



UCF/HCA GME Consortium Accommodation for Disabilities in GME Programs (IV.I.4)



Purpose/intent: The sponsoring institution must have a written policy regarding accommodation which applies to GME residents/fellows (trainees) with disabilities. This policy does not need to be specific for GME programs (IV.I.4).

Policy summary: Institutional policies include those that are adopted by the UCF/HCA GME consortium in conjunction with additional specific issues related to GME programs as set forth below.

Procedures:

1. GME training programs will use the UCF COM medical school admissions technical standards, with minor modifications, as a basis for the GME policies for reasonable accommodations. Standards in five areas must be met by all candidates: Observation, Communication, Motor Function, Cognitive, and Professional. All trainees must meet acceptable standards for behavior and intellectual functioning with no accommodations anticipated.
2. Reasonable accommodation in achievement of the standards is defined under federal statutes applied to individuals with disabilities.
3. These are general guidelines. Each program must assess accommodations on a case-by-case basis. Certain specialties may have specialty specific concerns (manual dexterity, visual acuity, etc.) that may need to be considered. The intent is that graduating trainees will be able to attain milestones and demonstrate competence to practice independently in that specialty without supervision.
4. Applicants and current trainees can submit a request for accommodation to either the Program Director or the ADA coordinator. The protocol for employees to request accommodation is found in the Office of Institutional Equity:
<https://www.eeo.ucf.edu/documents/AccommodationsInEmploymentAndForMembersOfThePublic.pdf>. The trainee/applicant should be prepared to identify strategies that would enable them to successfully complete the expectations of the residency program. The Program Director, the GME office, and the ADA coordinator will coordinate with the necessary hospital and institutional staff to determine whether the requested accommodation would be effective, reasonable, and enable the trainee to perform the essential functions of the position and achieve the essential program educational goals and objectives. However, all trainees are responsible for meeting acceptable intellectual and behavioral functioning with or without reasonable accommodations.
5. If specific medical information is required, the trainee/applicant will complete the medical Certification form <http://hr.ucf.edu/files/CertificationHealthCareProviderEmployee.pdf>
6. The University Request for Reasonable Accommodation form should be completed by the program in each case where an accommodation is granted:
7. <https://www.oie.ucf.edu/documents/UCFReasonableAccommodationRequestForm.pdf>

This form should be transmitted to the ADA coordinator and will be maintained in a confidential medical file. The documentation should not be maintained in the trainee file because of confidentiality issues. The ADA coordinator should be consulted when the program needs further information, and can provide technical assistance in more complex situations including attendance and leave issues.

UCF/HCA GME Reasonable Accommodations standards (modified from UCF COM admissions technical standards):

Observation: GME trainees and applicants are reasonably expected to:

- observe demonstrations and participate in experiments in the basic sciences
- observe patients at a distance and close at hand
- demonstrate sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination

Communication: Trainees and applicants are reasonably expected to:

- communicate in verbal and written form with health care professionals and patients, including eliciting a complete medical history and recording information regarding patients' conditions
- perceive relevant non-verbal communications such as changes in mood, activity, and posture as part of a physical examination of a patient
- establish therapeutic relationships with patients
- demonstrate reading skills at a level sufficient to individually accomplish curricular requirements and provide clinical care for patients using written information

Motor Function: Trainees and applicants' motor and sensory functions must be sufficient to diagnose and deliver effective patient care by consistently, quickly, and accurately integrating all data gathered through whatever sense(s) employed. Trainees and applicants are reasonably expected to:

- perform physical examinations and diagnostic procedures, using such techniques as palpation, auscultation, and percussion
- complete routine invasive procedures as part of training, using universal precautions without substantial risk of infection to patients
- perform basic laboratory tests and evaluate routine diagnostic results such as EKGs and X-rays
- respond in emergency situations to provide the level of care reasonably required of physicians
- participate effectively in physically taxing duties over long hours
- complete timed demonstrations of skills

Cognitive: Trainees and applicants must have sufficient cognitive abilities and effective learning techniques to assimilate the detailed and complex information presented in the graduate medical education curriculum. Trainees and applicants are reasonably expected to:

- measure, calculate, analyze, synthesize, extrapolate, and reach diagnostic and therapeutic judgments
- recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events
- formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of clinical modalities
- understand the legal and ethical aspects of the practice of medicine
- remain fully alert and attentive at all times in clinical settings
- integrate findings based on these observations and develop an appropriate diagnostic and treatment plan
- Demonstrate problem-solving, a critical skill demanded of physicians

Professional: Trainees and applicants are expected to demonstrate behavior and social attributes that enable the effective practice of medicine. Compassion, integrity, interpersonal skills, interest, reliability, motivation, commitment to excellence, service orientation, goal-setting skills, academic ability and self-awareness are expected personal qualities. Trainees and applicants are reasonably expected to:

- demonstrate the judgment and emotional stability required for full use of their intellectual abilities
- possess the perseverance, diligence, and consistency to complete the residency program curriculum and prepare to enter the independent practice of medicine
- exercise good judgment in the diagnosis and treatment of patients
- complete all responsibilities attendant to the diagnosis and care of patients within established timelines
- function within both the law and ethical standards of the medical profession
- work effectively and professionally as part of the health care team
- relate to patients, their families, and health care personnel in a sensitive, courteous, and professional manner
- participate effectively in physically taxing duties over long work hours, function effectively under stress, and display flexibility and adaptability to changing and uncertain environments
- maintain regular, reliable, and punctual attendance for classes and clinical responsibilities
- contribute to collaborative, constructive learning environments, accept constructive feedback from others, and respond with appropriate modification
- provide care to all patients regardless of their race ethnicity, gender, culture, religion or sexual orientation
- maintain sobriety in all academic and clinical environments, and refrain from the illegal use of substances at all times



UCF/HCA GME Consortium Trainee Benefits Policy (IV.G)



Purpose/intent: Residents/fellows (Trainees) must be provided access to health and disability insurance benefits starting their day of appointment. Trainees are also provided access to health insurance benefits for their families (IV.G).

Summary: Trainees in ACGME accredited programs sponsored by the Consortium have many of the same benefits as regular UCF employees. However, there are differences in the retirement plans and the leave policy for Trainees.

Leave: Refer to the separate UCF/HCA GME Consortium Leave and Injury Policy for details on vacation and educational leave, religious observances, sick leave, parental leave, FMLA (Family and Medical Leave Act), and military leave.

Counseling and Trainee Assistance Programs: See a separate policy on counseling and behavioral support, which is available on GME website. Trainees are eligible for UCF Employee Assistance Program and up to six counseling sessions as part of benefits package.

Insurance: The Human Resources Website for UCF provides many details of the types of insurance provided to Trainees: <http://hr.ucf.edu/prospective-employees/new-employee-benefits/>

Medical Insurance: Trainees are able to choose from medical insurance plans that them, their spouse and their dependent children. Both HMO and PPO plans are available and the majority of the premium is paid by UCF. Trainees must have a social security number to enroll in these plans. Trainees will be provided a list of options and the premium amounts on an annual basis. Coverage will start the first day of the month following the appointment start date (usually July 1) and Trainee will be provided information on interim coverage that can purchased independently prior to July 1.

1. **Disability insurance:** Trainees will be provided a disability policy and the option to purchase additional coverage.
2. **Life insurance:** Trainees are automatically enrolled in a basic life with benefit of \$25,000.
3. **Dental Insurance:** Trainees may enroll in a variety of dental plans offered by UCF. Trainees will be provided a list of options and the premium amounts on an annual basis.
4. **Other supplemental policies:** Information on other supplemental policies is available through the UCF benefits website.

Retirement Plan: Trainees are automatically enrolled in a FICA alternative plan. The Omnibus Reconciliation Act of 1990 (OBRA 90) introduced into the law IRS Section 3121(b) (7) (f). As a result, temporary employees of a government entity may deposit money into a private retirement plan instead of Social Security. Under the UCF 401(a) FICA Alternative Plan, employees contribute 7.5% of their compensation to an account in their name. Enrollment in the plan is mandatory and automatic for all UCF employees. Medicare contributions at

1.45% will continue to be withheld and matched by UCF. Once a contribution has been made to the plan, the employee will receive an Enrollment/Designation of Beneficiary form and an introduction letter from the plan administrator. This will include various options for contributions. Please be advised that the FICA Alternative Plan is considered to be a “tax qualified plan” for purposes of determining your ability to make before-tax contributions to an individual retirement account (“IRA”).

J-1 Visa Holders: The FICA Alternative Plan and Medicare taxes will be withheld from J-1 visa holders’ paychecks when they meet the substantial presence test for the calendar year. All of the previous and current immigration status’ and time in the United States for the J-1 visa holder is factored in that determination. J-1 visa holders are exempt for counting days for 2 of the 6 preceding calendar years. To meet the substantial presence test, the J-1 visa holder must be physically present in the U.S for at least 31 days during the current year, and 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting:

1. All the days you were present in the current year, and
2. 1/3 of the days you were present in the first year before the current year, and
3. 1/6 of the days you were present in the second year before the current year

For more information, please see the IRS publication 519, <https://www.irs.gov/pub/irs-pdf/p519.pdf>.



UCF/HCA GME Consortium Trainee Recruitment, Selection and Appointment Policy (IV.B.C)



Purpose/Intent: Sponsoring institutions must have written policies and procedures for trainee recruitment, selection and appointment and must monitor each program for compliance (IV.B.C).

Policy Summary: This policy provides for equitable procedures for trainee selection and provides for appointment processes that meet criteria established by the ACGME.

Procedures:

1. The AAMC Electronic Residency Application Service (ERAS) is used for PGY1 residency applications. Fellowships, programs offering upper level positions, and new programs approved too late for NRMP may accept applications by alternate methods. These appointments must be approved by the DIO and VP for GME for HCA North Florida Division ("VP for GME") in advance of any offer being made.
2. Programs select from among eligible applicants on the basis of residency program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other applicable legally protected status. Since one goal of the program is for graduates to practice medicine in our community post training, applicants requiring a visa are reviewed by the program director and GME leadership for that determination.
3. The program will establish a mechanism to screen all applications to determine which meet eligibility and both GME consortium and program criteria. The program director or designee reviews applications that meet eligibility criteria, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications as established by each program.
4. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the trainees and their families. Each applicant signs a form acknowledging that they have received the required information.
5. Programs offering positions at the PGY1 level will participate in the National Resident Matching Program (NRMP) (unless the program is approved after usual recruitment season), or program-specific equivalent (if available), and abide by its ethical and procedural rules. Positions unfilled in the match may be offered to qualified applicants by program directors, but such offers must be made with a clear communication to the applicant, both verbally and in writing, that appointment is contingent on the applicant meeting program and institutional requirements.
6. Programs may not offer more positions than approved by the ACGME. Any requests for an increase in program size (temporary or permanent) must be approved by the DIO and VP for GME and the ACGME Residency Review Committee, and permanent increases must also be approved by the consortium GMEC.
7. The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position. Each program director should submit the rank order listing to the VP (or DIO if VP is not

available) for GME prior to submission and at least 7 days before the Rank Order List (ROL) deadline from the NRMP. Any transferring trainee application must be reviewed and approved by the DIO and the VP for GME.

8. Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant's file for the University's permanent record. Each trainee's file must include the following:
 - a) Copy of the completed "Application for Graduate Medical Education" from ERAS
 - b) Documentation of completion of accredited medical school in the United States or Canada or accredited osteopathic school in the United States (copy of diploma, if not in application, primary source verification is strongly preferred)
 - c) Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director)
 - d) Currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), if required by Trainee Eligibility policy (IV.A). If not available when application is submitted, final UCF hire will be contingent upon receipt and start date could be delayed.
 - e) 3 letters of recommendation (if not in application)
 - f) Copy of medical license (if applicable)
 - g) Current visa status for all non U.S. citizens or permanent trainees
 - h) Current contact information, including a current valid email address
 - i) Inclusive dates of appointment
 - j) Postgraduate year of appointment
 - k) USMLE or COMLEX scores, if not provided elsewhere in application
 - l) Social Security number (needed for employment and trainee physician registration. If not available at time of application, they must be eligible to apply for a SSN and the number must be received prior to the trainee's start date of employment, or employment offer and participation in the program will be revoked.) The Florida Board of Medicine may allow temporary licenses to be issued for short time periods in the event that a non-U.S. Citizen has applied and is awaiting a number.
9. The GME office will forward the trainee contract and the application for the trainee physician registration (trainee license) from the Florida Board of Medicine to those individuals selected for the program by the NRMP or offered positions. The contract outlines the condition of their employment and references all applicable ACGME requirements (IV.B.2.) Each trainee must meet criteria stipulated by the Florida Board of Medicine for trainee physician registration and will need to submit to a Level Two background screening and fingerprinting at any LiveScan facility.
10. A background check as detailed in Consortium agreement is completed for each trainee including: criminal background check; sex offender and predator registry search; HHS/OIG Exclusions Database; GSA list of parties excluded from federal programs; U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); Florida State Exclusion List; professional disciplinary action search.

11. **Trainee contract:** Trainees who do not meet all eligibility criteria (including Visa or work permit, social security number, academic credentials, licensure, background check, health and drug screening) within a reasonable time frame may have their offer of employment revoked and their participation in the program terminated. Residency programs are permitted to apply for a waiver through NRMP if trainees do not supply the necessary information within a reasonable time frame or if trainees do not meet eligibility requirements.
12. Compliance with these policies and the trainee employment contract is monitored by the consortium GME committee.



UCF /HCA GME Consortium Policy regarding Health Screening for Residents and Fellows



Purpose/Intent: Residents/fellows rotating to hospitals and clinical sites need to have clearance for occupational health related screening requirements of the hospital and rotations sites, including drug testing and documentation.

Policy Summary: The occupational health department/division of one of the major participating sites for new residents/fellows (trainees) will generally have responsibility for evaluating/testing each new trainee. The health screening results will be kept in confidential MedHub file by the UCF GME office.

Procedures:

1. As applicable, each GME training program will provide a listing of major participating sites and these sites will be contacted by the UCF GME Office for occupational health and drug-screening requirements.
2. The residency program will work with the UCF GME office to create a form that includes all health related and drug screening measures required at all major participating clinical sites. Since participating sites may vary among each specialty, the lists may not be identical. Examples of common health screening requirements might include (not an all-inclusive listing):
 - a. General health screening
 - b. Tuberculosis testing
 - c. Hepatitis vaccination
 - d. Other immunization screening/services
 - e. Respiratory fit test (respective to each hospital)
 - f. Drug testing: Substances tested for at minimum pre-employment include amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone, cocaine. Reasonable suspicion testing will also add alcohol, carisoprodol, fentanyl analogues, and meperidine.
3. The residents/fellows will be required to sign a consent form agreeing to the screening and drug testing, and sharing of results with the rotation sites and UCF GME administration. A list of drugs tested and common medications that may interfere (including brand or common name as well as chemical name) is provided.
4. The program and GME office will determine which hospital will be responsible for completing most/all of the health screening. Usually the site where residents spend majority of time in PGY1 year will be requested to complete this screening. If this hospital does not offer all the health screening through occupational health, other participating sites and UCF health can be consulted to do the balance of the screening.
5. Tests for drug and immunity testing may be requested to be collected and completed by commercial or hospital laboratories prior to orientation and the UCF GME office will work with hospitals to forward these test orders to new residents.
 - a. Hospitals may do initial drug testing on site in accordance with Florida statutes section 440.102, properly documenting the testing and sending specimens for confirmatory testing as applicable. Trainees may confidentially provide documentation of any

prescription or nonprescription medication to a medical review officer. Any non-negative result due to prescribed substance is reported as negative and only confirmed results are considered positive. Results of testing are handled according to rotation site (HCA) policies and Florida statute 440.102. Positive results are given to UCF GME office by hospital GME Director.

- b. The consortium is compliant with HCA policies with respect to a resident who has been offered employment. When newly appointed residents refuse testing or who test positive for any non-prescribed controlled substances or illegal substances, their offer of employment and appointment to a residency or fellowship will be rescinded as they do not meet eligibility criteria.
 - c. According to the UCF/HCA GME Consortium Impaired Physicians and Substance use policy: "Trainees may be tested for drugs/alcohol randomly or for reasonable suspicion (following accidents, injuries, other circumstances). Refusal for any reason to submit or consent to drug/alcohol screen requested by hospital personnel is prohibited."
- 6. The Program director will use health screening form plus other appointment requirements including primary source verification of licensures, certificates, etc. to complete the Trainee Qualifications and Credentials Verification Letter (TQCVL) for the VAMC and similar forms required by participating clinical sites.
 - 7. The GME office will include any screening/testing costs not performed by participating hospitals through occupational health in overhead onboarding budgets for each program.



UCF/HCA Healthcare GME Policy on Professional Liability Coverage



Purpose/Intent: GME sponsors must provide residents with information concerning professional liability coverage, including a summary of pertinent information regarding coverage

Policy summary: UCF/HCA Healthcare GME trainees are UCF employees and are covered as detailed below. They are covered under the Federal Tort Claims Act while at the VAMC.

Because residents are employees of the University of Central Florida ("University"), residents cannot be held personally liable nor named as a party defendant in any action for injury or damage suffered as a result of any negligent act or omission within the course and scope of the residents' employment, pursuant to Section 768.28, Florida Statutes. The exclusive remedy for any injury or damage resulting from any such negligent act or omission of a resident is by an action against the University of Central Florida Board of Trustees ("UCFBOT"). The University, as a state agency, is afforded the protection of the state's sovereign immunity, subject to the limited waiver set forth in Section 768.28, Florida Statutes, and any action against the University shall be filed in accordance with and subject to the limitations contained therein. To the extent that the State of Florida, on behalf of the Board of Governors and the University, has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents, including residents, as prescribed by Section 768.28, Florida Statutes, the University is currently protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars (\$200,000.00) and for the total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding Three Hundred Thousand Dollars (\$300,000.00), such protection being provided by the University of Central Florida College of Medicine Self-Insurance Program, a self-insurance program created pursuant to Section 1004.24 of the Florida Statutes. These limits may be adjusted from time to time by Florida statute. All liability protection described herein is on an "occurrence" basis. In light of the benefits of immunity provided by law, residents, while performing their duties must identify themselves at all times as a University employee and must wear the UCFCOM ID badge at all times while participating in the GME Program.

Professional liability coverage for rotations at the Orlando Veterans Administration Medical Center facilities will be provided under the Federal Tort Claims Act.



UCF/HCA GME Consortium Best Practices Regarding Counseling and Behavioral Support Services (IV.I.1)



Purpose/intent: Sponsoring institutions and programs should facilitate trainee's access to confidential counseling and behavioral support services (IV.I.1).

Policy summary: The UCF/HCA consortium considers the provision of counseling, medical and psychologic support services part of the trainee medical benefits package. The GME offices provide a list of services to assist program directors and trainees during training.

Procedures:

1. Residents and fellows (Trainees) who desire counseling services may consult with faculty, program directors, the local GME office or the Consortium GME office. Confidentiality will be observed.
 - a. Counseling is provided through the UCF Employee Assistance Program. The purpose of this program is to provide and maintain a positive work environment. This program provides short-term counseling to trainees about the following concerns that may impact on their training performance: stress, relationship difficulties, parenting issues, family illness, anger, burnout, anxiety, depression, gambling, and substance abuse. Counseling discussions and records are confidential and not included in the residency training files.
 - b. Up to six sessions through the UCF employee assistance program are provided as part of the benefits package. Additional needed sessions may be coordinated through health care coverage as applicable.
2. Trainees may self-refer or be referred by the GME program. If performance in residency is affected by any problems, the program director or faculty advisor may recommend referral.
3. UCF Employee Assistance Program: **Health Advocate**

UCF Employees and their eligible family are eligible for many free services through our assistance program. To access services call 1-877-240-6863 or log onto <https://members.healthadvocate.com/Account/OrganizationSearch>.

Login: UCF
Password: UCF

 - a. Counseling: Up to 6 face-to-face or video conference sessions per issue to cope with personal and workplace challenges.
 - b. Medical Bill Saver: Assistance with reducing medical bills
 - c. Financial Wellness
 - d. Referrals for Child Care and the Elderly
4. If trainee wishes to not use the Employee Assistance Program, the CGME office and each local GME office have lists of appropriate medical and psychological support services for referral.
5. If trainee does not seek help and appears to be impaired, the program may require that the trainee be evaluated for impairment by PRN (see separate policy).



UCF/HCA GME Consortium Policy on Familial and Amorous Relationships



Purpose/Intent: To summarize the policy regarding familial and consensual amorous relationships, including spousal relationships, between Trainees (as defined below) and employees, faculty or supervisors (see definition below), of UCF or HCA Healthcare involved in the UCF/HCA Graduate Medical Education (GME) consortium programs.

Policy summary: Relationships that may include a supervisory or subordinate relationship with another resident, student, faculty member and/or supervisor, or employee need to be appropriately managed.

Definitions:

- a. Faculty: Include employed, core, affiliate, and volunteer faculty;
- b. Chief residents: instructor and supervising resident, equated to Faculty status for the purposes of this policy;
- c. Trainees: Include residents, fellows, medical students, and other learners;
- d. Residents/fellows: Appointed to UCF COM/HCA GME sponsored programs:
 - i. Senior resident/fellow: While not considered faculty, residents/fellows at a higher level than junior faculty may also teach, supervise and occasionally evaluate more junior residents and students;
 - ii. Junior residents: Usually considered PGY1 and PGY2 level;
- e. Students: Students enrolled in a COM module, elective, clerkship
- f. Relationship: Includes marriages and consensual sexual, amorous and romantic relationships.
- g. Relatives: Includes those within these categories who are referred to as adopted, step-, foster, grand-, half-, in-law, spouse of, or great-:
 - i. Parent
 - ii. Child
 - iii. Sibling
 - iv. Uncle or aunt
 - v. first cousin
 - vi. nephew or niece
 - vii. spouse, domestic partner, significant other

Procedures:

1. Interactions between trainees and faculty or other supervisors must be guided by professional ethics and university and/or hospital conflict of interest policies. When one individual has supervisory or evaluation authority over another, a familial or amorous relationship may be viewed as disruptive to program activities, providing an individual with preferential treatment or exploitative.
2. Individuals may work together to care for patients but cannot evaluate or make promotion, disciplinary, or salary decisions for any Trainees who are relatives or those with whom they have an amorous relationship.

3. When teaching activities involve evaluation of a Relative, the program director or designee will take responsibility for any such evaluations.
4. Individuals who are relatives or involved in a Relationship with another must recuse themselves from evaluations and discussions related to a trainee's participation in the GME program (examples: must leave the room during Clinical Competency Committee meeting, 360 evaluations of other residents in program).
5. Violations of this policy need to be reported to the local or consortium GME office, the program leadership, or UCF COM human resources, and the violators will not be allowed to participate in any evaluations or supervisory activities in the future, their past evaluations may be investigated and they may be subject to notes of concern or more serious disciplinary actions.



UCF/HCA Healthcare GME Policy on Impaired Physicians and Substance Use



Purpose/Intent: Sponsoring institutions and programs must have written policies that describe how physician impairment is addressed, including that due to substance abuse. Physician impairment occurs when a substance or psychological disorder interferes with his/her ability to engage in professional activities competently with reasonable skill and safely. Faculty, staff, peers, or other individuals who suspect a trainee is suffering from a psychological or substance abuse problem are obligated to report such problems.

Policy Summary: The UCF/HCA Consortium GME programs (Consortium) will fully participate in the provisions of the Florida Medical Practice Act (F.S.458), the rules of the Board of Medicine, and Department of Professional Regulation. The Consortium supports the Florida Impaired Practitioners Program. The term “trainees” includes both residents and fellows.

Procedures:

1. The purpose of the Professional Resource Network (PRN) Impaired Practitioners Program of Florida is to ensure the public health and safety by assisting ill practitioners who may suffer from conditions that lead to impairment, including substance abuse and chemical dependency, psychiatric illnesses, and behavioral disorders. Contact information for PRN is provided in the last section.
2. Education regarding recognition of substance abuse is included during orientation and residents are made aware of UCF and HCA policies (fatigue mitigation training includes substance abuse).
 - a) UCF and participating hospitals are drug-free workplaces. UCF policy prohibits unlawful manufacture, distribution, possession, or use of illegal and non-prescribed controlled substances or alcohol on UCF property or in conjunction with UCF activities (see <https://studenthealth.ucf.edu/drugfreepolicy/>.) HCA hospitals also prohibit all marijuana, including medicinal marijuana. Also prohibited are: a sale or possession with intent to distribute any drugs, theft or diversion of facility and/or patient medications, tampering or altering drug testing samples, and related behaviors (refer to HCA Substance Use policy for complete listing). **Trainees are not permitted to report to work while under the influence of alcohol, illegal drugs, or non-prescribed controlled substances. Trainees who fail to comply with these policies are subject to disciplinary action including termination.** UCF and all participating hospitals, including the Orlando VA Medical Center (VAMC), have the authority to request random specimens for drug and alcohol testing. Pre-employment drug testing is governed by Policy Regarding Health Screening for Trainees.
3. Testing
 - b) Trainees may be tested for drugs/alcohol randomly or for reasonable suspicion (following accidents, injuries, other circumstances). Test results are given to the local GME director who shares positive results with the UCF GME office and the Program Director; the hospital Chief Medical Officer may be notified also. Refusal for any reason to submit or consent to drug/alcohol screen requested by hospital personnel is prohibited and trainees are subject to disciplinary action.
 - c) Drug testing is performed via standard employee or occupational testing procedures at participating hospitals using standard testing and evidence protocols in accordance with

Florida law. If trainee is called for random testing, they will report to employee or occupational health as scheduled or as soon as possible.

- d) A trainee is presumed to be under the influence of alcohol if a blood test or other scientifically acceptable testing procedure shows a blood alcohol level of .04 or more.
 - e) Illegal and non-prescribed drugs may remain detectable by urine, blood and other testing for a substantial time. A trainee is prohibited from returning to work with a measurable quantity of marijuana, a measurable quantity of illegal substances, or a measurable quantity of non-prescribed controlled substances in blood and/or urine and may be placed on administrative leave with referral to PRN or be subject to disciplinary actions including termination of employment.
 - f) Recreational marijuana use is illegal in Florida. Marijuana THC and metabolites are detected in urine for a variable number of days after use and detection does not correlate accurately with impairment/intoxication. Use of marijuana during leave may lead to positive urine drug screen upon return to work and subsequent actions (placement on administrative leave and referral to PRN or other as applicable).
- 4. Trainees must notify their supervisor when taking a prescribed or over-the counter drug that, based on drug profile, is likely to impair job performance during work hours. Clinical duties may be modified during this time period.
 - 5. Programs may refer trainees to PRN for suspected impairment (mental health, substance abuse, etc.) This referral is not subject to appeal or grievance process and trainees who do not comply are subject to termination from the program and UCF employment. Such termination is not subject to appeal or grievance process. Trainees are encouraged to recognize self-impairment and seek treatment.
 - 6. Suspected substance abuse: the trainee will generally be placed on administrative leave and referred to PRN pending drug/alcohol testing and investigation. Templated language is available and UCF HR and GME office must be notified immediately of trainee's PRN referral. It is the intent of the UCF/HCA that all appropriate rules that govern the practice of medicine be strictly enforced. Within HCA hospitals, a supervisor who has reasonable suspicion of policy violations (possession of controlled substances or alcohol) may require a trainee to submit to an inspection or search.
 - 7. Once a referral to the PRN occurs, the trainee is required to undergo an independent evaluation by an approved provider coordinated by the PRN. During initial evaluation by PRN, trainee will generally be placed on paid administrative leave by UCF HR and GME leadership not to exceed 6 weeks from date of referral. If treatment is recommended, trainee will need to request a medical leave of absence of up to 6 months (refer to leave policy, sick and vacation leave can be used for portion, remainder is unpaid). Resumption of participation in clinical activity and in the residency program is contingent upon continued successful participation in the PRN program and requirements. All referrals to the PRN are confidential and are evaluated by the professionals of the PRN. Decisions about intervention, treatment and after care are determined by the PRN. Refusal to participate in treatment may result in termination from the program and UCF employment. Such termination is not subject to appeal or grievance process.
 - 8. Incoming trainees who are currently under a monitoring plan for substance abuse will be referred to the PRN in conjunction with their Florida Board of Medicine Application.
 - 9. For trainees under a PRN contract, as long as the practitioner satisfactorily participates in the PRN program, no regulatory action would normally be anticipated by the Board of Medicine.
 - 10. Position retention: Holding positions for 12 weeks is required for employees who meet the

requirements of the Family Medical Leave Act. Trainees who are actively participating in PRN will have their program position held for up to 6 months. A trainee who is not cleared to return to work within the 6 month period is at risk of non-renewal of contract or termination of employment from UCF (termination and non-renewal can be appealed).

11. Information on the Professionals Resource Network (PRN) Impaired Practitioner's Program: <http://www.flprn.org> email: admin@flprn.org, Phone 1-800-888-8PRN (8776), Address: P.O. Box 16510, Fernandina Beach, Florida 32035-1020.



UCF/HCA Healthcare GME Leave and Injury Policy **(IV.H)**



Purpose: Sponsoring institutions must have written policies regarding vacation and other leaves of absence (to include parental and medical leave) and these will be provided to all residents/fellows (trainees). Injuries or exposures during work are also covered.

Policy summary: The leave policy complies with ACGME institutional policies, UCF policies, and applicable laws (e.g., FMLA). Each program may in addition set more specific policies related to benefited leave.

The year follows an academic schedule, July 1 and ends June 30.

Request for leave: All leave must be approved in MedHub by the Consortium GMEC program director or designee in advance with the exception of emergencies or sudden illness. Vacation scheduling takes into account the trainee rotation and call schedules and other trainees requesting vacation/annual leave. Leave request must follow the trainee's program leave policy. Any requests for exceptions to the program specific policy should first be made to the Program Director, if the request cannot be adequately resolved, a request can be made to the Designated Institutional Official (DIO) for review and consideration.

Vacation/Annual leave accrual:

PGY-1 residents are provided three (3) weeks (15 working days) of vacation leave per academic year. PGY-2 and higher-level trainees including fellows are provided four (4) weeks (20 working days) of vacation leave per academic year. Vacation leave cannot be carried forward to the next academic year and unused vacation will be forfeited at the termination of the training program and not paid out.

Holidays: Trainees will conform to the holidays provided by the clinical site where they are assigned during that rotation unless they are scheduled for clinical call or have a longitudinal assignment scheduled at another hospital that does not follow the same holiday schedule. Holiday call coverage may be rotated so that trainees each cover some holidays and have other holidays off service, as determined by the program director. Trainees, while UCF employees, are assigned to work locations at hospitals, clinics and other teaching sites that in some cases are open 24 hours a day, 365 days a year. Therefore, trainees do not receive official UCF observed holidays. When extended leave is taken for a week containing an official UCF observed holiday, the observed holiday is counted as leave.

Religious Observations: The GME programs conform to the operating schedules of the participating hospitals, clinics and other teaching sites, and many of these operate 24 hours every day of the year. Trainees involved with GME programs may be scheduled to work during any time the clinical teaching sites are open. The residency programs will make attempts to accommodate religious observations for scheduling rotations and work assignments but can make no guarantees that such request will be granted. Requests will be evaluated on the following factors:

- The request must represent a sincere religious observance of a definite time duration.
- Leave requests must follow requirements set forth by the trainee's program policies.

Educational leave: Trainees may receive educational leave based on their programs educational requirements and leave policy. This leave is an additional benefit allotted to the trainee by the program, and does not count towards their vacation or sick leave.

Sick leave: Trainees will be provided 10 days of sick leave each academic year. Sick leave which exceeds 3 days consecutively or in any given month may require a health care provider note. Sick leave exceeding 10 consecutive working days requires completion of medical leave forms (see Medical leave section below). Up to five days sick leave will be carried forward to the next academic year (max 15 days sick leave per year). Unused sick leave will be forfeited at the termination of the training program, if not used, and will not be paid out.

Bereavement leave: Trainees are extended the benefit of up to three (3) paid administrative bereavement leave days off in the case of the death of immediate family members. Immediate family members will follow the definition as defined in our FMLA policy. The program may request funeral arrangement details as part of the leave request. Any paid leave extended beyond the three (3) paid bereavement days, will require the use of the trainees vacation or sick leave.

Exposures and Injuries during work: Trainees exposed to either infectious or environmental hazards, including needle sticks during work, require immediate assessment and must report to the hospital occupational or employee health office unless otherwise directed. Standard hospital protocols, including reporting of incident must be followed. HIV prophylaxis may need to be considered depending on the circumstances of exposure. After hours, the trainee must report to Urgent Care or the Emergency Department for treatment. For other types of injury occurring at work, the trainee should seek medical attention appropriate to the level of injury.

Clinical site must verify that appropriate test order set has been submitted for the source patient (for blood and bodily fluid exposures from patient).

All injuries and exposures should be reported to Amerisys as soon as possible or within 24 hours at 800-455-2079. Amerisys is the UCF Workers Compensation carrier and is responsible for claims for injuries; the trainee should not supply personal health insurance information for work related injuries. The hospital GME office, the DIO office and the program director and coordinator should be notified within 24 hours if there is consideration of worker's compensation claim. The program coordinator will work with the trainee to complete necessary paperwork and reporting to Amerisys; additionally, the GME office at each hospital will have a listing of local clinics for any follow-up care. The report of injury for compensation can be found at http://hr.ucf.edu/files/New_First_Report_Of_Injury_Form.pdf

The trainee should follow-up appropriate for any work-related injury or exposures and will be granted leave from clinical duties for this purpose.

Additional information on how to handle needle sticks and exposure to blood borne pathogens can be found at <https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>.

Parental Leave: Trainees may be granted up to six (6) months of parental leave for the birth or adoption of a child. The period of parental leave shall begin no more than two (2) weeks before the expected date of the child's arrival unless otherwise approved by the supervising physician and no later than twelve months after the arrival of the child. Medical Leave: Per University policy and procedures, ALL trainees requesting more than ten (10) days of leave for Medical leave must complete each of the forms listed below prior to the expected leave date. It is understood some employees who give birth do not wish to take the full 6-8 weeks typically certified by their medical providers to avoid extending their residency. The trainee may return to work as soon as desired with the proper medical release. The following documents MUST be completed and turned in to COMHR:

- Parental Leave Request Form: <https://hr.ucf.edu/files/ParentalLeaveRequestForm.pdf>
- Certification of Healthcare Provider Form:
- For Birth Parents: <https://hr.ucf.edu/files/CertificationHealthCareProviderEmployee.pdf>
- For Co-Parents: <https://hr.ucf.edu/files/CertificationHealthCareFamily.pdf>
- Intent to return to work form and Medical Release Form: <https://hr.ucf.edu/files/INTENT-TO-RETURN-TO-WORK-MEDICAL-RELEASE-FORM-January-2013.pdf>

Medical and Parental leave may be eligible for Family and Medical Leave Act protection if a trainee meets the requirements below:

- Trainee must be employed for at least twelve (12) months (these need not be consecutive months).
- In addition, the trainee must have worked at least 1250 hours in the twelve (12) month period immediately preceding the Leave Request.

If the trainee meets both of the above requirements, he/she is eligible, upon request, for twelve (12) weeks of unpaid Leave under the provisions of the Family and Medical Leave Act (FMLA). The first twelve (12) work weeks of leave will be considered entitlement under FMLA.

Additional information regarding FMLA and the University's parental leave program may be found at: <https://hr.ucf.edu/liaisons-and-managers/manager-resources/personnel-issues/leave-of-absence/parental-leave/>

Pay status: Upon request, employees may use vacation or sick leave, with management approval; otherwise, the leave will be without pay.

Military Leave: Residents will be granted an unpaid military leave of absence to serve or train in the Armed Forces, the Army National Guard, the Air National Guard, or the commissioned corps of the Public Health Services, as required by the federal Uniformed Services Employment and Reemployment Rights Act (USERRA) and state law. Residents may elect to use available paid annual leave to receive compensation during their military leave until such pay entitlement expires. The resident may be entitled to continue health insurance coverage for a period of time. Residents MUST notify their Program Director as soon as is practicable when military leave will be required, and must provide their Program Director with appropriate documentation of their military service.

Jury Duty: The trainee should notify their program coordinator as soon as they receive the jury summons in the mail and provide a copy of the summons to their coordinator. The program coordinator and/or local GME office will work with trainee to complete form or send a letter requesting jury duty be deferred or excused since resident is a practicing physician-in-training. The trainee may receive additional instructions from the court stating they are either relieved of duty or they must show up for jury duty. They should then notify the program coordinator and follow the instructions received from the court. If jury duty cannot be deferred, the trainee should be aware that their overall training period may have to be extended.

Impact of leave on promotion and training requirements: Most American Board of Medical Specialties (ABMS) boards limit the amount of leave that may be taken in a given academic year. In addition, each program provides information on the amount of leave that may be taken. If the amount of leave taken by the trainee exceeds these limits, the trainee will be required to complete additional training time in excess of that limit to satisfy both the training requirements of the program and the corresponding specialty board. The amount of leave taken may also affect the timing of when the trainee is promoted to the next level of training (PGY and contract dates often need adjustment).



UCF/HCA Healthcare GME Media, Social Media and Internet Use Policy



Purpose/Intent: This policy provides guidance regarding the appropriate use of the internet and social media/networking websites as well as popular media (op-ed pieces) for communication.

Summary: Inappropriate internet, op-ed and social networking communication is unprofessional and may be a source of liability and embarrassment for individuals and institutions. Trainees includes both residents and fellows.

Purpose: UCF/HCA Healthcare GME supports the proper use of social and op-ed media and also recognizes the need to manage the use of media to protect the reputation of UCF COM, all participating hospitals and clinical sites, as well as to ensure the privacy of their staff, faculty and patients. This policy establishes the standards to ensure the use of popular/social media by all trainees is appropriate and consistent, and personal use of such media does not interfere with work responsibilities.

Definition of Social Media:

Social Media includes but is not limited to blogs, op-ed pieces in newspapers and other public forums, online discussion boards, online communities, social networks (defined as application enabling user social communication), microblogs, photo and video sharing sites. Examples include, but are not limited to Facebook, LinkedIn, Instagram, Twitter, Flickr, Snapchat, YouTube and online comment sections.

General Information:

Trainees need to be cognizant that when posting content online and in op-ed pieces, they may be viewed as representing the university, HCA and participating hospitals, the clinical sites and the medical community. If you identify yourself as employed or affiliated with UCF, HCA, or an affiliate, you must make it clear your views are personal and that you are not a spokesperson of or for these organizations. Trainees should be aware that:

- All material published on the internet or in news sites should be considered public and permanent.
- Any information posted on a social networking site may be disseminated (whether intended or not) to a larger audience, and a post may be taken out of context or remain available online in perpetuity.
- There is no expectation of privacy when using institutional computers and electronic devices.
- Trainees should carefully take into consideration and adopt privacy best practices for social media to include, but not limited to, enhancing the privacy settings on all social media sites.
- Limit Internet use for social networking to your personal time only. If using a device owned by HCA and/or UCF, you must abide by HCA and/or UCF device policies as applicable.

Trainees are subject to the University Use of Information Technology and Resource Policy 4-002.1.

Professionalism

The tone and content of all electronic conversations should remain professional and respectful. To use

social media and social networking sites professionally trainees shall:

- Refrain from posting unprofessional images or behavior that may tarnish their professional image and impair their ability to practice medicine effectively, become licensed, and/or participate in positions of trust and responsibility within an institution or within the community.
- Never post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or any other entity.
- Never use social media to discriminate or harass any individual based on race, color, gender, religion, national origin, disability, age, veteran status, genetic information or any other characteristic protected by state or federal law.
- Never use social media to impersonate another user or mislead a recipient about one's identity.

Protecting Privacy/Confidentiality

Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, including on social media and social networking websites.

- Privacy and confidentiality between physician and patient are of the utmost importance. All health care providers have an obligation to maintain the privacy of health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
- Identifiable protected health information (PHI) should never be published/posted on the internet. This applies even if no one other than the patient is able to identify him/herself from the posted information.
- Patient images must never be posted online. Patient images should be only obtained with written consent, and then only using institutional hardware, and never using trainees' personal equipment. Patient images must be stored and/or transmitted only using institutional hardware, and never on personal equipment or posted online.
- Personal phones, personal cameras and other personal devices shall not be used to photograph, film or record patients or to receive, store or transmit individually identifiable information about patients.
- Trainees should never mention patients' room numbers, refer to them by code names, post pictures of them, or post any identifiable information of patients.

Each individual is responsible for the content of his/her own posts and blogs, including any legal liability incurred (HIPAA or other).

- Transitions of care/sign-out of patients must not be done by routine email or unapproved data file sharing sites.

Respecting Copyright laws, Proprietary Rights, Advertisements and Endorsements

- Trainees must avoid discussing any sensitive, proprietary, confidential, or financial information about any institution. Any material posted by a trainee that identifies or could identify an institution in which the trainee has worked or is working should have prior written authorization by the appropriate official of that institution.

- Branding: your social media name, handle, or URL should not include UCF, HCA or affiliated hospital. Unauthorized use of institutional information or logos is prohibited, including but not limited to UCF, HCA hospitals, and affiliates.
- No institutional phone numbers, e-mail addresses, or web addresses may be posted to a website without written permission from an authorized institutional official.
- Endorsements: never imply you are endorsing a person or product on behalf of UCF, HCA or affiliate in social media, op-ed, or networking site.
- Do not post any advertisements of HCA or affiliate products and services unless you receive official authorization.

Interacting with Patients

To maintain appropriate professional boundaries and compliance with HIPAA:

- Trainees should not “friend”, “connect with”, or “follow” patients on any social networking site or review patient profiles on these sites.
- It is never appropriate to provide specific medical advice to a patient on a social networking site.

Posting with Caution

Postings within social networking and op-ed sites are subject to the same professionalism standards as any other personal interaction. Remember online activities, even those that seem private, can become public if content is copied, forwarded or printed. Text, images and video can remain on the internet even after efforts have been made to remove them. Trainees should routinely monitor their own “internet presence” to ensure their personal and professional information posted by themselves or others is accurate and professional. This includes making an effort to not be “tagged” in images posted by others that might be seen as portraying the trainee in an unprofessional manner. Trainees should ensure they have implemented appropriate privacy settings to avoid inadvertent dissemination of personal information to others outside of their control.

Trainees are strongly encouraged to take a moment to reflect before every posting to a social media site to consider if the posting could potentially violate any patient privacy laws and/or the content of this policy. If there is any doubt, trainee should not continue with the posting.

Policy Violations

Failure to comply with the provisions of this policy will result in corrective action up to and including termination from the Residency program. Trainees, faculty, and other GME staff are encouraged to report violations to UCF GME office and program leadership. Violations involving protected health information should be reported according to hospital/clinical site policies, and should include privacy and information security officers for both the hospital and UCF COM.

This policy governs all GME programs sponsored by UCF/HCA GME Healthcare GME. However, hospitals and clinical teaching sites may have additional policies related to the use of social media that are more restrictive and trainees are subject to the policies of their respective teaching sites. Individual programs may provide additional policies.

References:

Federation of State Medical Boards. Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice. Available at

<http://www.fsmb.org/policy/advocacy-policy/policy-documents>

<http://www.fsmb.org/siteassets/advocacy/policies/social-media-and-electronic-communications.pdf>

Use of Information Technologies and Resources UCF policy 4-002.2 found at:

<http://policies.ucf.edu/>



UCF/HCA Healthcare GME Trainee Moonlighting Policy



Purpose/Intent: Sponsoring institutions must have formal written policies that address moonlighting (CPR VI.F; IR IV.K.1). This policy applies to residents, chief residents and fellows participating in approved training programs and is in compliance with ACGME requirements.

Definitions

1. **Trainee** is a term used throughout this policy referring to either a resident, a chief resident or a fellow participating in an approved training program of the UCF/HCA GME Consortium (“Consortium”).
2. **Moonlighting** is defined as a compensated clinical activity that is performed by a Trainee outside of their residency/fellowship training, while they are enrolled in a residency/fellowship training program of the Consortium.
 - a. **Internal moonlighting** – moonlighting at a site that is also the training site of the Consortium for the Trainee.
 - b. **External moonlighting** – moonlighting at a site that is NOT a training site of the Trainee’s approved training program.

Justification for moonlighting

1. The UCF/HCA GME Consortium recognizes that moonlighting, when managed appropriately, may provide an opportunity for Trainees to augment their professional skill development.
2. Trainees are not required to participate in moonlighting as part of their training program.
3. Moonlighting is an optional activity that must not negatively affect the Trainee’s performance or fitness for work in their approved training program, and must not compromise patient safety. *(VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core) – ACGME IM program requirements*

Requirements

A. Eligibility Criteria:

Each program may set more stringent criteria including no allowance for moonlighting.

Permission is required. To be eligible to apply for a permission to perform moonlighting, the following minimum requirements must be met. Fulfilling these requirements does not automatically grant permission to moonlight and it is in the sole discretion of each program.

1. General:
 - a. The Trainee must be in good standing within their approved training program.
 - b. Trainee must successfully have completed their PGY-1 year of training.
 - c. Moonlighting is NOT permitted for Trainees on a J-1 visa.

2. Licensure:

a. Medical licensure requirement:

- i. The Trainee must have an unrestricted license to practice medicine in Florida. Note that approval of moonlighting activities by the Consortium does not constitute the university's endorsement that the Trainee has the appropriate license. It is the Trainee's responsibility to ensure that they are appropriately licensed before engaging in any moonlighting activities.

b. DEA licensure requirement:

- i. Trainees who intend to engage in moonlighting activities at any site outside of UCF/HCA GME Consortium must obtain an individual DEA license (if required for moonlighting activity) and may not use the fee-exempt license obtained through UCF COM for this purpose. Fee-exempt DEA licenses obtained through the University of Central Florida College of Medicine are restricted to activities performed by the individual within the scope of their UCF duties as part of their approved training program. The exemption from the application fee is limited to federal state or local government-operated hospitals, institutions, and officials carrying out their state duties. Use of fee-exempt moonlighting within Consortium sites will be evaluated on a case by case basis.
- ii. Trainees are responsible for fees associated with the DEA licensure for use at non-Consortium sites.

B. ACGME clinical/education work (duty) hours compliance:

1. All moonlighting hours must be counted towards the clinical/education work (duty) hours limits as described in the Institutional Supervision and Clinical/Education Work Hours Policy and in compliance with ACGME requirements.
2. Trainees must comply with both Institutional and Program Clinical/Education Hours Policies, unless the Trainee is not subject to ACGME requirements (example chief resident). All moonlighting hours must be logged in electronic GME management software with the Trainee work hours and must be completed to allow for minimum hours free of work before next shift. Moonlighting hours must never cause a Trainee to have a duty hour violation (including the required break before the next shift), or moonlighting activity will be terminated at the sole discretion of the Consortium.

C. Professional liability coverage:

1. Internal and External moonlighting activities are NOT covered by UCF's professional liability coverage, unless there are exceptional circumstances and prior written approval is granted by the COM Legal Counsel. Absent those exceptional circumstances and written approval by COM Legal Counsel, the Trainee must either purchase sufficient malpractice insurance to cover their moonlighting activities or obtain written assurance from the site or hiring entity that the organization will provide malpractice insurance along with the workers' compensation coverage to the Trainee.

2. A copy of the malpractice insurance and worker's compensation coverage must be provided to the Consortium GME Office prior to commencement of moonlighting activities.

D. Professional fee billing:

1. Trainee must NOT bill patients or third party payors for services provided unless the Trainee has specific justification and is granted an exception in writing by the Consortium.

E. Additional legal considerations

1. Trainee must assure each organization provides appropriate supervisory oversight.
2. Trainees must adhere to Florida State guidelines regarding outside employment and activities.
3. Trainee must complete the Conflict of Interest Disclosure through the regular university conflicts of interest and commitment disclosure process, using the Potential Outside Activity, Employment, and Conflict of Interest Commitment Disclosure (AA-21) available online at <http://argis.research.ucf.edu/coi/>, at least annually and more often as needed to disclose new relationships. All such reports are subject to the public records requests.
4. The UCF/HCA GME Consortium, UCF or HCA have no involvement with the moonlighting activity and assume no financial, clinical, or legal responsibility for Trainee moonlighting activity.

F. Request process

1. In order to be able to moonlight the Trainee must have prior written authorization by the Program Director and the Consortium GME Office.
2. Prior to the commencement of any moonlighting activity, the Trainee must submit a completed and signed Request for Approval of Moonlighting Activities form (see addendum) to their Program Director for approval, along with all required documents.
3. The Program Director has the discretion to decide whether the proposed moonlighting activity is compatible with the requirements of the training program. The Program Director may permit, prohibit, limit or revoke permission to moonlight as they deem appropriate. Factors to be considered include PGY level, academic standing, total work hours, and the Trainee's ability to achieve the goals, objectives, and expectations of their approved training program. If the Program Director denies the request, no moonlighting is allowed. The Program Director's decision to deny, limit, or revoke a moonlighting request is final and not subject to review.
4. If approved by the Program Director, the signed form is then sent to the Consortium GME Office for review and final determination. **The Trainee may not moonlight without a written approval from both the Program Director and the Consortium GME Office.**
5. Approval of moonlighting activities is valid for the then current academic year only. The Trainee must submit a new Request for Approval of Moonlighting Activities Form for each academic year (generally July 1 – June 30). A copy of the approved form will be kept in the Trainee's file, as well as in the Consortium GME office.

6. Trainees will be monitored for the effects of moonlighting activities by their training program. If moonlighting results in a negative effect on performance of Trainee in the training program, permission for moonlighting can be withdrawn without notice.
7. The Program Director and/or the Consortium GME Office may withdraw approval at any time if the Trainee is not in compliance with the conditions of approval or this policy.

**UCF/HCA Healthcare GME
Request for Approval of Moonlighting Activities**

Section I: Disclosure of Proposed Moonlighting

1. Trainee Name: _____
2. Training Program: _____
3. Training Year: _____ Academic year: _____
5. Description of the moonlighting activity: _____
6. Name of institution/organization: _____
7. Address of institution/organization: _____
8. Phone Number of institution/organization: _____
9. Name of Supervising Medical Director: _____
10. Dates upon which moonlighting activities will begin _____ and end _____
11. Average number of moonlighting hours worked per week: _____
12. Maximum length of shift: _____
13. Amount of time off (number of hours) between moonlighting shifts and scheduled accredited program shift (see ACGME requirements): _____
14. Source(s) of compensation for moonlighting: _____
15. DEA license number (Please attach a copy of DEA license): _____
16. Have you obtained malpractice insurance? _____ (Please attach a copy of coverage)
17. Attach a copy of workers' compensation coverage.

Trainee Signature

Date

Section II: Trainee Certification

By signing this Form, I certify that the foregoing description of my requested moonlighting activities is accurate and true. I understand that any approval of the requested moonlighting activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Moonlighting outside my approved training program will not interfere in any way with my educational experience, performance or approved training program responsibilities as a resident/fellow/chief resident.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call, on backup call, or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, in order to continue moonlighting activities.
- I must promptly update this Form to reflect any changes in my moonlighting activities.
- I may not engage in moonlighting activities in which there may be a conflict of interest with my appointment in the University of Central Florida/HCA GME program. I will not bill patients or third party payors for medical services provided unless I have been granted an exception.
- My moonlighting activities must comply with applicable federal and State law and regulations.
- I agree to be bound by the appropriate work hour limits, as defined by my program and the institution. If a resident, my total aggregate work hours, including both my activities as part of an approved training program and my moonlighting activities shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be engaged in clinical/education work more than 24 consecutive hours, and I will have at least 8 hours off between moonlighting and my approved training program activities (internal or external to Consortium).
- I will provide my own malpractice insurance coverage for moonlighting activities. I understand that the malpractice insurance provided by the University of Central Florida for my approved training program duties does not cover any moonlighting activities.
- I will not identify myself out as a Trainee of a UCF/HCA GME Consortium training program when I am engaged in moonlighting.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in moonlighting or other disciplinary actions.

I certify that I will comply with all of the foregoing conditions while engaging in moonlighting activities.

Trainee Signature

Date

Section III: Program Director Approval

The following must be submitted for review:

- ☐ Section 1 – filled, dated and signed by the Trainee
- ☐ Section 2 – dated and signed by the Trainee
- ☐ Copy of DEA license, if required for moonlighting activities
- ☐ Copy of malpractice coverage
- ☐ Copy of Medical License
- ☐ Copy of legal status documentation
- ☐ Copy of worker's compensation coverage

I have reviewed the above-noted request in addition to the expected duty hours and my determination regarding that request is as follows:

- ☐ Request Approved. **I concur that the UCF/HCA GME Consortium clinical/education work (duty) hour requirements will not be exceeded.** Approval for moonlighting activities is granted solely based on the information provided by the Trainee and the permission is granted through the earliest of either, the end of the current academic year or the approved moonlighting activities are modified. Submission of a Request for Approval of Moonlighting Activities Form must occur each subsequent academic year or immediately upon any change in the Moonlighting activities or narrative described above.
- ☐ Request Denied.

| | | |
|-------------------------|-----------|-------|
| _____ | _____ | _____ |
| Program Director's Name | Signature | Date |
| | | |
| _____ | _____ | _____ |
| DIO Name (or Designee) | Signature | Date |



UCF/HCA GME Consortium Professionalism Policy



Goal: The purpose of this policy is to promote professionalism in Trainees (as defined below) and to promote a quality clinical learning environment that provides safe and effective patient care (CPR IV.B.1.a. ; VI.B.1).

Policy Summary: Residents and fellows (collectively, Trainees), as well as faculty, must have sound moral character and demonstrate a commitment to professionalism and an adherence to ethical principles. Trainees are accountable to patients, other health care professionals, and society. Trainees and faculty have a professional duty to maintain an environment that promotes the safe care of patients and fosters learning.

Policy:

1. Professionalism Competencies: Trainees and faculty are accountable to patients, society and their profession. Trainees and faculty must demonstrate compassion, integrity and respect for others. Responsiveness to patient needs must supersede self-interest. Trainees and faculty must respect the dignity and rights of others, including patient privacy and autonomy. They must respect and be responsive to diverse patient populations, including but not limited to variation in gender, age, sexual orientation, culture, national origin, race, religion, socioeconomic status, disabilities. In addition, Trainees and faculty must similarly maintain a professional and respectful attitude toward colleagues and other staff and faculty at University of Central Florida (UCF), hospital sites, and other clinical rotation sites.
2. Well-being and fitness for clinical duties: Trainees and faculty must recognize fitness for duty and develop a plan for their own professional and personal well-being. They are responsible for arriving to clinical assignments adequately rested and ready to care for patients. The UCF/HCA GME Consortium and each program educate Trainees on fatigue mitigation and provide Trainees the ability to transition a patient's care to another qualified individual if they do not feel they are fit for duty. Trainees must learn to recognize impairment (including illness, fatigue, substance use) in themselves and other members of the healthcare team.
3. Conflict or duality of interest: Trainees must appropriately address any conflicts or duality of interest. Trainees must complete Conflict of Interest forms upon hire and annually through UCF. Trainees are also expected to follow the UCF College of Medicine Industry Relations Policy.
4. Confidentiality: Trainees may have access to confidential information on patients, employees, other practitioners and staff, as well as third parties. Trainees must never use or disclose information that violates privacy rights of patients and must observe all applicable laws and hospital and university policies related to other information.
5. Behavior and conduct: Trainees should conduct themselves in a professional manner and refrain from unethical, disrespectful or disruptive behaviors. Trainees must abide by and follow behavior and conduct standards of each rotation site, UCF, and the HCA Code of Conduct. Trainees must follow UCF, UCF/HCA Graduate Medical Education (GME) consortium, and hospital educational and clinical policies and procedures.
6. Reporting:
 - a. Trainees are expected to report disruptive behavior, discrimination or harassment that is directed at them or others to the program director, or local or consortium GME leadership or through confidential mechanisms in MedHub. See UCF/HCA Consortium Policy regarding resident advisory committee(forum) and

trainee complaints, concerns for details. Discrimination and harassment issues generally involve the UCF Office of Institutional Equity.

- b. Trainees are encouraged to report unsafe conditions and adverse patient events that occur in clinical rotations established hospital or clinical rotation site policies and processes. Trainees should express concerns about others' fitness for work in accordance with UCF and participating sites' policies.
 - c. Trainees are expected to report ethics and compliance issues to either UCF or through hospital or rotation site procedures, depending on the nature of the issue.
 - d. Trainees who report safety issues, ethics and compliance issues, or disruptive and/or unethical behavior will be protected from any form of retaliation/retribution.
 - e. The UCF IntegrityLine is a secure reporting system administered by an independent third party, NAVEX Global. The Integrity Line is available 24 hours a day, 365 days a year, and is available at www.ucfintegrityline.com, or by calling 1-855-877-6049 toll-free.
7. Discipline: Unprofessional behavior by other trainees is unacceptable and may be grounds for disciplinary action, including termination from the training program.

Examples of Professional Behavior

- Clearly identifies oneself to patient and staff
- Maintains a clean, neat, and professional appearance
- Maintains composure
- Treats patients and their families with respect and dignity
- Collaborates with other members of the healthcare team and treats them with respect
- Answers questions and explains the patient's plan of care to patient, and other healthcare team members
- Answers phone calls, messages and pages in a timely and courteous manner
- Appreciates and respects cultural and religious differences of others
- Responds truthfully in verbal and written communications
- Communicates differences in opinion respectfully and in the appropriate forum
- Reports on time for shifts, meetings and appointments
- Keeps patient information confidential

Examples of Disruptive or Unprofessional Behavior: Trainee exhibits:

- Verbal outbursts
- Conduct that could be characterized as harassment or discrimination
- Insults, verbal comments or criticism intended to belittle or berate others
- Arguing in front of patients and families
- Physical actions that threaten others, such as throwing or knocking down objects
- Inappropriate physical touching or contact
- Inappropriate communication of protected healthcare information whether in verbal, written or electronic format
- Offensive remarks about other healthcare providers or facilities
- Illegal activities
- Other disruptive or unprofessional behaviors (this is not an all-inclusive list)



UCF /HCA Healthcare GME Policy Regarding Resident Advisory Committee, Trainee Complaints, Discrimination



Purpose/Intent: The UCF/HCA GME consortium is committed to having a positive learning and working environment for trainees. All individuals have the right to enjoy an environment free from all conduct that can be considered abusive, intimidating, or harassment. Discrimination is also prohibited (IV.I.3, 5). Trainees will have a trainee forum (named the Resident Advisory Committee or RAC) to communicate information, raise and resolve complaints regarding residency/fellowship programs, training, and working environments (II.C.)

Policy summary: The consortium is committed to providing options for trainees to raise concerns or issues related to patient care, safety, educational program, work environment, faculty, and staff in an atmosphere of mutual respect without fear of intimidation or retaliation. The sponsor also supports the right of trainees to lodge complaints, file grievances and make appeals related to above concerns in a safe environment free of fear, retaliation, or other adverse consequence. Trainees will have a trainee forum to raise and resolve complaints regarding residency/fellowship programs, training, and working environments (II.C.)

Procedures: The consortium has a number of mechanisms and policies in place to handle complaints and concerns, including confidential mechanisms.

1. The concerned trainee will first contact the person or office most directly connected to the issue, unless there are compelling reasons not to do so. If the concerned individual does not want to contact that individual (faculty, staff member, or another trainee) directly, he or she should next go to the Chief Trainee, the Program Director, the Department Chair (if applicable), or the Designated Institutional Official (DIO).

For issues in which there is no urgency but feedback for specific faculty or the educational program is desired of the GME office the trainee can complete anonymous faculty evaluations and program evaluations that are available through the electronic evaluation system.

Anonymous reporting of complaints and concerns that do not identify the trainee can be made through electronic evaluation systems (Complaint card system with barcode for each site is preferred), MedHub and the UCF Integrity line at: <https://cdl.ucf.edu/ucf-integrity-line/>^[SL1].

2. Any trainee may bring concerns to the hospital or consortium RAC, which has the option to meet without the presence of any faculty, administrators or the DIO. Each program has a designated peer selected resident who represents the program at hospital RAC meetings and local GMEC meetings. Additionally, some resident representatives may also be consortium level RAC and GMEC representatives (see current procedure memo for details of RAC and resident peer selection). Issues which are discussed at the forum or other trainee meetings may be brought to the DIO, Division Director or VP for GME, and/or the GMEC. The local and consortium GMEC meetings include a trainee report as a regular agenda item.
3. Discrimination and harassment are prohibited in any form. The sponsor values diversity and complies with local laws, and UCF Office of Institutional Equity policies and guidelines available online at <http://www.eeo.ucf.edu/>. Any reports or complaints of harassment and discrimination must be reported as follows:

- a. Program staff (director, coordinator, faculty, others) shall inform DIO/GME leadership and UCF COM Human Resources of any complaints voiced by residents and fellows concerning discrimination and/or harassment of any type in a timely manner.
 - b. When there is a complaint concerning an attending physician, the report should also include the Hospital Chief Medical Officer and Hospital Human Resources Officer. The hospital will address issues of discrimination and/or harassment involving their employees and medical staff following their respective procedures. Confidential reporting means are available through UCF and HCA Healthcare (see UCF resources below).
 - c. The UCF COM HR office shall work with the Title IX coordinator in the Office of Institutional Equity as appropriate to represent the resident/fellow and investigate the concern.
4. The trainee has the option to go through the written grievance and appeal process (see Grievance policy) when the concern is not resolved to the trainee's satisfaction under section 1 above or when there are formal disciplinary actions against the trainee.

UCF resources include:

Office of Institutional Equity

Website: www.oie.ucf.edu

Email: oieucf.edu

University Compliance, Ethics, and Risk Office

Website: www.compliance.ucf.edu

Email: complianceandethics@ucf.edu

UCF IntegrityLine

Website: www.ucfintegrityline.com

1-855-877-6049 (toll free)

University Ombuds Office

Website: www.ombuds.ucf.edu



UCF/HCA GME Consortium Policies for Resident Supervision and Clinical/Educational Work Hours



Purpose/Intent: The GMEC must develop and implement written policies and procedures regarding resident duty hours and supervision (Institutional IV.J-K, CPR VI.)

Policy Summary: These policies ensure compliance with institutional and common program requirements. Any program specific requirements are provided in separate program policy.

Professionalism and responsibility for safe work environment and transitions in care policies:

1. Residents and faculty are educated on the professional responsibilities of physicians, including the obligation to be appropriately rested and fit when providing patient care.
 - a. Residents and faculty will complete an online or in-person module on alertness management, sleep deprivation and fatigue. They will also participate in an educational program related to physician impairment and substance abuse.
2. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognized signs of impairment, including illness and fatigue.
3. Each program has fatigue mitigation processes to manage potential negative effects of fatigues, including naps and back-up call schedules, as appropriate to each program. Each program has processes to manage continuity of care.
4. Participating hospitals provide sleep facilities and transportation options for those too fatigued to safely return home (see GMEC work environment policy).
5. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest, and must recognize that patient interests are best served by transitioning care to another qualified and rested provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
6. All residencies have policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.
7. Schedules must be available that inform all members of health care team of attending physicians and residents currently responsible for each patient's care.

Supervision policies:

8. All residencies are governed by specific policies for supervision and residents are all informed of these policies at the beginning of the residency. The overall policies include:
 - a. All patients have an identifiable and appropriately credentialed and privileged attending physician (or licensed practitioner approved by ACGME for that specialty) who takes ultimate responsibility for that patient's care.
 - b. This attending physician information is available to the patient, and all clinical staff.
 - c. Residents and faculty members inform patients of their respective roles in each patient's care.
9. Levels of supervision are defined by ACGME common program requirements:
 - a. Direct: supervising physician is physically present with resident and patient

- b. Indirect: may include
 - i. Direct supervision immediately available in patient care site
 - ii. Indirect with direct supervision immediately available (supervising physician is physically located within patient care site)
 - iii. Indirect with direct supervision available by phone or other electronic means, and attending can be available to provide direct supervision
 - c. Oversight: supervising physician reviews encounters and procedures after care is delivered and provides feedback
10. Each resident is delegated responsibility for portions of patient care based on evaluations of the resident's ability (when possible by national standards) by program director, the clinical competency committee, and key faculty. Residents are informed about the limits of authority and when he/she is permitted to act with conditional independence and in supervisory role
- a. Initially, PGY-1 residents are either supervised directly or indirectly with direct supervision immediately available, unless otherwise specified by ACGME program requirements and program policies
 - b. Senior residents and fellows should serve in supervisory role for junior residents
 - c. Clinical responsibilities are based on PGY level, resident education and competencies, and specific patient care and safety concerns. Each Program director evaluates their residents using specific criteria and milestones.
 - d. Faculty supervision assignments are of sufficient duration to assess knowledge and skills of resident and to delegate appropriate level of patient care authority to the residents.
11. Each Resident must follow the protocol defining Common Circumstances Requiring Supervising Faculty Involvement:

In addition to the general circumstances encountered below, residents may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the resident. Residents are encouraged to communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care.

Listed below are circumstances and events where residents **must** communicate with supervising faculty:

- a. ICU and Critical Care transfers (both to and from unit)
- b. Substantial change in the patient's condition
- c. Issues regarding code status (including DNR) and end of life decisions
- d. If the resident is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient)
- e. If specifically requested to do so by patients or family
- f. Prior to accepting transfers from other hospitals
- g. To determine discharge timing

- h. Prior to performing any invasive procedure requiring written consent
- i. To discuss consultations rendered
- j. If any error or unexpected serious adverse event is encountered.
- k. When, after directly triaging a patient, they question appropriateness of an admission or transfer.

Resident clinical and educational work (duty) hours and call

- 12. Clinical and education work(duty) hours are limited to 80 hours per week averaged over a 4 week period, and this includes all in-house clinical and educational activities, clinical work done from home, and moonlighting activities (if applicable).
 - a. Moonlighting Policy: see separate UCF COM/HCA GME Consortium Moonlighting policy.
- 13. Clinical work done at home: residents are to track time per week for work done at home (such as completing EMR work, phone calls, excludes study and reading). Each program may provide additional guidance as to how this time should be entered.
- 14. Time free of clinical work and mandatory education: all programs shall provide reasonable time for rest and well-being
 - a. Each resident has a minimum of one day free of duty (without any home call responsibilities) per week (when averaged over 4 weeks).
 - b. Residents should have 8 hours off between scheduled clinical work and mandatory education. Residents may rarely choose to stay or return to work but these must be documented as duty hours.
 - c. Residents each have a minimum of 14 hours free of clinical and educational work after 24 hours of in-house scheduled time.
- 15. Clinical and educational work periods for residents must not exceed maximum of 24 hours of continuous duty, and residents are not assigned any additional responsibilities after 24 hours.
 - a. Alertness management strategies are encouraged in the context of patient care, for example strategic napping at night or after 16 hours of duty.
 - b. A limited amount of extra time (<4 hours) may occasionally be allowed for safe effective transitions in care and/or resident education (no new patients can be assigned).
- 16. Exceptions where resident stays or returns to work early may be made occasionally. Note these exceptions are for certain situations outlined below and are documented by the resident and reviewed and tracked by each program director and count toward 80 hours. Note that other duties must be handed off. The reasons for exceptions are:
 - a. to care for a severely ill or unstable single patient
 - b. for humanistic attention to patient or family,
 - c. for academically important events.
- 17. Residents assigned to emergency medicine (EM) rotations (from any residency program) have additional duty hour restrictions.

- a. Residents shall not work longer than 12 continuous hours in EM, and must have at least equivalent period of continuous time off between scheduled shifts.
 - b. Residents should not have more than 60 hours/week seeing EM patients, and not more than 72 total duty hours/week.
 - c. One day (24 hours) free per 7 days must be free, and this cannot be averaged over 4 weeks.
- 18. Residents in final years of training must take on additional responsibility so that they will be able to enter unsupervised practice.
 - 19. Call frequency: Residents are not scheduled for in-house call more often than every 3rd night (when averaged over 4 week period). Some residency programs including internal medicine do not allow averaging of call.
 - 20. Night Float must occur within context of one-day-off-in-seven and 80 hour rules. Further restrictions on night float may be specified by each program.
 - 21. At-home call: Call is not so frequent as to be taxing or preclude rest. Time spent in the hospital or doing clinical work at home counts toward the 80-hour per week maximum.
 - 22. Any requests for exceptions are considered initially by the CGMEC prior to submission to any ACGME residency review committee.
 - 23. Any extension of duty hours or request for early return to service requires completion of the appropriate departmental form within the duty hour period in which the extension/early return was taken. There are only 3 possible ACGME approved explanations (provided in #16 and on the form) for a duty hour extension or early return to service.
 - 24. Each program director regularly reports duty hour issues and noncompliance to each hospital GMEC subcommittee, with those reports copied to the CGMEC. Compliance is monitored by the local GMEC. Variances are reported to the CGMEC with the expectation of immediate corrective action to be reported at the following meeting of the CGMEC or earlier as necessary.



UCF/HCA GME Consortium Policy for Transitions of Care



Purpose/intent: Residency programs, in partnership with consortium GMEC and sponsoring institutions, must ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety (CPR VI.E.3.b)

Policy Summary: Transitions of care (TOC) refers to the orderly transmittal of information that occurs when transitions in the care of the patient are occurring. Proper structure TOC should facilitate continuity of care and prevent the occurrence of errors due to failure to communicate changes in the status of a patient. The primary objective of a TOC is to provide complete and accurate information about a patients' clinical status, including current condition and recent and anticipated treatment.

Policy:

1. Each residency program must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure (CPR VI.E.3.a).
2. Each residency program and/or clinical service must have a TOC policy.
3. Each program must ensure that residents are competent in communicating with team members in the hand-over (TOC) process (CPR VI.E.3.c).
4. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for clinical care (CPR VI.E.3.d).
5. Each program must ensure continuity of care in the event that a trainee is unable to perform their patient care responsibilities due to excess fatigue, illness, family emergency (VI.E.3.e).
6. TOC must follow a standardized approach and include the opportunity to ask and respond to questions.
7. A TOC is a verbal and/or written communication which provides information to facilitate continuity of care.
8. A TOC occurs each time any of the following situations exists for any patient:
 - a) Move to a new unit
 - b) Assignment to a different provider or clinical service
 - c) Discharge to another institution or facility
9. Characteristics of a High Quality Transition of Care:
 - a) TOCs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
 - b) TOCs include up-to-date information regarding the patient's care, treatment condition, and any recent or anticipated changes.
 - c) Interruptions and distractions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
 - d) TOCs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

- e) It is suggested that TOC follow a standard protocol such as SBAR: Situation, Background, Assessment, Recommendation or IPASS: Illness severity, Patient Summary, Action List, Situation awareness and contingency planning, Synthesis by receiver.



UCF/HCA Healthcare GME Vendor Policy



Purpose/intent: Sponsoring institutions must establish and maintain a policy that addresses interactions between health care vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs (Institutional requirement IV.L)

Policy Summary: The UCF/HCA GME consortium has adopted the UCF College of Medicine Industry Relations Policy and Guidelines.

1. Interactions with Health Industry vendors (IV.K.): Residents, other UCF COM employees, residency leadership and faculty will comply with the UCF College of Medicine Industry Relations Policy and Guidelines (Policy) which is reviewed and updated as appropriate. This Policy is posted on the electronic resident management system and the UCF website: <http://med.ucf.edu/administrative-offices/faculty-and-academic-affairs/faculty-policies-forms-guidelines/>.
2. All residents and residency leadership are required to complete and document mandatory training on industry relations. Topics discussed in the policy include: provisions related to not accepting gifts or meals from health industry sources, travel funds, prohibitions related to use of pharmaceutical samples, financial and consulting relationships and disclosures, educational and research support, and site access to industry representatives.
3. If any participating hospital has a more stringent policy regarding vendors, this will also apply when residents are assigned to that location.



UCF/HCA Healthcare GME Catastrophic/Disaster Event Planning for GME Programs and Trainee Transfers (IV.O)



Purpose/Intent: Institutional sponsor must have a policy to address administrative support for GME programs and residents/fellows (Trainees) in the event of a catastrophic event, disaster or substantial interruption in patient care or education. This policy includes information about assistance for continuation of Trainee assignments, salary, liability coverage, and benefits (IV.O).

Policy summary: Trainees conform to clinical site schedules and needs during threatened or real disasters and not UCF closures. The UCF/HCA GME consortium is committed to assisting in restructuring Trainee's educational experiences (if necessary) as quickly as possible following a catastrophic event or disaster.

1. A catastrophic event is defined as an event or sequence of events resulting in a significant alteration or disruption of the residency training experience. This situation may be anticipated or unanticipated and may have short term or long-term impact. Examples of a catastrophic event include threatened or real weather-related disaster or significant loss of a major participating site's ability to provide patient care, and loss of a major participating site's loss of accreditation to perform patient care.
2. Each program must maintain comprehensive records for each Trainee including evaluations, procedures, training history, achievements available in online Trainee management system (MedHub). Each faculty member, Trainee, and staff member involved with GME must have regularly updated personal contact information maintained in MedHub or other cloud-based system available to both local and consortium GME offices (to include cell phone number, emergency contact person, and outside email address when possible). Each program should also maintain planned evacuation locations for each Trainee.
3. Each individual is responsible for monitoring UCF, GME, and hospital websites or other designated hospital command centers in the event of a local disaster (weather or other). Trainees conform to schedules of clinical sites during threatened or real catastrophic events and do not conform to UCF closures. Trainees are classified as essential or nonessential. Personnel during disasters by the program director together with hospital administration. Clinical sites may also elect to ask for volunteers to staff essential services.
 - a. Trainees are expected to perform as physicians and professionals in the context of the specific disaster, taking into account their level of training, their specialty, and their demonstrated level of competence.
 - b. Trainees should always have appropriate supervision given their level of training and competence. Trainees without regular unrestricted Florida medical licenses must always work under supervision. Even with a regular medical license, Trainees should not be expected to perform in any situations outside their scope of competence and practice. Trainee safety must be taken into account.
 - i. The duration of clinical work during a disaster must be considered, including impact on trainee education, achievement of milestones, and board eligibility status.

3. Program directors must first contact the Designated Institutional Official (DIO), VP or Assistant VP for GME, or local Administrative Director (ADME) with questions regarding catastrophic events. Trainees must first attempt to contact their program directors, local GME office or CGME office.
4. Upon notification of catastrophic event, each program director will determine location and status of each Trainee and report this information to both the local and consortium GME offices.
5. The GME Committee (GMEC) will meet as soon as possible following catastrophic event declaration. The GMEC and consortium executive board will determine whether existing programs can continue with or without restructuring and whether temporary or permanent transfer of Trainees to another institution will be necessary.
6. If the disaster is expected to cause a serious or extended disruption of Trainee assignments that might affect programs' abilities to be in compliance with ACGME requirement, (program, common, institutional), the DIO or designee will contact both the HCA GME corporate office and the Executive Director of the Institutional Review Committee (ED-IRC) by telephone. This should be done within 10 days after declaration of a catastrophic event. The DIO will work with hospital and HCA leadership to establish a command center that will keep all individuals informed.
 - a. Once the ACGME has obtained sufficient information about the situation from the DIO, the ED-IRC will provide relevant information to the relevant Executive Directors of the Residency Review Committees (RRCs).
 - b. Due dates may be established by the ACGME to submit program reconfiguration requests to ACGME and to inform each program's trainees of the plan
 - c. The ACGME website provides phone numbers for key ACGME staff who may provide assistance. Instructions are available on the ACGME website on how to request adjustment of Trainee complement numbers and change email addresses. Program directors may contact their respective ED-RRC to discuss specialty specific concerns.
7. If the program cannot provide adequate educational experiences for each Trainee, it will arrange temporary transfers to another ACGME accredited program by establishing a PLA, or assist the Trainees in obtaining a permanent transfer to another program. HCA Healthcare hospitals offering GME programs in the same specialty will be considered first. HCA corporate GME will work with the DIO, the VP for GME, and each hospital to transfer funded positions as applicable.
8. The DIO or designee will contact the ACGME Executive Directors with requests related to Trainee transfers.
9. Trainees who temporarily transfer to other institutions remain UCF employees and receive pay, liability coverage and benefits from UCF. Receiving institutions are responsible for requesting temporary complement increases from the respective RRC(s).

10. Trainees who permanently transfer will no longer be employees of UCF or receive pay or benefits from UCF. To initiate a permanent transfer, unless the program arranges the transfer, the Trainee should provide a written request to the original program director.
11. Documentation policy regarding Trainee transfers: The program director must provide written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring trainee using ACGME milestones assessments. Similarly, before Consortium GME program accepts a Trainee who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring trainee from the original program director in the form of either an ACGME or CanMEDS Milestones assessments.
12. The DIO will notify the ED-IRC when the disaster has been resolved.



UCF/HCA GME Consortium Policy **on Program or Institutional Closure and Reduction**



Purpose: The Accreditation Council for Graduate Medical Education Institutional Requirements require the sponsoring institution to have written policy that addresses a reduction in size or closure of a residency program, fellowship program or the sponsoring institution (IV.O).

Policy Summary: Economic or other conditions may force the closures of a sponsoring institution, major affiliated site, or residency/fellowship (training) program or cause a need for the training program size to decrease. This policy allows trainees in the program to complete their training.

1. The Consortium Executive Board, which serves as the institutional sponsor governing authority, will inform the Designated Institutional Officer (DIO) and the CGMEC as soon as possible of any anticipated changes in the training program, including closure of sponsoring institution or the residency program.
2. The DIO and CGMEC together have oversight of program accreditation changes and will inform each residency/fellowship program director of changes. Each residency program is responsible for notifying all affected residents as soon as possible in the event of any anticipated closures or reductions.
3. In the event that any training program must close, the sponsoring institution will allow trainees already in the program to complete their education or will assist the trainees in enrolling in other ACGME accredited program in which they can continue their education and training.
4. In the event that alterations are made to a program's size, only the number of future positions to be offered should be affected. Training programs will make every effort to allow trainees who have been enrolled in a program to complete their training. In the event that this is not possible, the training program must assist trainees in enrolling in another ACGME accredited program to continue their training.



**UCF/HCA Healthcare GME Policy regarding
Non-Competition and Restrictive Covenants (IV.M)**



Purpose/Intent: The ACGME requires trainees not be asked to sign restrictive covenant or non-competition clauses (IV.M).

Description: The Consortium GME programs including UCF and all participating clinical sites will not require or ask a trainee to sign restrictive covenants or non-competition clauses.

Policy Summary:

It is the policy of the UCF COM/HCA GME Consortium that no trainee in its Graduate Medical Education program will be asked or required to sign a non-competition or restrictive covenant clause.