

GRADUATE MEDICAL EDUCATION

GRADUATE MEDICAL EDUCATION CONTRACT ATTACHMENTS

2026-2027

Graduate Medical Education Documents

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Stipends

Our stipend schedule is designed to provide each house staff member with income to maintain a comfortable standard of living in Iowa City and surrounding communities. The total compensation compares to the top training programs in the country.

Annual stipends are as follows:

Pay Grade Levels	Stipends 2025-2026
PGY-1	\$69,400
PGY-2	\$72,100
PGY-3	\$75,200
PGY-4	\$78,900
PGY-5	\$81,800
PGY-6	\$84,100
PGY-7	\$87,800

The stipends are paid monthly, on the first day of the month (e.g., for appointments that begin July 1, the first stipend will be paid August 1.)

Medical, Dental, Hospitalization and Pharmacy Coverage

Complete information on medical and dental coverage for resident and fellow physicians and their dependents is available on the [University of Iowa Human Resources website](#).

The University of Iowa reserves the right to change the benefits programs at any time. As with all benefits programs, the University of Iowa is unable to guarantee that the details listed and coverages of these benefits programs will be in effect throughout your employment.

Insurance/Benefits Start Dates

Wellmark BlueCross/BlueShield and Delta Dental insurance plans begin on the first of the month after the initial GME contract start date. For example, residents who begin training on 06/24 have insurance that becomes effective 07/01. Residents and fellows who begin training on 07/01 will have an insurance effective date as of 08/01.

Life, Disability and Malpractice Coverage

All house staff members are provided a long-term group disability income insurance program by the University of Iowa at no cost. Enrollment in this insurance plan is mandatory and is funded by the University.

The University of Iowa provides life insurance coverage for all employees at no cost. Participation in the University's group term life insurance program is a condition of employment for employees who hold a 50% time or greater appointment; coverage is required. All house staff members have a multiple of 2 times his/her budgeted stipend for the Group Life coverage. House staff are eligible to enroll in the following life insurance benefits options:

- Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Accidental Death and Dismemberment Insurance

Complete information on [nonmedical coverage for house staff](#) is available on the University of Iowa Human Resources website.

The University of Iowa reserves the right to change the benefits programs at any time. As with all benefits programs, the University of Iowa is unable to guarantee that the details listed and coverages of these benefits programs will be in effect throughout your employment.

UI Health Care provide house staff with [liability protection](#) at no cost. The plan is the equivalent of an occurrence malpractice policy. The State Tort Claims Act provides the house staff member with liability protection, without dollar limits, for clinical services rendered in Iowa within the scope of the training program.

GME Well-Being Services provides free and confidential appointments to resident and fellow physicians at University of Iowa Health Care.

Our mission is to support clinicians' mental health, reduce burnout and distress, and promote overall well-being. There are numerous reasons, personal and professional, why someone might seek services. These include but are not limited to seeking support around an acute stressor, navigating interpersonal concerns, changing behavioral patterns, decreasing symptoms of anxiety or low mood, and coping with the unique stress of being a resident/fellow physician in an academic medical center. We are here to support you throughout this time of simultaneous growth and stress.

How to schedule

Services are provided by GME psychologist Kristin Wurster, PhD.

- **Availability:** Monday through Friday between 8:30a-4:30p
- **Location:** In-person or via Zoom. In-person appointments are in a private, nonclinical office space in the lower level of the Pomerantz Family Pavilion.
- **To schedule:** email GME-Wellbeing@uiowa.edu or call 319-353-6506 for fastest response. You may also contact Dr. Wurster directly at kristin.wurster@uiowa.edu

Confidentiality

Confidentiality is of the utmost importance. GME Well-Being Services does not use EPIC for documentation, and records from using GME Well-Being Services are entirely separate from your GME training records.

No information is shared without written consent, with the exception of that which is obligated by state and federal law and the ethical standards of the American Psychological Association.

CRISIS RESOURCES

- **National Suicide Prevention Lifeline** - Call or text 988 or chat at 988lifeline.org
- **UI Support and Crisis Line**
Call or text 844-461-5420, or chat online. Accessible to all members of the University of Iowa community. It provides free and confidential support to individuals in distress and provides access to crisis resources. The line also can connect individuals to an in-person response and initiate transport as needed.
- **Community Crisis Services** - For Mobile Crisis services, call 1-855-581-8111
- **UIHSP National Hotline** - 1-888-843-4569 or <https://igullabline.org/chat/>
- **Physician Support Line** - 1-888-409-0141

UNIVERSITY OF IOWA HEALTH CARE

GRATUATE MEDICAL EDUCATION COMMITTEE

POLICY FOR GME TRAINEES ON PAID TIME OFF (PTO) AND LEAVES OF ABSENCE (LOA)

Core Values Informing Policy:

- *Intentional collaboration for time away from training is required between each resident/fellow and their Program Director (PD), as each trainee is on an individualized developmental trajectory*
- *Continue existing benefits & PD flexibility to manage all PTO and potential LOAs*
- *PD responsible to manage review of requests, discussions, & decision-making with resident/fellow physicians, including current information on impact of an extended LOA on successful completion of program to earn board eligibility*
- *PDs must seek counsel from Office of GME for unique requests for extended LOAs*
- *Continue to meet ACGME requirements and their intersections with certifying board expectations*

Pursuing Graduate Medical Education is a complex endeavor that necessitates intentional planning and open communications between the resident/fellow physician and their PD. Board certification is available for most GME programs, and we work collaboratively with GME trainees to provide support necessary to achieve board eligibility. This policy is applicable for all trainees on GME contracts regardless of whether their program is accredited by ACGME.

Each accrediting body has unique expectations for successful completion of a GME program, and all certifying boards have unique expectations to become board-eligible. It is responsibility of the PD to remain current on all evolving requirements to ensure best advice for each resident/fellow whenever interest arises to take an extended LOA from their program.

Key clarifications:

- I. Amount of Paid Time Off: Each house staff physician or dentist is eligible for 3 weeks of PTO each year. House staff members must arrange for PTO with their PD. Additionally, each PD manages an equitable approach to provide time away for short-term illnesses, holidays, educational conferences, and to interview for future positions.
- II. Personal Health Care Needs: All GME programs encourage their house staff members to seek health care when needed. Each program must have processes which permit time off to attend their medical, dental, and mental health care appointments.
- III. Birthing Leave:
 - A. Amount of Leave: Birthing parent is entitled to take up to 6 weeks of paid maternity leave for each pregnancy. If medically necessary either before or after delivery, additional paid LOA up to 4 weeks is available upon receipt of written documentation from the house staff's physician (i.e. up to 10 weeks of paid leave). If a birthing parent desires further time away from the program for personal reasons, consultation with and approval by the PD is required to schedule additional LOA which is unpaid. To ensure timely completion of board eligibility requirements, a house staff member may choose to use their annual PTO to shorten amount of time away from training. The PD will work closely with the resident/fellow to assess if birthing LOA will require extension of training to complete board requirements; during any training extension UI Health Care will provide stipend and benefits. A copy of the approved request to extend training must be filed in the trainee's file in the Office of GME.
 - B. Benefit Coverage Retention: Should leave exceed 10 weeks as outlined above necessitating a maternity-related unpaid LOA, the resident/fellow can retain benefit coverage through payment of premium costs during the extended LOA.

IV. Other Potential Leaves of Absence: Additional time away from training may be necessary to address pressing life events such as medical, parental, bereavement, or caregiver needs which interfere with the resident/fellow physician's capacity to fully participate in their GME program. The PD is responsible for decision-making about potential training extension, which includes assessment of the professional, developmental, and personal needs of the resident/fellow to complete essential components of their training to earn board eligibility. PDs considering whether a training extension may be necessary must work closely with the Office of GME to ensure well-informed decision making.

- a. *Requests for a LOA* beyond PTO of 3 weeks each year must be submitted in writing for review, discussion, and approval by the PD; this benefit is available starting on the first day of employment at UI Health Care.
- b. *Impact of Time Away from Training on Board Certification Requirements*: The PD must ensure the resident/fellow is aware of current Board Certification Requirements and if any concerns exist about their individual developmental trajectory which might require a training extension.

V. More Details Regarding Medical, Parental (non-birth Parent) or Caregiver Leave:

A. Consistent with ACGME requirements, an extended LOA up to 6 weeks is available to address medical, parental (non-birth parent), or caregiver needs; it is available as a paid LOA once during residency or fellowship training with continuation of all benefits.

B. All resident/fellow physicians and dentists including birth parents are eligible for a Medical or Caregiver LOA if needed. Parental LOA is intended for use by non-birth parents. A birth parent's need for parental leave is provided under existing Birthing Leave as outlined in Section III.

C. *Amount of Leave*: We recognize the importance of the early development of a relationship between a parent and their new child, including if the child joins the family by adoption. Thus, non-birth parents on a GME contract are eligible for up to 6 weeks of paid LOA once during their GME program. This parental leave is available within 4 months of the birth or adoption of a child.

D. *Resident/Fellow Choice*: During a medical, parental, or caregiver LOA, a house staff member may choose to use their annual PTO in order to ensure timely completion of board eligibility requirements. However, they are not required to exhaust their full allotment of annual PTO. One additional week of PTO can be reserved for use outside of the 6 weeks of approved medical, parental or caregiver leave.

E. *Benefit Coverage Retention*: House staff benefits will continue uninterrupted during this paid LOA for up to 6 weeks. If further LOA is necessary and approved by the PD, it will be unpaid and the resident/fellow can choose to retain benefits by paying premium costs during the prolonged LOA.

F. *Documentation*: All requests for an extended LOA must be submitted in writing to the PD for review and approval, following discussion of potential ramifications (e.g. whether necessary to extend training). A copy of the approved request must be filed in the trainee's file in the Office of GME.

Graduated Medical Education Committee Approved	12/15/2023
Graduated Medical Education Committee Approved	10/1/2024

Graduate Medical Education

DISABILITY ACCOMMODATION POLICY & TECHNICAL STANDARDS FOR GME

GENERAL STATEMENT: Graduate Medical Education (GME) at University of Iowa Health Care is governed by the overarching University of Iowa policy on *Human Rights (Operations Manual, II Community Policies, Division I Human Rights, Affirmative Action, and Equal Opportunity, Chapter 3, Section 3.1)*, which states, “The university is committed to the principle of equal opportunity including access to facilities. Differences in treatment are prohibited when based on race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. This principle must be observed in the internal policies and practices of the university; specifically in the admission, housing, and education of students; in policies governing programs of extracurricular life and activities; and in the university’s treatment of its applicants and its employees. Consistent with state and federal law, reasonable accommodations will be provided to persons with disabilities and to employees with known limitations related to pregnancy, childbirth, or related medical conditions, and to accommodate religious practices. The university shall work cooperatively with the community in furthering these principles.” GME strives to make reasonable accommodations for the functional limitations of applicant and existing residents, whether medical or dental, and fellows, (collectively, “Trainees”), with disabilities. Like all staff, faculty, and students, Trainees are protected from coercion, retaliation, interference, or discrimination for filing a complaint or assisting in the investigation of a complaint. Inquiries about anti-discrimination and retaliation policies and complaints should be directed to the Division of Access Opportunity and Diversity (EOD).

UI Health Care’s commitment to diversity acknowledges that physicians and dentists with disabilities offer unique perspectives. In that regard, UI Health Care seeks to foster an environment for Trainees based on equality of opportunity, full participation, independent living and economic self-sufficiency while also meeting the training requirements mandated by its GME programs via the Accreditation Council for Graduate Medical Education (ACGME), certifying boards, and UI Health Care [Bylaws](#). All applicants and Trainees at UI Health Care must possess the intellectual, ethical, physical and emotional capabilities to meet the Technical Standards described in this policy, with or without accommodation.

- I. TECHNICAL STANDARDS FOR ADMISSION & RETENTION:** Technical standards are criteria that go beyond academic requirements or training prerequisites for acceptance as a GME Trainee and are essential to meeting the academic and clinical requirements of the particular GME training program, though additional performance expectations may occur in certain GME programs. Trainees with or without disabilities, applying to and continuing in a GME program will be expected to meet the same requirements and will be held to the same fundamental standards. Beginning and continuing in a GME training program assumes a certain level of cognitive and technical skill. Although not all Trainees are expected to gain the same level of proficiency with all technical skills, some skills are so essential that mastery must be achieved, with the assistance of reasonable accommodations where necessary. Reasonable accommodations will be provided to assist in learning, performing and satisfying the technical standards, in compliance with the law and University policy. Applicants and active Trainees must possess the capability to complete the entire curriculum of the GME program, with or without accommodation. Abilities and skills required are noted in six areas below. Technological accommodation can be made for some disabilities in certain of these areas, but each Trainee must meet the essential technical standards in a way such that the Trainee will be able to perform in a reasonably independent manner and progress to the point of autonomous practice in the Trainee’s GME specialty or sub-specialty training program. The use of a trained intermediary is not acceptable in many clinical situations as it implies that the Trainee’s judgment must be mediated by someone else’s power of selection and observation.

The technical standards are:

- Observation – Trainees must have the functional ability to observe and must have sufficient use of the senses necessary to perform all necessary physical examinations and patient care pursuant to their specialized area of training.
- Communication – Trainees must be able to relate reasonably to patients and establish sensitive, professional relationships with patients, peers, colleagues and staff. They must be able to communicate to the patient and to their colleagues with accuracy, clarity and efficiency.
- Motor – Trainees must be able to participate in diagnostic maneuvers, procedures and treatments required for their specialty.
- Intellectual, Conceptual, Integrative and Quantitative Abilities – Trainees must be able to analyze, synthesize, solve problems, and reach reasonable diagnostic and therapeutic judgments. Trainees must be able to display good judgment in the assessment and treatment of patients. They must be able to respond with prompt and appropriate action in emergent situations.
- Behavioral and Social Attributes – Trainees must be able to accept criticism and respond with appropriate modification of their behavior. They must possess the perseverance, diligence, and consistency necessary to complete the training program's curriculum, gain progressive independence according to the timeline outlined by the Program Director's established curriculum and enter the autonomous practice of medicine at the completion of the program. They must demonstrate professional and ethical demeanor and behavior in all dealings with peers, faculty, staff and patients.
- Cultural Competency – Trainees must be able to communicate with and care for persons whose culture, sexual orientation or religious beliefs are different from their own. They must be able to provide patient care for any patient regardless of the Trainee's and patient's race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. Similarly, Trainees must be able to interact professionally with colleagues and other healthcare professionals without regard to race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual.

II. REASONABLE ACCOMMODATIONS: Whether it is an applicant or a current Trainee, GME does not discriminate in access to its programs on the basis of disability. Reasonable accommodations for disabilities are determined on a case-by-case basis through an assessment of individual needs and an interactive process. Any documents containing disability related information are confidential and maintained securely in the Program and/or in the GME Office or in University of Iowa Health Care HR offices, as appropriate.

III. PROCESS: As noted above, to remain in good standing, medical residents and fellows and dental residents with and without disabilities are required to meet the technical standards set forth in this policy and any other achievement standards determined by the faculty, the particular standards of the training program and of the respective specialty or sub-specialty. The process for considering reasonable accommodation(s) for any disability (pre-dating entry to the program or newly acquired) is as follows:

- Accommodation Request – Leave and Disability –
 - A *new* (incoming) Trainee seeking reasonable accommodation(s) for a disability pre-dating entry to the program must contact the Leave and Disability (LDA) office within UI Health Care Human Resources to initiate the interactive process, preferably no later than the end of the first week of training. The LDA office will collect necessary information, including but not limited to satisfactory written documentation of the need for accommodation.
 - A *current* Trainee who is experiencing new difficulties related to an existing disability or a new disability and would like to engage in the interactive process regarding reasonable accommodation(s) must also contact the LDA office as soon as reasonably possible to initiate the process.

- Interactive Accommodation Process – The Program Director will work with the Trainee, the LDA office and in some cases, the Trainee's health care provider, in an interactive process to develop a plan for reasonable accommodation(s) consistent with the needs and the interests of the Trainee and training program.

Reviewed/Approved by the Graduate Medical Education Committee	1/3/2012
Reviewed/Approved by the Graduate Medical Education Committee	1/9/2020
Reviewed/Approved by the Graduate Medical Education Committee	10/1/2024

Graduate Medical Education

GENERAL STATEMENT OF EDUCATIONAL EXPERIENCE LOCUS AND GENERAL RESPONSIBILITIES OF HOUSE STAFF

University of Iowa Health Care provides an opportunity to fulfill the training requirements for specialty certification through inpatient and outpatient rotations at UI Health Care in Iowa City and at affiliated hospitals, private practices, and programs, all which facilitate patient safety and health care quality. Many residents and fellows are assigned to rotations at the Veterans Affairs Medical Center in Iowa City, as well as other affiliated hospitals and clinics in several other Iowa cities. Some residents and fellows participate in UI Health Care's outreach programs, which provide screening or clinical services both at UI Health Care, and in other Iowa communities. The specific affiliations, programs and locations vary from year to year. Each is governed by an appropriate agreement (e.g., affiliation agreement, memorandum of understanding or program letter of agreement). As required by the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and in concert with the UI Health Care's *Institutional Commitment Statement on Graduate Medical and Dental Education*, the training programs are designed to ensure that house staff members are able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. This means that house staff members must:

- Have the requisite medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and can apply this knowledge to patient care;
- Establish and improve learning skills that involve investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement of patient care;
- Develop interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
- Incorporate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
- Demonstrate an awareness of and responsiveness to the larger context and system for health and the ability to effectively call on system resources to provide care that is of optimal value.

House staff members are expected to develop a personal program of learning to foster continued professional growth. Guidance comes from the teaching staff as house staff members participate fully in the educational and scholarly activities of their programs and as required, assume responsibility for teaching and supervising other residents and students. It is expected that house staff members will participate in appropriate institutional committees and councils to which they are appointed, elected or invited, especially those that relate to patient safety and quality of care education activities. House staff members are also expected to be responsible to evaluate their programs by submitting to the program director or to a designated institutional official, at least annually, confidential written evaluations of the faculty and of the educational experiences in their training program.

House staff members are responsible for participating in required programming and instruction, including but not limited to programs on substance abuse and physician impairment, mandatory reporting of child and elder abuse, Health Insurance Portability and Accountability Act (HIPAA), blood borne pathogens and safety in the workplace, and other activities necessary for the successful orientation to UI Health Care and training in the house staff member's specialty. Furthermore, it is the responsibility of the house staff member to communicate with his/her program director, coordinator and other graduate medical education (GME) personnel in a timely manner and as necessary for administration of the program, including participation in program reviews, accreditation site visits, the completion of documentation (including but not limited to EPIC and MedHub) as required for duty hours (including all approved time away from the program, time at other sites and/or moonlighting), procedures, schedules, conferences, and evaluations, and other aspects of the house staff member's work environment.

House staff members are obligated to perform their duties and at all times conduct themselves in compliance with the Bylaws, Rules, and Regulations of the University of Iowa Health Care and Its Clinical Staff, all Graduate Medical Education Committee policies and procedures, the established practices, procedures and policies of the trainee's program, clinical department and other institutions to which the house staff member is assigned, as well as with all state and federal rules, regulations, and laws. All house staff members must maintain through the duration of their contracts a valid license (medical or dental, as appropriate) in the State of Iowa. Appropriate visa status, in compliance with *the Policy on Visas for GME Trainees*, is the responsibility of the individual house staff member.

With respect to participation in patient care activities, overall professional training and academic affairs, the house staff members are responsible to the program director of his/her respective training program, the members of the clinical staff at UI Health Care under whose supervision they may serve to the Clinical Service Head of the Department and to the GME Associate Dean/Associate Hospital Director.

For purposes of this policy the terms house staff, resident, and fellow mean any trainee in a medical or dental training program at UI Health Care who is currently party to a *GME Medical and Dental Appointment Contract*.

Approved by the Graduate Medical Education Committee 11/1/2011

Approved by the Graduate Medical Education Committee 3/17/2016

Approved by the Graduate Medical Education Committee 9/20/2020

Approved by the Graduate Medical Education Committee 10/1/2024

Graduate Medical Education

POLICY ON THE INTERRUPTION, REDUCTION OR CLOSURE OF GRADUATE TRAINING PROGRAMS

A recommendation to modify the resident complement of or to close a graduate training program must be made by the individual Program Director via a petition to the Graduate Medical Education Committee (GMEC) at UI Health Care according to the procedures outlined in the "Policy and Procedures for Adding New Programs and Program Modification," which governs both increases and decreases to the size or scope of a training program.

A recommendation to close a graduate training program, to reduce the size of the program, or to close the sponsoring institution by UI Health Care must be communicated to the GMEC, the DIO and the residents as soon as possible. Such recommendations will then be presented to the Clinical Systems Committee (CSC) for review and approval. The appropriate ACGME Residency Review Committee will be notified in accordance with ACGME requirements.

If UI Health Care is to be closed or if an individual program is closed, reduced or interrupted for any reason, including a disaster or interruption in patient care, the following procedures will govern:

- 1) The Program Director will give the affected residents written notice of the program reduction or closing as soon as possible following the decisions and approval by the GMEC and CSC, as applicable. This notice will include specific dates and the terms by which the program is closing or downsizing.
- 2) Any resident not completing the affected program will be assisted in the continuation of his/her education in one of the following ways:
 - a) The resident will be allowed to complete the program, if possible, depending on the dates of the program closure/reduction and on the resident's demonstration of satisfactory progress; or
 - b) The resident will be assisted by the Program Director in identifying and enrolling in another program at UI Health Care; or
 - c) The resident will be assisted by the Program Director in identifying and enrolling in another accredited program outside of UI Health Care, by making the necessary communications.

A meeting with the resident, the Program Director, the DIO, and the Director of GME will occur to decide the best strategy for the affected resident.
- 3) The Graduate Medical Education Office will assist the resident with issues concerning stipend, benefits, contract and other administrative issues caused by the change or closure of the program.
- 4) Financial obligations of UI Health Care will follow the terms of the resident's contract but will not include any reimbursement for expenditures due to relocation.

The term "resident" in this policy shall refer to residents and fellows at all house staff levels.

House staff residents and fellows are also governed by the UI Health Care "Emergency Operations Plan," which describes planning and training for on-site emergency situations and/or disasters as well as the implementation of an organized response, including but not limited to staff deployment, communications, safety and security, patient evacuation, immunization, decontamination and recovery.

Approved by the Graduate Medical Education Committee	8/7/2007
Approved by the Graduate Medical Education Committee	10/4/2011
Approved by the Graduate Medical Education Committee	12/9/2020
Approved by the Graduate Medical Education Committee	10/1/2024

Graduate Medical Education

MOONLIGHTING POLICY AND PROCEDURES FOR HOUSE STAFF PHYSICIANS AND DENTISTS

- I. General Statement: House staff who wish to engage in professional activity outside of their graduate medical or dental training program ("moonlighting" as defined in §II of this policy) during the period of their Graduate Medical Education (GME) appointment, must follow the procedures outlined in this policy. In this policy, the terms learner, trainee, house staff member, resident and fellow may be used interchangeably.

Moonlighting must not

- Be required of any house staff member during the period of his/her GME appointment;
- Conflict with the assigned clinical and educational responsibilities of the house staff member's training program at the University of Iowa Health Care;
- Interfere with the ability of the trainee to achieve the goals and objectives of his/her educational program;
- Interfere with the resident's fitness for work;
- Compromise patient safety;
- Be performed by PGY-1 residents;
- Be performed by any trainee on a J-1 or J-2 visa with an Employment Authorization Document (EAD).

Each training program at UI Health Care shall meet the requirements of this policy, as well as any applicable standard set by the ACGME, the appropriate RRC, other accrediting or certifying body, or applicable statute. Questions regarding approval and scheduling of moonlighting should be directed to the respective Program Director. Failure to adhere to any part of this policy or to follow its procedures can be grounds for rescinding moonlighting approval or for immediate dismissal of the house staff member from his/her training program.

- II. Definition: Professional activity outside the training program means activities requiring the exercise of professional judgment involving a commitment of the house staff member's time. The term refers to activities involving direct patient care, which are commonly referred to as "moonlighting," as well as engagements as a consultant on patient care matters. Serving as a utilization review consultant for insurance companies and other organizations or as an expert witness solely for the purposes of advising or testifying regarding the appropriate standard of care is not permitted. However, it is not necessary for house staff to obtain permission as defined in this policy for activities arising out of professional contacts occurring as part of the training program (e.g., testifying at a disability hearing regarding the condition of a patient treated in the course of the house staff member's assigned responsibilities).
- External moonlighting is activity which is outside the responsibilities of a house staff member and occurs outside UI Health Care.
 - Internal moonlighting is activity which is outside the responsibilities of a house staff member but occurs at UI Health Care. Internal moonlighting occurs infrequently.
- III. Licensure: All house staff members engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. A State of Iowa "Resident Physician" or "Resident Dental" license is not valid for professional activity outside of his/her UI Health Care GME training program. Moonlighting internal to UI Health Care also requires that the house staff member have a permanent Iowa license. For all moonlighting, the house staff member is solely responsible to obtain and maintain an appropriate **permanent** license that is not specific to his/her training program.
- IV. Malpractice Coverage: It is the personal responsibility for each house staff member to obtain, maintain and/or ensure that he/she has professional liability insurance coverage while engaging in any moonlighting activity, internal or external to UI Health Care.

- External coverage: With respect to external moonlighting, during the time an individual is moonlighting, he or she is acting as a private practitioner without any sponsorship by UI Health Care, the UI, GME or his/her Program Director. The Iowa State Tort Claims Act does not cover external moonlighting. A house staff member engaging in external moonlighting must ensure that appropriate malpractice coverage is in place and must clearly describe that coverage on the moonlighting request form.
 - Internal coverage: For each internal moonlighting request, malpractice coverage must be discussed with and approved by the GME Associate Dean prior to the completion and submission of a moonlighting request form to the GME Office.
- V. Billing: Any house staff member who is in an ACGME accredited program shall **not bill** for services while moonlighting internally at UI Health Care.
- VI. Duty Hour Limits: Time spent by residents in any moonlighting activity – both external and internal – must be counted toward the 80-hour maximum weekly hour limit when averaged over a four-week period as stated in the *UI Health Care Policy for GME Trainees on the Learning and Working Environment regarding Professionalism, Well-Being, Fatigue Mitigation, Transitions of Care, and Clinical Care and Experience*.
- VII. Procedures: The following steps must be followed to obtain approval of a moonlighting request:
- A. Completion of a Moonlighting Request Form (MRF): Each request shall be documented by the completion in writing of an MRF, which is obtained from the Program Director or his/her designee prior to the beginning of the moonlighting activity. The MRF must specify:
 1. the name, department, program and level of training of the house staff member
 2. that the requesting house staff member is in good standing in the program
 3. the reason for the moonlighting request
 4. the type of professional activity to be engaged in
 5. the number of hours (specific days and times) involved in the moonlighting request for each specific site
 6. that the moonlighting dates/times/duration will not interfere with clinical or educational obligations of the house staff member
 7. that the moonlighting does not cause the house staff member to violate duty hour mandates posed by the UI Health Care, the GMEC, the home program/department, the ACGME/RRC, and/or any other accrediting, certifying, regulating or governing body, internal or external to UI Health Care
 8. a contact's name, phone number and other relevant contact information at the moonlighting site during the moonlighting activity
 9. the site at which the moonlighting will occur (name of hospital or clinic, street address and city/state)
 10. the assurance that any moonlighting internal to UI Health Care will have an immediately available supervisor
 11. a list of all other current moonlighting sites, updated with each new request
 12. the house staff member's permanent medical or dental license number and state
 13. a clear description of the malpractice coverage:
 - a. for external moonlighting activities, the house staff member must provide evidence for malpractice coverage that is NOT reliant on the Iowa State Tort Claims Act
 - b. for internal moonlighting activities, the house staff member must meet with the GME Associate Dean to obtain his approval and to discuss and confirm adequate malpractice coverage for the specific circumstance (see also VII.D. below in this policy)
 - B. The MRF must be signed by:
 1. the requesting house staff member
 2. the Program Director (see also VII.C below in this policy)
 3. other individuals, as required by the Department (i.e., Clinical Service Head, Department Chair, etc.)
 4. the GME Associate Dean/Associate Hospital Director if the request is for internal moonlighting (see VII.D below in this policy)
 - C. Program Director Approval: Each respective Program Director is responsible for the initial review and approval of all moonlighting requests. The Program Director shall evaluate and respond to each request

on a case-by-case basis. Program Director approval must be obtained prior to the submission of an MRF to the GME Office. Internal requests require GME Associate Dean/Associate Hospital Director approval of a proposal as described below.

- D. GME Associate Dean/Associate Hospital Director Approval for Internal Moonlighting: A proposal for internal moonlighting must be submitted to the GME Office and approved by the GME Associate Dean/Associate Hospital Director. Following review and approval of the completed proposal, an MRF must be reviewed and approved as described above in this policy before any internal moonlighting occurs.
- E. Duty Hour Report by Program Director: For each house staff member who has an approved, current moonlighting request form on file in the GME Office, the respective Program Director must be able to evidence his/her monitoring of duty hour compliance by submitting a report when requested by the GME Office. Such report must clearly depict the house staff member's moonlighting hours as part of the overall tracking of work hours.
- F. Duration of Approval: Approval for each request shall be for no longer than the house staff member's current GME contract term. A new request must be made for each new contract term at each moonlighting site. Approval can be revoked at any time if a resident's moonlighting activity is determined to be adversely affecting his/her performance in the training program, if the resident's well-being or fitness for work is compromised, if patient safety is at risk, if he/she does not comply with any aspect of this policy, or if program monitoring is deemed insufficient by the GME Associate Dean/Associate Hospital Director.
- G. Filing of an Approved MRF: The approved MRF must be filed in the house staff member's GME Office file prior to the commencement of the approved moonlighting activity. It is the responsibility of the house staff member to ensure that all moonlighting activities have current and fully approved MRFs in place.

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Graduate Medical Education

POLICY FOR GME TRAINEES ON

- **ELIGIBILITY**
- **SELECTION**
- **TRANSFER**

University of Iowa Health Care policies and procedures for eligibility, selection, and transfer that affect the recruitment and appointment of graduate medical education (GME) trainees are described in this policy. UI Health Care through its Graduate Medical Education Committee (GMEC) and GME Office monitors each Accreditation Council for Graduate Medical Education (ACGME) program for compliance with this policy.

The terms learner, trainee, house staff member, resident and fellow may be used interchangeably in this policy.

- I. **Eligibility.** Applicants with one of the following qualifications are eligible for appointment to an ACGME-accredited GME program at UI Health Care:
 - A. Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - B. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - C. Graduate of a medical school outside the United States and Canada who meets one of the following qualifications:
 1. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or
 2. Holds a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
 - D. Graduate of a medical school outside the US who has completed a Fifth Pathway* program provided by an LCME-accredited medical school.
 - E. Fellowship eligibility for ACGME-accredited programs requires:
 1. Completed ACGME-accredited residency program or Royal College of Physicians and Surgeons (RCPS)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada or verification of the entering fellow's level of competency in the required field using ACGME or CanMEDS (i.e., the Canadian competency framework) milestones from the core residency.
 2. If prior residency as described in I.E.1 above cannot be verified, then to be considered an applicant must first be granted an exception by the GMEC as an exceptionally qualified applicant prior to being extended an offer. The process of granting 'exceptional' status requires the following, at a minimum:
 - a. That the specific program's Residency Review Committee (RRC) standards are met, as well as any applicable overarching ACGME standards;
 - b. That the program director and fellowship selection committee assess the fellow's suitability to enter the program based on prior training and review of the applicant's summative evaluations of training and core specialty; and
 - c. Final review and approval by the GMEC or a workgroup designated by the GMEC.
- II. **Selection.**
 - A. The UI Health Care ensures that all GME programs (ACGME-accredited and non-accredited) select eligible applicants on the basis of their 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.

- B. In selecting qualified applicants, all programs sponsored by UI Health Care are strongly urged to participate in an organized matching program (e.g., National Resident Matching Program), as available.

III. Transfer.

- A. For a house staff member transferring to a UI Health Care GME program (or for an applicant who is already at UI Health Care but who may have prior GME training), before making a decision to accept a resident or fellow, the UI Health Care Program Director must:
 - B. Obtain written or electronic verification of previous educational experiences ensuring the applicant is eligible. Such eligibility requires the completion of an ACGME-accredited training program or completion of a RCPS-accredited or CFPC-accredited program located in Canada or, if not complete, the UI Health Care residency program must obtain verification of the applicant's level of competency in the required clinical field using ACGME or CanMEDS milestone assessments from the prior training program (advanced postgraduate year (PGY) level upon entry to a UI Health Care GME program must be determined by the UI Health Care program director in conjunction with the GME Office in cases where a prior residency or training in a different specialty exists or where milestone assessments indicate the possibility of advanced status);
 - 1. Obtain a summative competency-based performance evaluation of the transferring resident or fellow; and
 - 2. Participate in an in-person phone call with the external Program Director.
- C. For a house staff member transferring out of a UI Health Care GME program, the UI Health Care Program Director is responsible to:
 - 1. Provide a timely verification of the transferring resident or fellow's education, in written or electronic form as described above in III.A.1 of this policy;
 - 2. Provide a summative competency-based performance evaluation of the transferring resident or fellow; and
 - 3. Participate in an in-person phone call with the external Program Director.

Any change in program complement must follow the process outlined in the *UI Health Care Policy and Procedures for Adding New Programs and Program Modification*; in the case of an ACGME-accredited program, the Program Director must petition for GMEC approval through this program modification process PRIOR to submitting any such request to the ACGME and the respective RRC.

- A. In the event a UI Health Care GME program should be closed, interrupted or reduced in size in any way (including disaster) that affects a current UI Health Care GME resident or fellow, the *UI Health Care Policy on Interruption, Reduction or Closure of Graduate Training Programs* is followed.

**A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).*

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Graduate Medical Education

**POLICY FOR GME TRAINEES ON THE LEARNING AND
WORKING ENVIRONMENT**

- **PROFESSIONALISM**
- **WELL-BEING**
- **FATIGUE MITIGATION**
- **TRANSITIONS OF CARE**
- **CLINICAL EXPERIENCE AND EDUCATION**

- I. Professionalism. University of Iowa Health Care recognizes that the GME program, in concert with UI Health Care, is responsible to educate GME learners and faculty about their professionalism duties, including their obligation to be appropriately rested and fit to provide patient care.

In this policy, the terms learner, trainee, house staff member, resident and fellow may be used interchangeably.

- A. *Objectives*. Professionalism education must occur:

- Via an appropriate mix of supervised patient care duties, clinical teaching and didactic educational events;
- Without excessive reliance on GME learners to fulfill non-physicians duties; and
- While ensuring manageable patient care responsibilities.

- B. *Program Director Duties*. In partnership with UI Health Care, it is incumbent on the Program Director to provide a culture of professionalism that supports both patient safety and personal responsibility.

- C. *Learner and Faculty Member Duties*. The GME learner and program faculty members

1. Must recognize their personal roles in the:

- a. Provision of patient- and family-centered care;
- b. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
- c. Assurance of their fitness for work, including:
 - 1) Management of their time before, during and after clinical assignments;
 - 2) Recognition of impairment, including from illness, fatigue and substance abuse in themselves, their peers and other members of the health care team (as resources, see the *GME Transportation Policy and the GME Policy on Substance Abuse Identification and Intervention*);
 - 3) Commitment to lifelong learning;
 - 4) Monitoring of patient care improvement indicators; and
 - 5) Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

2. Must understand when it is appropriate to transition patient care to another qualified and rested provider. It is recognized that this requires a responsiveness to patient needs that supersedes self-interest.

- D. *Programs and UI Health Care*. The GME work and learning environment must be professional, respectful and civil, free from mistreatment, abuse or coercion of all members of the healthcare team, including students, residents/fellows, faculty and staff.

1. *Supporting Policies*: The policies of the University of Iowa and UI Health Care strictly forbid a hostile work environment, harassment and/or retaliation. Policies and reporting venues include, but are not limited to the lists below.

- a. Due Process - GME maintains guidelines for a system of due process through its *Statement of House Staff Member Concerns*, supported by the UI Health Care Bylaws.
- b. UI Health Care and University of Iowa policies providing due process, supporting non-retaliation, non-discrimination, and a non-hostile work environment and preventing harassment.
- c. Confidential reporting of concerns about unprofessional behavior can occur in various ways and may result in investigation and produce remedies specific to the situation, as appropriate. Reporting bodies include, but are not limited to the following:
 - 1) UI Health Care HELPLine;
 - 2) Program Director;
 - 3) GME Office (GME Director and/or DIO/Associate Dean);
 - 4) GMEC;
 - 5) UI Health Care Compliance Office;
 - 6) UI Equal Opportunity and Diversity Office;
 - 7) UI Health Care HR; and/or the
 - 8) University of Iowa Ombuds Office

II. Well-Being. It is recognized that learners and faculty in GME programs are at risk for burnout and depression in the complex health care environment. Care of their psychological, emotional and physical well-being is essential to their ability be resilient and, in turn, to provide care competently and compassionately.

- A. *Responsibility*. Programs, supported by UI Health Care, must address the importance of well-being for physicians. To do this, the following must occur:
 - 1. Efforts made to emphasize that the following are important to being a physician:
 - a. Protecting time with patients;
 - b. Minimizing non-physician obligations;
 - c. Providing administrative support;
 - d. Promoting progressive autonomy and flexibility; and
 - e. Enhancing professional relationships.
 - 2. Attention given to:
 - a. Scheduling;
 - b. Work intensity; and
 - c. Work compression that impacts resident well-being.
 - 3. Evaluation of and addressing:
 - a. Workplace safety data; and
 - b. The safety of learners and faculty.
 - 4. Implementation of policies and training programs that:
 - a. Encourage optimal learner and faculty well-being;
 - b. Give the learner the opportunity to attend medical, mental and dental health appointments, including those scheduled during work hours (see the *Policy for GME Trainees on Paid Time Off (PTO) and Leaves of Absence* – part of the *Statement on House Staff Stipends and Benefits*); and
 - c. Allow the learner to be absent (and have coverage) for concerns including but not limited to fatigue, illness, and family emergencies (see the *Policy for GME Trainees on Paid Time Off (PTO) and Leaves of Absence* – part of the *Statement on House Staff Stipends and Benefits*). Time off required for these or other reasons specified in the UI Health Care GME Time-Off policy shall be used by the learner without fear of negative consequences for the trainee who is unable to provide clinical work.
 - 5. Education of GME trainees and faculty to:
 - a. Identify the symptoms of burnout, depression, suicidal ideation, violence potential, and substance abuse in themselves and others; and
 - b. Be aware of resources, tools and/or self-screening available, who to contact and how to seek appropriate care for such concerns, including access to confidential and affordable mental health assessment, counseling, and treatment for urgent and emergent needs, 24x7.

III. Fatigue Mitigation.

A. *Programs must:*

1. Educate all faculty and GME learners:
 - a. to recognize the signs of fatigue and sleep deprivation; and
 - b. in alertness management and fatigue mitigation processes.
2. Encourage all GME learners to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning; and
3. Ensure continuity of patient care, consistent with when concerns (as referenced in 2.4.c. above) occur due to fatigue (as well as illness or family emergency).

B. *The programs, in concert with UI Health Care, must provide:*

1. Adequate sleep facilities (such as call rooms dedicated to house staff and rest areas including the House Staff Lounge), and/or
2. Safe transportation to safely return home when trainees are too fatigued (see the *GME Transportation Policy*).

IV. Transitions of Care (Transitions of Care, Clinical Responsibilities, and Teamwork).A. *Transitions of care must:*

1. Occur in a program-designed clinical assignment that optimizes transitions in patient care, including their safety, minimal and/or appropriate frequency, and structure;
2. Monitor effective, structured handover processes as ensured by the program and UI Health Care to facilitate continuity of care and patient safety;
3. Be performed by trainees whose programs ensure that they are competent in communicating with team members in the handover process;
4. Occur within schedules developed and communicated by programs at all clinical sites such that attendings and trainees are appropriately informed about their responsibility to care for patients; and
5. Assure continuity of patient care, as defined by program policies and procedures, to back up a trainee who is unable to perform patient care duties due to fatigue, illness or family emergency.

B. *Clinical responsibilities must be based on the following (and as further defined by the applicable RRC):*

1. PGY level;
2. Patient safety;
3. Trainee ability;
4. Severity and complexity of the patient's illness/condition; and
5. Available support services.

C. *Teamwork means that trainees must:*

1. Care for patients in an environment that maximizes effective communication; and
2. Be trained as a member of effective interprofessional teams that are appropriate to the specialty's delivery of care and within the larger health system.

V. Clinical Experience and Education. Programs, in concert with support from UI Health Care, are responsible to create an effective program structure that provides learners with educational and clinical experiences while affording them reasonable opportunities for rest and personal activities. Note: Program Directors must also adhere to any additional or varied duty hour limitations or requirements specified by their RRC standards.A. *Hours per week:* Clinical and educational work hours must:

1. Not exceed 80 hours per week when averaged over a 4-week period; and
2. Count all hours of the following:
 - a. In-house clinical and educational activities (time spent on both elective and required in-house educational activities must be counted)
 - b. Clinical work done from home
 - c. Night-float hours
 - d. Moonlighting
 - e. Additional hours that occur due to rare circumstances as occur pursuant to this policy

- B. *Time Free of Clinical Work and Education:* Reasonable opportunities for rest and personal well-being must be afforded. This means:
1. Eight (8) hours off between scheduled clinical work and education periods should be afforded to trainees;
 - a. Exception: There may be circumstances when trainees choose to stay to care for patients or return to the hospital with fewer than 8 hours free of clinical experience and education, but this must occur within the 80-hour limitation and one-day-off-in-seven requirement.
 2. Fourteen (14) hours free of clinical work and education must be afforded to trainees after 24 hours of in-house call; and
 3. One day in seven (1 in 7) free of clinical work and education must be scheduled for trainees, as follows:
 - a. The one-day-in-seven off is averaged over a 4-week period
 - b. At-home call cannot be assigned during this day off
 - c. Night-float cannot occur during this day off
- C. *Periods of Clinical Work and Education*
1. Twenty-four (24) continuous hours of scheduled clinical assignments must not be exceeded
 - a. Exception: Up to 4 hours of additional time may be used for activities related to patient safety (such as providing effective transitions of care and/or resident education); during these 4 additional hours, additional patient care must not be assigned to the learner)
 2. In-house call by learners must not be scheduled more frequently than every third night (when averaged over 4 weeks)
 3. Home call
 - a. must not be so taxing or frequent as to preclude rest or reasonable personal time
 - b. must be counted toward the 80-hour work week if the work done at home is clinical
 - c. must not occur on the 1 day off in 7 (when averaged over 4 weeks)
 - d. is not subject to the every third night limitation
 - e. allows a trainee to return to the hospital to provide direct care for new or established patients, and any return time is counted toward the 80-hour weekly maximum (travel time is not counted toward the 80-hour weekly maximum)
- D. *Exceptions:* In rare circumstances, and after handing off all other duties, a learner, may elect on his/her own initiative to remain at the site or return to home call (see V.C.3.f. above) in order to:
1. Provide care to a single severely ill or unstable patient;
 2. Provide humanistic attention to the needs of a patient or family; or
 3. Attend unique educational events
- Additional hours that occur due to these rare circumstances must be counted toward the 80-hour weekly limit.
- E. *10% Approved Duty Hour Expansion:* Not to exceed a maximum of 88 hours, a program may submit a rotation-specific petition for an up-to-10% expansion of their duty hours. Prior to expanding hours, expansion requests must be:
1. Rotation-specific
 2. Based on sound educational rationale
 3. Submitted by the Program Director to the GMEC and DIO for review and approval, and then
 4. Submitted to the appropriate RRC for review and approval
- F. *Moonlighting:*
1. Any moonlighting must not interfere with the ability of the trainee to achieve the program's goals and objectives
 2. Must be counted toward the 80-hour weekly limit
 3. Those not permitted to moonlight are PGY-1 house staff members and any trainee on a J-1 or J-2 visa.
 4. See also the UI Health Care Moonlighting Policy and Procedures for House Staff Physicians and Dentists

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Graduate Medical Education

POLICY REGARDING THE LEARNING AND WORKING ENVIRONMENT FOR GME TRAINEES

- **PATIENT SAFETY**
- **QUALITY IMPROVEMENT**
- **SUPERVISION AND ACCOUNTABILITY**

Purpose: This policy is aimed at creating and supporting a learning and working environment for medical and dental residents and fellows that promotes excellence in the safety and quality of care rendered to patients by trainees and faculty during their participation in a University of Iowa Health Care Graduate Medical Education (GME) program. Incorporating the importance of quality and safety into our GME programs goes beyond the present as we recognize that carrying forward that excellence into our learners' future practices is critically important to the patient care they will provide when they are unsupervised and themselves responsible to effect quality improvement measures.

In this policy, the terms learner, trainee, house staff member, resident and fellow may be used interchangeably.

- I. Patient Safety. GME at UI Health Care actively promotes patient safety, with both the learner and the faculty supervisor sharing responsibility for patient safety and the quality of patient care. The continuous overriding focus is on the safety, individual needs and humanity of the patients being cared for. Supervision, knowledge, skills and abilities factor into that focus. In that regard, practitioners must understand the limits of their knowledge and experience and seek assistance as required to provide optimal patient care. It is critical that residents and fellows, along with faculty members, work consistently in a well-coordinated manner with other health care professionals to achieve patient safety goals. Our GME learners must be able to demonstrate the ability to analyze the care they provide, understand their roles within the health care team, and play an active role in system improvement processes, carrying it forward into their unsupervised future practices. Programs must document that the following occur:
 - A. Safety Culture. UI Health Care's mission includes an ongoing willingness to deal with safety vulnerabilities. Through each program, UI Health Care has formal mechanisms in place which the programs document, such as assessments of the knowledge, skills and attitudes of our learners. Learners and faculty must communicate any needed areas of improvement.
 - B. Education on Patient Safety. Each residency and fellowship program at UI Health Care must provide formal educational activities that promote patient safety related goals, tools, and techniques. The program must tailor these activities appropriately for their learners and document and retain learner participation at the program level.
 - C. Patient Safety Events. Trainees, along with faculty and other health care team members, must know their responsibilities in reporting and how to report adverse events, near misses, and unsafe conditions at the clinical site; UI Health Care makes available to these individuals a summary of patient safety reports that occur. Additionally, learners must be involved in real or simulated interprofessional patient safety activities, including but not limited to root cause analyses that formulate and implement actions.
 - D. Resident Education and Experience in Disclosure of Adverse Events. Through its Compliance Office, UI Health Care discloses to patients (and, as necessary, families) when an adverse event has occurred. Residents must be included as participants in real or simulated disclosure events.
- II. Quality Improvement. Within each program, the following must be documented:

- A. *Education in Quality Improvement.* Residents and fellows must receive training and gain experience in the quality improvement process, including an understanding of health care disparities. This means that the program must provide quality-related goals, tools, and techniques for learners to achieve quality improvement goals, especially those related to health care disparities that affect their patients.
- B. *Quality Metrics.* In order to prioritize care activities and evaluate the success of improvement efforts, trainees and faculty member must have access to and therefore receive data on quality metrics and benchmarks related to their patient population.
- C. *Engagement in Quality Improvement Activities.* For learners to develop the ability to identify and institute sustainable systems-based changes to improve patient care, they must have the opportunity in their training program to participate in interprofessional quality improvement activities, which should include activities aimed at reducing health care disparities.

III. Supervision and Accountability.

- A. *Definition and Structure.* Supervision is required to provide safe and effective care to patients. It also ensures the learner's development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine and establishes a basis for continued professional growth. The attending is ultimately responsible for the care of the patient; still, every physician shares a responsibility and is accountable for their efforts in providing patient care. The training program, along with UI Health Care, defines, communicates and monitors a structured chain of responsibility and accountability as it relates to the supervision of all patient care at any training site. The policies of UI Health Care regarding supervision and accountability apply to all institutions to which a trainee rotates and are subject to ACGME and individual RRC requirements and/or other applicable accrediting or certifying bodies. Each program, regardless of accreditation, is required to follow such standards as applicable.
 - 1. *Attending:* Each patient must have an identifiable and appropriately credentialed and privileged physician or licensed independent practitioner (as specified by the applicable RRC), who is responsible and accountable for the patient's care.
 - 2. *Information Available about Attending:* The identity of the attending must be available to each trainee, faculty member, other health care team members and patients.
 - 3. *Roles:* Each patient must be informed by the learner and faculty member as to their roles in providing the patient with care.
- B. *Classification and Methods of Supervision.* The program must be able to demonstrate that the appropriate level of supervision exists for all learners, based on each learner's level of training and ability, as well as patient complexity and acuity. The Program must define when physical presence of a supervising physician is required. Teaching staff members determine the level of responsibility accorded to each trainee. On-call schedules for teaching staff and more advanced house staff members are structured to ensure that direct supervision is readily available to those on duty who require it.
- C. *Levels of Supervision.* The program must use the following classifications to determine appropriate learner supervision while providing for graded authority and responsibility:
 - 1. *Direct:* The supervising physician is physically present with the learner and during key portions of the patient interaction, or the supervising physician and/or patient is not physically present with the learner and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
 Note: PGY-1 residents must initially be supervised directly or as further defined by the applicable RRC.
 - 2. *Indirect:* The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the learner for guidance and is available to provide appropriate direct supervision.

3. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- D. *Assignment of Roles.* The Program Director and faculty must assign each learner the roles of progressive authority and responsibility, conditional independence, or a supervisory role in patient care. This means:
1. Evaluation of each learner guided by milestones must be performed by the Program Director.
 2. Delegation of portions of care to the trainee, based on the needs of the patient and skills of the learner, must be done by the supervising physician.
 3. Supervision by senior learners of junior learners must reflect the senior learner's progress toward independence, while it considers the needs of each patient and the skills of the individual residents or fellows involved.
- E. *Guidelines.*
1. Communication Required: Programs must set guidelines describing events and circumstances when a learner must communicate with the supervising faculty member.
 2. Limits on Learner's Scope of Authority: Each learner must know the limits of his/her scope of authority and under what circumstances action with conditional independence is permitted.
 3. Duration of Faculty Supervisory Assignments: A faculty member's supervisory assignment must be of sufficient duration to assess the knowledge and skills of each learner and to delegate to the learner the appropriate level of patient care authority and responsibility.

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Graduate Medical Education

STATEMENT ON HOUSE STAFF MEMBER CONCERNS

The University of Iowa Health Care strives to make the residency and fellowship experience as rewarding as possible for the physician and dentist in training. However, questions and concerns can arise during the training period. This Statement on House Staff Member Concerns provides a mechanism for house staff members to obtain answers to or resolve disputes or disagreements that arise with respect to the work environment, academic performance, issues related to the program or faculty or administrative matters. The mechanisms established in this Statement are aimed at minimizing conflicts of interest.

I. WORK ENVIRONMENT, ACADEMIC PERFORMANCE (INCLUDING NON-PROMOTION NOT DUE TO AN APPROVED LEAVE OF ABSENCE), PROGRAM/FACULTY ISSUES, AND ADMINISTRATIVE MATTERS. The following avenues are available for the house staff member to address/resolve concerns:

A. PROGRAM DIRECTOR:

All questions and concerns should first be directed to the Program Director or his/her designee. The Program Director or his/her designee will be best able to address most questions or concerns that arise.

B. GRADUATE MEDICAL EDUCATION OFFICE (GMEO) REVIEW:

Questions regarding benefits or other administrative matters, which cannot be answered by the Program Director or his/her designee, should be directed to the Graduate Medical Education Office (GMEO). Personnel in the GMEO can provide answers to many questions and can also direct house staff members to the appropriate source for assistance.

C. GME ADMINISTRATIVE REVIEW:

When the GMEO staff members cannot answer the question or resolve the issue, they will refer the house staff member to the Director of Graduate Medical Education (GME) and/or the Associate Dean/Associate Hospital Director for GME to review the matter. The house staff member will be required to meet with one or both of these individuals and present a written description of the concern or issue at hand.

D. CEO/DIRECTOR'S REVIEW:

If the house staff member is not satisfied with the response from the GME Administrative Review (and the concern is not a matter of departmental discretion), the house staff member may make a written request to the CEO/Director of UIHC to review the matter. The CEO/Director, or his/her designee, will review the matter and provide to the house staff member a written response, which is final. The CEO/Director may in his/her discretion refer the matter to the Graduate Medical Education Working Group (also known as the GME Committee or GMEC) or an ad hoc committee for its recommendation prior to review by the CEO/Director. The processing of matters of departmental discretion is further addressed in this policy under "Due Process and Grievance Procedure" (Section III).

II. GENERAL HOUSE STAFF CONCERNS.

A. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC):

General house staff member concerns may be communicated to members of the GMEC, pursuant to a charge of the GMEC to "provide a forum for house staff issues as expressed by the house staff representatives on the Working Group or by other house staff." GMEC members include elected house staff members, active clinical staff, Program Directors, GME administrative staff from UIHC, and administrators from the Carver College of Medicine. To obtain information about contacting

GMEC members, house staff members should contact the GMEO or any of their GMEC House Staff Representatives.

III. DUE PROCESS AND GRIEVANCE PROCEDURES. (SUSPENSION, DISCHARGE, DISCIPLINARY ACTIONS, NON-RENEWAL)

A. SUSPENSION OR DISCHARGE:

If a house staff member is suspended or discharged from a training program, the procedures specified in Article IV, Section 7 of the Amended and Restated Bylaws, Rules and Regulations of the University of Iowa Health Care and Its Clinical Staff will be followed. If notice of non-renewal of a contract is given less than three months before the expiration of the contract, the non-renewal shall be considered a discharge.

B. OTHER DEPARTMENTAL ACTIONS (OTHER THAN SUSPENSION OR DISCHARGE):

Other departmental actions include individual disciplinary actions by the Program or Department and non-renewal or non-promotion of a house staff member's contract. It should be noted that non-renewal and non-promotion require a written notice of intent no later than three months prior to the end of the resident's current agreement. The following review process shall be followed:

1. Departmental Committee Review:

The action will be reviewed by a Departmental Committee selected by the Program Director, if the house staff member requests such a review within 10 days of his or her becoming aware of the action, unless the house staff member has already been afforded an opportunity to present the information to such a Departmental Committee which prepared recommendations to the Program Director before the action and the house staff member has been informed of the Program Director's action in writing.

- a. Composition of Departmental Committee: The Departmental Committee described above will be composed of at least two active clinical staff members and one house staff member.
- b. Departmental Committee Recommendations: After its review, the Departmental Committee will submit its recommendations to the Program Director. If the Departmental Committee recommends a change in the action, the Program Director will then reconsider the action, giving due consideration to the Departmental Committee's recommendation.

2. Program Director's Decision:

Following receipt of the Departmental Committee's recommendations, the resulting decision of the Program Director shall be provided by the Program Director to the house staff member and to the CEO/Director of UI Health Care Medical Center Main Campus in writing and shall be final, unless the house staff member believes that the action could significantly threaten his or her intended career development (see Director's Review of Program Director's Decision, below). Actions will not be postponed while they are being reviewed, unless the Program Director in his/her discretion decides to do so.

3. CEO/Director's Review of Program Director's Decision:

If the house staff member submits a written request to the CEO/Director of UI Health Care Medical Center Main Campus within 10 days of receipt of the Program Director's written decision (described in III.B.2 of this policy) and the request includes the reasons for the belief that the action could significantly threaten the house staff member's intended career development, the CEO/Director will first determine if the alleged threat is significant and, if so, shall review the decision.

- a. Advice to CEO/Director: The CEO/Director may seek the advice of the Graduate Medical Education Committee, the Clinical Staff Affairs Subcommittee, and/or an ad hoc committee as part of the review.
- b. Notice and Final Decision:

- 1) Non-Renewals: If the action is non-renewal of a contract prior to completion of the training program, the decision of the CEO/Director shall be given to the house staff member and Program Director in writing and is final.
- 2) All Other Actions: For all other actions, if the CEO/Director approves the Program Director's decision, the decision of the CEO/Director shall be given to the house staff member and the Program Director in writing and is final. If the CEO/Director recommends that the Program Director modify the decision, the Program Director will then reconsider the action, in consultation with the CEO/Director; the resulting decision of the Program Director, with CEO/Director approval, shall be provided to the house staff member and the CEO/Director in writing and is final.

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Graduate Medical Education

GME Policy on Substance Abuse Identification and Intervention

-House Staff-

University of Iowa Health Care and its Clinical Staff operate under their Amended and Restated Bylaws, Rules and Regulations which provide a mechanism to intervene on behalf of patient care and to assist the impaired clinical staff member (dentist or physician). Substance abuse carries significant personal risk to the individual clinical staff member as well as to the staff member's patients. Chemical dependency (substance abuse) is a medical disease, and some clinical departments may have greater risks because of the availability of potent drugs. A significant prevalence of alcoholism among professional groups, including physicians, also implies a clear need for careful crisis intervention. (See Appendix A, "Risks of Abuse in Physicians").

The following policy is designed to provide guidance and consistency to the assessment and handling of house staff member work-related performance problems associated with substance abuse.

Step 1: PROGRAM DIRECTOR RECEIVES WORK-RELATED PERFORMANCE PROBLEM INFORMATION FROM STAFF, STUDENTS OR PATIENTS: The Program Director may receive reports of alleged or actual house staff member substance abuse regarding work-related performance problems (See Appendix B, "Signs, Symptoms and Considerations in Identifying Potential Chemical Dependency").

Prior to approaching the house staff member with the substance abuse work-related performance problem information, the Program Director should consult with his or her Clinical Service Head, the Director of GME, the Associate Dean/Associate Hospital Director of GME, and UIHC legal counsel (or, in their absence, the designee of each). These individuals will identify resources available to conduct an investigation, if necessary. The investigation may include pharmacy audits, consultations with the Department of Psychiatry and other relevant investigational tools.

In the event that a house staff member **voluntarily** identifies substance abuse work-related performance problems, the Program Director should follow the procedures outlined in this policy beginning with **Step 3**.

Step 2: PROGRAM DIRECTOR DISCUSSES WORK-RELATED PERFORMANCE PROBLEMS WITH HOUSE STAFF MEMBER: The Program Director will notify the house staff member with the allegations of potential substance abuse, framing the discussion in the context of information received related to work performance problems. The Program Director has the discretion to determine that a substance abuse problem does not exist and what, if any, further action is warranted.

If the house staff member indicates a desire to terminate discussions of this nature with the Program Director, s/he may do so at anytime during the conversation.

Step 3: PROGRAM DIRECTOR ASSESSES THE ACCEPTANCE OR DENIAL OF THE ALLEGED SUBSTANCE ABUSE PROBLEM. Step 4 or Step 5 is then followed as appropriate.

Step 4: ACCEPTANCE – HOUSE STAFF MEMBER AGREES THAT HE/SHE HAS A SUBSTANCE ABUSE PROBLEM.	Step 5: DENIAL – HOUSE STAFF MEMBER DENIES THAT HE/SHE HAS A SUBSTANCE ABUSE PROBLEM.
<ol style="list-style-type: none"> 1. The Program Director notifies the Clinical Service Head, the GME Director, the GME Associate Dean, UIHC legal counsel and other entities as required (or they designee), including but not limited to the UI Administration and, as appropriate, the Iowa Board of Medicine (IBOM). 2. The house staff member seeks intervention and is entered into a treatment program with the expenses borne by the UIHC. The Program Director, the Clinical Service Head, the Director of GME and the Associate Dean of GME must approve the treatment program. The house staff member is encouraged to self-report the substance abuse problem to the IBOM if he/she has not already done so. 3. The Program Director will decide whether or not the house staff member may re-enter the program, contingent upon considerations including but not limited to the nature of the work-related performance problem, year in training, the effect on the training program, licensing board limits, etc. To re-enter, the Program Director must document that the treatment has been effective, that he/she has received reports on the house staff member's progress while in the treatment program, that the house staff member is in compliance with the treatment program, and that the house staff member is willing to adhere to an aftercare program. 4. If the house staff member is allowed to re-enter the program, the Program Director will monitor the house staff member's compliance with the aftercare program, as set forth by the prescribed treatment program. 5. If a relapse occurs, the aftercare program is not followed or if there is a recurrence of the work-related substance abuse problem, the Program Director may: <ol style="list-style-type: none"> a. terminate the house staff member immediately and rehabilitation is not provided at the expense of UIHC; or b. show evidence to and obtain a finding from the Graduate Medical Education Committee (or a body designated by the Graduate Medical Education Committee) that this is an isolated incident following a substantial period of compliance. In this instance, a second rehabilitation may be provided by UIHC. If a relapse occurs, the aftercare program is not followed or if there is a recurrence of the work-related substance abuse problem after this second rehabilitative attempt, the house staff member must be terminated from the program by the Program Director, and no third rehabilitation shall be provided by UIHC. 	<ol style="list-style-type: none"> 1. The Program Director documents his/her discussion with the house staff member, including the house staff member's denial that a problem exists. 2. The Program Director provides copies of all relevant documentation to the Clinical Service Head, the GME Director, the GME Associate Dean and UIHC legal counsel. The Program Director must also notify the Iowa Board of Medicine (IBOM), as required. 3. The Program Director shall not require the house staff member to submit to a drug test without first consulting with UIHC legal counsel to determine if sufficient evidence exists to satisfy a reasonable suspicion standard for drug testing. In considering whether a house staff member should be required to submit to a drug test, the Program Director must be aware that there are many other strong indicia, other than drug testing, that can point to the existence of a substance abuse problem and that a negative test result does not conclusively indicate the absence of a substance abuse problem. If a drug test result is positive, and it is the house staff member's first offense, he/she cannot be terminated but must be offered entry into an evaluation and treatment program. If the Program Director does not have sufficient grounds to request entry into a treatment program or termination, no further action will be taken. However, the Program Director will continue to monitor the house staff member's performance. If suspected substance abuse problems persist or if further allegations emerge, the Program Director will return to Step 2. 4. Termination from the program must result if: <ol style="list-style-type: none"> a. the house staff member <u>is required and refuses</u> to submit to a drug test; b. the house staff member agrees to a drug test, the test result is positive <u>and</u> the house staff member refuses to enter treatment; c. the house staff member does not successfully complete a substance abuse treatment program; d. sufficient information exists regarding substance abuse related work performance problems to terminate the house staff member; e. after an <u>initial</u> rehabilitative attempt, a relapse occurs, the aftercare program is not followed or a recurrence of the work-related substance abuse problem occurs and there is an isolated incident following a substantial period of compliance; or f. there is a recurrence of the work-related substance abuse problem after a <u>second</u> rehabilitative attempt.

Note: If the house staff member is terminated, then all provisions of the Statement on House Staff Member Concerns will apply. The Program Director must notify the Director of GME, the Associate Dean of GME and the UIHC legal counsel of the termination. The Program Director must also notify the IBOM and University Administration of the termination. The house staff member will be afforded due process as outlined in Article IV, Section 7 of the University of Iowa Hospitals and Clinics *Amended and Restated Bylaws, Rules & Regulations*. If termination does not result, the Program Director will continue to monitor the work performance of the house staff member and may re-visit the steps of this policy if problems persist or recur.

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