case the resident will be paid the chief's supplement for the period in which he/she is appointed.

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III. E. PROGRAM CLOSURES AND REDUCTIONS

E.1. Policy

GME Policy on Program Closures and Reductions (Formerly III.E. PROGRAM DOWNSIZING)

E.2. Purpose:

To establish a policy that addresses a reduction in size or closure of a residency or fellowship program or closure of the Institution.

E.3. Introduction:

ACGME Institutional Requirements

IV.N. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core) IV.N.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, (Core) IV.N.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other ACGME accredited program(s) in which they can continue their education. (Core)

E.4. Definitions:

- **Sponsoring Institution:** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation).

- **Participating Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of participating sites include: a university; a medical school; a teaching hospital, including its ambulatory clinics and related facilities; a private medical practice or group practice; a nursing home; a school of public health; a health department; a federally qualified health center; a public health agency; an organized health care delivery system; a health maintenance organization (HMO); a medical examiner's office; a consortium; or an educational foundation.

- Major Affiliate: Formal Affiliation Agreements between a Sponsoring Institution and Participating Site for the academic purposes of resident/fellow education. All parties to the agreement have a degree of shared responsibility for the training program. A Major Affiliate may have trainees from all or most of the Sponsoring Institution's training programs, or, all trainees from one program. A Major affiliate may be the primary clinical training location for a program with few or no rotations to the sponsoring institution site.
- Graduate Medical Education: The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.
- Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs at that institution.

E.5. Policy:

1. The Sponsoring Institution and Participating Site must inform the DIO, Vice President (VP) of Graduate Medical Education, and the residents of affected program(s) as soon as practicable when the Major Affiliate or a Participating Site intends to reduce the size of or close one or more programs, or when the Sponsoring Institution, Participating Site, or a Major Affiliate intends to close.
2. DIO and/or Vice President of Graduate Medical Education will inform the Graduate Medical Education Committee Chair (if GMEC Chair is not DIO or VP of GME)
3. GMEC Chair will notify the Graduate Medical Education Committee (GMEC) when a Major Affiliate or Participating Site change impacts trainees in sponsored residency or fellowship programs.
4. The Sponsoring Institution or Participating Institution(s) must either allow residents already in the program(s) to complete their education or make every effort in good faith and working with the GME Program(s) to assist the residents affected by a proposed closure or reduction to identify and enroll in an ACGME-accredited program(s) in which they can continue their education. All necessary documentation including assessment of competence, schedules of rotations completed, procedures privileged and any other assessments or records requested by an accepting program and/or required by accepting program will be provided in a timely manner.
5. In the event of reduction of program size, to the greatest extent possible, residents already in the program will be allowed to complete the program, and when feasible only future positions offered in the program(s) will be reduced.
6. If as the result of a catastrophic event or disaster situation a program or the institution cannot provide at least an adequate educational experience for each of its residents/fellows, the GME Administrative Support Disaster Response Policy will be followed.
7. All differences of opinion, interpretation and application of this policy and supporting

guidelines are reserved for final determination by the DIO and/or the Chair of the Graduate Medical Education Committee.

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III.F. DELINQUENT MEDICAL RECORDS

F. 1 Introduction

The timely completion of medical records is important to all institutions with respect to accreditation standards and the adequacy of patient care.

F.2. Loyola University Medical Center Policy

1. When a resident fails to complete required patient records within the time limit determined, not to exceed ten (10) days from the time of discharge, he/she may be removed from service responsibilities until those records are complete.
2. Residents will be expected to dictate discharge summaries on patients, which they have been assigned on a service.
3. The time off service will be charged to his/her vacation allowance. In the event that vacation time has expired, the time off will be considered as a leave of absence without pay.
4. Prolonged failure to comply will result in additional disciplinary action up to and including dismissal from the program.

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LOYOLA MEDICINE
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III. G. EVALUATIONS and PROMOTION

G.1. Introduction

Evaluation is a key component of any residency program. All programs must comply with the ACGME's Common Program Requirements and their specific residency review committee program requirements.

Each program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

G. 2. Standards and Procedures for Evaluation

The standards by which Loyola evaluates each resident shall include:

1. The goals and objectives of the residency training program in which the resident is enrolled.
2. The qualifications, knowledge and skills needed by the residents to pass the requirements for board certification in the specialty.
3. The procedural and quality standards, which Loyola must meet in, order to maintain licensure and accreditation.
4. The ACGME competencies of medical knowledge, patient care, system-based practice, practice-based learning and improvement, communication and professionalism.

G.3. Resident Evaluation by Faculty

1. The form of the evaluation will be at the discretion of the program director.
2. While the content of specific performance evaluations will be discussed, the program director may choose not to reveal the identity of the individual faculty evaluator.
3. Except in those programs where the program director chooses not to reveal the identity of the individual faculty evaluator, residents have ready access to view and/or print electronic copies of their evaluations via the electronic residency management system.

4. Each program director (or designate) will provide a resident with a formal evaluation semi-annually.
5. During the meeting the program director (or designate) will review individual or summary evaluation data. The resident and program director (or designate) will acknowledge review of the evaluations or summary via signature.
6. The resident will be allowed to submit written comments, which will be included in the resident's program file.
7. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation shall be part of the resident's permanent record maintained by the institution.

G.4. Faculty Evaluation by Residents

1. Programs are required to provide residents opportunity to evaluate faculty at least annually, however, more frequent evaluation opportunities, preferably at the end of each rotation, are encouraged.
2. All evaluations of faculty will be collected and reported in a manner that protects resident confidentiality as required by the institutional Graduate Medical Education Committee.
3. All evaluations of faculty will include, at a minimum, the standard questions as required by the institutional Graduate Medical Education Committee.

G.5. Evaluations of Program/Rotations by Residents

1. Programs are required to provide residents opportunity to evaluate the program at least annually, however, more frequent evaluation opportunities, preferably at the end of each rotation, are encouraged.
2. All evaluations of the program will be collected and reported in a manner that protects resident confidentiality as required by the institutional Graduate Medical Education Committee.
3. All evaluations of the program will include, at a minimum, the standard questions as required by the institutional Graduate Medical Education Committee.

G.6. Responsibility of the Training Program for Maintaining Resident Evaluation Records

1. Each residency training program office will keep all resident semiannual review evaluations in the resident's permanent files. Maintenance of individual evaluations is not required.

2. A resident may have his or her own file reviewed with the program director or designated staff member by appointment.
3. Resident files will be made available to the Graduate Medical Education Office and Chief of Staff/Administrative Director GME upon request, consistent with Loyola policy on record access.

G.7. Promotion and Advancement

1. Advancement to the following PGY-level is not automatic, but 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. Residents on probation must fulfill the requirements specified in the conditions for probation before they will be advanced.
2. The conclusions of the program director based on individual evaluations, semi-annual progress reports and all other available information, will provide the basis for determining whether a resident is ready for advancement to the subsequent year of the program or for graduation from the program.
3. The specific criteria for resident evaluation and promotion must be consistent with the guidelines of the Residency Review Committee, the Specialty Board, or other agencies that promulgate educational standards for certification in that discipline.

G.8. Non-renewal

1. It is expected that programs provide the resident(s) with a written notice of intent not to renew a resident's Agreement no later than four months prior to the end of the resident's current Agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the Agreement, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement.
2. All such notification will be in writing, and copied to the Central Office of Graduate Medical Education.

G.9. Declining to Sign the Graduate Medical Education Agreement

1. A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the agreement.
2. 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.

G.10. Due Process

Any resident enrolled in a multi-year program who, under normal circumstances would receive an agreement for the following academic year, and is denied due to the

action of the program director as described in the sections listed above, is entitled to due process, including all grievances, as described in the Grievance Procedure.

G. 11. Resident Resignation

1. Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to their program director.
2. A copy must be forwarded to the Central Office of Graduate Medical Education. Because the Agreement is a legal document, the program director has the right to delay or specify the actual termination date to ensure coverage of services.
3. The resident will be terminated on the date agreed to by the program director. The stipend will be issued at the next regular payday, provided the resident has completed the proper checkout process.

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LOYOLA MEDICINE
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III. H. LICENSING AND RESIDENT ELIGIBILITY

H. 1. Introduction

This policy establishes conditions to ensure that residents do not engage in medical practice prior to receiving appropriate licensure and all forms, visas or other permits as may be required by the U.S. Immigration and Naturalization Service. It is the responsibility of the resident to obtain and maintain, at his/her own expense, medical licensure in the State of Illinois. ***Note: Residents without a valid State of Illinois medical license, appropriate work authorization or social security number cannot hold an Agreement, participate in clinical and laboratory activities (including observation) or research at any clinical training site and cannot be paid.***

H. 2. Definition for Valid License

1. A valid temporary license is defined as an Illinois temporary license specific to the Loyola residency training program and with an effective date not later than the resident's first day of residency.
2. A valid permanent license is defined as an Illinois permanent license with an effective date not later than the resident's first day of residency.
3. No license is valid past its expiration date unless provided for by Illinois state laws and regulations.

H. 3. Notification for filing license applications

1. The Central Office of Graduate Medical Education will notify each applicant accepted into a residency 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.
2. Each resident currently enrolled in a residency training program will also receive written notice not later than 120 days prior to temporary/permanent license expiration. He/she must be able to document that they applied for a renewal or permanent license no later than 60 days prior to the expiration date.
3. Administrators/program directors will be notified via reports as to the status of each incoming resident's license application, and whether the resident completed the application prior to the deadline.

4. The Central Office of Graduate Medical Education will contact each administrator/program director with a list of residents who have not received their license by the Agreement date.

H.4. Resident Letter

1. Each resident not licensed but having met the 60 day cutoff for initial application or renewal will sign a statement which informs him/her that they may not be able to begin training until a license has been received from the State of Illinois.
2. The resident is not currently eligible to participate in any way in clinical activities with their program including observation in clinical or laboratory areas. Evidence that the resident examined or treated patients will be cause for immediate dismissal from the Loyola residency training program.
3. The resident may attend lectures and conferences, but will not be permitted to participate in any capacity for the medical center or in their program.

H.5. Agreement Dates

1. The program director may be required to extend the Agreement dates for any resident who begins late because of licensing problems.
2. The program director may terminate any resident who has not obtained a license as stated in the Graduate Medical Education Agreement, after consulting with the Chief of Staff.

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LOYOLA MEDICINE
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III. I. ROTATIONS AND OFF-SITE ELECTIVES

I. 1. Definition

1. Any Loyola resident assignments or rotations at other institutions must meet the educational needs of the trainee.
2. It is the responsibility of the program director to communicate with the Graduate Medical Education Office (“Central Office of Graduate Medical Education”) to create an affiliation agreement or memorandum of understanding with the institution, and to ensure that accreditation standards including supervision, working hours, and safety are followed.
3. The administrator/program director will report rotation assignments and revisions in writing to the Central Office of Graduate Medical Education/Finance Department on a timely basis.

I. 2. Electives

1. Loyola residents may, with the program director’s permission, participate in training programs outside of the affiliated hospital system. These assignments, when performed outside the system and on an irregular basis, are referred to as “electives.”
2. 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 Loyola system. When requesting an elective, the program must reimburse the Central Office of Graduate Medical Education for the resident on an elective rotation by submitting a plan for funding to provide salary and fringe benefits.
3. Program directors must submit a request for the resident’s elective request and program director’s recommendation to the Chief of Staff for approval with documentation as to the dates and locations of the assignments.
4. Loyola may not certify malpractice coverage for the resident’s participation in an elective outside of Loyola. The residency training program will be required to obtain and maintain malpractice coverage while the resident is on an elective rotation if not otherwise provided.

I.3 International Service Immersion/Missions

Resident may elect to participate in international service immersion or other foreign mission trips sponsored by the institution with the expressed written permission of their program director.

Program sponsors are encouraged to secure funding to defray the cost of resident salary and benefits during their participation in these activities. In the event that these funds are not available in whole or in part, residents who elect to participate in these activities will be expected to utilize vacation time for the balance of unfunded time away.

Residents who elect to participate in these activities are required to provide all requisite documentation prior to departure.

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LOYOLA MEDICINE
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III. J. RESIDENT WELLNESS

J.1. Policy

Loyola Medicine is committed to providing a safe environment and to protecting the health and welfare of patients, students, faculty, visitors and employees as well as residents.

Residents are expected to report to Loyola fit for duty, which means they are able to perform their clinical duties in a safe, appropriate and effective manner showing concern, respect, care and cooperation with faculty, staff, patients and visitors. Loyola encourages residents to seek assistance voluntarily before clinical, educational and professional performance is affected.

J.2. Purpose

The purpose of this policy is to provide a safe environment and to protect the health and welfare of patients, students, faculty, visitors, employees, and LUMC property and operations.

J.3. Resources Available to all Residents

1. Employee Assistance Program (EAP)

EAP is designed to offer assessment, referral, and/or short term counseling for personal problems, including stress, depression, grief, family, financial, legal problems, and drug and alcohol dependence. EAP services are free and confidential. Residents can contact EAP through Carebridge 24/7/365 emergently or to schedule an appointment with a Carebridge consultant confidentially and free of charge at (800) 437-0911 or access non-emergent assessment tools and life resources through the Carebridge website using the access code: BKKR5 at www.myliferesources.com.

1. Loyola's Department of Psychiatry

The Department of Psychiatry offers assessment, referral and/or treatment by both psychiatrists and psychologists for personal problems including stress management and marital or family issues. These services are confidential. Residents can contact the Department of Psychiatry at (708) 216-3276 or after hours at (708) 216-9000.

2. University Ministry and Pastoral Care

The departments of University Ministry and Pastoral Care offer spiritual and emotional support services to residents. University Ministry and Pastoral Care services are free and confidential. Residents can contact University Ministry at (708) 216-3245 and Pastoral Care at (708) 216-9056.

3. Respite Space

The Father Jack Housestaff Respite space is located next to the Pastoral Care Offices and provides a respite space for housestaff, overflow call/napping rooms, computers and telephones.

4. Paid Time Off

Residents and Fellows are provided sick and vacation time as well as FMLA benefits that include short term and long-term disability. For more information on this benefit, please see the Annual GME Agreement/Benefits Addendum.

5. Outside Resources

In addition to providing services internally, the resources listed above can also provide residents with resources outside of Loyola.

6. Trinity Health Resources

Care Bridge Hotline can be accessed 24 hours a day at 800-437-0911 for help with personal problems, work-life management and wellness. The Trinity access code is BKKR5.

7. Loyola's Physician Resiliency Team and Coaches accessed thru the Spirit homepage.

<http://luhs.che.org/Pages/PhysicianResiliency.aspx>

8. Live Your Whole Life platform includes various tools and resources such as Journeys, Mindfulness 101 course, Sleep guide and more <http://mybenefits.trinity-health.org/lywl>

J.4. Resident Responsibility

1. Residents are responsible for reporting to Loyola fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems.

2. If a resident is experiencing problems, he/she is encouraged to voluntarily seek assistance before clinical, educational and professional performance; interpersonal relationships or behavior are adversely affected. Residents, who voluntarily seek assistance for physical, mental, emotional and/or personal problems, including drug and alcohol dependency, before their performance is adversely affected, will not jeopardize their status as a resident by seeking assistance.

3. Resident wellness self-assessment tools (Stress Check-In: Self-Care for Healthcare Workers, Mindfulness Practice, Stress Relief, etc.) are available on the Carebridge website for all employees at www.myliferesources.com

J.5. Residency Training Program Responsibility

1. It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct.

2. If a program director or faculty member observes physical, mental, or emotional problems affecting the performance of a resident, the member must take steps to verify the impairment and take appropriate actions which should include notifying the Program Director and Loyola's GME office.
3. Chief residents should also be aware of the behavior and conduct of junior residents. If a Chief resident observes physical, mental, or emotional problems affecting the performance of a resident, the chief resident should immediately notify the program director or designee.
4. It is the responsibility of the Program to provide reasonable accommodations (i.e. duty assignments, on-call schedules), to enable the resident to participate in mandated counseling.
5. Program Directors must comply with ACGME requirements regarding hours worked and days off.
6. Training programs must develop policies and procedures to ensure patient care coverage in the event that a trainee is unable to perform their patient care responsibilities.

J.6. Fitness for Duty Procedure

Anyone providing service for Loyola Medicine is expected to report for work fit for duty, which means able to perform job duties in a safe, appropriate, effective manner showing concern, respect, care and cooperation with coworkers, patients and visitors.

Anyone who is using prescription or over the counter medication which may cause behavioral problems (i.e. drowsiness or irritability) or otherwise compromises the performance of the individual or coworkers must inform his/her supervisor before beginning work.

In the event there is a suspicion that a resident is not fit for duty, the process set forth in the Impaired Colleague Screening Policy (policy SF-1) will be initiated.

The process set forth in the Fitness or Duty Policy will also be initiated in any situations where a well-being check is initiated for a resident. The resident will be required to present for a fitness for duty evaluation within two (2) hours of the well-being check by law enforcement should they be found located at their residence and emergent legal or medical issues are relevant. The resident shall use a taxi or ride share to report for the evaluation. The cost of the transportation to and from the hospital will be reimbursed by the GME Office.

J.7. Return to Duty

1. If Employee Health Services (EHS) and EAP determine the resident is fit for duty, the resident will resume clinical duties after meeting with the EAP and the program director.
2. If EHS and EAP determine the resident is not fit for duty, the program director will relieve the resident from his/her clinical duties/responsibilities. The resident will continue to be paid under

the sick leave policy until benefits are exhausted, at which time, he/she will be placed on a disability leave of absence (as defined by the benefit policy).

3. In consultation with EHS and EAP, the program director will decide how and when to allow the resident to resume his/her clinical duties. The resident's continued participation in the residency training program will be subject to conditions of behavior and/or performance that the program director will document in a Return to Work or other agreement, in cooperation with EAP.

4. The resident must participate fully in all mandated counseling and monitoring activities. Failure to do so may result in disciplinary actions, including dismissal from the residency training program.

GMEC Approved: August 2020

Reviewed: August 2020

Revised: August 2020

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III. K. ACADEMIC PROBATION

K.1. Introduction

Academic probation is a circumstance in which the program director notifies a resident in writing of educational and clinical deficiencies, which must be corrected within a stated period of time. Failure to make such corrections may result in a continuation of the probationary period or termination from the program. Salary and benefits remain in full force during the probationary period.

K.2. Probation

1. The program director shall schedule a meeting with the resident to discuss the reason(s) for probation, the remedial action required by the resident and the dates of the probationary period.

The program director must notify the resident and the Graduate Medical Education Office ("Central Office of Graduate Medical Education") in writing of the probation including:

- the reason(s) for probation;
- the remedial action required; and
- the dates of the probationary period.

Copies of the correspondence shall be placed in the resident's department file and the Central Office of Graduate Medical Education file.

3. At the end of the probationary period, the program director shall meet again with the resident to review performance. Depending upon the resident's performance, he or she may be:
 - removed from probation;
 - given an additional period of probation; or
 - terminated from the program.
4. A statement regarding the action shall be maintained in the resident's department file and the Central Office of Graduate Medical Education file.
5. No resident shall be advanced to the next PGY level or afforded a new graduate medical education agreement while on academic probation. Any graduate medical agreement signed while a resident is on academic probation shall be null and void.

K.3. Grievance of Academic Probation

A resident has the right to grieve a termination based on educational or clinical performance. The process and requirements for filing a timely grievance are contained in the Grievance Procedure set forth in III.C of the Loyola University Medical Center Resident Handbook.

K.4 Applicability

Although various departments at Loyola may establish educational and clinical standards for residents assigned to those departments, this policy governs all situations regarding the clinical and educational performance and eligibility to continue in a Graduate Medical Education Program at Loyola University Medical Center and any provisions of any departmental standards which may conflict with or be at variance with policy shall be superseded by this policy.

GMEC Approved: April 7, 2000
GMEC Revised: April 2002
Revised: June 9, 2003
Revised: Feb 2006

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III.L. CORRECTIVE DISCIPLINARY ACTION

L.1. Introduction

Whenever the professional activities, conduct or demeanor of a resident interferes with the discharge of assigned duties or the discharge of duties of other Loyola or affiliated institution employees, or jeopardizes the well-being of patients or employees, Loyola, through its administration, reserves the right to institute appropriate corrective measures including disciplinary action up to and including termination.

L.2. Causes for Corrective Disciplinary Action

The following is a list of resident actions and behaviors, which may result in disciplinary action, up to, and including termination for the first offense. This list is not exhaustive and other actions or behaviors may lead to disciplinary action, up to and including termination.

1. Behavior that threatens the well being of patients, medical staff, employees or the general public.
2. Substantial or repetitive conduct that is considered by the resident's supervisor to be professionally or ethically unacceptable or which is disruptive to the normal and orderly function of the institution to which the resident is assigned.
3. Failure to conform to the principles outlined in the Graduate Medical Education Agreement or to the policies and procedures of Loyola University Medical Center.
4. Failure to comply with federal, state and local laws (directly or indirectly related to the medical profession.) Convictions for offenses other than minor traffic violations may be cause for dismissal.
5. Fraud by commission or omission in application for residency position or in completing of other Loyola or patient care related documents.
6. Conviction of a criminal offense related to healthcare fraud or exclusion, debarment, sanction or other declaration of ineligibility for participation in a federal or state healthcare program.
7. Suspension, revocation or any other inactivation, voluntary or involuntary, of medical licensure by the State of Illinois.
8. Continued or unexcused absence from duty assignments.
9. Absence from duty assignment without appropriate departmental consent.

10. Failure to perform the normal and customary duties of a resident as defined in the ACGME "Institutional Requirements."
11. Harassment or abuse of patients, other residents or hospital staff.
10. Failure to provide safe, effective and compassionate patient care commensurate with the resident's level of advancement and responsibility.
11. Breach or violation of patient confidentiality
12. Conduct or behavior which may cause embarrassment or bring disrepute to Loyola, its graduate medical education training program or its employees and medical-dental staff.

L.3. Disciplinary Action

1. Initiation of disciplinary action shall be the province of the program director or the Chief of Staff. Residents may be subject to written warning, suspension or termination. Discipline may be progressive, in that it follows the order listed below. However, depending upon the severity of an incident or extenuating circumstances, discipline may begin at any stage, including termination.

2. Written Warning

The program director or Chief of Staff may issue a letter of warning to a resident in response to an identified problem. The letter will detail the situation, the action required to correct the problem, and the consequences of failing to correct the problem. A copy of the letter will be placed in the resident's departmental file and the Graduate Medical Education Office ("Central Office of Graduate Medical Education") file.

3. Suspension

Suspension is a corrective action where the resident is temporarily removed from program duties. Suspensions are unpaid; however, benefits will remain in full force during the suspension. During the suspension, the resident will not receive credit for the training time.

The program director or the Chief of Staff may initiate a suspension when he or she believes that a resident's removal from duty is in the best interest of Loyola or its patients. If necessary, residents may be suspended pending the investigation of an incident. Upon conclusion of the investigation, the resident may be:

- restored to full duty (Back pay will be awarded if the results of the investigation establish that suspension was unwarranted.); or
- terminated.

The program director or the Chief of Staff shall provide the resident with a letter detailing the reason(s) for suspension including:

- the length;
- the action required to correct the problem; and
- the consequences of failing to correct the problem.

Copies of the correspondence shall be placed in the resident's departmental file and the Central Office of Graduate Medical Education file.

No resident shall be advanced to the next PGY level or afforded a new graduate medical education agreement while on suspension. Any graduate medical education agreement signed while a resident is on suspension shall be null and void.

4. Termination

If corrective disciplinary action does not improve a resident's behavior or actions or if a major violation of hospital policy or Resident policy occurs, the resident may be terminated from participation in Loyola's residency training program. Termination may occur even if the resident holds a current Graduate Medical Education agreement

The program director or the Chief of Staff shall provide a letter to the resident detailing the reason(s) for termination and the effective date.

Copies of the correspondence shall be placed in the resident's department file and the Central Office of Graduate Medical Education file.

L.4. Grievance of Corrective Disciplinary Action

A resident has the right to grieve disciplinary action taken against him or her. The process and requirements for filing a timely grievance are contained in the Grievance Procedure set forth in III.C of the Loyola University Medical Center Resident Handbook.

L.5 Applicability

Although various departments at Loyola may establish standards for the professional conduct of residents assigned to those departments, this governs all situations regarding the professional performance, conduct and eligibility to continue in the Graduate Medical Education Program at Loyola and any provisions of any departmental standards of conduct which may conflict with or be at variance with this policy shall be superseded by this policy.

GMEC Approved: October 23, 1996, April 7, 2000

GMEC Revised: April 2002

Revised: June, 2003, February 2006. March, 2007

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III.M. HARASSMENT/ABUSE IN THE WORKPLACE

M.1. Policy

1. Loyola Medicine ("Loyola") is committed to a workplace environment which in which there is zero tolerance for sexual harassment and workplace harassment. This policy reaffirms Loyola's opposition to harassment in the workplace and emphasizes that learning opportunities and patient care must not be interfered with by harassment.

2. Accordingly, Loyola will not tolerate any form of harassment/abuse by or of its residents, employees, faculty, students, or patients. To the extent practicable, Loyola will attempt to protect the Loyola community from harassment by vendors, consultants and other third parties who interact with the Loyola community. All complaints of harassment/abuse are taken seriously and no one reporting a complaint, including third parties, will suffer retaliation or reprisal.

1. In the event a resident believes he/she is being harassed/abused for any reason, he/she should contact the chief resident, the program director, the department Chair, the Graduate Medical Education Office, or Department of Human Resources in a timely fashion. Complaints of harassment will be treated in confidence to the extent feasible, given the need to conduct a thorough investigation and to take corrective action.
2. In the event that a patient accuses a resident of harassment/abuse, the resident shall be immediately removed from the workplace pending outcome of an investigation.
3. For further information, please refer to the following Loyola Medicine Policies:

G-13: Sexual Harassment-Workplace Harassment

COMP-029: Integrity Reporting System

SF-3: Workplace Violence and Domestic Violence

Consensual Relationship Policy

QAPS 010 Management of Patient Sexual Harassment/ Sexual Abuse

COMP 043 Non-Retaliation Policy

Communications Standards 1.1 Standards for Use of Social Media

GMEC Approved: August 2020

Reviewed: August 2020

Revised: August 2020

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III. N. TERMINATION/COMPLETION OF RESIDENCY PROGRAM

N. 1. Resident Resignation

1. Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to their program director.
2. A copy must be forwarded to the Graduate Medical Education_Office. Because the Agreement is a legal document, the program director has the right to delay or specify the actual termination date to ensure coverage of services.
3. The resident will be terminated on the date agreed to by the program director. A final paycheck will be issued at the next regular payday, provided the resident has completed the proper checkout process.

N. 2. Termination/Exit Requirements

1. Program directors must provide each resident with a final evaluation prior to termination.
2. Certificates will be held until all equipment including pagers, identification card, parking keycards and hang tags, department keys, and library books have been returned to the proper department.
3. The resident must complete the check out sheet provided to him/her before the last stipend will be issued. The resident must follow sign out procedures.

GMEC Approved: September 7, 1995
Reviewed: September 7, 1995
Revised: June 9, 2003

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III. O. RESOLUTION OF RESIDENT ISSUES

O.1 Loyola will provide various means by which the individual can address issues and concerns in a confidential and protected manner.

1. Personal Safety and Work Environment concerns

Any resident concerned for their personal safety or whose work environment is compromised due to behavioral or environmental factors should report their concerns immediately as outlined in the policy Harassment/Abuse in the Workplace (III.M.).

2. Residency/Fellowship Departmental concerns

Program Directors will share the program's processes for resolution of resident issues, which include chief residents, program coordinators, associate program directors and program directors.

3. Hospital Personnel concerns

Concerns or issues dealing with general administrative difficulties should be brought to the attention of the appropriate administrative personnel to rectify the situation.

4. Other concerns

- a) The Loyola Housestaff Governance Committee is a means to express concerns. Issues may be reported to the Housestaff Governance representative for their program. The representative may bring the issue to the Committee or discuss with hospital administration to resolve the concern.

- B The Office of Graduate Medical Education is available to assist residents with concerns regarding residency training, departmental or hospital administration issues. The function of these offices is to assure fairness and uniformity of standards among departments. Both The DIO and VP of GME have an open-door policy as it relates to resident concerns.

The GME Website (www.loyolamedicine.org/gme) includes a link to contact GME or report a concern anonymously and confidentially as well as direct contact information for all GME employees.

- c) The Grievance Procedure provides a forum for the fair resolution of disputes regarding the resident's professional performance, conduct and eligibility to continue in the Graduate Medical Education Program. See Housestaff Handbook policy III.C: Grievance Procedure.

GMEC Approved: August 2020

Last Reviewed: August 2020

Revised: June 2003, Feb 2006, March 2007, August 2020

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III.P. CORPORATE COMPLIANCE

P.1. Definition

Corporate Compliance is a term that refers to an organization's ability to live within the law. The term may be defined by considering both its legal and ethical components. **To be legally compliant**, we should comply with federal, state and local laws and regulations. **To be ethically compliant**, we should follow the Jesuit example and be men and women for others. In health care, corporate compliance includes expectations that reflect a concern for what patients, employees and the community regard as fair or just. These expectations are described in Loyola's Standards of Conduct.

1. Loyola is committed to conducting its affairs in an ethical manner. Care, concern, respect and cooperation, respect for life and the valuing of human dignity are the stated values of our institution. Consistent with our Jesuit and Catholic traditions, Loyola has a commitment to social justice and responsibility and seeks to interact with patients, employees, students, members of the public at large, vendors, contractors, third party payers and others in compliance with applicable laws and regulations.
2. Standards of Conduct define Loyola's expectation for conduct for all employees. The standards combine ethical and legal requirements. All new employees, residents and physicians receive training in the corporate compliance standards of conduct and annually thereafter. If you suspect a compliance problem or have a concern:
 - Tell your supervisor (attending, chief resident, program director or chairman) or
 - Contact the Department of Corporate Compliance (Loyola University Hospital, room 1752, 6-2036) or
 - Call the Compliance Hotline at 1 (800) 424-6308 or
 - Call the Office of Graduate Medical Education at 7-4GME

P.2. In striving to be legally compliant, Loyola works hard to ensure that it creates accurate and truthful patient bills and submits accurate claims for payment to all payers, including Medicare and Medicaid, commercial insurance, or our patients. Several federal and state laws and regulations require accuracy in health care billing.

1. The Federal False Claims Act (FCA)
The Federal False Claims Act (FCA) makes it a crime for any person or organization to knowingly present a false or fraudulent claim for payment to the government. An example of a false claim includes knowingly billing Medicare for services that were not

provided. Violations of the FCA may result in penalties of up to three times the amount owed; fines ranging from \$5,000 to \$10,000 for each count of fraud; and/or imprisonment of 5-10 years. The FCA allows individuals with direct knowledge of a false claim to file a lawsuit in federal court on behalf of the U.S. government alleging fraud against the government. If the claim results in a finding of fraud, the individual bringing the case may receive between 10% and 30% of any damages recovered. The FCA protects anyone who files a false claim lawsuit from retaliation for filing the suit. If a court finds that the employer retaliated against the employee, the court can order reinstatement, two times the amount of back pay owed, interest on back pay and reasonable attorney's fees.

2. **Program Fraud Civil Remedies Act of 1986 (PFCRA)**
Under the Program Fraud Civil Remedies Act of 1986 (PFCRA) anyone who submits a false claim or causes a false claim to be submitted to the U.S. Department of Health and Human Services (as well as other certain federal agencies) is subject to a civil penalty of up to \$5,000 per claim regardless of whether property, services, or money is actually delivered or paid. If payment has not been made, the person who submits the false claim is also subject to an assessment of up to two times the amount of the false claim.
3. **Federal Criminal Code on Health Care Fraud**
The Federal Criminal Code on Health Care Fraud provides that anyone who knowingly and willfully executes or attempts to execute a plan to (1) defraud any health care benefit program; or (2) to obtain, by means of fraud, any of the money or property owned by, or under the custody or control of any health care benefit program, in connection with the delivery of or payment for health care benefits/items/services shall be fined and/or imprisoned for up to 10 years. More serious penalties apply if serious bodily injury or death results.
4. **Illinois Whistleblower Reward and Protection Act (IWRPA)**
The Illinois Whistleblower Reward and Protection Act (IWRPA) is the state version of the FCA discussed above. The two main differences between the FCA and the IWRPA are that cases brought under the IWRPA are litigated in state court and the penalties are higher - \$5,500 to \$11,000 plus three times the amount of damages and costs.
5. **Illinois Insurance Fraud Claims Prevention Act**
The Illinois Insurance Fraud Claims Prevention Act prohibits remuneration for patient referrals where an insurance company will ultimately pay the claim. Penalties include civil fines of \$5,000 to \$120,000 per violation, plus up to three times the amount of each claim under a contract of insurance.

P.3. **Institutional Compliance Program**

Loyola's Department of Corporate Compliance supports compliance with the Standards of Conduct and applicable laws and regulations by:

- Monitoring and auditing to prevent or detect errors in coding or billing;
- Educating Loyola employees, residents and physicians that they are responsible for reporting suspected compliance problems or concerns;

- Investigating all reported concerns and correcting any billing errors discovered; and
- Working with Human Resources to protect Loyola employees, residents and physicians from adverse action when they do the right thing and report compliance problems or concerns.

P.4. Retaliation/Adverse Action/Disciplinary Action

Any form of retaliation or adverse action against any employee who reports a compliance problem or concern in good faith is strictly prohibited; however, an employee who knowingly makes a false report will be subject to corrective disciplinary action.

For more specific information on Loyola's Corporate Compliance Program and activities, please contact the Department of Corporate Compliance at 6-2036 or consult the Department of Corporate Compliance web page on loyola.wired (LUHS intranet).

GMEC Approved: Feb 2007
Reviewed:
Revised:

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**III.Q. TRANSPORTATION FOR TRAINEES WHEN TOO TIRED TO DRIVE
PROCEDURE**

Q.1. Introduction

When a resident is too tired to drive home safely after work, he/she may utilize their choice of either a rideshare or taxi service. The resident may use this service to both get home and return to work to retrieve his/her vehicle.

Q.2. Procedure

In order to be reimbursed for using either rideshare or taxi service the resident must submit the receipt(s) to the GME office . The receipt must show the name of the rideshare or taxi service, the pick-up and drop-off locations and the fare amount.

Q.3 Limitations

Reimbursements will be made for transportation from LUMC and its affiliates to the resident's home only. Residents may be asked to provide additional information about the trip and should reply to any emails from the GME office. Use of this benefit is closely monitored and frequent use will be reported to the resident's program director for review.

GME will not reimburse transportation costs for the following situations:

- Transportation to/from the airport
- Transportation to work, when a prior ride home from work has not occurred
- During times when the resident's regular transportation is unavailable

GMEC Approved: October 13, 2018

Reviewed: October, 2018

Revised:

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III.R. TRANSITIONS IN CARE

R. 1. Introduction:

Transition of Care refers to the movement of patients from one health care practitioner or setting to another. Transitions of care are critical elements in patient safety and must be organized such that complete and accurate clinical information on all involved patients is transmitted between the outgoing and incoming teams/individuals responsible for that specific patient or group of patients.

R.2. Purpose:

The purpose of this policy is to establish protocol and standards to ensure the quality and safety of patient care when the transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

R.3. Requirements:

1. Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care.
2. It is recognized that transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:
 - (a) Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
 - (b) Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
 - (c) Discharge, including discharge to home or another facility such as skilled nursing care
 - (d) Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.
3. The transition/hand-off process must involve verbal communication either via face-to-face encounter or telephone. All transitions also require written documentation. The transition process must include, at a minimum, the following information in a standardized format:
 - (a) Identification of patient, including name, medical record number, and date of birth
 - (b) Identification of the attending physician
 - (c) Diagnosis, pertinent co-morbidities, and current status/condition of patient
 - (d) Recent events, including changes in condition or treatment, current medications, pertinent lab tests, anticipated complications and actions to be taken.
 - (e) Changes in patient condition that may occur requiring interventions or contingency plans
 - (f) Additional elements essential to safe transitions of care that are specialty-specific

4. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
 - (a) Residents and fellows comply with the duty hours requirements.
 - (b) Faculty are scheduled and available for appropriate supervision.
 - (c) All parties involved in a particular program and/or transition process have access to one another's schedules and contact information.
 - (d) All call schedules must be made current and available on the Web on Call website and with the hospital operator.
 - (e) Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
 - (f) All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
 - (g) Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
5. Each program must include the transition of care process in its curriculum. Residents must demonstrate competency in performance of this task.
6. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Availability of the essential data elements alone is not adequate. One or more of the following are encouraged to be pursued and documented:
 - (a) Random audits/observation by clinical faculty and/or chief residents
 - (b) Utilization of check off forms to ensure comprehensiveness
 - (c) Evaluation of the receiving team/trainee of the quality of the sign out the morning after the sign out occurred

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Reviewed:

Revised:

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**III.S. Continuation of Graduate Medical Education Program in
the Event of a Major Disaster Resulting in Temporary Closure
of Clerical Units or Services Policy**

III.S.1. Introduction and Purpose:

Loyola University Medical Center (LUMC), Loyola Medicine-MacNeal Hospital (MNH) Graduate Medical Education policies apply to all ACGME accredited residency programs at LUMC and MNH. The sponsoring hospital's Graduate Medical Education Committee (GMEC) exercises oversight of all residency programs under its sponsorship.

ACGME Institutional Requirements:*

IV.M. Disasters: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. IV.M.1. This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)

To address administrative support for GME programs and residents in the event of a disaster or extended interruption in patient care.

* As a result of the chaotic situation for residents and GME programs in the New Orleans area following hurricane Katrina in 2005, requirements for this policy were developed and implemented to facilitate the continuation of training.

III.S.2. Policy:

LUMC and/or MNH will make every effort to maintain continuity of administrative and operational support for its Graduate Medical Education programs and residents in the event of a major disaster that results in the temporary closure of clinical units or services.

III.S.3. Procedure:

1. The Designated Institutional Official and/or Chair of GMEC will convene an emergency meeting of the Graduate Medical Education Committee at the earliest practical time following onset of the disaster.
2. The Graduate Medical Education Committee will determine the major effects of the disaster on each of the Graduate Medical Education programs
3. Based on the assessment at the GMEC meeting, each Program Director will develop a

plan for continuation of the program or for temporary closure of the program and reassignment of residents to other teaching hospitals.

4. The Designated Institutional Official and Program Directors will communicate both the assessment and plans to the ACGME/RCs as soon as practicable.
5. If a decision is made to close temporarily, the program, the Program Directors and the Designated Institutional Official will negotiate temporary placement of residents with other teaching programs.
 - a. Temporary placements of less than one year will be facilitated through an Affiliation Agreement and Program Letter of Agreement with the other teaching hospital(s) and program(s). These agreements will address resident salaries and benefits as well as teaching cost incurred by the other program.
 - b. In the event a program is closed for more than one (1) year, the hospital will negotiate a transfer of residents to another program to allow for completion of accredited training with the approval of the appropriate ACGME Review Committee and the Centers of Medicare and Medicaid Services.
 - c. Residents will continue to be employed and receive salary and benefits as eligible during temporary closures. Residents completing their program during a temporary closure will receive their graduation certificate from their original Sponsoring Institution. Placement of residents will take into consideration both the educational and logistical needs of the residents.
 - d. Every attempt will be made to re-open the Graduate Medical Education programs at the earliest practical date. Once the programs are re-opened, residents temporarily located in another teaching program will be reinstated at the hospital as soon as practical.
 - e. In the event that a program is not able to re-open within a two-year period, the GMEC will make a decision about voluntary withdrawal of the program in cooperation with the hospital administration and the ACGME. Closure of the program will comply with the Graduate Medical Education policy, III.E. Program Closures and Reductions.

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