Graduate Medical Education (GME) is the training of Residents and Fellows. In this manual the term “Resident” refers to both specialty Residents and subspecialty Fellows.

This manual does not constitute a contract with the University of Colorado School of Medicine (CU SOM) Graduate Medical Education program, either expressed or implied and the school reserves the right at any time to change, delete, or add to any of the provisions at its sole discretion.

Updates to this manual are included in the online version. Please refer to the website for the most current information-www.medschool.ucdenver.edu/gme.
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Welcome from the GME Office

Welcome to the University of Colorado School of Medicine Graduate Medical Education Programs! We are happy to have you join us for your training. We know that you will help continue the standards of excellence in patient care, teaching and research established by our programs.

The faculty of your residency or fellowship program will provide most of your orientation to our University community. The purpose of this manual is to provide details on items referred to in the GME Training Agreement and to help you understand the overall organizational structure and facilities of the University of Colorado School of Medicine and its affiliated hospitals. In addition, it describes the policies and procedures that will assist you during your years as a trainee in this program. More extensive information about GME as well as this manual can be found at: www.medschool.ucdenver.edu/gme.

If questions arise that cannot be answered by someone within your program/department, please do not hesitate to contact the staff in the Office of Graduate Medical Education at 303-724-6031. We have a small group of dedicated people who specialize in solving your problems.

We welcome you to our stimulating and educationally outstanding residency and fellowship programs.

Carol M. Rumack, M.D.
Associate Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)
Professor of Radiology and Pediatrics

Graduate Medical Education
Bldg. 500, Room N4223
Campus Mail Stop C-293
13001 E. 17th Place
Aurora, CO 80045

303-724-6031 (phone)       Office Hours
303-724-6034 (FAX)          Monday-Friday
www.medschool.ucdenver.edu/gme 8:00 a.m. to 5:00 p.m.
Welcome from the Housestaff Association

Welcome to Colorado!

The Housestaff Association of the University of Colorado Hospitals is the designated organization that represents all Residents at the University of Colorado School of Medicine. The Housestaff Association (HSA) is not a union, but a nonprofit corporation whose mission is to represent housestaff* as a group. We urge you to get involved. As an individual, your input is welcome and encouraged.

Annually each clinical department elects a representative and an alternate to the HSA Executive Committee, and three fellows are selected (one each from the medical, surgical and pediatric fellowships). Representatives alert us to concerns from programs. The HSA Executive Committee meets monthly and representatives serve on administrative committees which address system problems, patient care, the work environment, the educational experience at all sites, as well as stipends and benefits. Improvements in working conditions through duty hour monitoring, professionalism reporting mechanisms, food availability and meal subsidies, security and stipend increases are the direct result of our efforts. The HSA addresses Resident issues as they arise including educational matters within training programs. Officers serve as liaisons to the University of Colorado School of Medicine, the Affiliated Hospitals (all the sites where you rotate), and other entities as necessary.

Our independent annual housestaff survey provides confidential feedback, allowing us to advocate to administration and faculty on behalf of housestaff. All Residents benefit from the representation of the Association. For more information, call 303-724-3039 or email Sally.Robben@ucdenver.edu. Please visit the Housestaff Association website.

The Housestaff Association's strength and future success are solely dependent upon the active involvement and membership of houseofficers. Membership enrollment is crucial, providing us the ability to influence and request improvements. Without the support of Residents, the HSA would not exist. Dues are reasonable and they keep our organization viable. Please do your part! Support your resident organization. Become a member now!

Again, welcome!

We hope you find the coming year to be a valuable educational experience.

The Officers and Executive Committee Members
Housestaff Association of the University of Colorado Hospitals

*In accordance with the ACGME definitions, CU GME uses the term “Resident” (not housestaff) to include Intern, Resident and Fellow. The Housestaff Association will continue to use the term “housestaff.”
Institutional Organization
University of Colorado Anschutz Medical Campus

At its first session in 1861, the Territorial Legislature of Colorado passed an act providing for a state university at Boulder. The Civil War, however, delayed the University’s formal founding until 1876 - the same year Colorado became the Centennial State. Between those two dates, Boulder donated land south of town and matched $15,000 from the Legislature to build the first university building, Old Main. The University opened its doors in September 1877 with 44 students, the president and one instructor.

Today, the University of Colorado System consists of four campuses: the Anschutz Medical Campus, Boulder, Colorado Springs and Denver. In recent years, the health sciences programs relocated to the Anschutz Medical Campus from the 9th Avenue and Colorado Boulevard in Denver. Health sciences programs were offered at the 9th Avenue location since 1924 on land donated by Frederick Bonfils, co-founder of The Denver Post. The new Anschutz Medical Campus is located on the former Fitzsimons Army Medical Center. Enrollment is nearly 5,000 including five health professional schools, the graduate school and the graduate medical education component of the School of Medicine. Also on the campus are two of the medical school’s affiliate hospitals, University of Colorado Hospital and Children’s Hospital Colorado. The Veterans Administration hospital plans to open on adjacent land in 2016. The campus also houses the National Cancer Institute-designated University of Colorado Cancer Center and a constellation of other research and treatment institutes and centers.

As the major health research base in Colorado, the Anschutz Medical Campus received more than $400 million in research and training grants in FY 2012-2013 to advance knowledge of biomedical sciences through basic and translational research. Ultimately, the goal is to transfer research outcomes from laboratory bench to patient bedside, improving health care and health education for all.

The Anschutz Medical Campus with its classrooms, research labs and patient care facilities, is designed and dedicated to:

- improving how health care professionals are educated;
- embracing the challenges of research;
- reinventing the delivery of health care, and
- putting compassion into action through community service.
The University of Colorado School of Medicine is affiliated with five teaching hospitals where Residents obtain most of their graduate medical education. In addition to these five core hospitals, some programs maintain affiliations with other hospitals where their Residents rotate.

The affiliated hospitals are committed to educating Residents while maintaining excellence in patient care. While at the hospital, you will obtain invaluable clinical experiences. Patients and families welcome your participation in their care with the expectation that they will be treated with respect and dignity and that information concerning their care will be handled confidentially.

At each institution a contact person is responsible for the administration of the training program. Your Program Director/Coordinator will inform you of the contact person. Questions pertaining to the administrative operation of any of the hospitals should be directed to the GME Liaison listed below. While on duty at the institution, you will be provided with suitable on-call rooms and food, a safe place to keep your belongings, and appropriate security and personal safety measures.

### Five Core Affiliated Teaching Hospitals

**University of Colorado Hospital**  
Anschutz Medical Campus  
12605 East 16th Avenue  
Aurora, CO 80045  
720-848-0000 www.uch.edu  
GME Liaison: Greg Stiegmann, MD  
Greg.Stiegmann@ucdenver.edu  
303-724-2790

**Children's Hospital Colorado**  
Anschutz Medical Campus  
13123 East 16th Avenue  
Aurora, CO 80045  
720-777-1234 www.childrenscolorado.org  
GME Liaison: Lindsey Lane, BM, BCh  
Lindsey.Lane@childrenscolorado.org  
720-777-4639

**Denver Health Medical Center**  
777 Bannock St  
Denver, CO 80204  
303-436-6000 www.denverhealth.org  
GME Liaison: J. Chris Carey, MD  
J.Chris.Carey@dhha.org  
303-602-9715

**Veterans Affairs Medical Center**  
1055 Clermont Street  
Denver, CO 80220  
303-399-8020 www.va.gov  
GME Liaison: Thomas Meyer, MD  
Thomas.meyer@va.gov  
303-266-9636

**National Jewish Health**  
1400 Jackson Street  
Denver, CO 80206  
303-388-4461 www.nationaljewish.org  
GME Liaison: Sheila C. Tsai, MD  
tsais@njhealth.org  
303-270-2721
Office of Graduate Medical Education

The Office of Graduate Medical Education assists the GMEC by providing educational, technical and administrative expertise to individual training programs. The Office of Graduate Medical Education also coordinates administrative details related to program accreditation resident payroll, benefits, etc. General activities include:

Carol M. Rumack, MD, FACR
Professor of Radiology & Pediatrics
Associate Dean for Graduate Medical Education GME
ACGME Designated Institutional Official (DIO)
Chair, Graduate Medical Education Committee
Carol.Rumack@ucdenver.edu

Alyssa Alderman
Assistant to Carol M. Rumack, MD
Alyssa.Alderman@ucdenver.edu
303-724-6027

Finance and Administration

Alicia Christensen, JD, MS
Director, Finance & Administration
Alicia.Christensen@ucdenver.edu, 303-724-6025
- Daily Operations
- Licensure
- Funding
- Disciplinary Actions
- External Rotations (incl. International)

Nancy McKay
Assistant Director, Finance & Administration
Nancy.McKay@ucdenver.edu, 303-724-6028
- Educational Funds
- Resident Charge Sheets
- International Medical Graduates/ECFMG
- National Residency Match Program

Alisha Horton
Payroll Administrator
Alisha.Horton@ucdenver.edu, 303-724-6029
- Payroll (incl. Additional Pay)
- Certificates
- New, Continuing, & Exiting Resident Lists

Kelly Knight
GME Administrative Assistant
Kelly.Knight@ucdenver.edu, 303-724-5918
- Loan Deferments/Forbearances
- Malpractice Confirmations
- Verification of Training Status

Residency Management System Administration

Allison Glover
Residency Management System Administrator
Allison.Glover@ucdenver.edu, 303-724-6030
- Residency Management Software Training
- Electronic Evaluations and Surveys
- Education Training Modules
- IRIS reporting

Jess Montaño
Software Support Specialist
Jess.Montaño@ucdenver.edu, 303-724-7840
- Residency Management Software Support
- GME Website Support
- MedHub Onboarding
- LAN Administrator

Resident Benefits

Dee Fetter
GME Benefits Program Director
Dee.Fetter@ucdenver.edu, 303-724-6024
- Resident Benefits
- Leaves of Absence

Dee Fetter
GME Benefits Program Director
Dee.Fetter@ucdenver.edu, 303-724-6024

Accreditation, Compliance and Education

Tamara Echter
Accreditation and Compliance Program Director
Tamara.Echter@ucdenver.edu, 303-724-6033
- Anesthesiology
- Medicine
- Neurosurgery
- OB/GYN
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Surgery
- Pathology
- Psychiatry
- Radiology
- Surgery
- Internal Medicine
- PM&R
- Radiation Oncology

Karen Potter, MEd
Accreditation and Compliance Program Director
Karen.Potter@ucdenver.edu, 303-724-6026
- Anesthesiology
- Medicine
- Neurosurgery
- OB/GYN
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Surgery
- Pathology
- Psychiatry
- Radiology
- Surgery
- Internal Medicine
- PM&R
- Radiation Oncology

Directors of Accreditation & Compliance Shared Responsibilities:
- ACGME Resident/Faculty Surveys
- Annual Program Evaluations/Reports
- ACGME Site Visits

Cindy Chavez
Accreditation & Compliance Coordinator
Cynthia.Chavez@ucdenver.edu, 303-724-5808
- Administrative Support for Accreditation & Compliance
- Coordinating Special Reviews
- PLAs
Clinical Training Programs

ACGME-Accredited Programs

Addiction Psychiatry  
Adolescent Medicine  
Adult Cardiothoracic Anesthesiology  
Allergy and Immunology – Adult  
Allergy and Immunology – Child  
Anesthesiology  
Blood Banking/Transfusion Medicine  
Cardiovascular Disease  
Child Abuse  
Child & Adolescent Psychiatry  
Child Neurology  
Clinical Cardiac Electrophysiology  
Congenital Cardiac Surgery  
Cytopathology  
Dermatology  
Dermatopathology  
Developmental-Behavioral Pediatrics  
Endocrinology, Diabetes & Metabolism  
Epilepsy – Child  
Family Medicine – Rose  
Family Medicine – Swedish  
Family Medicine – University  
Forensic Pathology  
Forensic Psychiatry  
Gastroenterology  
Geriatric Medicine  
Hematology & Medical Oncology  
Hematology Pathology  
Hospice & Palliative Medicine  
Infectious Disease  
Internal Medicine  
Interventional Cardiology  
Internal Medicine/Pediatrics  
Medical Genetics  
Neonatal-Perinatal Medicine  
Nephrology  
Neurological Surgery  
Neurology  
Neuromuscular Medicine  
Neuroradiology  
Obstetrics & Gynecology  
Ophthalmology  
Orthopaedic Surgery  
Orthopaedic Hand Surgery  
Orthopaedic Spinal Surgery  
Orthopaedic Sports Medicine  
Otolaryngology  
Oncology  
Pediatrics  
Pediatric Critical Care Medicine  
Pediatric Emergency Medicine  
Pediatric Endocrinology  
Pediatric Gastroenterology  
Pediatric Hematology/Oncology  
Pediatric Infectious Diseases  
Pediatric Orthopaedics  
Pediatric Otolaryngology  
Pediatric Rehabilitation  
Pediatric Pathology  
Pediatric Pulmonary Medicine  
Pediatric Radiology  
Pediatric Surgery  
Pediatric Urology  
Pediatrics  
Physical Medicine & Rehabilitation  
Plastic Surgery  
Preventive Medicine – General  
Procedural Dermatology  
Psychiatry  
Psychosomatic Medicine  
Pulmonary Disease and Critical Care Medicine  
Radiation Oncology  
Radiology – Diagnostic  
Rheumatology  
Sleep Medicine  
Spinal Cord Injury Medicine  
Sports Medicine  
Surgery – General  
Surgical Critical Care  
Thoracic Surgery  
Transplant Hepatology  
Urology  
Vascular & Interventional Radiology  
Vascular Neurology  
Vascular Surgery

Non-ACGME Accredited Programs

Addiction Medicine  
Adult Reconstruction  
Advanced Adult Congenital Cardiology  
Advanced Cardiac Imaging  
Advanced Heart Failure  
Advanced Neonatology Research  
Advanced Pediatric Allergy & Immunology  
Advanced Pediatric Cardiology  
Advanced Infectious Disease Research  
Advanced Therapeutic Endoscopy  
Allergy/Immunology Adult Research  
Behavioral Neurology and Neuropsychiatry  
Burn Fellowship  
Cardiology Fellowships  
Cardiothoracic Radiology  
Clinical Biochemical Genetics  
Clinical Cytogenetics  
Clinical Molecular Genetics  
Cornea, External Disease & Refractive Surgery  
Developmental Therapeutics  
Endocrine Research  
Epilepsy – Adult  
Gastroenterology Research  
Gastrointestinal Cancer Clinical/Translational Research  
Geriatric Research  
Gynecologic Oncology  
Immunodermatology  
Maternal-Fetal Medicine  
Mechanical Cardiac Support & Cardiac Transplant (Peds)  
Mycobacterial Infections  
Movement Disorder  
Multiple Sclerosis  
Nephrology Research  
Neurointerventional Radiology  
Neurological Surgery Critical Care  
Neuro Oncology  
Pediatric Clinical Hematology  
Pediatric Dermatology  
Pediatric Gastroenterology Research  
Pediatric Hematology/Oncology Research  
Pediatric Hospital Medicine  
Pediatric Infectious Diseases Research  
Pediatric Nutrition  
Pediatric Pulmonary Research  
Pediatric Surgery Research  
Pediatric Urology Research  
Primary Care Research  
Pulmonary Disease and Critical Care Research  
Reproductive Endocrinology  
Rheumatology Research  
Surgical Pathology  
Thoracic Oncology Clinical & Translational Research  
Thoracic Transplant  
Transplant Surgery  
Trauma and Acute Care Surgery
Departmental Lines of Authority and Oversight

Residents are responsible to their Program Director for all matters pertaining to the professional care of patients; they are responsible to the administrator of the hospital for all matters of administration. Residents are active in the teaching program for medical students. Residents will adhere to the arrangement announced in the roster compiled by each Program Director at the beginning of each change of service. Each Resident is responsible for being available at all times for patient care, according to the call schedule. Failure of performance of duty will first be brought to the attention of the Chief Resident of the service. Any violation of prescribed duties regarding patient care or other responsibilities should be reported to the Program Director, Department Chair, or Division Head.

The Graduate Medical Education Committee (GMEC) is responsible for ensuring compliance with Accreditation Council for Graduate Medical Education (ACGME) regulations for institutional sponsorship of individual training programs. This committee is a standing committee of the School of Medicine and is chaired by the Associate Dean for Graduate Medical Education. The GME Committee includes Program Directors, Affiliated Hospital Representatives and Residents peer selected from the Housestaff Association. The Executive Advisory Committee consists of Surgery, Internal Medicine, Psychiatry, and Pediatric Program Directors who meet monthly with Dr. Rumack to address critical issues.

The GME Affiliated Hospitals Steering Committee consists of representatives from the core hospitals that fund the graduate medical education costs. Acting within this framework, it is the responsibility of the clinical Department Chairs, Program Directors and the Medical Directors of the affiliated hospitals to establish and carry out all educational and training programs essential to qualify residents and fellows under their direction for competency in a specific clinical discipline.
Benefits
Benefits Summary

Subject to enrollment and verification of eligibility, the following benefits are available to Residents through the University of Colorado School of Medicine Graduate Medical Education. These are the benefits for the current plan year (July 1 - June 30). The new Plan year begins July 1 and some changes may occur. Detailed and updated benefit information is posted at www.medschool.ucdenver.edu/gme.

The first day of coverage eligibility for CU GME benefits is the Resident’s individual training agreement effective date with the University of Colorado Graduate Medical Education Programs. If interim coverage prior to this first day of coverage eligibility is desired, Residents may choose to purchase coverage such as continuation of coverage through previous insurance carrier (e.g. COBRA), an individual interim insurance plan, or the Health Insurance Marketplace (www.healthcare.gov).

HEALTH INSURANCE
• In or out-of-network reimbursement options
• Prescription drug program
• No pre-existing conditions clause
PREVIEW your coverage BEFORE you use it. Plan document, amendments, provider directory and benefit updates are on the website.

DENTAL INSURANCE
• Preventive, basic and major dental service levels
• Deductible ($50 per person/$100 per family) waived for preventive services

DISABILITY INSURANCE
• Monthly disability benefits payable beginning the 91st day of eligible disability
• Monthly benefit based on PGY level. See website for details.
• Coverage available only to Resident (no monthly premium contribution)

LIFE INSURANCE
• $50,000 group term life insurance
• Additional $50,000 for accidental death or dismemberment
• Terminally ill accelerated benefits
• Coverage available only to Resident (no monthly premium contribution)
Remember to verify and update beneficiary information with GME as changes occur.

VISION
Optional vision plan with nationwide company is available to Residents and their dependents through payroll deduction. (Health plan does not cover routine eye exams, glasses, contacts.)

FLEXIBLE SPENDING REIMBURSEMENT ACCOUNTS
Optional participation in an FSA, an IRS Section 125 Flexible benefit plan, is available. FSAs allow pre-tax deduction from your stipend to use for payment of eligible out-of-pocket health care and/or dependent care expenses. For further information on Flexible Spending Accounts, contact CU Employee Services at 303-860-4200.
Benefits Summary

TAX DEFERRED SAVINGS PLANS

Residents with the CU SOM GME are eligible to participate in an optional 403(b) or 457 tax-deferred investment program.

- Accumulate money for retirement
- No income taxes on contribution made or interest earned until money is withdrawn from the investment program
- Reduce current taxable income

For further information on tax-deferred investments, contact CU Employee Services at 303-860-4200.

DISCOUNT OFFERS

The CU SOM GME Residents may utilize employee discount offers available through CU Denver Human Resources. Check the Human Resources website at: http://www.ucdenver.edu/about/departments/HR/EmployeeDiscount/Pages/index.aspx.

Check often because it changes frequently. The site may offer loan incentives, new housing incentives, fitness club discounts, etc.
Privacy Provisions When Residents Receive Medical Care

1. The Resident has the right to personal informational privacy and to receive care and treatment that is respectful, recognizes personal dignity, and provides for personal privacy to the extent possible during the course of treatment.

2. The Resident has the right to choice in faculty members who will participate in their care, and may refuse the care of any physician.

3. The Resident has the right to specify whether other Residents/Fellows and or medical students will participate in their care.

4. The Resident has the right to be interviewed and examined in reasonable privacy.

5. Any discussion involving the care of a Resident will be conducted discreetly. The Resident has the right to request persons not directly involved in the care will not be present at such a discussion or consultation (including M&Ms).

6. The Resident’s medical records will be read only by individuals directly involved in their treatment, including those who monitor its quality. Others may read the Resident’s medical records only with the Resident’s written permission, or that of a legally authorized representative of the Resident.

7. All communications and records pertaining to the Resident’s care, including the source of payment for treatment, will be treated as confidential.

8. The Resident is entitled to all other Patient Rights identified by the participating facility.
Pagers

The CU SOM GME and Affiliated Hospitals provide alphanumeric pagers for all Residents. Each Resident will retain the assigned pager number for the duration of training. The GME Office Staff and the Office of Information Technology (OIT) will administer the pager program for Residents. Each pager is allowed one free battery per month.

The point of contact for GME pager maintenance, replacement of lost, stolen or damaged pagers, and pick-up of replacement batteries is:

**Anschutz Medical Campus-Office of Information Technology (OIT)**

Bldg. 500, 4th Floor
Window area near Room Q20-C4004
Monday through Friday
7:30 a.m. – 4:30 p.m
303-724-0400

Monthly replacement batteries for GME-issued pagers also are available at:

- **University of Colorado Hospital** — Operators Office Leprino Bldg, 7th Floor, Room 715
- **Denver Health Medical Center** — At Nursing Units (if available)
- **Children’s Hospital Colorado** — PBX Office, Lower Level, Room AO105
- **VA Medical Center** — Fire Command Center next to Admissions (must have VA ID)
- **Rose Medical Center** — PBX station Basement

Pager batteries may be available in your department. Check with your training Program Coordinator. Upgrades to 2-way devices are not provided by the GME office.

**How to send a message to an alphanumeric pager:**

All pagers issued by the University of Colorado School of Medicine start with 303-266. The paging company is USA Mobility. You can e-mail USA Mobility alphanumeric pagers by addressing a message to 3032661234@usamobility.net, where “1234” are the last four digits of the person’s pager number.

You may also send a message via USA Mobility’s webpage: www.usamobility.com. Click on the “Send A Message” link in the center of the top of the page and follow instructions.

**USA MOBILITY**

**PAGER FORWARDING INSTRUCTIONS:**

To forward pages to another paging device, persons can call the pager office or USAMobility at 1-877-821-2445 for instructions.
Parking

All valid University of Colorado entry card/permits are issued solely by the Parking and Transportation Services Division. Application for an entry card/permit may be made at the Parking Office located in Building 500 on the 1st floor, left of the food court and across from the student lounge. Hours are Monday through Friday between 7:30 a.m. and 4:30 p.m. Residents are required to pay a one-time non-refundable processing fee of $10. Parking access is added to your UC ID badge.

Depending on the source of funds for your training position, a parking permit will be provided at no cost to you. In certain situations, the Resident may be required to pay the monthly parking fee (if so desired) where departmental funds are not available.

For Residents rotating at Veterans Affairs Medical Center (9th Ave Campus), parking is provided via the GME hangtag issued by the Parking Office. If you are rotating at any other hospital (including UCH in/out-patient facilities at Anschutz), please check with your Program Coordinator to see if parking permits are required and location of parking lots available to Residents.

DO NOT share your entry card with anyone else as it is your University ID badge. This is a violation of the Parking Services rules as well as campus security, and you could have your entry card/permit revoked. Parking spaces are limited, by sharing your ID, you are denying a parking spot to another Resident who has a legitimate right to park in the lot.

You may access maps of the campus under Anschutz Campus Parking at UC website.
Resident Responsibilities
ACGME Competencies

1. Patient Care
   Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
   - Gather information
   - Synthesize material
   - Partner with patients and families

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

3. Practice-Based Learning and Improvement
   residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. This is accomplished through monitoring practice, reflecting on analyzing practice to improve, engaging in a plan for improvement and applying and monitoring improvement. Residents are expected to develop skills and habits to be able to meet the following goals:
   - Identify strengths, deficiencies, and limits in one’s knowledge and expertise
   - Set learning and improvement goals
   - Identify and perform appropriate learning activities
   - Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
   - Incorporate formative evaluation feedback into daily practice
   - Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
   - Use information technology to optimize learning
   - Participate in the education of patients, families, students, Residents and other health professionals
ACGME Competencies

4. Interpersonal and Communication Skills
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely, and legible medical records

5. Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession; and
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. Systems-based Practice
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions
ACGME Competencies

Practice-based Learning and Improvement (PBLI) vs. Systems-based Practice (SBP)
PBLI is when physicians analyze and improve upon their practice behaviors.
Systems-Based Practice is when physicians practice medicine that is mindful of the interdependency between the health care system and their own practice.

Interactive tool for assessing SBP and PBLI:

<table>
<thead>
<tr>
<th>Patient Healthcare Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aims</strong></td>
</tr>
<tr>
<td>Competencies</td>
</tr>
<tr>
<td><strong>PATIENT CARE</strong></td>
</tr>
<tr>
<td>(Overall Assessment)</td>
</tr>
<tr>
<td><strong>Yes/No</strong></td>
</tr>
<tr>
<td><strong>MEDICAL KNOWLEDGE and SKILLS</strong></td>
</tr>
<tr>
<td>(What must we know?)</td>
</tr>
<tr>
<td><strong>INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
</tr>
<tr>
<td>(What must we say?)</td>
</tr>
<tr>
<td><strong>PROFESSIONALISM</strong></td>
</tr>
<tr>
<td>(How must we behave?)</td>
</tr>
<tr>
<td><strong>SYSTEM-BASED PRACTICE</strong></td>
</tr>
<tr>
<td>(What is the process? On whom do we depend? Who depends on us?)</td>
</tr>
<tr>
<td><strong>PRACTICE-BASED LEARNING AND IMPROVEMENT</strong></td>
</tr>
<tr>
<td>(What have we learned? What will we improve?)</td>
</tr>
</tbody>
</table>

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Annual PPD Testing and Immunization Screening

Annual PPD Testing

A PPD will be placed (results must be read and documentation returned) at the time of the Immunization Screening for incoming Residents with last PPD prior to April 1st of the same year. (This is for Residents beginning their training in June/July. Residents starting other than in June/July will be addressed on an individual basis.)

Mandatory annual PPDs will be provided to all continuing Residents each May/June. Dates, times and locations for these tests will be announced on a timely basis.

Residents who cannot have an annual PPD, due to previous positive PPD, BCG vaccine, etc., should complete and return the Positive PPD Questionnaire. This form is required on an annual basis. Residents who cannot or choose not to undergo testing at the specified time, for example, due to pregnancy, should complete and return the Temporary Waiver Form. The Positive PPD Questionnaire and Temporary Waiver Form are available on the GME website.

Immunization Screening

All incoming Residents must provide written proof of up-to-date immunizations, current PPD testing (or Positive PPD Questionnaire or Temporary Waiver Form), TB respirator mask fit and color acuity status. These are requirements of the Joint Commission affiliated hospitals and your training agreement.

Immunization Summary form and supporting documentation submission for the Immunization Screening are included in the MedHub Onboarding Registration for new Residents. The completed form and documentation will be reviewed prior to the Resident's arrival. Deficiencies will be addressed by the designated CU GME provider at the Immunization Screening, which must be completed by the first week of training.

Contact your Program Coordinator regarding the scheduling of the Immunization Screening.

Residents should maintain their own record of all information concerning annual PPD results and immunizations.
Identification Badge Program

OBTAINING YOUR BADGE

At least one (1) designated approver has been assigned for the GME program.

That person is responsible for submitting a request to us on your behalf. After we have processed your information, your coordinator will schedule a group appointment to obtain your badge.

You must come to your appointment. If the appointment is missed, you must schedule an appointment with our office. Our hours of operations are *Monday – Thursday 8:30 a.m. – 3:00 p.m. and Friday 8:00 a.m. – 12:30 p.m. Typical appointments are scheduled 5 days from the date of your call. During group badging season, you could wait up to 2 weeks for an appointment.

In order to receive your badge, you must present either a U.S. State issued driver’s license, State I.D., Passport, Military I.D. or Certificate of Naturalization. This identification must have the same name listed as the one provided to the GME Office.

USING YOUR BADGE

FOR IDENTIFICATION:
Your badge is photo identification that helps inform security and others that your presence is authorized on campus. University policy requires AMC Faculty, Staff, Students, Residents, Contractors/Vendors and Affiliates to wear their badges (visible between the neck and waist) while on campus. Failure to do so may result in denial of services.

Immediately report a lost or stolen badge to the Security Badging Office (SBO) so that we can de-activate the missing badge until you find it or we can replace it. You are prohibited from loaning or borrowing badges, admitting unauthorized personnel or gaining unauthorized access to campus facilities. Our software will record each time you use your badge for access.

If you transfer to another program on the Anschutz Medical Campus, you must notify the SBO and follow procedures to obtain a new badge. Your badge is University property and must be returned to the SBO upon leaving the University.

FOR LIBRARY MATERIALS ACCESS:
Your badge can be used at the Health Sciences Library to allow access to and check out of publications and other reference materials.
Identification Badge Program

FOR PHYSICAL ACCESS:
Your badge provides documented physical access to secured doors and gates in UCD buildings and other areas throughout campus. Some exterior and interior doors are always locked, while others are locked only during certain non-business hours. When locked, most doors/gates can be accessed only by using a badge that has been programmed to open them. If your badge is programmed with the appropriate access, you should hear a beep and/or see a green indicator light as you scan the badge within one inch of the card reader surface (rectangular panel located near the door or gate). Your badge swipe will unlock the door/gate for about 5 seconds. Do not prop or hold open the electronically controlled doors for more than a few seconds (this will trigger an alarm and/or response from security).

In the event of a card or card reader malfunction, please contact the badge office during business hours [see above] or police dispatch after hours at 303.724.4444.

To arrange badge access to parking areas, you must contact the parking office [303.724.2555], located in the west end of the food court on Floor 1 [one level above ground] of Building 500.

For all other secured areas, approval from each area’s designated Approver must be obtained in advance. You or your Approver may coordinate with this individual to obtain the temporary or permanent access you need. We will then add the access to your badge electronically.

SAFEKEEPING & RETURN:
You are fully responsible for the safekeeping and proper use of your badge; this includes observance of the following precautions and guidelines:

- Shield from heat and any exposure that causes damage.
- Do not puncture, pierce, cut or bend.
- Do not, under any circumstances, allow use by others.
- Your badge belongs to the UCD Police Department; you must return it to the Security Badging Office before we can issue a replacement or upon termination of employment.

REPLACING YOUR BADGE
Each replacement for a lost badge or damage due to negligence will cost $10.00. Payment may be made by cash or check only.

NO REPRINT CHARGE IS ASSESSED FOR THE FOLLOWING:
- Replacement due to a change in title, status change, name, department/program or credentials.
- Reprint due to a new/extended expiration date.

For RTD Eco Pass [Employees] each replacement is $20.00.
Identification Badge Program

RECEIVING YOUR BADGE
By taking possession of your badge you confirm that:

- All information printed on your badge is correct. You must contact the SBO if any of the information changes.
- I understand that, for business purposes only, my photograph may be used by the University.
- I will abide by the terms and conditions set forth above and I understand any violation of those terms and conditions may result in revocation of card access privileges; adverse administrative actions (including termination of employment, affiliation or student status); and/or criminal prosecution, if a crime has been committed.

SECURITY BADGING OFFICE CONTACT INFORMATION
Mail Stop F506
Building 500 [Q20]
13001 East 17th Place, Room N1207
Aurora, Colorado 80045
Phone: 303.724.0399
Fax: 303.724.1352
Email: securitybadgingoffice@ucdenver.edu
Office Hours: Monday-Thursday 8:30 a.m. – 3:00 p.m. & Friday 8:00 a.m. – 12:30 p.m.
Webpage: http://www.ucdenver.edu/about/departments/UniversityPolice/BadgingSecurityServices
24/7 Police Dispatch Phone: 303.724.4444
(or extension 4-4444 from any campus phone)
Infection Prevention

The Keys to Protecting Your Patients

Key #1: Hand Hygiene: Use alcohol based hand sanitizers prior to and after leaving a patient’s room, after touching a patient or touching anything in a patient’s room. If your hands are visibly soiled or have been contaminated with blood, body fluids or excreta, or if the patient has *Clostridium difficile* associated diarrhea, you must thoroughly wash hands with soap and water.

Key #2: The Second key in protecting your patients is to protect yourself. Complete the Immunization Screen and get the N-95 mask fit test and annual PPD or serum quantiferon testing.

Key #3: Don’t be the source of transmitting infections from one patient to another. Follow Standard and Transmission-Based precautions.

Standard Precautions

Use protective barriers for ALL contact with:

- Blood
- All body fluids
- Secretions
- Excretions except sweat
- Non-intact skin
- Mucous membranes

Transmission-Based “Isolation” Precautions will vary within each of the institutions where you practice. Isolation is governed by hospital policy - it is a facility-wide patient management system designed to prevent the spread of potentially infectious organisms to patients, employees and others in the clinical environment.

Key #4: Think TB! *(Mycobacterium tuberculosis)*

- Spread from person to person via droplet nuclei expelled into the air (e.g., cough, sneeze, etc.)

- High incidence of TB exposure in individuals that are foreign born in countries where TB is endemic.

- Vaccination with BCG should not deter you from investigating possible TB as BCG is given to individuals living in endemic areas.
Infection Prevention

<table>
<thead>
<tr>
<th>Latent Infection</th>
<th>Active Disease (Pulm.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD usually positive</td>
<td>PPD positive or negative</td>
</tr>
<tr>
<td>Serum quantiferon usually positive</td>
<td>Serum quantiferon positive or negative</td>
</tr>
<tr>
<td>CXR usually normal</td>
<td>CXR usually abnormal</td>
</tr>
<tr>
<td>Sputum AFB smear and cultures negative</td>
<td>Sputum smear and cultures positive</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>Symptomatic: cough, fever, weight loss, night sweats</td>
</tr>
<tr>
<td>Not infectious</td>
<td>Often infectious</td>
</tr>
<tr>
<td>Not reportable</td>
<td>A case of TB requires reporting to A case of TB requires reporting to the Denver Public TB clinic or State Health Department</td>
</tr>
</tbody>
</table>

Indications for Tuberculin skin testing (PPD) or serum quantiferon testing-
Annual for most healthcare workers depending on the risk of the institution. (This is based on the CDC guidelines and the number of active TB cases seen within one year at an institution).
Additional testing based on the following risk factors:

- Exposure to a known active TB case
- Immuno-Compromised (HIV or receiving monoclonal antibody therapy)
- Illicit drug use
- Homeless
- Born in, visitor from or travel to endemic areas (e.g., most undeveloped nations)
- Travel to or visitor from endemic areas (e.g., most undeveloped nations)
- Healthcare workers
- Prisons
- Nursing home residents

Isolation: Airborne Precautions in negative pressure room

An N95 “fit-tested” mask must be used for all healthcare workers entering rooms of patients in isolation for TB

Treatment for Disease: 4 drug therapy initially, due to rate of drug resistance in Colorado (12%) - Directly observed therapy (DOT) is considered standard of care.
Infection Prevention

**Key #5:** Protect yourself against exposure to blood borne pathogens (BBP)

**How to prevent BBP exposures/infection:**
- Don’t bend, break, clip or recap needles
- Properly dispose of sharps
- Wear gloves, gowns, and/or face protection when anticipating exposure to body fluid
- Get the Hepatitis B vaccination and ensure you have adequate titers for protection

**Two ways to be exposed:**
- Parenteral exposure — needle-stick, scalpel cut, broken glass contaminated with blood, etc.
- Splash to mucous membranes — eyes, mouth

**What to do if exposed:**
- Provide immediate first aid
- Wash the area thoroughly with water or soap and water depending on area exposed
- Do not use caustic agents, such as bleach or alcohol to clean area
- Notify the person in charge
- Report to designated clinic or if after hours, to the ED of the hospital where the exposure occurred ASAP. (See pages 90-91 workers’ compensation section for workers’ compensation procedures.)
- Both the source patient’s and your blood will be drawn and tested for HIV, viral hepatitis, etc.
- After the first 48 hours, follow-up with designated WC medical providers. (See pages 90-91 workers’ compensation section for workers’ compensation provider sites.)

**Key #6:** Notify Infection Control of any communicable diseases so they can report them to the Colorado Department of Public Health and Environment (CDPHE).

**Types of Required Reportable Diseases**
- Vaccine Preventable Diseases (e.g. *H. influenza*, Influenza, etc.)
- Foodborne, Enteric and Liver Disease
- Sexually Transmitted Diseases
- Zoonotic Disease
- Meningitis-Encephalitis
- Other important reportable diseases (e.g., TB, Malaria, Legionnaires, etc.)
Infection Prevention

Why report?
- Directs case-specific public health interventions
- Monitors the epidemiology of diseases

Notify Infection Prevention immediately for suspected or confirmed cases of:
- *Neisseria meningitidis* invasive disease
- *Haemophilus influenzae* invasive disease
- *M. tuberculosis*

**Key #7:** Stay in touch with Infection Prevention and Control (IPC). IPC is your ally. Call them for questions, problems, exposures or concerns. Each hospital has an IPC office and specialist support.

**IF IN DOUBT**—call the hospital operator and ask for IPC
Licensure

Effective August 7, 2002, all physicians participating in an internship, residency or fellowship are required to hold a Colorado Physician Training License or a Colorado Active Medical License.

A training license is valid for three years and costs $10. By law, a training license can be granted for a total aggregate period of six years (three years initially plus one three-year renewal), by which time a Resident must obtain full licensure. Unless the program requires a Colorado Active Medical License or the Resident wishes to be involved with professional medical activities outside the training program (moonlighting), a training license will suffice.

Please read the section on moonlighting in this manual before considering this activity. There are three key conditions: First, you must have the approval of your Program Director and the specific form submitted to GME. Second, you must have a Colorado Active Medical License ($544 fee). Third, you must have malpractice insurance that covers this unsupervised medical practice outside your training. International Medical Graduates on a J-1 visa cannot internal or external moonlight. International Medical Graduates on an H1-B cannot external moonlight.

The application packets should be submitted in a timely manner to allow sufficient processing time in order for a license to be issued before your first day of training. Residents may not begin training until they have either a training or full license.

If you have a license in the State of Colorado, you are subject to the authority of the Colorado Medical Board.

Information on the Colorado Physician Training License program and Colorado Active Medical License is found at: www.dora.state.co.us/medical.

Their address and phone are:
1560 Broadway, Suite 1350
Denver, CO 80203
303-894-2433
Teacher-Learner Agreement

Among the many missions of the School of Medicine is the education of future physicians. Our students have gone through a rigorous selection process and represent a group of highly skilled and academically well-prepared students. The School of Medicine holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. All members of the medical school community, including students, faculty, residents, fellows, staff, and administrators are held to high standards in these areas.

Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students learn. Students and teachers share the challenge of learning and teaching not only the art and science of medicine, but also the acquisition of behaviors and values that characterize the ideal physician.

This Agreement serves both as a pledge and a reminder to teachers and students that their conduct in fulfilling their mutual obligations is the medium through which the profession perpetuates its ethical values.

GUIDING PRINCIPLES:

**Duty:** Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession’s standard of care but also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values, attitudes and, especially, behaviors.

**Respect:** Respect for every individual is fundamental to the ethic of medicine. Mutual respect between students, as novice members of the profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher-learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

**Teachers should:**

- Treat students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin;
- Maintain high professional standards in all interactions with patients, students, colleagues and staff;
- In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking;
- Be prepared and on time;
Teacher-Learner Agreement

- Provide relevant and timely information;
- Provide explicit learning and behavioral expectations early in a course;
- Provide timely, focused, accurate and constructive feedback on a regular basis;
- Display honesty, integrity and compassion;
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive;
- Be familiar with the Student Honor Council process and the Student Professionalism Committee process and the role that faculty and students play in each;
- Provide thoughtful and timely evaluations at the end of a course;
- Solicit feedback from students regarding their perception of their educational experiences and personal interactions;
- Disclose to students, during lectures, seminars and mentored research activities, the existence of any financial ties or conflicts-of-interest that are related to the material being taught;
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately (for example, to the Office of Student Affairs, the Ombuds office, a trusted faculty or staff member, or the professionalism reporting system) and to treat all such reports as confidential.

Students should:

- Treat teachers and fellow students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin;
- Be prepared and on time;
- Be active, enthusiastic, curious learners who work to enhance a positive learning environment
- Demonstrate professional behavior in all settings;
- Recognize that not all learning stems from formal and structured activities;
- Recognize their responsibility to establish learning objectives and to participate as active learners;
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine;
- Recognize personal limitations and seek help whenever it is needed;
- Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles;
Teacher-Learner Agreement

- Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings;
- In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking;
- Recognize the duty to place patient welfare above their own;
- Recognize and respect patients’ rights to privacy;
- Provide teachers and the School of Medicine with constructive feedback that can be used to improve the educational experience;
- Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”;
- Be familiar with the responsibilities listed above and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (for example, the Professionalism reporting system, course evaluations, student course representatives and others).

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship, which is, in part, defined by professional role modeling, mentorship and supervision. There is a power differential, as expressed by the fact that teachers often evaluate student performance and the results of their evaluations may affect the student’s future. Conversely, students evaluate the quality of their teachers and this can, to a lesser degree, affect the teacher’s career.

Because of the special nature of this relationship, students and teachers should strive to develop a relationship that is characterized by mutual trust, acceptance and confidence. They both have an obligation to respect and maintain appropriate boundaries. Students and teachers must avoid any and all behaviors that conceivably could lead to the perception of a boundaries violation; avoiding boundary violations is crucial to a proper teacher-student relationship. There are similar boundaries between students and patients that exist because of the nature of this special and trusting relationship. Boundary violations or actions that may give the appearance of a boundary violation should routinely be avoided. A partial list includes:

- Romantic involvements;
- Business relationships, other than those that might emerge from joint educational projects;
- Social contacts outside of the realm of learning or education;
- Faculty or students accepting services or personal favors from each other (e.g. baby sitting, house sitting, pet care, work in the office);
- Accepting substantial gifts;
Teacher-Learner Agreement

- Special treatment of a student that differs substantially from the usual teacher-learner relationship with other students;
- Making exceptions for students because they are attractive or appealing.

When students choose their health care providers from physicians who are on the faculty, they have the potential to be in a conflict-of-interest situation, where their provider is also evaluating their academic or clinical performance. Faculty members should understand that conflicts may arise between their role as the student’s physician and their role as a faculty member who will evaluate the student’s performance and should notify students as soon as they recognize the potential conflict. Students should also reciprocate in notifying a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them in the past. The student should notify the course director who will be expected to find an alternative clinical site or provide an alternative faculty member for evaluation. Students may consult the Office of Student Affairs for a list of physicians who do not teach students.
Policies and Procedures
Additional Pay for Additional Work

Purpose
To ensure that professional activities falling within the course and scope of an approved training program are consistent with policies and guidelines set forth by the Graduate Medical Education Office.

Definitions:
Additional Pay for Additional Work — Voluntary, compensated, medically-related work performed within the course and scope of the approved training program within the institution in which the resident is in training or at any of the related participating sites. The activity is covered by the GME malpractice component of the Trust. This activity must be supervised by an Attending.

Policy
The Graduate Medical Education Committee (GMEC) recognizes that Additional Pay for Additional Work is not an activity associated with part of the formal educational experience. Residents must not be required to participate in Additional Pay for Additional Work activities.

Additional Pay for Additional Work is allowed for those Residents providing satisfactory performance in duties relating to the formal academic program (as determined by the Program Director) and who meet the following requirements:

1. The individual wishing to receive Additional Pay for Additional Work must obtain annually, prior written approval from the Program Director. (Complete the Approval for Resident Additional Pay for Additional Work request form and return to the GME office).
2. The individual seeking permission to receive Additional Pay for Additional Work moonlight must possess a valid full or training license to practice medicine in the State of Colorado.
3. Time spent by residents receiving Additional Pay for Additional Work must be counted towards the 80-hour Maximum Weekly Hour Limit as required by ACGME and GME.
4. Programs operating under an exception to the 80-hour weekly duty limit endorsed by the GMEC and approved by the appropriate RRC may not allow Residents to moonlight while serving on rotations with a duty hour exception.
5. Residents with prior permission to receive Additional Pay for Additional Work will have that permission revoked by the Program Director if academic performance is determined to no longer be at a satisfactory level, e.g., probation, or other major concerns arise.
6. Residents continuing to receive Additional Pay for Additional Work following revocation of permission can be dismissed from the program. This notice must be contained in documentation placing the Resident on probation.
Additional Pay for Additional Work

Procedure
1. Residents must annually seek approval to receive Additional Pay for Additional Work and obtain the required written approval by completing the Approval for Resident Additional Pay for Additional Work request.
2. Both the Program Director and GME Associate Dean complete and sign the form prior to engaging in Additional Pay for Additional Work activities. A copy of the completed approval form will be sent to the Program Director by the GME staff upon completion.
3. Program Coordinator/Division Administrators must complete the University of Colorado Additional Pay Form and submit to Nancy McKay in the GME Office by the 5th of every month.
4. Programs must maintain a copy of the completed form in the individual’s permanent file.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
APPROVAL FOR RESIDENT ADDITIONAL PAY FOR ADDITIONAL WORK
July 1, 2014 - June 30, 2015

To Be Completed by Resident/Fellow

Resident Name: ___________________________ PGY Level: _____ Training Program: ___________________________

Start Date: ______________ Hospital and Service where work will be done: __________________________

Acknowledgement of Additional Pay for Additional Work Policy

Important: Initial to indicate that you have read and agree to each statement

I understand that Additional Pay for Additional Work activities are prohibited during regular program duty hours, as defined by my Program Director. Additionally, I understand that this activity will not be credited toward my current training program requirements.

I acknowledge that my performance will be monitored for the effect of this activity, and adverse effects on achievement of my program’s goals and objectives may lead to rescinding of this permission.

I understand that time spent in Additional Pay for Additional Work must be counted towards the 80-hour Maximum Weekly Hour Limit, as required by ACGME.

I understand that I am responsible for accurately recording all Additional Pay for Additional Work duty hours in my program’s duty hour tracking mechanism. Failure to do so may result in Corrective Action and revocation of these privileges.

I agree to submit another form should the location, activity, or hours given on this form change.

I acknowledge that violation of the Additional Pay for Additional Work Policy set forth in the Resident Manual constitutes a breach of the Resident Training Agreement between University of Colorado School of Medicine and myself and may lead to Corrective Action.

I understand that I will be supervised at all times as I am working within the course and scope of my training program.

By signing below, I also attest that I am not paid by the military.

Resident Signature: ___________________________ Date: _____ / _____ / _____

Program Director Approval - Obtain before submitting to GME Office.

With my signature, I
1) approve this Additional Work for Additional Pay activity which is supervised and within the course and scope of the training program
2) attest that this resident is in good standing (not on Focused Review nor Probation)
3) agree to monitor this resident for duty hour compliance and for the effect of this activity on their residency/fellowship performance, and
4) may withdraw this permission if adverse effects are noted

Program Director

Date: _____ / _____ / _____

Final Approval - Completed by the GME Office

Date: _____ / _____ / _____

Associate Dean for Graduate Medical Education or Designee
Concern and Complaint Policy

Purpose
To ensure that Residents have a mechanism through which to express concerns and complaints.

Note: For purposes of this policy, a complaint should involve issues relating to personnel, patient care and program or hospital training environment matters.

Policy
The University of Colorado School of Medicine and Affiliated Hospitals encourage the participation of Residents in decisions involving educational processes and the learning environment. Such participation should occur in formal and informal interactions with peers, faculty and attending staff.

Efforts should be undertaken to resolve questions, problems and misunderstandings as soon as they may arise. Residents are encouraged to initiate discussions with appropriate parties for the purpose of resolving issues in an informal and expeditious manner.

With respect to formal processes designated to address issues deemed as complaints under the provisions of this policy, each program must have an internal process, known to Residents, through which Residents may address concerns. The Program Director should be designated as the first point of contact for this process.

If the Resident is not satisfied with the program level resolution, the individual should discuss the matter with the Chair or Division Chief or Section Chief. If no solution is achieved, the Resident may seek assistance from the Graduate Medical Education (GME) Designated Institutional Official (DIO), University Ombuds Office, and/or House Staff Association in an informal complaint. If the complainant is to formally notify the institution of an incident involving harassment or discrimination, see the University of Colorado Sexual Harassment procedure.

If for any reason the Resident does not want to discuss concerns or complaints with the Program Director, Chair, Division Chief or Section Chief, the following resources are available:

1. Office of Professionalism: The Office of Professionalism (303-724-7854) is a confidential and safe place for faculty, students, residents and fellows to discuss concerns and conflicts. Additional information available on the Graduate Medical Education website homepage (www.medschool.ucdenver.edu/gme).

2. For problems involving program concerns, training matters or work environment, the Housestaff Association (303-724-3039), or the GME DIO (303-724-6031) or (carol.rumack@ucdenver.edu) should be consulted.

3. For problems involving interpersonal relations, the Ombuds Office (303-724-2950) is the preferred venue to commence a confidential informal process apart and separate from the Resident’s parent department.

4. For concerns involving professionalism Residents may also complete the confidential Professionalism reporting form submitted through the anonymous/confidential online system Professionalism First (EthicsPoint).

The Ombuds Office is available to provide advice and counsel for Residents. The Ombuds Office does not intervene nor serve as a liaison for Residents.
Disability Accommodation Policy

Introduction
The Americans with Disabilities Act (ADA) applies to University of Colorado and provides that individuals who are otherwise qualified for jobs or educational programs will not be denied access simply because they have a disability. Its goal is to guarantee that individuals with disabilities are not discriminated against or denied equal access to the same programs, services and facilities available to others. The ADA prohibits employers, including University of Colorado, from discriminating against applicants and workers with disabilities in all aspects of employment. The Act also prohibits the University from discriminating on the basis of disability in access to its programs and services.

Accommodation
The ADA requires that the University of Colorado provide reasonable accommodations to qualified individuals with disabilities who are employees or applicants for employment, and for persons who participate in or apply for participation in the University’s programs and activities. Exceptions to the obligation for providing accommodation may be made if doing so would cause undue financial or administrative burdens, fundamental alteration to a program or activity, or significant risk to health or safety to self and/or others. Additional information regarding the ADA may be obtained online from the ADA Home Page: http://www.usdoj.gov/crt/ada/adahom1.htm.

If you are a member of the faculty or staff (including Residents in the SOM) at the University of Colorado and need to make application for accommodations or need information regarding the ADA, contact the University of Colorado ADA Coordinator at: (303) 315-2700; TTY (303) 556-6204; mailing address P.O. Box 173364, Campus Box 130, Denver, CO 80217-3364; or email to Human.Resources@ucdenver.edu.

Reporting Discrimination
Article 10 of the Laws of the University of Colorado Board of Regents prohibits discrimination on the basis of disability (or on the basis of membership in other protected classes) in admission and access to, and treatment and employment in, University of Colorado educational programs and activities. To report discrimination or to obtain additional information, contact the University of Colorado ADA Coordinator. Complaints of discrimination based upon disability will be processed according to the provisions of University of Colorado Nondiscrimination Procedures Guideline.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Disaster Policy

Policy
To provide procedures for the Residents, Program Directors and GME office in the event of a Disaster.

Residents: Residents are considered essential personnel and should report to their rotation site as scheduled. If a disaster occurs while at the rotation site, the Resident should remain at the site until further instructions are provided by the Program Director.

Residents should develop a Personal/Home Disaster plan so that if the Resident cannot get home to take care of family, there is a plan in place regarding child care, pet care, etc.

Program Directors: Program Directors must inform their Residents of the Program’s specific Disaster Plan. All attempts should be made to provide supervision during a Disaster. Duty Hours will still apply; however, exceptions would be expected.

GME Office: The following procedure will apply.

Procedure
The University of Colorado School of Medicine seeks to provide a stable educational and employment environment for Residents. If an event or set of events causes significant alteration to the residency experience in one or more residency programs, the CU SOM GME Committee (GMEC) will take the following steps:

1. As soon as possible, the GME Office will:
   a. Gather data/information from training programs regarding the extent of damage and the impact of the disaster on the short-term (days/weeks) and long-term (weeks/months) function of individual programs and/or sites of training.
   b. The DIO will work directly with the Program Directors to determine the short-term and long-term impact on clinical operations at sites affected by the disaster.
   c. The DIO will contact the ACGME within two business days of the initial GMEC meeting to provide an update on the disaster and initial steps taken by the institution and the GMEC.
   d. The DIO will continue to communicate with the ACGME regularly as needed to provide updates on any additional program or institutional issues. Within 30 days of the disaster, the DIO will contact the ACGME with regard to final plans to reconfigure any programs.

2. The GMEC will follow the dedicated planning system at www.ContinuityCU.com and within a reasonable time after the disaster review the available information regarding the impact of the disaster on clinical operations and training programs.

3. The GMEC will meet regularly as necessary to continue its assessment of the situation and to make decisions regarding CU SOM training programs. The GME Office will continue to provide administrative support to all affected programs during this period.
Disaster Policy

Issues to be reviewed, assessed or acted upon by the GMEC include:

a. Patient safety
b. Safety of Residents, faculty and staff
c. Supply of available faculty and Residents for clinical and educational duties
d. Extent/impact of damage to the physical plant/facilities
e. Extent/impact of damage to clinical technology and clinical information systems
f. Extent/impact of damage to communication technology (e.g., phones, pagers, intra/internet)
g. Changes in the volume of patient activity in the short-term and long-term

4. If the GMEC determines that a program or the institution cannot provide an adequate educational experience for a Resident because of the disaster, both individual programs and the institution will work to:

a. Temporarily relocate a Resident to a site of training within the current local affiliate training sites.

b. Arrange a temporary transfer for a Resident to another ACGME program until the institution can provide an adequate educational experience for the Resident. As best possible at the time of the transfer, the program will inform the Resident being transferred regarding the minimum duration of the transfer and the anticipated total duration of the transfer.

c. Assist the Resident in a permanent transfer to another program/institution.

5. Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. In addition, it will be dependent on current policies related to reimbursement.

a. For Residents temporarily relocated to an affiliated training site, CU SOM will continue to pay Resident salary and benefits as long as funds are available.

b. For Residents temporarily assigned to a program at another institution:
   i. CU SOM will continue to pay Resident salary (according to the CU SOM stipend schedule) and benefits as long as funds are available. CU SOM will work with the institution to which the Resident is temporarily assigned to negotiate financial support from that site for Residents temporarily assigned there.

c. For Residents permanently transferring to another institution, CU SOM will not cover salary and benefits.
   i. If the program is not permanently closed but a Resident decides to permanently transfer to another institution, the costs of salary and benefits will be covered by the accepting institution as of the date of transfer.

6. By 30 days prior to the end of the academic year, the program will inform the Resident of the status of the program for the next academic year.
Disaster Policy

*Definition of Disaster*
A disaster is an event or set of events (e.g., natural disaster, internal disaster, blizzard, tornado, etc.) causing significant alteration or immobilization to the residency experience at one or more residency programs.

a. Within the CU SOM, a formal disaster declaration will be made only by the Chancellor of CU.

b. When warranted and after consultation with the GME Committee, the Designated Institutional Official (DIO) may ask the ACGME Executive Director to make a formal declaration of a disaster for a particular program or the entire institution according to ACGME policies and procedures. This information will be posted on the ACGME website. This formal declaration under ACGME policies creates significant flexibility for trainees to transfer to other institutions.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Disciplinary Action Policy

Policy
The purpose of the policy is to describe the Graduate Medical Education guidelines to address any disciplinary action. The Program Director, Department Chair or Division Head and the Resident should attempt to resolve problems with a Resident's performance and/or behavior on an informal basis prior to invoking the procedure set forth below.

Definitions for Administrative and Academic Disciplinary Actions:

Probation:

a. Probation is used when ongoing and/or significant deficiencies in a Resident's performance or behavior are noted.
b. Probation allows the Resident to continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of probation.
c. A remediation plan will be issued to strengthen the Resident's performance deficiencies that may cause disruption to a Resident's progression or continuation within the program.
d. Probation is the period of critical evaluation of remediation designated by the faculty during which substandard performance may be cause for immediate dismissal from the program.
e. Time spent on probation may or may not be used for credit toward the completion of the training program at the Program Director's discretion. The period of probation shall be specified and normally should be a period of time appropriate to achieve the necessary performance or behavioral improvements. However, there may be instances where it is appropriate for the period to be as long as 12 months.

Immediate Suspension from Clinical Responsibilities:

a. Immediate suspension from clinical responsibilities involves removal from clinical responsibilities for an indefinite period of time, usually not to exceed 30 days, without prior notice or the probationary/remedial period described above due to significant performance deficiencies related to patient safety.
b. Immediate Suspension from Clinical Responsibilities may be imposed at the discretion of the Program Director, department chair or Associate Dean for GME.
c. Short-term paid administrative leave can be granted by the Associate Dean for GME during preliminary verification of the allegation(s).
d. Immediate Suspension from Clinical Responsibilities is not grievable.

Suspension from the Program:

a. Suspension from the program involves removal from the program for an indefinite period of time without prior notice due to serious deficiencies in knowledge, performance, or behavior.
b. The decision to suspend a Resident from the program may be made at the discretion of the Program Director and the department chair with the prior approval of the Associate Dean for GME.
Disciplinary Action Policy

c. During the period of suspension from the program, usually not to exceed 30 days, the Program Director, department chair and Associate Dean for GME must determine whether the Resident should be reinstated to the Program or dismissed.
d. Suspension from the Program is grievable under the Grievance Policy and Procedure.

Renewal Without Promotion:
a. Renewal without promotion means the Resident will not be promoted to the subsequent PGY-year at the completion of the current year of training.
b. Renewal without promotion should be used when a Resident has not been able to clearly demonstrate the knowledge, skills, or behaviors required to advance to the next level of training and responsibility.
c. Renewal Without Promotion is grievable under the Grievance Policy and Procedure.

Non-Renewal:
a. Non-Renewal means the training program has decided not to offer a contract to the Resident for the next academic year or training period.
b. The Resident will receive credit for successfully completing training as determined by the Program Director.
c. Non-Renewal is grievable under the Grievance Policy and Procedure.

Dismissal:
a. Dismissal involves immediate and permanent removal of the Resident from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program, by the Program Director, department chair and the Associate Dean for GME.
b. Dismissal is typically preceded by sufficient notice to the Resident that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous disciplinary actions.
c. Dismissal can occur at any point other than the end of the academic year or end of the stated contract period, at which time it is defined as non-renewal.
d. However, there is no requirement that there be any preceding disciplinary action prior to a Resident being terminated.
e. Dismissal from the program is not grievable if the action directly related to suspension from the program and the Resident invoked the grievance procedure for the suspension action.
f. Dismissal from the program for other actions is grievable under the Grievance Policy and Procedure.
Disciplinary Procedure

1. Program Directors have the primary responsibility to monitor the Resident's progress and take appropriate academic and administrative disciplinary actions based on the Resident's performance in accordance with all ACGME core competencies.

2. The Program Director, after consultation with the Associate Dean for Graduate Medical Education may proceed under this policy to address deficiencies in Resident performance.

3. In instances where a training agreement will not be renewed, or when a Resident will not be promoted to the next level of training, the Program Director must provide the Resident with a written notice of intent no later than four months (typically March 1st) prior to the end of the Resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the program must provide the Resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the current agreement.

4. It is expected that appropriate probationary and remedial periods as described in this policy will have occurred prior to non-renewal and/or renewal without promotion. However, there may be instances where immediate suspension without probation or remediation will occur.

5. The Resident will be placed on probation for a specified period of time. The probationary and remedial period together should not be less than 30 days in length and may last as long as 12 months if appropriate (such as in the case of academic probation for yearly board exams, etc.). For ethical misconduct or substance abuse, a Resident may be placed on probation indefinitely through the remainder of the training program. The mentor and Program Director shall meet with the Resident regularly during the probationary period to formally review the Resident’s progress. (Meetings may be held more frequently if deemed necessary.)

6. While on probation, all moonlighting privileges and out-of-town electives for the Resident will be suspended.

7. During and at the end of the probationary period, the program director will review the Resident’s progress and determine whether satisfactory improvement has been made based on information obtained from various sources and results relating to terms of remediation outlined in the Letter of Probation, which may be solicited from faculty, staff and peers of the Resident. If improvement has been unsatisfactory during the probation period, the Resident may be (1) continued on probation for a specific period of time not to exceed an additional six months or (2) dismissed. Any Resident who is placed on probation for a third time for any reason may be continued on probation indefinitely, through the remainder of the training program, or dismissed without further notice.
Disciplinary Action Policy

8. There are limited circumstances where the period of probation may be indefinite and could be imposed for the remainder of the program. These circumstances include, but are not limited to, substance abuse and ethical misconduct. Examples of ethical misconduct include, but are not limited to, sexual harassment, patient abandonment, abuse of prescribing privileges and unlawful discrimination. Certain programs may have stricter standards regarding substance abuse which supersede this policy. Any substance abuse or ethical misconduct will result in mandatory referral of the Resident to the Colorado Physicians Health Program (CPHP). As a condition of probation, the Resident must allow exchange of information between CPHP and the Program Director and Associate Dean for GME. The Resident shall sign a release of information from the CPHP as a condition of probation.

9. If a Resident who has been placed on probation for substance abuse or ethical misconduct, demonstrates a recurrence of unsatisfactory performance due to substance abuse during training, additional disciplinary actions may occur. The Resident may be re-referred to CPHP, or he/she may be dismissed without any additional remedial period. If the Resident’s behavior is considered potentially dangerous to patients, himself, herself or other individuals, immediate suspension of clinical responsibilities may be imposed at the discretion of the Program Director and Department Chair without a probationary period.

10. If the Resident’s deficiencies are not satisfactorily corrected or if other deficiencies arise during the remedial/probationary period, the program director and Department Chair will notify the Associate Dean for GME of the intent to dismiss the Resident from the residency training program. The Associate Dean for GME will review the department’s intended action prior to any notification being sent to the Resident. After such a review, the Program Director, Department Chair and Associate Dean for GME must notify the Resident in writing of the decision to dismiss the Resident. (If mailed, certified mail is required.) The letter must identify the deficiencies that have not been adequately corrected.

Notification of State Boards

1. Reporting required for Residents dismissed, suspended from the program, or required to repeat the year: Pursuant to the Medical Practice Act, 12-36-122.5(3) C.R.S. “Licensed physicians responsible for the supervision of Interns, Residents, or Fellows in graduate training programs shall promptly report to the board anything concerning a licensee in the graduate training program that would constitute a violation of this article. The physicians shall also report to the board any licensee who has not progressed satisfactorily in the program because the licensee has been dismissed, suspended, or placed on probation for reasons that constitute unprofessional conduct as defined in section 12-36-117, unless the conduct has been reported to the peer health assistance program pursuant to section 12-36-123.5.”
Disciplinary Action Policy

2. Probation: Probation is a remedial mechanism utilized by the University in a variety of circumstances. It is designed to improve the academic performance of a Resident. In most instances, Residents placed on probation continue to progress satisfactorily in a program. Reporting of Residents placed on probation to the CMB (Colorado Medical Board) is not required of the University except as set forth above.

3. Referral to Colorado Physicians Health Program (CPHP): As a term of probation, a Resident may be referred to CPHP for a variety of reasons. As a condition of probation, the Resident must allow exchange of information between CPHP and the training program/CU SOM GME office. If as a condition of probation a Resident is required to be evaluated and or treated by CPHP for a mental disability or habitual intemperance or excessive use of any habit-forming drug, it will be left to the discretion of CPHP whether or not that person needs to be reported to the CMB. In the event the Resident fails to comply with this condition of probation, the Resident either will be suspended or dismissed, which would result in a report to the CMB by the University. CPHP also has discretion regarding reporting to CMB those Residents who have been referred to CPHP through mechanisms other than probation. Residents are encouraged to voluntarily self-refer to the CPHP for any health condition or concern about a potential health condition. Residents may self-refer at any time, without or prior to any workplace intervention. This service is confidential. Residents and Fellows who self report and utilize CPHP services for treatment of a mental disability, or drug or alcohol abuse do not have to disclose their health conditions when applying for a Colorado license or renewing a license, with the exception of legal charges.

4. Licensed physicians are obligated under CRS 12-36-118(3)(a) to report unprofessional conduct of other licensed physicians to the Colorado Board of Medical Examiners (http://www.dora.state.co.us/medical/Statute.pdf). As defined by the statute, “unprofessional conduct” includes “habitual intemperance or excessive use of any habit-forming drug or any controlled substance…” and “such physical or mental disability as to render the licensee unable to perform medical services with reasonable skill and with safety to the patient.” This obligation to report to CMB does not apply to situations where the licensed physician has referred the Resident to CPHP for treatment as part of the probationary process.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Duty Hours Policy

In this document, “Resident” refers to both specialty Residents and subspecialty Fellows.

Policy

The University of Colorado School of Medicine ensures compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements relevant to Duty Hours.

Duty Hours Defined

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

1. Maximum Hours of Work Per Week – 80 hour rule:
   Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, and all moonlighting.

2. Mandatory Time Free of Duty – 1-in-7 off rule:
   a. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
   b. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

3. Maximum Duty Period Length:
   a. Duty periods of PGY-1 Residents must not exceed 16 hours in duration.
   b. Duty periods of PGY 2 Residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
      1. Programs must encourage Residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 AM, is strongly suggested.
      2. (24+4) It is essential for patient safety and Resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
   3. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
   4. In unusual circumstances, Residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
      i. Under those circumstances the Resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and
Duty Hours Policy

document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.

ii. The Program Director must review each submission of additional service, and track both individual Resident and program-wide episodes of additional duty.

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

5. Maximum Frequency of In-House Night Float:
   Residents must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.)

6. On-Call Activities
   a. Maximum In-House On-Call Frequency: In-house call is defined as those duty hours beyond the normal work day when Residents are required to be immediately available in the assigned institution. PGY-2 Residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). Some Programs, such as Internal Medicine, do not allow for averaging over a four-week period, and limit in-house call to every-third-night, as specified by the Review Committee.
   b. At-Home Call: At-home call (pager call) is defined as call taken from outside the assigned site. Time spent in the hospital by Residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
      a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.
Duty Hours Policy

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

Averaging Methodology
Averaging (for the 80 hour rule, 1-in-7 off rule, and call every third night) must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. If a Resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating duty hours, call frequency or days off.

Alertness Management/Fatigue Mitigation
All Residents and Faculty are required to complete the online educational fatigue and sleep deprivation module.

GMEC Institutional Oversight and Monitoring for all ACGME Accredited Programs
1. The CU SOM GMEC oversees:
   - Resident duty hours consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner;
   - Systems of care and learning and working environments that facilitate fatigue management and mitigation for Residents;
2. Program Directors must:
   - Ensure all ACGME accredited Residents log work hours;
   - Identify reasons for violation(s) and determine how the program will resolve the issue(s) to prevent future violations;
   - Ensure program policies are compliant with ACGME Institutional and Common Program Requirements (IR III.B.5 and CPR VI.G),
   - Ensure timely follow-up and resolution of identified problems
3. The Affiliated Hospital Steering Committee, Graduate Medical Education Committee, and Program Coordinator meetings receive quarterly reports of duty hours.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Eligibility and Selection Policy

Purpose
To establish a formal institutional policy addressing eligibility and selection criteria for applicants to ACGME-accredited training programs.

Policy
Applicants eligible for appointment must meet the following qualifications to maintain compliance with the Institutional Requirements published by the ACGME:

1. Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME); or
2. Graduation from any college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA); or
3. Graduation from medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
   a. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
   b. Holds a full and unrestricted license to practice medicine in Colorado; or
   c. Has graduated from a medical school outside the United States and has completed a Fifth Pathway Program provided by an LCME-accredited medical school.
4. Individuals applying for Fellowship programs must document completion of an appropriate residency program, including an ACGME-accredited residency, or meet requirements as outlined in ACGME program requirements.
5. Programs may establish additional selection criteria. For example, determine specific passing scores for the USMLE. Specific criteria must be published for applicants to review as part of the required program-level policy on Eligibility and Selection.
6. Residents in our program must be a U.S. citizen, lawful permanent resident, refugee, asylee, or otherwise possess or be able to obtain prior to the start date the appropriate documentation to allow Resident to legally train at the University of Colorado School of Medicine.
7. Applicants must be eligible for either a training certificate or a permanent medical license as granted by the Colorado Medical Board.
8. Applicants invited to interview for a Resident/Fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include: financial support; vacations; parental, sick and other leaves of absence; and professional liability, hospitalization, health, disability, and other insurance accessible to Residents and their eligible dependents.

Selection from among eligible applicants is based on residency program-related criteria such as:
1. Ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty.
Eligibility and Selection Policy

a. Programs may select to include the GME Programs Technical Standards and Essential Functions for Appointment and Promotion template. http://www.ucdenver.edu/academics/colleges/medicalschool/education/graduatemedicaleducation/GMEDocuments/Documents/GMETechStandards.pdf

2. To determine the appropriate level of education for individuals wishing to transfer from another training program, the Program Director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring Resident prior to acceptance into the program.

3. Programs will review and select applicants in a manner consistent with provisions of equal opportunity employment and must not discriminate with regard to sex, race, age, religion, color, national origin, disability or any other applicable legally protected status.

Programs are encouraged to participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP).

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Evaluation and Promotion Policy

Policy:
All programs sponsored by the GME Committee, including those not accredited by ACGME, are required to utilize the MedHub data system to create evaluation forms to assess Resident and Faculty performance. As part of the Common Program Requirements (V.), supervising Faculty must evaluate the Resident’s performance in a timely manner during each rotation or similar educational experience or assignment, and document the evaluation at the completion of the assignment. The Resident’s performance evaluation must include an objective assessment of competence using ACGME competencies based on the specialty-specific Milestones, use evaluations by multiple evaluators, and document progressive Resident performance improvement appropriate to educational level.

The program must evaluate faculty performance as it relates to educational program at least annually. The Faculty performance evaluation must include at least annual written confidential evaluations by the Residents.

The Residents and Faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

Resident Performance Evaluation:
The Program Director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the program Faculty. Others eligible for appointment to the committee include Faculty from other programs, and non-physician members of the health care team.

There must be written description of responsibilities of the CCC that includes:
1. Reviewing all Resident evaluations semi-annually,
2. Preparing and assuring the reporting of Milestones evaluation of each Resident semi-annually to ACGME, and
3. Advising the Program Director regarding Resident progress, including promotion, remediation, and dismissal.

Formative evaluation of Resident performance includes the following activities:
1. Faculty evaluation of Residents - must be completed within 2 weeks following each rotation or educational experience and must be immediately available for review by the Resident. Resident notification of completed evaluations should be set up in MedHub by requiring that the Residents sign off on the evaluation.
2. Objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
3. Multiple Evaluators - Program Directors must obtain and incorporate evaluative input from multiple sources, as appropriate/available for the specialty or service, such as peers, patients/families, self-assessment, other medical professionals, administrative and support staff, and students.
4. Program Directors must provide each Resident with a documented performance evaluation
Evaluation and Promotion Policy

summary at least semi-annual, incorporating input from the Clinical Competency Committee.

5. Evaluations of performance must be accessible for review by the Residents.

6. Promotion: Each program must determine the criteria for promotion. Residents' advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement and is not automatic. Reappointment and promotion are contingent on mutual agreement, and an annual review of satisfactory or better performance. Residents may be reappointed for a period of not more than one (1) year.

7. The Program Director must provide a Summative Evaluation for each Resident upon completing/leaving the program. Specialty-specific Milestones must be used as one of the tools to ensure Residents are able to practice core professional activities without supervision upon completion of the program. This evaluation must:
   - Become part of the Resident's permanent record maintained by the institution, and must be accessible for review by the resident
   - Document performance during the final period of education
   - Verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision.

Faculty Performance Evaluation:
The Program Director must evaluate Faculty performance as it relates to the educational program at least annually and include a review of the Faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

1. Resident evaluation of Faculty – Residents must be given the opportunity to submit confidential evaluations of faculty at the end of every rotation. Programs must not allow Faculty to view these individual evaluations by Residents. Resident evaluations of Faculty must be aggregated and made anonymous and provided to Faculty annually in a summary report. This summary may be released as necessary, with Program Director review and approval in instances where evaluations are required for Faculty promotions.
   a. In order to maintain confidentiality of Faculty performance evaluations, small programs with four or fewer Residents may use one of the following:
      i. Aggregate the Faculty evaluations for the subspecialty and core residency programs to increase anonymity. Generalize and group Residents’ comments to avoid identifying specific Resident feedback.
      ii. Aggregate Faculty performance evaluations across multiple academic years.
      iii. For one year training programs, review Resident feedback after the Resident completes the program

2. Program Directors must maintain continuous and ongoing monitoring of Faculty performance. This may include automated alerts regarding low evaluation scores on end-of-rotation evaluations by Residents, regular surveillance of end-of-rotation evaluations, and regular verbal communication with Residents regarding their experiences.
Evaluation and Promotion Policy

3. Division Chiefs and/or Department Chairs should be notified by the Program Director when Faculty receive unsatisfactory evaluation scores. Faculty performance must be reviewed and discussed during the annual Faculty evaluation review process conducted by the Chair or Division Chief.

Program Evaluation and Improvement:
Program Directors must appoint the Program Evaluation Committee (PEC) to be composed of at least two program Faculty members and should include at least one Resident. There must be a written description of the PEC responsibilities to include:

1. Planning, developing, implementing, and evaluating educational activities of the program
2. Reviewing and making recommendation for revision of competency-based curriculum goals and objectives
3. Addressing areas of non-compliance with ACGME standards
4. Reviewing the program at least annually using evaluation of Faculty, Residents, and others as specified below

The program, through the PEC, must annually document formal, systematic evaluation of the curriculum and render a written Annual Program Evaluation (APE) report. The program must monitor and track:

1. Resident Performance
2. Faculty Development
3. Graduate performance, including board certification examination results
4. Program Quality; and the program must:
   a. Offer Faculty and Residents annual opportunities to provide confidential written evaluative input
   b. Use the results of Residents’ and Faculty members’ assessments of the program together with other program evaluation results to improve the program
5. Progress on the previous year's action plan(s)
6. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored
   a. The action plan should be reviewed and approved by the teaching Faculty and documented in the meeting minutes.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
GMEC Membership Policy

**Membership**
The Associate Dean for GME shall serve as Chair of the GMEC. GMEC membership shall include representation from training program faculty, residents/fellows and hospital training sites. Appointments are made by the Chair of the GMEC and are reviewed annually.

**Voting membership on the committee includes:**

**Designated Institutional Official**

**One Program Director or designated faculty member representing each of the following ACGME Residency programs:**
- Anesthesiology
- Dermatology
- Family Medicine
- Internal Medicine
- Neurological Surgery
- Neurology
- OB/GYN
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine & Rehabilitation
- Psychiatry
- Radiation Oncology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

**One Quality Improvement/Patient Safety Officer or his/her designee**

**One representative from the following Departments:**
- Internal Medicine fellowship program – Program Director
- Pediatrics fellowship program - Program Director
- Emergency Medicine designated faculty

**Resident Representatives** (selected by the Housestaff Association):
- Association Co-Chairs (2)
- Additional Fellow (1)

The Housestaff Association may designate an alternate member for each appointee described above.

**Hospital Liaisons:**
GME Hospital liaison or his/her designee (MD or medical education management level) from each of the following:
- University of Colorado Hospital
- Children’s Hospital Colorado
- Denver Health Medical Center
- Veteran Affairs Medical Center

The complement of voting members present at a meeting of the GMEC shall constitute a quorum.

**Additional Members & Subcommittees**
In order to carry out portions of the GMEC’s responsibilities, additional GMEC membership may include others as determined by the GMEC. Subcommittees that address required GMEC responsibilities shall include a peer-selected resident/fellow. Actions taken by the subcommittees that address required GMEC responsibilities shall be reviewed and approved by the GMEC.

**Meetings and Attendance**
The GMEC shall meet a minimum of once every quarter during each academic year. Each meeting must include:

1. attendance by at least one resident/fellow member
2. minutes that document execution of all required GMEC functions and responsibilities
GMEC Membership Policy

GMEC Responsibilities
The GMEC exists to oversee all aspects of residency education and reports to the Dean of the School of Medicine.

GMEC responsibilities include oversight of:
1. the ACGME accreditation status of the University of Colorado School of Medicine (CU SOM) and its ACGME-accredited programs;
2. the quality of the GME learning and working environment within the CU SOM, its ACGME-accredited programs, and its participating sites;
3. the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
4. the ACGME-accredited programs’ annual program evaluation and improvement activities;
5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the CU SOM

Annual Institutional Review: The GMEC shall also demonstrate effective oversight of the UC SOM’s accreditation through an Annual Institutional Review (AIR), using the following performance indicators:
1. results of the most recent institutional self-study visit;
2. results of ACGME surveys of residents/fellows and core faculty
3. notification of ACGME-accredited programs’ accreditation statuses and self-study visits

The AIR shall include monitoring procedures for action plans resulting from the review. The DIO shall submit a written annual executive summary of the AIR to the CU SOM Executive Committee.

Special Review: The GMEC shall demonstrate effective oversight of underperforming programs through a Special Review process. The protocol shall:
1. establish criteria for identifying underperformance; and,
2. result in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

GMEC responsibilities also include review and approval of:
1. institutional GME policies and procedures;
2. annual recommendations to the Dean of the School of Medicine regarding resident/fellow stipends, benefits, and funding for resident/fellow positions;
3. applications for ACGME accreditation of new programs;
4. requests for permanent changes in resident/fellow complement;
5. major changes in ACGME-accredited programs’ structure or duration of education;
6. additions and deletions of ACGME-accredited programs’ participating sites;
7. appointment of new program directors;
8. progress reports requested by an ACGME Review Committee;
9. responses to Clinical Learning Environment Review (CLER) reports;
10. requests for exceptions to duty hour requirements;
11. voluntary withdrawal of ACGME program accreditation;
12. requests for appeal of an adverse action by an ACGME Review Committee; and,
13. appeal presentations to an ACGME Appeals Panel.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Grievance Policy

Grievance Policy
If a Resident believes s/he has been wrongfully suspended from the program, dismissed, not renewed or renewed without promotion the grievance procedure described below can be invoked. The process is intended to protect the rights of the Resident and the training program and to ensure fair treatment for both parties. Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal or wrongful renewal without promotion of the annual Resident Training Agreement. Being placed on probation and immediate suspension from clinical responsibilities are not grievable.

The decision to suspend a Resident from the program, dismiss, not renew or renew without promotion a Resident is an academic responsibility and is the decision of the University of Colorado School of Medicine Graduate Medical Education programs.

In all cases of suspension from the program, dismissal, nonrenewal or renewal without promotion of a contract, it is expected that the appropriate probationary and remedial periods will have occurred as prescribed in this manual. However, as discussed in this document there may be instances where immediate suspension without probation or remediation will occur.

All “written notification” associated with the formal grievance process shall be by certified mail.

Academic actions, including non-promotion, non-renewal or termination as a consequence of failure to meet performance requirements in the USMLE policy are not grievable under terms of the GME Disciplinary Action policy.

Grievance Procedure:
1. Notification of intent to appeal: Any Resident who is suspended from the program, dismissed or whose Resident Training Agreement is not renewed or renewed without promotion shall be informed of the decision in person and/or by certified mail. The Resident who receives said notice may appeal the dismissal, suspension, nonrenewal or renewal without promotion. Any appeal by the Resident must be received by the Program Director within ten (10) calendar days of the Resident’s receipt of the certified notice, or personal notice, whichever occurs first. However, in the event the Resident refuses to accept the notice or otherwise does not receive the certified notice, the University will presume that the certified notice is received within three (3) business days following dispatch from the University. In that case, the Resident will have ten business days, plus three business days for a total of thirteen (13) days from the date of dispatch to file an appeal. A dated return receipt from the United States Postal Service shall be conclusive proof of an “attempt to deliver the notice.”

2. Assembly of review committee: Upon receipt of an appeal, the Senior Associate Dean for Education (or designee) will convene an ad hoc committee to review the Resident’s case. The committee shall seek advice from University counsel who shall be present for the hearing to advise the committee. The review committee may also seek advice from outside experts in the field of the Resident’s specialty if deemed necessary. The review committee will include the Senior Associate Dean for Education
Grievance Policy

(or designee), one full-time faculty member from a different training program and one representative from the Housestaff Association who is in a different clinical training program. The Senior Associate Dean for Education will chair the review committee. The Resident may object to a member of the review committee for cause. The Senior Associate Dean for Education has sole discretion to replace a member if deemed warranted.

3. **Hearing:** The review committee will assess the merits of the decision at issue and hear evidence and arguments by the Resident and the Program Director, Department Chair or Division Head. Since the hearing is an academic proceeding, the rules of evidence shall not apply.

The Program Director and Department Chair or Division Head are obligated to present to the review committee the reasons for and substantiating evidence in support of the decision at issue. The Resident and Program Director may present documents or letters of support and call the testimony of witnesses. The Resident may question witnesses who testify on behalf of the Program Director, Department Chair or Division Head. Witnesses called by the Resident may be questioned by the Program Director, department chair or division head.

The review committee shall tape record the hearing proceedings, but not its deliberations. Either party may, at its own expense, have a verbatim transcript made of the proceedings by a court reporter. Both parties may request a copy of the tape recording that was made by the committee.

The Resident may be represented by an attorney in an advisory capacity, but the attorney may not function as a spokesperson for the Resident during this grievance process.

4. **Final Determination:** The review committee will not overturn or modify the academic decision at issue unless, by majority vote, it concludes that the Resident has established by a preponderance of the evidence that the decision at issue was arbitrary or capricious. The review committee will make its determination within thirty (30) calendar days from the close of the hearing. The review committee will notify the Resident and Department Chair, or Program Director and the Associate Dean of Graduate Medical Education (in writing) of its decision. The decision of the committee is final. Should the Resident be reinstated, the review committee may impose an additional period of probation as a condition of continuation.

Please go to [www.medschool.ucdenver.edu/gme/policiesprocedures](http://www.medschool.ucdenver.edu/gme/policiesprocedures) for the most updated version of this policy.
HIPAA Compliance Procedure

All University of Colorado Denver School of Medicine GME approved programs will adhere to requirements addressed under HIPAA regulations and the University of Colorado Denver policies. Compliance with HIPAA Privacy and Security Rule requirements will be met by successful completion of the HIPAA Regulations online module.

Allegations against a Resident addressing violation of HIPAA regulations or CU Denver policies will be referred to the CU Denver Office of Regulatory Compliance for investigation who will then contact the Associate Dean for GME.

A substantiated first violation, as determined by the CU Denver Office of Regulatory Compliance, will result in a Resident being required to complete and document a program of remediation to be determined by Program Director, with concurrence from the CU Denver Office of Regulatory Compliance.

A second substantiated violation, as determined by the CU Denver Office of Regulatory Compliance, may be grounds for dismissal from a GMEC-approved training program or subject the offender to other sanctions, including formal Probation, as determined by the Program Director and Associate Dean for GME in consultation with the CU Denver Office of Regulatory Compliance and the CU Denver University Counsel Office.
Leave Policy

This policy and procedural steps relate to Family and Medical Leave of Absence, military leave, sick leave, vacation and other leaves of absences. Any leave time that impacts the Resident's ability to satisfy requirements necessary to complete the program is addressed under Leave Documentation.

Family and Medical Leave of Absence
It is the policy of the University of Colorado School of Medicine Graduate Medical Education Committee to allow leave for maternity, paternity, adoption, illness/injury of a close relative that requires the trainee's care, or illness/injury of the Resident. Residents may be granted up to 12 calendar weeks of leave during a 12-month period for certain family and medical reasons with the program holding the Resident position.

Leaves are granted at the discretion of the Program Director and with the prompt notification of the Associate Dean for Graduate Medical Education, provided that the time away does not cause any undue hardship for the program as defined by the Program Director. The Program Director will determine how much of the time will need to be made up in order to fulfill the specialty Board certification and RRC requirements.

If leave is granted, the Resident must first use the current year's vacation and/or educational leave as part of the leave thereby continuing to receive stipend. If the paid leave is not desired for the first 4 weeks, but instead at a later time during the leave, OR any/all of the leave is to be unpaid, the Program Director must state in the Leave Documentation (see below) this exception has been made. Vacation and/or education leave cannot be used to extend the length of the leave beyond the 12 weeks. The only paid leave available to Residents is the 3-week vacation and/or 1-week educational leave (PGY II and above) per contract year. Once that is exhausted, the Resident must go on unpaid leave.

Benefits during a Family and Medical Leave of Absence:

During the 12-week period of Family and Medical Leave of Absence, a funding source must be identified to pay the cost of maintaining the Resident's benefit package (health, dental, disability and life insurance) through GME.

Benefits for leaves that exceed, or are not eligible for, the 12-week period of Family and Medical Leave:

Health and Dental: During this leave, the Resident must self-pay entire premium(s) to maintain coverage. If the Resident is eligible and decides to continue benefits through the COBRA continuation of the CU GME Health Benefits Plan, the Resident must follow the enrollment procedures detailed in the Plan Document posted at [www.medschool.ucdenver.edu/gme/healthdental](http://www.medschool.ucdenver.edu/gme/healthdental) to obtain coverage.

Long-Term Disability: Premiums for long-term disability coverage are paid by the funding source during the first 90 days of an approved Family and Medical Leave. Self-payment
Leave Policy

of the premium is not allowed. A Resident on Family and Medical Leave that involves personal (not family) disability should contact the GME Office as soon as it is realized that the leave may exceed 90 days. The Resident will be given information on how to file a long-term disability claim. Disability benefits may be available beginning the 91st day of a disability. The decision of whether or not long-term disability coverage can be reinstated and the terms of reinstatement when the Resident returns from leave will be subject to the provisions of the disability insurance policy.

Life Insurance: During an approved leave period when the department is not required to pay the life insurance premium, the Resident may elect to continue life insurance coverage through GME by payment of the monthly premium. If the Resident chooses to not pay the life insurance premium, coverage will be canceled until the Resident’s return.

Other Leave of Absence
Requests to take a leave of absence other than Family and Medical Leave or to extend a leave beyond the 12-week period of Family and Medical Leave must be made through the Program Director and with the notification of the Associate Dean for Graduate Medical Education. Such requests will be handled on a case-by-case basis, with the program determining whether an unpaid leave will be granted (with the program holding the Resident’s position) or if the Resident would be required to resign in order to take such leave.

Benefits during this leave are the same as those above for leaves that exceed, or are not eligible for, the 12-week period of Family and Medical Leave. The Resident must be made aware that it is the Resident’s responsibility to arrange for insurance coverage during this time, and be given information on how to contact the GME Office with inquiries.

Leave Documentation
Any time a leave of absence is granted; the Resident must receive a letter from the Program Director, co-sign the letter in acknowledgment, and return the letter to the Program Director who must promptly forward a copy to the Associate Dean for Graduate Medical Education. The letter should state the following:

1) reason(s) for the leave
2) beginning and anticipated ending date of the leave
3) time period of paid leave and time period of unpaid leave
4) period of time the department is required to cover benefits during any unpaid portion for up to 12 weeks of Family and Medical Leave
Leave Policy

5) period of time the Resident is responsible for insurance coverage and information on how the Resident may contact the GME Office with questions.

6) plan for any time and/or rotations that the Resident will be required to make up in order to satisfactorily complete the program (consistent with the rules of the RRC) and/or to be eligible to participate in examinations by the relevant certifying board(s), with a clear indication of whether the make-up time will be paid or unpaid. (If paid, the letter must state the monthly stipend amount. If the leave is made up in the next academic year, the make-up time will be at the salary rate in effect at the time the leave is made up.)

Educational Leave
PGY IIs and above may receive up to 7 calendar days per year for paid educational leave at the discretion of the Program Director. This leave should be primarily to attend major conferences and meetings. Educational leave generally cannot be accumulated from year to year.

Military Leave
Military leave will be considered the same as an approved (NON medical) leave of absence and requires the same leave documentation as stated above, with the exception of 5). In the case of a Military leave, the Resident must contact the GME Office regarding benefits while on Military Leave prior to the start of the leave. The Military Leave portion of this policy will adapt to comply with USERRA regulations.

Sick Leave
Residents do not accrue an annual sick leave allotment. However, leaves of absence are granted as needed when approved by the Program Director. Residents are encouraged to seek medical attention as necessary so that they may best serve their patients and attend to assigned duties. Sick leave may not be used in lieu of vacation and such substitution is strictly prohibited.

Vacation
Residents are granted 21 calendar days* for paid vacation. Vacation leave generally cannot be accumulated from year to year. Residents are expected to use vacation leave for interviews. Many programs require that all leaves be scheduled at the beginning of the academic year or far enough in advance to maintain compliance with duty hours.

Before starting leave, a Resident must have completed all patient medical records in the hospitals.

*7 days represents a calendar week. A calendar week is defined as consecutive weekdays and one attached weekend that a Resident is on vacation.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Medical Records Policy

Purpose
This policy will provide Residents the expectations for timely completion of medical records.

Policy
Accurate and timely completion of medical records is essential to provide good medical care. This policy will apply to all University of Colorado School of Medicine Residents at each of the participating hospital/institutions.

1. All Residents must comply with the applicable hospital policies where they rotate.

2. If a Resident rotates away from a hospital they are still responsible for completion of charts left at the hospital.

3. As part of the annual Training Agreement, Residents are expected to keep charts, records and/or reports up to date and signed at all times.

4. The formal semi-annual evaluation of a Resident’s performance must include an element under the competency of Interpersonal and Communication, an assessment of timely, comprehensive, and legible completion of all medical records.

5. All medical record documentation must be current and completed prior to completion of the training program and exiting the CU SOM.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Moonlighting Policy

Purpose
To ensure that professional activities falling outside the course and scope of an approved training program are consistent with policies and guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME) and GME.

Definitions:
External Moonlighting – any medically-related professional activity, which is outside the course and scope of the approved training program, and takes place at a hospital, clinic, business, or other practice site that is not a site of practice for the program.
Internal Moonlighting – any medically-related professional activity that is outside the course and scope of the approved training program and is provided in a site of practice for the program.

Internal Moonlighting Billing – If a provider is submitting claims to payers for professional services, the services may only be provided in the outpatient setting and must be outside the course and scope of the approved training program.

Policy
The Graduate Medical Education Committee (GMEC) recognizes that moonlighting is not an activity associated with part of the formal educational experience. Residents must not be required to participate in moonlighting activities. Individual programs may prohibit moonlighting by its Residents/Fellows. The Program Director will monitor the effect of moonlighting activities on a Resident’s/Fellow’s performance in the program, including adverse effects which may lead to withdrawal of permission to moonlight. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Residents must meet the following requirements:

1. The individual wishing to moonlight must obtain annually, prior written approval to perform specific duties/procedures in a moonlighting environment from the Program Director. (Complete the Approval for Resident Moonlighting request form and return to the GME office).

2. The individual seeking permission to moonlight must possess a valid license to practice medicine in the State of Colorado. A “Physician Training License” does not meet this requirement. For additional information see Colorado Revised Statutes Article 36, also known as the Medical Practice Act.

3. The individual seeking permission to moonlight must secure professional liability (malpractice) insurance coverage apart from that provided to Residents as part of the formal academic training program. Coverage provided Residents as referred to in the residency contract do not include activities occurring as part of a moonlighting experience.

4. Residents moonlighting at either UCH or Children’s Hospital Colorado (CHCO) must be appointed a GME Instructor/Fellow through the Faculty Affairs Office.
Moonlighting Policy

5. Time spent by Residents in Internal and External Moonlighting must be counted toward the 80-hour Maximum Weekly Hour Limit as required by ACGME and GME.

6. Programs operating under an exception to the 80-hour weekly duty limit endorsed by the GMEC and approved by the appropriate RRC may not allow Residents to moonlight while serving on rotations with a duty hour exception.

7. PGY-1 Residents are not permitted to moonlight.

8. Individuals possessing a J-1 visa are not eligible to moonlight.

9. The Resident must be in good standing (not on Focused Review nor Probation or having significant performance issues).

10. Residents with prior permission to moonlight will have that permission revoked by the Program Director if academic performance is determined to no longer be at a satisfactory level, e.g., probation or other major concerns arise.

11. Residents continuing to moonlight following revocation of permission can be dismissed from the program. This notice must be contained in documentation placing the Resident on probation.

12. The obligation to notify an outside employer is the responsibility of the Resident who established that employment relationship, not the responsibility of the University or training program.

Procedure


2. Both the Program Director and GME Associate Dean must complete and sign the form prior to engaging in moonlighting activities. A copy of the completed approval form will be sent to the Program Director by the GME staff upon completion.

3. Programs must maintain a copy of the completed form in the Resident’s permanent file.

4. Programs must maintain an ongoing record of all moonlighting approvals for all Residents and this record may be reviewed along with the individual approval forms at the time of the Internal Review by the GME staff.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
APPROVAL FOR RESIDENT MOONLIGHTING
July 1, 2014 – June 30, 2015

To Be Completed by Resident/Fellow

Please check type of activity you will be performing. One form is required per site.

______ External Moonlighting - any medically-related professional activity, which is outside the course and scope of the approved training program, and takes place at a hospital, clinic, business, or other practice site that is not a site of practice for the program. You must have malpractice coverage purchased by either you or the hiring entity. You are not covered by the GME component of the University of Colorado malpractice insurance for this work. You are not supervised by an attending and you need a full Colorado medical license. Hours worked DO COUNT towards Duty Hours.

______ Internal Moonlighting - any medically-related professional activity that is outside the course and scope of the approved training program and is provided in a site of practice for the program. You must have malpractice coverage purchased by either you or the hiring entity. You are not covered by the GME component of the University of Colorado malpractice insurance for this work. You are not supervised by an attending and you need a full Colorado medical license. GME Instructor/Fellow appointment required if moonlighting at UCH or Children’s Hospital Colorado (CHCO) in order to be covered under the Faculty Trust Malpractice Policy. Hours worked DO COUNT towards Duty Hours.

Note: Internal Moonlighting Billing—If a provider is submitting claims to payers for your professional services, the services submitted may only be provided in the outpatient setting and must be outside the course and scope of the approved training program.

Resident Name  _______________ PGY  __________ Training Program:  ____________________________

Date Moonlighting Starts:  ____________________________________________________________

Moonlighting Employer (Facility Name, City, State):  ____________________________________________

   For External Moonlighting Only – Name of Contact Person:  _______________________________________

Maximum Number of Hours Per Week of Moonlighting:  _______________________________________

Nature of Moonlighting Activity:  ____________________________________________________________

Colorado Medical License #:  __________  Expiration Date:  ________________________________

Name of Malpractice Carrier:  __________________________  Malpractice Policy #:  __________________

Acknowledgement of Moonlighting Policy

Important: Initial to indicate that you have read and agree with each statement

I understand that moonlighting activities are prohibited during regular program duty hours, as defined by my Program Director. Additionally, I understand that this activity will not be credited toward my current training program requirements.

I acknowledge that my performance will be monitored for the effect of this activity. Adverse effects on achieving my program’s goals and objectives may lead to rescinding this permission.

I understand that time spent in Internal and External Moonlighting must be counted toward the 80-hour Maximum Weekly Hour Limit, as required by ACGME.
I understand that I am responsible for accurately recording all moonlighting duty hours in my program’s duty hour tracking system. Failure to do so may result in Corrective Action and revocation of moonlighting privileges.

I understand that the GME component of the University of Colorado malpractice insurance does not cover moonlighting activities outside the course and scope of my program. I hereby certify that I have professional liability insurance which covers any liability for this moonlighting.

I agree to submit another form should the moonlighting location, activity, or hours change.

I acknowledge that violation of the Moonlighting Policy set forth in the Resident Manual constitutes a breach of the Resident Training Agreement between University of Colorado School of Medicine and myself and may lead to Corrective Action.

I attest that the moonlighting activity is outside the course and scope of my approved training program.

**Additional Questions For External Moonlighting Only:**

I understand that the University of Colorado School of Medicine assumes no responsibility for my actions in connection with this activity. I will so inform the organization by which I am employed and I will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with the University of Colorado School of Medicine, nor will I permit the organization by which I am employed to represent me as such.

I give my Program Director permission to contact this moonlighting employer to obtain moonlighting hours for auditing purposes.

By signing below, I also attest that I am not paid by the military nor on a J-1 Visa.

Resident Signature: ________________________________ Date: _____ / ____ / ____

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**Program Director Approval - Obtain before submitting to GME Office**

With my signature, I:

1) approve this moonlighting
2) attest that the moonlighting duties/procedures are outside the course and scope of the training program
3) attest that this resident is in good standing (not on Focused Review nor Probation)
4) attest that this resident is not on a J-1 Visa
5) agree to monitor this resident for duty hour compliance and the effect of this activity performance, and
6) may withdraw this permission if adverse effects are noted

______________________________________________ Date: _____ / ____ / ____

Program Director

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**Final Approval - Completed by the GME Office**

Date: / /
Non-Compete Policy

Policy
ACGME institutional requirements state that ACGME-accredited residencies must not require Residents/Fellows to sign a non-competition guarantee in return for fulfilling their educational obligations.

In addition, the GMEC of the University of Colorado School of Medicine established a policy opposing non-compete clauses for any CU trainees, either in ACGME accredited programs or non-ACGME accredited programs.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Physician Impairment Policy

Purpose
Physician health is essential to quality patient care. University of Colorado School of Medicine (CU SOM) GME strives to create an environment to assist Residents in maintaining wellness and in proactively addressing any health condition that could potentially affect their health, well-being, and performance. Most health conditions do not affect workplace performance or impair the practice of medicine. For the purposes of this policy and procedure, a health condition is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect the practice of medicine and/or impair the Resident's performance in the program.

Colorado Physician Health Program
Residents are encouraged to voluntarily self-refer to the Colorado Physician Health Program (CPHP) for any health condition or concern about a potential health condition. Residents may self-refer at any time, without or prior to any workplace intervention. This service is confidential. Residents and fellows who self-report and utilize CPHP services do not have to disclose their health conditions when applying for a Colorado license or renewing a license, with the exception of legal charges. For more information about CPHP, visit www.CPHP.org or call at 303-860-0122. Request for paid leave or unpaid time off in order to participate in CPHP confidential evaluations and monitoring will be considered under Family Medical Leave (FML) if applicable or on a case by case basis.

University of Colorado Alcohol and Drug Policy
The University of Colorado Alcohol and Drug Policy in compliance with the federal Drug-Free Workplace Act and the Drug-Free School and Communities Act prohibits the unlawful manufacture, distribution, dispensation, possession or use of any controlled substance (illicit drugs of any kind or amount) and the abuse of alcohol by students and employees on university property or as part of any of its activities. This prohibition covers any individual's actions that are part of any university activities, including those occurring while on university property or in the conduct of university business away from the campus (http://catalog.ucdenver.edu/content.php?catoid=1&navoid=24#Drugs_and_Alcohol).

Residents violating this policy will be subject to appropriate University disciplinary procedures, which may include probation and/or termination of the training agreement. Residents violating the University of Colorado Drug-free Workplace Policy may also be asked or required to participate in CPHP, including any monitoring and/or treatment recommendations.

Program Director Responsibilities
Program Directors are required under Accreditation Council for Graduate Medical Education guidelines to “monitor stress, including mental or emotional conditions inhibiting performance or learning, and drug-or alcohol-related dysfunction.” When health conditions that affect the Resident's ability to practice medicine safely are known or suspected, the Program Director should make appropriate and timely referrals to CPHP to assist with necessary assessment, treatment referral and monitoring.

When the known or suspected health condition is related to substance use/abuse, the following additional steps must be taken by the Program Director:
Physician Impairment Policy

1. Review the situation with the Associate Dean for Graduate Medical Education/Designated Institutional Official, including written documentation outlining Resident performance deficiencies, before discussing with the Resident.

2. Discuss the potential job performance deficiencies and/or policy non-compliance issues with the Resident. Make clear that a change in performance, including compliance with this policy, is expected, or appropriate disciplinary action will result. Remind the Resident that he/she is required to report the use of any drug/medication that may adversely affect ability to perform to their Program Director. Make the Resident aware of options to seek help for any health condition. Do not make a clinical diagnosis of substance use/abuse or accuse the Resident of using substances.

Some training programs may have stricter standards regarding health conditions that may affect the ability to practice medicine safely, calling for additional steps or actions beyond the above. In such cases, the program must have a written policy, and a copy must be placed in the program manual and provided to the GME Office.

Resident Performance and Disciplinary Action Policy

The GME disciplinary action policy states that “for ethical misconduct or substance abuse, a Resident may be placed on probation indefinitely, through the remainder of the training program” Any substance abuse or ethical misconduct will result in mandatory referral of the Resident to CPHP.” As a condition of probation, the Resident must allow exchange of information between CPHP and the training program/UCSOM GME office. If CPHP requires “screening for cause,” the Resident is responsible for payment; however, expenses may be reimbursable through the CU GME health plan and the GME Office.

If a Resident demonstrates a recurrence of unsatisfactory performance due to substance abuse during his/her training program, additional disciplinary actions may occur. He/she may be re-referred to CPHP, or he/she may be dismissed without any additional remedial period.

If a Resident’s behavior is considered potentially dangerous to patients himself, herself or other individuals, immediate suspension of clinical responsibilities may be imposed at the discretion of the Program Director and Department Chair without a probationary period.

Colorado Medical Board Reporting Requirements

Licensed physicians are obligated under CRS 12-36-118(3)(a) to report unprofessional conduct of other licensed physicians to the Colorado Medical Board (http://www.dora.state.co.us/medical/Statute.pdf). As defined by the statute, “unprofessional conduct” includes “habitual or excessive use or abuse of alcohol, a habit-forming drug, or a controlled substance” and a physical or mental illness or condition that impacts the licensee’s ability to perform a medical services with reasonable skill and with safety to patients.”

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Prescription Policy

All Residents in an ACGME or GMEC approved training program are required to follow the Colorado Revised Statues regarding distribution of controlled substances.

**Colorado Revised Statues 12-36-122 (a):** “a physician training licensee shall be authorized to practice medicine only under the supervision of a physician licensed to practice medicine pursuant to section 12-36-107 or 12-36-107.6 and only as necessary for the physician training licensee’s participation in the approved internship, residency, or fellowship designated on the licensee’s application for a physician training license.”

For all Residents with a “training license or full license” any medication or treatment that is self-prescribed, prescribed by another Resident or Fellow, or prescribed for a member of the Resident’s own family is prohibited while in an approved training program. This action will be treated as unprofessional behavior.

Please go to [www.medschool.ucdenver.edu/gme/policiesprocedures](http://www.medschool.ucdenver.edu/gme/policiesprocedures) for the most updated version of this policy.
Professionalism Policy

Purpose:
Residents are responsible for fulfilling any and all obligations that the GME office, Hospitals and Residency Programs deem necessary for them to begin and continue duties as a Resident/Fellow, including but not limited to:

- Attending orientations, receiving appropriate testing and follow-up if necessary for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures (all of which may be prior to appointment start date).
- Completing required GME, Hospital and Program administrative functions in a timely fashion and before deadlines such as medical records, mandatory on-line training modules and surveys or other communications.

All GME program directors and faculty are responsible for educating, monitoring and providing exemplary examples of professionalism to residents. Please refer to the GME Concern/Complaint Procedure regarding specific professionalism reporting systems and resources.

Process – Each program must have a program level professionalism policy which describes how the program provides professionalism education to residents. The Program Director will ensure that all program policies relating to professionalism are distributed to Residents and Faculty. A copy of the program policy on professionalism must be included in the official Program Manual and provided to each Resident upon matriculation into the program.

POLICY
Professionalism – Code of Conduct

Residents are responsible for demonstrating and abiding with the following professionalism principles and guidelines. Physicians must develop habits of conduct that are perceived by patients and peers as signs of trust. Every physician must demonstrate sensitivity, compassion, integrity, respect, professionalism, and maintain patient confidentiality and privacy. A patient’s dignity and respect must always be maintained. Under all circumstances, response to patient needs shall supersede self-interest. A medical professional consistently transmits respect for patients by his/her performance, behavior, attitude and appearance. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:

A. Respect patient privacy and confidentiality.
   1. Knock on the door before entering a patient’s room.
   2. Appropriately drape a patient during an examination.
   3. Do not discuss patient information in public areas, including elevators and cafeterias.
   4. Keep noise levels low, especially when patients are sleeping.

B. Respect patient self-autonomy and the right of a patient and a family to be involved in care decisions.
   1. Introduce oneself to the patient and their family members and explain role in the patient’s care.
   2. Wear name tags that clearly identify names and roles.
   3. Take time to ensure patient and family understanding and informed consent of medical decisions and progress.
Professionalism Policy

C. Respect the sanctity of the healing relationship.
   1. Exhibit compassion, integrity and respect for others.
   2. Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.
   3. Respond promptly to phone messages and pages.
   4. Provide reliable coverage through colleagues when not available.
   5. Maintain and promote physician/patient boundaries.

D. Respect individual patient concerns and perceptions.
   1. Comply with accepted standards of dress as defined by each institution.
   2. Arrive promptly for patient appointments.
   3. Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

E. Respect the systems in place to improve quality and safety of patient care.
   1. Complete all mandated on-line tutorials and public health measures (e.g. TB skin testing) within designated timeframe.
   2. Report all adverse events within a timely fashion.

A professional consistently demonstrates respect for peers and co-workers.

A. Respect for colleagues is demonstrated by maintaining effective communication.
   1. Inform primary care providers of patient’s admission, the hospital content and discharge plans.
   2. Provide consulting physicians all data needed to provide a consultation.
   3. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.
   4. Inform all members of the care team, including non-physician professionals, of patient plans and progress.
   5. Provide continued verbal and written communication to referring physicians.
   6. Understand a referring physician’s needs and concerns about his/her patients.
   7. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.
   8. Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.

B. Respect for diversity of opinion, gender and ethnicity in the workplace.
   1. Maintain a work environment that is free of harassment of any sort.
   2. Incorporate the opinions of all health professionals involved in the care of a patient.
   3. Encourage team-based care.

In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.
Professionalism Policy

Professionalism – Uniform Dress Code
Residents must adhere to the following to reflect a professional appearance in the clinical work environment and are also held accountable to relevant individual institution policies.

Identification:
- Unaltered ID badges must be worn and remain visible at all times.
- If badge is displayed on lanyard, it should be a break-away variety.

White Coats:
- Long white coat that specifies the physician’s name and department should be worn.

Personal Hygiene:
- Hair must be kept clean and well groomed. Hair color or style may not be extreme. Long hair must be contained as so to not drape or fall into work area.
- Fingernails should be kept clean and of appropriate length. Artificial nails are prohibited.
- Scent of fragrance or tobacco should be limited/minimized.

Shoes/Footwear:
- Shoes must be clean, in good repair and of a professional style appropriate to work performed.
- No open-toed shoes may be worn. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

Jewelry:
- Jewelry must not interfere with job performance or safety.
- Inappropriate/Not Permitted:
  - Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message

Tattoos:
- Every effort must be made to cover visible tattoos.

Men:
- Clothing must reflect a professional image, including:
  - Dress-type pants & collared shirt & tie
- Facial hair must be neat, clean and well-trimmed.

Women:
- Clothing must reflect a professional image, including:
  - Skirt and dress length must be at or below the knee
  - Clothing should cover back, shoulders, midriff - modest neckline (no cleavage)

Scrubs:
- Residents may wear scrubs in any clinical situation where appropriate.
- When not in a work area, a white coat should be worn over scrubs.
Professionalism Policy

Professionalism: Social Media Guidelines

Because social media blurs the line between personal voice and institutional voice, the university has created these guidelines to clarify how best to protect personal and professional reputations when participating.

In both professional and institutional roles, employees need to adopt a common sense approach and follow the same behavioral standards online as they would in real life, and are responsible for anything they post to social media sites either professionally or personally.

For these purposes, ‘social media’ includes but is not limited to social networking sites, collaborative projects such as wikis, blogs and microblogs, content communities and virtual communities.

Best practices - for all social media sites, including personal sites

1. **Think before posting** - There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit and on the university. Search engine databases store posts years after they were published, so posts could be found even if they were deleted; and comments may be forwarded or copied.

2. **Be accurate** - Verify your information for accuracy, spelling and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.

3. **Be respectful** - The goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm or provoke.

4. **Remember your audience** - Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large – including prospective students, current students, staff, faculty and peers.

5. **Be a valuable member** - Contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group you are trying to participate in.

6. **Ensure your accounts’ security** - A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from you. If you administer a university/school/college/department/unit social media account, be sure to use a different password than for your personal accounts. Follow best practices in selecting and protecting your university account passwords.
Professionalism Policy

Guidelines for all social media sites, including personal sites

- **Protect confidential and proprietary information** - Do not post confidential information about the university, students, faculty, staff, patients or alumni; nor should you post information that is proprietary to an entity other than yourself. Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action and/or termination.

- **Respect copyright and fair use** - When posting, be aware of the copyright and intellectual property rights of others and of the university. Refer to CU System policies on copyright and intellectual property for more information/guidance.

- **Do not imply university endorsement** - The university logo, wordmark, iconography or other imagery shall not be used on personal social media channels. Similarly, the university’s name shall not be used to promote a product, cause or political party/candidate.

Please go to [www.medschool.ucdenver.edu/gme/policiesprocedures](http://www.medschool.ucdenver.edu/gme/policiesprocedures) for the most updated version of this policy.
Program Size and Closure Policy

Training Programs Closure
The University of Colorado School of Medicine is committed to supporting Residents in the completion of their training. However, occasionally circumstances arise which may require a program to close. Program Directors shall inform the Dean, DIO, GMEC and the Chair, Division Chief and Service Chief of the Department or Section of the affected program, if reduction in size of the program or program closure or reduction of size of a training program. If a training program is to close either voluntarily or involuntarily, Residents in the program will complete their training but no new Residents will be admitted. However, if the program will not continue long enough for currently enrolled Residents to complete training, the CU School of Medicine will assist displaced Residents with finding a position in a different ACGME-accredited training program. While the CU School of Medicine will make its best effort to assist displaced Residents, it cannot guarantee that Residents will find a position in a different training program.

Hospital Closure Policy
In the event an affiliated hospital terminates or suspends operations for whatever reason, efforts to find alternate locations which will provide the necessary clinical and educational resources for Residents to complete their training shall be made by the program(s) involved. Should it not be possible to relocate the affected Residents, the department will assist displaced Residents to find a position in a different ACGME-accredited training program. While the CU School of Medicine will make its best effort to assist displaced Residents, it cannot guarantee that Residents will find a position in a different training program.

Program Change in Complement
Changes in complement may include any of the following actions: Temporary to extend training year due to leaves or other program issues, temporary when an additional Resident joins the program for a year or more, or permanent increases. All program changes in complement must follow the following procedure:

1. Requests must be made to the GMEC Office and include if request is temporary or permanent, justification for the change in complement, funding support for additional time and/or resident, and effective time period for increase.
2. Requests must be approved by GMEC for ACGME accredited programs
3. All requests (temporary and permanent) for ACGME accredited programs must be entered in webADS, subject to specialty RRC guidelines (ex. temporary increases extending).
Sexual Harassment Procedure

Introduction: The University of Colorado System Administrative Policy Statement on Sexual Harassment Policy and Procedures, can be found at: http://www.ucdenver.edu/faculty_staff/employees/policies/Policies%20Library/HR/SexualHarassment.pdf

CU Sexual Harassment Officer: If you need to report sexual harassment, or if you have any questions regarding sexual harassment or the Sexual Harassment Policy, please call the Human Resources Office, 303-315-2700, or send correspondence to PO Box 173364, Campus Box 130, Denver, CO 80217-3364.

On Campus Resources

1. The Ombuds Office is a resource available to all members of the University community. The Ombuds Office provides confidential, neutral and informal conflict resolution services that involve the faculty, staff, residents and their supervisors or alleged perpetrator(s). This expertise is extremely valuable in understanding and utilizing the Sexual Harassment Policy. In addition, the Ombuds Office allows for prompt, informal, and confidential discussion for individuals to review options for resolution. Offices are located at:
   
   Anschutz Campus Suite 7005, Bldg 500 303-724-2950
   Downtown Campus Room 107P, CU Bldg 303-556-4493

2. Deans’ Offices: Residents may contact the Associate Dean in the GME Office as a resource for assistance in resolving complaints of sexual harassment. The supervisor who receives the complaint is obligated to report it to the CU Sexual Harassment Officer. The Resident should also inform the CU Sexual Harassment Officer.

3. CU and Auraria Police Department: The police respond to reports of on-campus criminal conduct, including sexual assault or other serious allegations of sexual harassment in which the complainant believes that their safety is threatened. Allegations of serious sexual harassment should be reported to the Police Department if they occur during after-hours or weekends, or immediately to the sexual harassment officer during business hours. The Police Department makes appropriate referrals of non-criminal complaints. The emergency phone number for police serving all campuses is 911. Victims and other with knowledge of a sexual assault or other kinds of sexual harassment, such as stalking, should also inform the CU Sexual Harassment Officer.
Sexual Harassment Procedure

Off Campus Resources

University of Colorado Sexual Harassment Policy requires supervisors, employees, and students to report instances of witnessed or alleged sexual harassment to the University’s Sexual Harassment Officer (303-315-2700). Individuals who have been subjected to, witnessed or otherwise been impacted by an incident of sexual harassment may also file a report with or obtain assistance from one of the agencies listed below:

1. The Aurora Police Department: Responds to reports of off campus criminal conduct, including sexual assault. Emergencies 911; Victims Assistance 303-627-3100.
3. State Personnel Board: May be contacted by any classified staff involved in a sexual harassment complaint either by the complainant or the respondent: 303-866-3300.

Healthcare Provider(s)

If you choose to discuss any allegation of sexual harassment with a licensed physician or healthcare provider as a patient, it is normally covered by the patient/counselor relationship and thus is exempt from the reporting requirements of the University policy on sexual harassment. You still have the option of pursuing a sexual harassment complaint if you decide that the situation merits an investigation.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Smoke Free and Tobacco Free Environment Policy

Introduction
In accordance with our mission, which commits in part to improving the health and well-being of Colorado and the world, the University of Colorado Denver will ensure a smoke-free and tobacco-free environment to protect the health of its faculty, staff, students and visitors at the Anschutz Medical Campus.

Purpose
In order to promote health and wellness within the University community, it is the policy of University of Colorado Denver that smoking or tobacco use of any kind is prohibited on any property or in any facilities at the Anschutz Medical Campus. This policy is consistent with policies already in place for neighboring affiliates at the campus, including University of Colorado Hospital and Children’s Hospital Colorado. All persons on the Anschutz Medical Campus are prohibited from smoking products including, but not limited to, cigars, cigarettes, pipes or any device or material which is lighted and inhaled. Smokeless tobacco products such as chewing tobacco or snuff are also prohibited.

Implementation
This policy will be distributed to the University community, made available on its website, presented during new student, faculty and staff orientation programs, and promoted using signage on the campus. Individuals observed smoking or using tobacco products on the campus will be informed of the policy and asked to stop. Continued violation of the policy may result in disciplinary action, according to processes specific to faculty, staff and students. For information or assistance with smoking cessation resources or implementation of this policy, please call Human Resources at 303-315-2717.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Stipend Procedure

Purpose
To provide each Resident in a Graduate Medical Education Committee (GMEC) approved training program with an annual stipend deemed fair and reasonable by the University of Colorado School of Medicine as the sponsoring institution for medical training programs.

Policy and Procedure:

All contracts will follow the GME academic year calendar – June 23rd for Interns and July 1 for PGY II and above. Stipends will reflect the stipend level in effect for that academic year.

A. Change in the stipend level

1. All Residents and Fellows in a GMEC approved medical training program will receive a stipend based on the annually approved schedule for up to seven levels of graduate medical education and for Chief Resident positions in Internal Medicine, Pediatrics, Psychiatry and Surgery.

2. Stipends are standardized for all GMEC-approved programs.

3. All exceptions to the established stipend rates must be justified by the Program Director in writing to the DIO. The Program Director must request and obtain approval from the GMEC before making an offer to a Resident for a stipend that is greater or lower than the established approved stipend level.

4. If the Resident is funded from a NIH training grant rate, the program can pay just the NIH rate if it is more than the stipend rate for the appropriate PGY level minus the taxes.

B. Change in the PGY level

1. The PGY level of appointment is determined by the requirements for entering and successfully completing a particular residency or fellowship program leading towards eligibility for Board Certification. All exceptions to starting a Resident at a level higher or lower level must be justified by the Program Director in writing to the DIO.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy
Supervision Policy

Purpose
To ensure that Residents are provided adequate and appropriate levels of supervision at all times during the course of the educational training experience and to ensure that patient care is delivered in a safe manner.

Policy
Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care. This information should be available to residents, faculty, and patients. Residents and faculty members should inform patients of their respective roles in each patient’s care.

All Residents working in clinical settings must be supervised by a licensed physician. Within the State of Colorado, the supervising physician must hold a regular faculty or clinical faculty appointment from the University of Colorado School of Medicine. For clinical rotations occurring outside of Colorado the supervising physician must be approved by the training Program Director.

The program must demonstrate that the appropriate level of supervision is in place for all Residents who care for patients. The Program Director will ensure all program policies relating to supervision are distributed to Residents/Fellows and Faculty who supervise Residents. A copy of the program policy on Supervision must be included in the official Program Manual and provided to each Resident upon matriculation into the program. To ensure oversight of Resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision (CPR VI.D.3):

- **Direct Supervision:**
  The supervising physician is physically present with the Resident and patient.

- **Indirect Supervision:**
  With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

- **Oversight:**
  The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and Faculty members. The Program Director must evaluate each Resident’s abilities based on specific criteria, and per specific national standards-based criteria when available.

Each program must specify in writing the type and level of supervision required for each level of the program. Levels of supervision must be consistent with Joint Commission standards.
Supervision Policy

regulations for supervision of trainees, “graduated job responsibilities/job descriptions”. The required type and level of supervision for Residents performing invasive procedures must be clearly delineated.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Programs must set written guidelines for circumstances and events in which Residents must communicate with appropriate supervising Faculty, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

Each Resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. The clinical responsibilities for each Resident must be based on PGY-level, patient safety, Resident education, severity and complexity of patient illness/condition and available support services.

PGY-1 Residents should be supervised either directly or indirectly with direct supervision immediately available.

GMEC oversees the following 3 mechanisms by which Residents/Fellows can report inadequate supervision in a protected manner:

- GME Annual Surveys
- ACGME Annual Resident Surveys
- GME Hotline (anonymous)

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy
Transitions of Care Policy

Introduction:
The University of Colorado Denver School of Medicine (CU SOM) Graduate Medical Education Committee (GMEC) requires each residency and fellowship program to develop policies to ensure the safe transfer of responsibility for patient care. The format for transfer of care may vary, but program standards must ensure continuous, coordinated delivery of care in settings that are appropriate to patients’ needs, including arrangements that extend beyond the inpatient setting into the community and the home.

Definition:
A structured handoff is the process of transferring information, authority, and responsibility for patients during transitions of care. Transitions include changes in providers (shift-to-shift, service-to-service) or when a patient is moved from one location or level of service to home or another level of care. Transitions may also be prompted due to caregiver fatigue.

Policy:
Each residency and fellowship program must develop a Transition of Care (Structured Patient Handoff) Policy that outlines the expectations for transfer of responsibility for patient care in all the settings/situations in which handoffs occur. The amount of information to be included in the process will vary depending on the functional role of the resident or fellow in patient care and the requirements of the clinical setting and facility. Residents and fellows providing continuous and direct care and taking responsibility for order writing require a higher level of information exchange than those with less continuous duties, such as consultative or supervisory services.

Per ACGME Common Program Requirements (VI.B. Transitions of Care), each program must:

1. Design clinical assignments to minimize the number of transitions in patient care.
2. Ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
3. Ensure that residents and fellows are competent in communicating to the team members in the hand-over process.
4. Work with the sponsoring institutions to ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows currently responsible for each patient’s care.

Guidelines for Minimal Handoff Requirements can be found on the GME website in the “Policies and Procedures” section.
USMLE and COMLEX Examinations Policy

Purpose
To ensure that Residents enrolled in training programs meet eligibility requirements to obtain medical licensure in Colorado beyond the level of the Physician Training License.

Policy
All Residents in GMEC approved programs are required to successfully complete the USMLE Step 2 (CS and CK) or COMLEX Level 2 (CE and PE) examination, as evidenced by obtaining a passing grade for that examination, prior to the mid-point in the first post-graduate year (PGY1). Failure to demonstrate passage within the stated timeline may result in non-renewal from the training program at the end of the academic year.

All Residents in GMEC approved programs are required to successfully complete the USMLE Step 3 examination or COMLEX Level 3 examination, as evidenced by obtaining a passing grade for that examination, prior to the mid-point of the second post-graduate year (PGY2). Failure to demonstrate passage within the stated timeline may result in non-renewal or termination from the training program at the end of the academic year.

All Fellows entering GMEC approved programs must have successfully completed the USMLE Step 3 examination, COMLEX Level 3 examination, or the Canadian LMCC examination as evidenced by obtaining a passing grade for that examination prior to starting a fellowship.

Academic actions including non-renewal or termination as a consequence of failure to meet requirements in this policy are not grievable under the terms of the GME Disciplinary Action Policy.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy
Work Environment Policy

Purpose and Policy
To ensure that Residents have a healthy and safe work environment that provides for:

(1) Food Service - access to appropriate food services 24 hours a day while on duty in all institutions. If the cafeteria is not open, adequate and appropriate food items must be available for on-call Residents.

(2) Call rooms – participating hospitals shall provide adequate and appropriate sleeping quarters that are safe, private, and quiet, for Residents’ assigned in-house overnight call, for naps as needed for potential negative effects of fatigue or sleep deprivation, or if the Resident is too fatigued to safely return home. Call areas shall include convenient and adequate toilet and shower facilities (cleaned daily), clean linens, security including door locks, an adequate number of lockers for storage of personal belongings, and telephone access.

(3) Security/safety – appropriate security and personal safety measures at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related facilities. Safe transportation options must be available for Residents who may be too fatigued to safely return home. Please refer to the resource Hospital Contacts for Sleep Facilities and/or Safe Transportation Options at the link below on the GME website at: http://www.ucdenver.edu/academics/colleges/medicalschool/education/graduatemedicaleducation/GMEDocuments/Documents/12.%20Duty%20Hours/Hospital%20Contacts%20for%20Fatigued%20Residents.pdf

If a Resident is not provided with the above, the Resident should contact hospital appropriate departments, Program Director, Housestaff Association and/or CU SOM GME Office at 303-724-6031.
Work Environment Policy

2014-2015 Hospital Contacts for Sleep Facilities and/or Safe Transportation Options

Residents and Fellows who feel they are too fatigued to safely drive home, should contact the designated person below at the hospital the Resident is working. Sleep facilities and/or safe transportation options will be provided by each hospital.

Children's Hospital Colorado
Eric Sommers
Manager Medical Education Cell: (303) 246-6032
Office: (720) 777-6884
Sommers.Eric@tchden.org

Denver Health Medical Center
John Thompson
303-436-6051
John.Thompson@dhha.org

Denver VAMC
Thomas J. Meyer, MD
Associate Chief of Staff/Academic Affiliations
Pager 303-266-9636
VA Email: Thomas.Meyer@va.gov

University of Colorado Hospital
UCH Hospital Manager
720-848-4296 (cell)
303-266-9180 (pager)

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy
Worker's Compensation Claim Procedure

Needle-stick & Body Fluid Exposures
A bloodborne pathogen exposure is one that might place CU Residents at risk for HBV, HCV, or HIV infection and is defined as a percutaneous injury (e.g., a needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. Additional treatment and claim information can be found on the University Risk Management webpage (www.cu.edu/risk).

Medical Treatment:
- **Anschutz Medical Campus Exposures** - CU Residents injured by needle-sticks, injury from sharps, or other body fluid exposures should seek immediate medical attention at Infectious Disease or in the Emergency Department (after hours) of University of Colorado Hospital. Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday-Friday, or the Emergency Department after hours.

- **Hospital or Clinical Off-Campus Exposures**
  - **University of Colorado Hospital (UCH)** – Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday-Friday, or the Emergency Department after hours.
  - **Children’s Hospital Colorado** – Go to Employee Health Services, 13123 East 16th Avenue, B260, between 8:00 AM and 4:00 PM Monday-Friday, or the Emergency Department after hours.
  - **Denver Health Medical Center (DHMC)** – Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Department after hours.
  - **VA Medical Center** – Go to Occupational Health (1055 Clermont St Denver, CO 80220) between 8:00 AM and 4:00 PM Monday-Friday, or the Emergency Department after hours.
  - **Memorial Hospital** – Go to the Occupational Health Department, Printers Park Medical Plaza, 175 S. Union Blvd., Suite 315, between 7:30 AM and 5:00 PM Monday-Friday, or the Emergency Department after hours.
  - **Other Hospitals, Clinics or Laboratories Off-Campus** – Employees, medical Residents, fellows, student interns working in clinical facilities off-campus are to follow the off-campus facility’s Bloodborne Pathogen Policy for initial handling of exposures and source patient testing. If after hours go to the nearest emergency room or facility or for non-emergency or follow-up medical care for your workers’ comp injury, go to one of the **CU Designated Medical Providers**. (Concentra, HealthOne, Arbor, WorkWell and CCOM).
Worker's Compensation Claim Procedure

All other Work-Related Injuries/Illnesses

Medical Treatment:
- In case of emergency call 911 or go to the closest urgent care facility or medical emergency room.
- If a Resident is injured after hours, while traveling, or far from a Designated Medical Provider, go to the nearest urgent care facility or medical emergency room for treatment. Please contact University Risk Management (888) 812-9601 or (303) 860-5682 for further instructions once emergency treatment has been given.
- For non-emergency or follow-up medical care for work related injury/illness, go to one of the CU Designated Medical Providers — The contact information for CU Designated Medical Providers (Concentra, HealthOne, Arbor, WorkWell and CCOM) is located on the University Risk Management webpage (www.cu.edu/risk).

Claim Reporting
The Resident must file an online workers’ compensation claim form with University Risk Management. Complete the Needlestick or Claim form on the University Risk Management website https://www.cu.edu/content/fileclaim. Failure to file a timely claim may result in penalties, including financial responsibility for treatment.

If the Resident completed a report at the hospital or clinic where the incident occurred, or the off-campus clinical facilities, fax or email the completed incident report form directly to 303-860-5680 or urm@cu.edu in lieu of completing the CU on-line form.

Bill Payment
University Risk Management, not the Resident’s health insurance, is responsible for payment of services related to an on-the-job-injury/exposure. Forward any bills received by the Resident and request that all bills from medical providers be sent to the following address:

University Risk Management
1800 Grant Street, Suite 700
Denver, CO 80203
Phone: (303) 860-5682 or (888) 812-9601
Fax: (303) 860-5680

Please direct any workers’ compensation questions to University Risk Management (303) 860-5682 or (888) 812-9601 or University of Colorado Anschutz Medical Campus Risk Management (303) 724-1127 or urmucddirs@cu.edu.

Please go to www.medschool.ucdenver.edu/gme/policiesprocedures for the most updated version of this policy.
Risk Management
Malpractice Insurance

Professional Liability Coverage
As members of the University of Colorado School of Medicine, Residents are covered for acts within the course and scope of employment with the CU School of Medicine. This coverage would include the practice of approved residency activities at the University of Colorado Hospital, at any affiliate institution and at any out-of-state institution (with prior approval of department and associate dean for GME) as part of the educational program. Professional liability coverage is provided to Residents as a benefit of employment.

Coverage is provided on an occurrence basis. This means that a Resident is covered for acts within the course and scope of his or her employment as a Resident, even if a claim or a lawsuit is brought for that occurrence after the Resident has left the employment of the University of Colorado. Coverage, therefore, is dependent on when the act occurred rather than when the claim was brought.

Professional liability coverage is provided by the University of Colorado Self-Insurance and Risk Management Trust. The Trust’s limits of liability are:

- For any injury to one person in any single occurrence, which occurred prior to July 1, 2013, the sum of $150,000; for an injury which occurred on or after July 1, 2013, the sum of $350,000;
- For any injury to two or more persons in any single occurrence, which occurred prior to July 1, 2013, the sum of $600,000; except in such instance, no person may recover in excess of $150,000; for an injury which occurred on or after July 1, 2013, the sum of $990,000, except in such instance, no person may recover in excess of $350,000.

The amounts specified shall be increased every four years, beginning in 2018, to reflect the consumer price index for Denver-Boulder-Greeley.

These amounts correspond to the limitations on judgments against public employees, which are set by the Colorado Governmental Immunity Act.

Exclusions from Professional Liability Insurance Coverage
Claims based upon acts or omissions of a Resident while self-employed or employed by any organization other than the University of Colorado, i.e., “moonlighting,” are excluded from coverage under the self-insurance program. The Resident is only covered by the self-insurance program for activities which are an approved part of his/her University training program or other University employment. Additionally, coverage is not provided for any actions which are found to be “willful and wanton.” Coverage is extended to health care professionals who are in training programs sponsored by the University of Colorado, outside of the United States. Coverage is provided excess of Self-Insured Retention of $500,000/$1,500,000. Coverage is worldwide but lawsuits must be brought within the United States.
Malpractice Insurance

Covered Persons’ Responsibility Regarding Identification of Incidents

1. Completing a Safety Intelligence Report. UCH has implemented an online system of reporting Patient Occurrences using a product called Safety Intelligence Report (SI). Access to this online system is available on most UCH unit computers. Resident who suspects an actual or potential patient occurrence enters a report electronically via SI. Events involving great potential or actual risk or those which are reportable to regulatory agencies are reported immediately via SI and a telephone call to Professional Risk Management at 303-724-RISK (7475). When clinical services are provided at affiliate hospitals, a phone report would be required because the online system pertains to UCH locations only.

The following items require immediate regulatory agency reporting. Notify Risk Management IMMEDIATELY at 303-724-7475. (47475 or 4-RISK)

a. Suicide, attempted suicide, or self-injury.
b. Transfusion reaction, medication, diagnostic, and therapeutic error.
c. Unexpected deaths/deaths due to suspicious circumstances
d. Occurs while a patient is in restraint/seclusion; or occurs within 24 hours after the patient has been removed from restraint/seclusion; or within 1 week after restraint/placement in seclusion contributed or indirectly to patient’s death.
e. Alleged neglect, verbal, physical or sexual assault - patient or staff.
f. Adverse event resulting in brain or spinal cord injury, including falls resulting in loss of consciousness.
g. Patient elopement (AWOL).
h. Infant abduction/discharge to wrong parent.
i. Surgery or procedure on wrong patient/wrong body part.
j. Equipment malfunction and/or misuse.
k. Burn injury.
l. Drug diversion if omission of scheduled drug or adverse outcome to patient.
m. Life threatening anesthesia/transfusion complication.
n. Major permanent loss of function not related to natural course of patient illness or condition.

2. Placing a telephone call directly to Professional Risk Management (PRM) at 303-724-Risk (4-7475). This is the preferred method for reporting serious occurrences and patient claims. Voice mail will be available after hours, on weekends, and holidays by dialing the same number.

Any adverse patient occurrence, any potential claim, or any dissatisfied patient/family should be reported to PRM. All communications with PRM are considered to be confidential. Although the actual occurrence reports should not be shared with others, it is entirely appropriate and recommended that Residents notify their supervisor/attending of the occurrence and the circumstances surrounding the incident.

By reporting an incident, Residents are helping to protect themselves and others from frivolous claims, providing the opportunity to gather data and maximize all defenses.
Malpractice Insurance

to claims, providing data for use in quality improvement and providing an avenue for justifiable claims to be handled fairly and expeditiously.

Activities of the Professional Risk Management Office Relating to Residents

1. PRM promptly investigates all serious incidents and claims so that information is gathered to aid in settlement negotiations for meritorious claims or in the defense of non-meritorious claims.

2. PRM responds to medical-legal questions regarding patient care issues (i.e., issues about informed consent, ethical dilemmas with treatments, etc.). However, PRM cannot provide legal advice.

3. PRM compiles incident data to be used in quality improvement and loss prevention activities.

4. Along with the Office of University Counsel, PRM administers the daily operations of the Self-Insurance Program under the overall direction and supervision of the Trust Advisory Board.

Service of Subpoenas Related to Provision of Patient Care

In an ongoing attempt to provide information and clarify procedures for University of Colorado employees involved in patient care activities, the following information is provided with regard to service of subpoenas.

In order to be binding, subpoenas must be served upon Residents at least 48 hours prior to the date and time of the appearance. Service of a subpoena on the departmental secretary is considered proper service. The University does not allow service to be accomplished in clinical care areas, and security should be called if individuals are attempting to serve Residents in these areas.

Once service has been accomplished, the Resident should call the attorney who issued the subpoena to determine if, in fact, the Resident’s attendance is required at the date and time specified. It is often possible that one can be put “on call” to testify if the attorney is assured the Resident will be available to respond within a reasonable amount of time. If the Resident receives a subpoena duces tecum (which requires production of documents such as medical records), the Resident should advise the attorney issuing the subpoena that he/she is not the individual with custody of medical records. Production of that information would require following procedures outlined in the Medical Records Department, and the attorney should contact Health Information Management at 720-848-1031.

Either the Office of University Counsel or the Professional Risk Management Office should be notified immediately when a Resident is served with a subpoena, summons and complaint or any other legal documents involving care the Resident has provided as an employee of the University, whether at an affiliated institution or at University of Colorado Hospital. A telephone call to the Professional Risk Management Office (PRM) at 303-724-7475 or the Office of University Counsel at 303-315-6617 will accomplish this.
Malpractice Insurance

These offices then will be able to confirm whether there is an action against the University or individual involved.

When a subpoena involves an action unrelated to the University or the individual as an employee of the University, legal representation for the Resident at the appearance is not provided by the Office of University Counsel.

The Office of University Counsel and the PRM are available to answer question regarding the information which may be provided under the subpoena.
The National Practitioner Data Bank

The National Practitioner Data Bank (Data Bank) was created by the Health Care Quality Improvement Act of 1986 and began operation Sept. 1, 1990. Congress intended to encourage professional peer review activities while at the same time creating a national clearinghouse of information about malpractice payments and adverse or disciplinary actions taken against healthcare providers. The law requires reporting to the Data Bank of medical malpractice payments and adverse actions on clinical privileges or licensure. The law also requires hospitals and other health entities to request information from the Data Bank on practitioners before granting clinical privileges.

CU Professional Risk Management and the University of Colorado Hospital Medical Staff Office hope the following questions and answers, many of which are adapted from the American Dental Association's booklet, *National Practitioner Data Bank: Questions & Answers*, as a resource to Residents. We gratefully acknowledge the ADA's work in this area.

This information is intended to give general guidance, but it should not be construed as legal advice. The laws and regulations discussed here have not been interpreted by the courts. Specific circumstances should be discussed with Risk Management, the Medical Staff Office and, in the case of legal questions, legal counsel.

**Twenty Questions Regarding the Data Bank**

1. **How is information in the Data Bank to be used?**

The information contained in the Data Bank is to be used to inquire into specific areas of a practitioner’s licensure, professional society memberships, malpractice payment history and record of clinical privileges. The Data Bank was intended to augment, not replace, traditional forms or credentials review. It is a nationwide flagging system that provides another resource to assist state licensing boards, hospitals and other healthcare entities in conducting extensive independent investigations of the qualifications of the healthcare practitioners they seek to license or hire, or to whom they wish to grant clinical privileges.

2. **Who is going to maintain this information in the Data Bank?**

UNISYS Corporation is under contract with the U.S. Department of Health and Human Services (HHS) for the operation of the computer system which is used to store the information.

3. **What is a “medical malpractice payment?”**

A “medical malpractice payment,” as interpreted by HHS, is “any exchange of Money resulting from a written claim or demand for payment, based on the provision of or failure to provide healthcare services.” The fact that a practitioner makes payment that qualifies as a “medical malpractice payment,” as the term is interpreted by HHS, does not of itself mean that malpractice has occurred in a legal sense.
The National Practitioner Data Bank

4. **Who is responsible to report medical malpractice payments?**

According to current HHS interpretation of the law, Residents must report all payments of money that they make on their own behalf in satisfaction (in whole or in part) of a written claim or demand for payment relating to the provision of or failure to provide healthcare services.

Professional liability insurers who make any payment on the Resident’s behalf in response to a written claim, lawsuit, or demand for payment must report the payment. **Anyone else** (for example, the professional corporation) who makes a medical malpractice payment on the Resident’s behalf also has a duty to report to the Data Bank. Thus, more than one person may have an obligation to report settlement of the same case.

5. **What if I simply waive an outstanding fee and I don’t collect it?**

Waiver of an outstanding fee does not include an exchange of money. Therefore, a fee waiver is not reportable.

6. **Is retreatment considered to be a refund and, if so, is it reportable?**

For the purpose of reporting to the Data Bank, medical malpractice payments are limited to exchanges of money. Only monetary payments made in response to a written request for a refund are reportable. Therefore, if the initial treating practitioner retreats the patient, that is not reportable.

7. **What if I pay another practitioner to do the retreatment?**

This probably is reportable because it involves an exchange of money. However, the regulations implementing the Act do not provide a definite answer to this question. Also, remember that to be reportable, any exchange of money must have resulted from a written complaint or claim demanding monetary payment.

8. **What can happen if I (or my professional liability insurance carrier) fail to report information that is required to be reported?**

An insurance company, self-insurer, or other person or entity that fails to report information on a medical malpractice payment it makes on behalf of a practitioner will be subject to a civil money penalty for each such payment involved. Residents also can be fined for each medical malpractice payment that they make and fail to report.

9. **Do I have a right of appeal if penalties are assessed against me?**

Yes. Regulations provide for notice of proposed penalties, the right to an administrative hearing and review of the decision in a court of law.
The National Practitioner Data Bank

10. Why did Congress fail to enact a threshold below which malpractice payments would not be reportable?

Congress decided to postpone enactment of a minimum threshold or floor below which malpractice payments would not be reportable until such time as data on reported payments can be collected and analyzed to determine if an appropriate threshold should be established.

11. What types of adverse licensure actions must be reported to the Data Bank, and who must be responsible for reporting?

State medical and dental boards must report to the Data Bank certain disciplinary actions related to professional competence or conduct which they take against the license of a practitioner. Such actions include revocation, suspension, censure, reprimand, probation or surrender. State medical dental boards also must report revisions to adverse licensure actions, such as reinstatement of a medical or dental license.

Licensure matters not related to the professional competence or professional conduct of a practitioner are not to be reported to the Data Bank. For example, adverse actions against a practitioner based primarily on his or her advertising practices, fee structure, salary arrangement, affiliation with other associations or healthcare professionals, or other competitive acts intended to solicit or retain business are excluded from Data Bank reporting requirements.

12. What types of adverse actions on clinical privileges must be reported to the Data Bank, and who is responsible for reporting?

Hospitals and other eligible healthcare entities must report certain adverse actions that they have taken against the clinical privileges of a practitioner. The following actions must be reported:

a. A professional review action based on the physician's or dentist's professional competence or professional conduct that adversely affects his or her clinical privileges for a period of more than 30 days; and,

b. Acceptance of the surrender or restriction of clinical privileges while the physician or dentist is under investigation or in return for not conducting an investigation by the healthcare entity relating to possible professional competence or improper professional conduct.

Reportable adverse decisions include reducing, restricting, suspending, revoking, denying or failing to renew clinical privileges. Reportable actions must be based on reasons relating to professional competence or professional conduct which affect or could adversely affect the health or welfare of a patient. Adverse actions involving censures, reprimands
or admonishments will not be reported. Hospitals and other healthcare entities must also report revisions to an adverse action, such as reinstatement of clinical privileges.

13. Is a hospital required to report to the Data Bank on its medical and dental Residents?

Yes. Although Residents are trainees, they come within the regulatory definition of physician and dentist. Medical malpractice payments made on behalf of Residents also are reportable under the Resident’s name.

14. If I am terminated from a preferred provider organization (PPO) because of “over utilization,” is that considered an adverse action on clinical privileges?

Probably not. Adverse actions on clinical privileges must be reported by any healthcare entity that (a) provides healthcare services, and (b) engages in professional review activity through a formal peer review process. Generally, a PPO does not provide healthcare services and does not engage in formal peer review. A licensed health maintenance organization (HMO) might fall within this definition, however.

15. Does entrance into a drug, alcohol, or psychiatric rehabilitation program for 30 days or more require reporting to the Data Bank if privileges are suspended?

Suspension of clinical privileges due to entrance into drug, alcohol or psychiatric rehabilitation does not in itself constitute a reportable action unless it is required as a result of a professional review action based upon professional competence or conduct.

16. If an initial application for clinical privileges is denied or the privileges granted are more limited than those requested, must this be reported to the Data Bank?

If the denial of an initial request for clinical privileges or the granting of privileges is more limited than those requested and is based on a professional review action and relates to professional competence or conduct, it would be a reportable action. If, however, hospital policy only allows cardiologists to read EKGs, the denial of that privilege to a family practitioner would not be reportable.

17. What if the hospital or other healthcare entity restricts my privileges and fails to report to the Data Bank?

The law provides hospitals and other healthcare entities certain immunities from lawsuits filed by physicians and dentists so long as the hospital or other healthcare entity complies with the reporting requirements and other provisions of the regulations.
The National Practitioner Data Bank

The penalty for not reporting adverse actions is a loss of immunity against lawsuits alleging antitrust, defamation and other similar actions brought by physicians or dentists. The immunity conferred by the law extends to members of professional review committees.

18. Who will have access to the information in the Data Bank?

Only the following entities will have access to the Data Bank:

a. Hospitals that are screening applicants for medical staff appointments or granting of clinical privileges must request information on those applicants. Hospitals must request information every two years for physicians, dentists, or other healthcare practitioners on the medical staff or those granted clinical privileges. Hospitals may also request such information as they deem necessary.

b. State licensing boards may request information as they deem necessary.

c. Other healthcare entities that are screening applicants for medical staff appointments or granting of clinical privileges, or that have entered into or may be entering into an employment or affiliation relationship with a practitioner, may request information. For the purpose of reporting to and requesting information from the Data Bank, healthcare entities include hospitals, or entities other than hospitals, which provide healthcare services and engage in professional review activity through a formal peer review process for the purpose of furthering quality healthcare. A healthcare entity, such as a health maintenance organization (HMO), or a group or prepaid medical or dental practice that provides some healthcare services and engages in professional review activity through a formal peer review process, would meet the eligibility requirements for reporting to and requesting information from the Data Bank. However, a medical school, physician group practice, or a preferred provider organization (PPO) which either does not provide healthcare services or does not have a formal peer review system would not meet the definition of a healthcare entity and, therefore, would be ineligible to report to or query the Data Bank.

d. Professional societies of dentists, physicians, or other healthcare practitioners which engage in professional review activity through a formal peer review process for the purpose of furthering quality health care may request information from the Data Bank.

e. Dentists, physicians, or other health practitioners may request information regarding their own files.

f. Plaintiff’s attorneys and plaintiffs not represented by counsel who have filed a medical malpractice action or court claim against a hospital may access the Data Bank when evidence is submitted which reveals the hospital failed to make a required query of the Data Bank on the practitioner also named in the action or claim. Such information may be used solely with respect to litigation resulting from the action or claim against the hospital. Professional liability insurers may NOT request information from the Data Bank.
The National Practitioner Data Bank

19. Will I be able to find out whether the Data Bank has any information about me?

Yes. Residents will receive a Practitioner Notification Document every time a report is filed with the Data Bank concerning you. If no notification has been received there should be no information on file in the Data Bank about the Resident.

Residents may query the Data Bank by using a Request for Disclosure form. There is no fee to make a self-query. Forms can be obtained by calling the Data Bank Help Line.

20. What can I do if the information reported about me to the Data Bank is inaccurate?

Entities and individuals are responsible for the accuracy of information which they report to the Data Bank. To ensure the accuracy of information in the Data Bank, each submitted report is held for 30 calendar days after receipt. During this period, a Report Verification Document will be sent to the reporting entity to ensure that Data Bank files accurately reflect the information reported. A Practitioner Notification Document simultaneously is sent to the practitioner who is the subject of the report. This document provides the subject practitioner with the contents of the report provided to the Data Bank concerning him or her. It also informs the practitioner how he or she can dispute the accuracy of the information contained in the report.

The practitioner has up to 60 days from the process date shown on the Practitioner Notification Document to initiate a dispute with the Data Bank if the practitioner believes the information is inaccurate. If discussions with the reporting entity fail to resolve the disagreement(s), the practitioner may request the Secretary of the U.S. Department of Health and Human Services to review the accuracy of the disputed report. The Secretary then will make the final decision. While the report is being investigated, it will be carried in a “disputed” status in the Data Bank and inquiries will be so informed. In certain instances, information in a report may be “voided.” Voided information is retracted in its entirety and is treated as though it were never submitted. Generally, information will be voided if it is information that never should have been reported to the Data Bank or is incorrect.
Risk Management Guide

Introduction
The Professional Risk Management (PRM) Department was established to administer the University of Colorado Professional Liability Program. The primary responsibility of the PRM Department is to reduce and, if possible, eliminate the causes and frequency of claims and lawsuits involving the University of Colorado, and University of Colorado Hospital (UCH) faculty and staff and thereby minimize financial loss to the program. As one can imagine, this is a complex, interdisciplinary task. Cooperation and support are essential for a successful risk management program.

This guide will provide a handy reference to the many issues associated with the program. The PRM Office staff is available for consultation on any of the issues in this guide and may be contacted between 8 a.m. and 5 p.m., Monday through Friday, at 303-724-7475. During off hours, a message can be left on the department's voicemail or the administrator on call is available to assist by calling the hospital operator.

Risk Management: Professional Risk Management is a program designed to reduce malpractice claims while maintaining the provision of high quality patient care. Unlike defensive medicine, risk management is not just a set of strategies for preventing claims. Instead, it works in the best interest of patients and providers. Providers are all healthcare staff including physicians, nurses, technicians and hospital staff. Risk management stresses good rapport and communication between provider and patient and among the various providers. PRM encourages the development of careful documentation and communication skills.

Communication: An open line of communication between the patient and healthcare provider is one of the most important skills to incorporate as part of one’s professional practice and found to be a key factor in reducing lawsuits. Studies have shown that patients who have good rapport with their physicians file fewer lawsuits. (People generally do not sue friends or those whom they trust and respect.) Patients have a right to as much information about their health care as they desire. Residents should encourage information sharing between themselves and their patients.

When there is a less than optimal outcome, or if a patient suffers an iatrogenic injury, his/her need for physician/provider support is often at its highest. Facing these situations openly and honestly, with an extra dose of “bedside manner” and courteous treatment of family members and friends, may improve a patient’s perception of the quality of care. Developing positive patient relations is good medicine and good business.

Informed Consent
Necessary: An informed consent is necessary (except in emergency situations-see below) before performing any procedures or treatment other than simple or common procedures wherein the risk is low and commonly understood. In order to give a valid consent, a patient must freely consent to the treatment or procedure, having been given enough information explained in lay terms to make a knowledgeable decision whether to undergo the treatment or procedure. It is the treating physician’s duty and responsibility to obtain the consent personally; it may not be delegated to non-physicians.
**Risk Management Guide**

**What to Include:** The informed consent discussion should include the following five sections: (1) nature, purpose and benefits of the procedure; (2) risks of the procedure; (3) alternate treatments (if any); (4) benefits and risks of alternative treatments; and (5) possible outcome or risks if no treatment is given. While it is not possible to list every risk of every surgical procedure, the physician should discuss the statistically significant four or five most likely potential complications including common potential risks such as infections, blood loss and scarring. Additionally, any serious risk of the procedure, no matter how uncommon, such as death, permanent disfigurement, or brain damage should be discussed. Detailed information about the informed consent process also is available in the PRM Office. The above information should be presented to the patient in a caring, but objective, manner. A consent that is obtained through exaggeration, misrepresentation, intimidation or the like is invalid and may be the basis for a medical malpractice claim.

**Documentation:** It is unnecessary to list each risk in the documentation of the discussion. One way to document is to enter a notation in the chart stating “nature, alternatives and risks of procedure discussed and patient understands and agrees to procedure.” Any particularly important risk that warrants discussion should be mentioned, such as “explained risks, with emphasis on ....” If an interpreter is used during the discussion, the interpreter’s name should be indicated clearly in the charting note and on the consent form.

**Forms:** The hospital consent form must always be completed to verify that an informed consent has been obtained. Informed Consent is a process of communication with a patient regarding the risk and benefit of a planned procedure. The form is required to document the procedure. The form alone can never be considered an informed consent. Signature of a witness, other than the physician, is only necessary during telephone and verbal consents.

**Emergency:** An informed consent is not necessary in a medical emergency when (1) the patient is not able or competent to give consent; (2) has not previously withheld consent for the planned procedure; and (3) a relative, guardian or other authorized person or agent is unavailable to give consent. The chart notes should clearly document the situation. A Certification of Emergency form must be signed by the physician and the administrator on call notified (see Administrative Policy I-3). (NOTE: This does not apply to the Emergency Department.)

**Refusing Treatment:** A competent adult patient has the right to refuse treatment. If the Resident feels the treatment is essential to prevent serious deterioration or death, they can recommend that involved family members or friends speak to the patient regarding the benefits of the treatment. If the Resident feels that the patient is confused about the recommended treatment, a psychiatric consult may be requested. However, it must be emphasized that a competent adult patient can legally refuse treatment, regardless of the opinions of family, friends, or the healthcare team. If after consent is requested, and the patient refuses the recommended course of treatment, documentation is critical. It is important to specifically note in the medical record the patient’s understanding of the benefits of the recommended treatment and the risk/results of refusing treatment. (Also see Informed Consent Policy, UCH Administrative Policy I-3, for more detailed information; when at CU Denver affiliate institutions, reference their specific policies.)
Risk Management Guide

Who May Consent
Adults: An adult (18 years of age or older) may consent to treatment (exception: Medicaid requirement for sterilization is 21 years of age). The person must be mentally competent and must not have recently received anesthetic or sedation. A mentally challenged person is not necessarily incompetent, but an individual should be able to understand the information. This is a judgment made in good faith by the physician. If unsure about a person’s competency level, obtain a second opinion and document the decision process in the medical record.

Minors: A minor (under 18 years of age) may consent to treatment in any of the situations described below, except sterilization:
1. Emancipated (15 years of age or older)
2. Legally married
3. Seeking pregnancy testing, birth control or abortion
4. Treatment of EtOh and drug abuse (unless intoxicated)
5. Treatment of venereal disease
6. Mental health services (15 years of age or older)
7. Treatment of HIV
8. Abuse
9. Children of minors
10. On active duty with the U.S. Armed Forces

Methods of Obtaining Consent
Written Consent: Written consent on the appropriate form should be obtained whenever possible. However, if it is not possible to obtain written informed consent, consent may be obtained by one of the following less satisfactory methods.

Verbal Consent: Although verbal consent is valid, it may be difficult to prove. This is the reason that written consent should be obtained whenever possible. Verbal consents should be witnessed by two individuals (the physician and one other person) and documented in the medical record. Immediate steps should be taken to procure confirmation in writing.

Telephone Consent: Consent by telephone must be witnessed and documented in the medical record indicating the exact time and nature of the consent given. Telephone consents must be witnessed by two individuals (the physician and one other person). Immediate steps should be taken to procure confirmation in writing.

Consent Policies
Role of Non-Physicians: If a hospital employee finds that a patient does not understand the pertinent elements of the scheduled procedure, or the patient indicates a change of mind, the physician must be notified immediately.

Copies: While the original consent form should always be kept in the medical record, a legible copy is adequate.
Risk Management Guide

Duration: A consent is considered valid and in effect until either (1) the patient has revoked the consent (which may be done at any time); (2) 30 days have elapsed; or (3) there are changed circumstances which would significantly affect the nature of or risks of the procedure. For example, when a patient has been admitted for a specific course of treatment including a specific operation, but while studying the patient several days elapse and the anticipated operation/procedure changes, the physician should obtain a new informed consent.

Abbreviations: It is in the hospital's best interest to avoid the use of abbreviations on consent forms. Only abbreviations that are considered common knowledge to both the patient and physician may be used.

Medications and the Consent Process: For a consent to be valid, it must be obtained from a competent patient. Competency is defined to mean an ability to understand the nature and consequences of what one is asked to consent. If medication was given prior to the consent process and if such medication might affect a patient's ability to comprehend the situation, then it becomes the physician's responsibility to determine competency to consent.

Telephone Consent: Consent for treatment should be obtained by telephone only if the person(s) having legal capacity to consent for the patient is not otherwise available. If a physician obtains a consent by telephone, a hospital staff witness should listen in on the telephone to the consenting process. The physician must alert the patient/representative that a third party is on the line. The verification by the witness must be documented on the consent form.

Patient Unable to Sign: In the event a patient is physically unable to write his name, his mark must be obtained. This is done by a UCH staff member first printing the patient's name in full and then having the person place his/her 'X' beneath it. Two persons should witness the patient place his or her mark on the consent.

Malpractice Insurance Coverage
Professional malpractice refers to an event where a patient is injured as a result of medical negligence. Specifically, malpractice is present when (1) there is an act or failure to act which is below the "standard of care," and (2) this act or failure to act results in a personal injury to the patient. The PRM staff seeks to identify such situations when they arise and take early intervention to avoid the filing of a lawsuit. However, if a suit is filed and the Resident is involved in the case, he/she will be covered by the University's self-insurance program in accordance with the following sections.
Risk Management Guide

Self-Insurance Program: Professional liability “malpractice” coverage for Residents is provided through the University of Colorado’s Self-Insurance and Risk Management Trust. The University of Colorado became self-insured under the Trust for Medical Malpractice June 23, 1976. To administer the medical self-insurance trust fund, the University has established a Professional Risk Management Program. Coverage is provided on an occurrence basis. Therefore, Residents are covered for acts within the course and scope of employment even if a claim or lawsuit is brought for that occurrence after leaving the employment of the University. To ensure protection when on rotation at another hospital, the University enters into affiliation service agreements with these facilities.

It is recommended that Residents always wear the CU ID badge, identify themselves as an employee of the CU and sign, as such, in the medical record while rendering care to patients at other institutions. **Moonlighting, by definition, is not an approved activity and deemed to be outside the course and scope of University of Colorado employment.** Contact the PRM Department at 303-724-7475 for questions on coverage.

**Attorneys**

**Contact Professional Risk Management:** Do not enter into conversations with attorneys regarding patient care matters without first checking with the Professional Risk Management Office. Revealing sensitive patient care information to unknown individuals — regardless of whom they say they are — can constitute a breach of patient confidentiality. Furthermore, answering questions from a patient’s attorney out of context and without the guidance of well-informed and capable legal counsel can be against the Resident’s interest and that of CU Denver. Check with the PRM Office to determine whether the attorney is an appointed University employee or agent.

On the other hand, **once the PRM Office has confirmed that an attorney is a University agent, complete cooperation is very important.** Since the Resident’s attorney will need help to understand the often complex issues surrounding the medical care in question, a close attorney-client working relationship is essential. Never hesitate to reveal circumstances that may seem negative (when in a private conference with a University attorney only), for only with a complete understanding of the facts can legal counsel effectively defend the Resident.

**Depositions:** If contacted regarding a deposition as a result of a University assignment, the Resident should notify the PRM Office as soon as possible. Most depositions can be conducted at a convenient time and place. If appropriate, an attorney will be available to brief the Resident on testifying or will accompany the Resident to the deposition to protect his/her interests and those of the University.

A deposition is one of several means provided by Colorado law for taking testimony under oath. Depositions serve several purposes. Without using expensive court time, they allow the attorneys to “discover” knowledge regarding a case. They commit testimony given under oath. Depositions give the attorneys for both sides an opportunity to evaluate the
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impression the Resident would make on a jury. Finally, they preserve the testimony if the Resident cannot be present at a trial.

Expert Witness Testimony: If a Resident is not an involved witness or a defendant in a case and is asked to testify, it will likely be as an expert witness. Serving as an expert witness in a case is strictly voluntary. The Resident is entitled to an expert witness fee if asked to provide an expert opinion regarding a patient's care in which, they Resident as no involvement. Fees should be negotiated with the attorney according to what the Resident's time is worth. When asked to testify as an expert witness for a University lawsuit, fees must be approved by University counsel and the PRM Office. The mechanism for payment is also arranged through these offices.

When considering testifying as an expert, it is the Resident's professional responsibility to ensure that there is no conflict of interest, and to determine that the Resident's background gives adequate qualification. Before considering rendering an opinion as an expert witness in a case, the Resident should verify that it does not adversely affect another University of Colorado employee.

Legal Documents

Subpoena: A subpoena is an order of a court or an authorized agency commanding the person subpoenaed to appear as a witness.

Subpoena Duces Tecum: A subpoena duces tecum requires the person subpoenaed to produce records or documents officially under his/her control at a specified time and place. If the subpoena duces tecum is for the patient's medical record, direct the server to the Medical Records Department.

Notice of Claim: Within 182 days after the discovery of an injury attributable to a public entity and employee, a written notice must be filed which states the following: the name and address of the claimant and that of his/her attorney, if any; a concise statement of the factual basis of the claim, including the date, time, place and circumstances of the act, omission, or event complained of; the name and address of any public employee involved, if known; a concise statement of the nature and extent of the injury; and a statement of the amount of monetary damages sought. A “Notice of Claim” must be filed with the University of Colorado when one of its employees is involved. The PRM Office will investigate all Notices of Claim involving patient care by CU physicians and other employees.

Summons and Complaint: A Summons and Complaint is a notice to a defendant and the initial pleading by a plaintiff in a civil court action. The complaint details the various allegations of misconduct by the defendant and the request for monetary compensation.

Notify Professional Risk Management: Upon receipt of any legal correspondence from patients, attorneys or courts, or Department of Regulatory Agencies (DORA); notify
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the Office of University Counsel, 303-315-6617, or Professional Risk Management, 303-724-RISK (7475), immediately. As certain legal documents must be responded to within a statutory time limit, our immediate receipt of legal correspondence is imperative. Failure to respond on time may result in default judgments, the issuance of a bench warrant, or other sanctions entered against the Resident and/or the University. Please record the exact date and time of receiving a document and bring the original to the Office of University Counsel, School of Medicine, Room 1660.

Who Accepts: Before accepting a legal document, determine whether it names a Resident specifically or whether it names another individual and/or CU or University of Colorado Hospital. If the legal document names the individual Resident specifically, the Resident must accept it. If the legal document names an individual in the department, accept it only if previously authorized to do so. If someone other than the person named accepts a legal document, it then becomes the responsibility of the acceptor to promptly deliver the legal document. It is important to emphasize that no employee should accept a legal document unless specifically authorized to do so or the individual is specifically named.

Withholding/Withdrawing Life Support
University of Colorado Hospital has a policy for withholding or withdrawing life support measures which is available in the Administrative Policy and Procedures Manual. (Patients treated at an affiliated hospital are governed by the affiliated hospital’s policy.) Every patient has the right to make informed decisions regarding his/her medical treatment, including the withholding or withdrawal of life support. These options should be discussed with each patient who may require life support as a component of his/her treatment. In the case of incompetent patients, other sources of authority for treatment decisions include living wills, durable powers of attorney, court-appointed guardians and next of kin.

Addressing the issue of life support with patients and families in advance of the need for life support will help avoid confusion and difficult ethical decisions when the need for life support arises. Healthcare providers who disagree with a patient’s or family’s decision regarding life support should transfer the patient or arrange for care by another provider.

More information is available in the Administrative Policy and Procedure Manual. Also, the hospital chaplain can assist in addressing issues of life support with patients. Another source of assistance for providers faced with life support decisions is the Hospital Ethics Committee.

Colorado Medical Treatment Decision Act: The Colorado Medical Treatment Decision Act allows competent adult patients to declare in writing that their physician withhold or withdraw life sustaining procedures ‘in the event of a terminal condition.’ The written declaration, called a “Declaration as to Medical or Surgical Treatment,” should follow the statutorily prescribed form and wording, and be properly executed. Consult the PRM Office or Office of University Counsel for more information or approval of documents.
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Brain Death: In general, when an individual is pronounced dead by determining the individual has sustained an irreversible cessation of all functions of the entire brain, including the brainstem, and that determination has been independently confirmed by a second physician, life support should be discontinued. Consultation with the appropriate attending physician is required. The pronouncement of brain death is a medical act that does not require the consent of a patient’s relative, guardian or other legally authorized person or agency.

Documentation
Avoiding Liability: The patient’s medical record almost always becomes the primary source of evidence throughout a malpractice action. As the memories of the plaintiff and defendants can be faulty, selective, or both, courts must rely upon the medical record as the primary account of what actually transpired. Therefore, it is very important to document all relevant and appropriate information regarding a patient’s health care in the chart. Further, it should be done legibly. A plaintiff’s attorney may be convinced to take on even the most marginal of cases if the medical records are incomplete and/or poorly written.

What to Document: Facts; dates and times; patient’s condition; treatment recommended; treatment provided; noncompliance with recommended treatment, prescriptions; appointments; “no shows”; all prescriptions and refills; evidence of informed consent; sources of information, if other than the patient; rationale for any unusual type of care; complications, mishaps, or unusual occurrences; significant discussions with patient or family; worries or concerns expressed by patient or family; brief record of complaints about the quality of care from the patient or family and response; responses to entries by others that require action by the provider.

Reasons the patient needs to be in an acute care hospital; reasons for transfer from one facility to another such as availability of services; an accurate and complete discharge assessment after discussion with discharge planning; comments on test results which indicate the need for continued care or changes in treatment plans; the reason for admission for a procedure usually done as an outpatient; the severity of the patient’s condition and limits of activity; specific diagnosis (e.g., rather than anemia, define the type of anemia); tests pertinent to diagnosis update and completeness; differential diagnosis at time of admission (rule-outs); pending lab results and the reason they are needed for continued hospitalization; attempts at outpatient treatment prior to admission and reason for admission thereafter; facts that make a patient’s discharge or transfer unacceptable.

What NOT to Document: Risk prevention activities; anything about an occurrence report; matters which have legal implications but have no value to patient care; an entry requiring action by a Resident or other staff unless they are certain it will take place; disagreement with another entry when there is a reasonable explanation; opinions regarding the actions of other staff; statements blaming the hospital or economic factors; statements regarding care rendered by other healthcare providers; disapproval or a negative value judgment of the patient; self-serving statements; changes or additions to previous entries after a claim is filed.
Beliefs that the patient should not be in the hospital; comments about DRGs, PROs, or administration, utilization, or discharge planning staff; unjustified social or administrative reasons for continued stay; patient’s reluctance to be discharged unless accompanied by justifiable reasons and plans to resolve problems.

**Increasing Reimbursement:** Lack of documentation or poor documentation can cause denial of payments to the hospital in many instances. Good documentation, which reveals the appropriateness of admission and the need for continued acute stay, not only increases the likelihood of reimbursement, it facilitates communication between providers and increases the quality of care.

**Changes to Entries:** Never change an entry in the medical record. Doing so is a sure way to destroy the defense of an otherwise defensible case. It also may be fraud. By the time a claim is filed, a plaintiff's attorney most likely will have a copy of the record.

Residents may make corrections in everyday charting by drawing a single line through an erroneous entry, thereby leaving the entry legible. Date and sign the correction in the margin. If needed, add an explanation of the correct entry in the next available area. **Never use correcting fluid or completely mark over an entry. In the electronic medical record (EMR), Residents may make corrections in everyday charting by composing an addendum.** Never remove information or pages from the chart once they have become part of the official record.

**Written Orders:** Good documentation is the most valuable tool in preventing and minimizing liability; it requires that a Resident’s request for ancillary services, such as x-ray and lab, always be in writing or ordered electronically in the EMR. While a telephone call may help expedite an x-ray or lab request, the initial request should be documented by the appropriate mechanism. Not only will this improve the process of obtaining services, but also from a liability standpoint it is always easier to defend an incorrect document than no document.

**Occurrence Reports**
The *Occurrence Report* is an important communication tool used by the PRM Department. It allows the entire CU Denver staff to provide confidential notification of any situation involving injury or potential injury to a patient, or any event that may contribute to liability problems in the future. Reports allow the PRM Department to proceed with early intervention by following up on significant reports.

UCH has implemented an online system of reporting Patient Occurrences using a product called Safety Intelligence (SI). Access to this online system is available on most UCH unit computers. Any Medical Staff member who suspects an actual or potential patient occurrence enters a report electronically via SI. In accordance with UCH policy, events are to be reported within 3 days. Events involving great potential or actual risk, or those which are reportable to regulatory agencies are reported immediately via SI and a telephone call.
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to Professional Risk Management at 303-724-RISK (7475). When clinical services are provided at affiliate hospitals, a phone report would be required because the online system pertains to UCH locations only.

When a patient injury has occurred, contact the PRM Department immediately at 303-724- RISK(7475). (Voicemail is utilized during off-business hours to receive reports.)

Reportable Occurrences: These include unexpected/unexplained deaths; patients who are away from the hospital without being discharged and without notifying their providers (AWOL); unplanned removal or injury to an organ during surgery; hospital acquired infections or trauma (falls, hit by equipment, etc.); significant adverse drug reaction; medication errors; equipment failures; actions by abusive patients or staff; and any occurrences that cause an angry reaction by patient or family member.

Occurrence Reports should never be used for disciplinary action, photocopied, mentioned or included in the medical record, posted in a public area, discussed with anyone other than PRM staff or their legal representatives. Employee injuries should be reported on an Employee Occurrence Form and sent to the Employee Health Services (Mail Stop B-213).

Visitor injuries should be reported to Security at 720-848-7777 and by filling out the Visitor Occurrence Report on the hub (http://hub.uch.edu/) and faxed to 720-848-5501.

Nosocomial Infections should also be reported to the Infection Control Department.

Interdepartmental Problem/Incident Form

Questions often arise regarding when to use an Interdepartmental Incident Form as opposed to a Patient Occurrence Report. Always report a patient’s injury to PRM on the Patient Occurrence Report. An Interdepartmental Incident Form is appropriate for situations that are potentially harmful in a general way to patients, visitors, employees or the hospital. Frequent or ongoing delays in service, frequent policy violations or any physical hazards are some examples. An Interdepartmental Incident Form generally cites system or operational problems and other overall issues affecting quality of care, while an Occurrence Report addresses a specific occurrence involving a specific patient or visitor.

The Interdepartmental Incident Form, with the problem identified, is forwarded to the involved department(s) for evaluation of the problem and the department’s response is then sent to the reporting department. Therefore, it is imperative that it be completed legibly. If the Resident includes his/her name and location, the response will be forwarded personally to them. Data from the forms are intended for presentation to appropriate committees. Interdepartmental Incident Forms are available on all nursing units.
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Patient Problems and Concerns

Medical Records and X-Rays: If patients need a copy of their charts, refer them to Health Information Management at 720-848-1031. If patients desire copies of x-rays, refer them to the Radiology File Room at 720-848-1105. There will be a charge. Charts and x-ray films involving lawsuits are placed in secure storage by custodians upon notification by Professional Risk Management. When outside requests or subpoenas for charts and x-ray files are received on claim records, the custodian should contact PRM before releasing the records. If there is a suggestion of legal action against the University when an outside request is received, notify Professional Risk Management.

Bills and Charges: Avoid offering to reduce or eliminate charges or saying that insurance will be accepted as payment in full. If a patient is questioning a charge or desires an explanation of his/her bill, refer him/her to the Patient Services Office at 720-848-8800 for hospital bills and University Physicians, Inc. at 303-493-7000 for physician bills. When a patient resists payment and alleges that the quality of care was below standard, the PRM Office should be notified. A physician has no authority to reduce hospital charges, and most patients do not realize that professional fees and hospital charges are separately generated and charged. Often when a complication in treatment arises, whether it is within the standard of care or not, a provider is tempted to offer a reduction of charges. If professional fees are waived or reduced, it should be made clear that this will not affect hospital charges. Contact Professional Risk Management before making such arrangements.

Property: Patients/families should be advised on admission not to keep valuables with them while in the hospital. If necessary, they can be stored in the safe in Admissions. If loss or damage to property of a patient is known or alleged, the circumstances are to be reported to 720-848-7777.

Complaints: Patient complaints should be forwarded to the patient representative unless they involve quality of care or potential liability issues. The patient representative also handles complaints that require immediate/same day action. If patients want to file a complaint, do not discourage them. Direct complaints to the patient representative at 720-848-5277.

Abusive and Uncooperative Patients: When a patient is being abusive or uncooperative, contact PRM to help determine the best course of action. Fully document inappropriate behaviors and all discussions with the patient regarding them. Especially note the progression of warnings and attempts to safeguard the health and safety of the patient and other patients and staff. Remember not to express value judgments in the medical record; stick to the facts.

Reporting Responsibilities

Child and Elder Abuse: Colorado law requires University of Colorado Hospital healthcare personnel to report suspected cases of abuse or neglect of children or dependent adults. The law also prohibits any civil or criminal action against healthcare personnel for fulfilling reporting responsibilities. The possibility of abuse should be considered when any of
Risk Management Guide

the following conditions are present: 1) there is no explanation for the injury; several explanations, or the explanation given is not compatible with the patient’s age and injury; 2) multiple or recurrent injuries; 3) delay in seeking medical treatment; 4) nonorganic failure to thrive; 5) medical or physical neglect; 6) a child is dead on arrival; 7) severe emotional damage due to the home situation; 8) any suggestion of sexual assault or inappropriate confinement; and/or 9) direct beatings or unexplained bruises or welts. Further, in the case of dependent adults, staff should be suspicious of cuts, freezing, lacerations, punctures, bone fractures, dislocations, sprains, burns, scalding, internal injuries, or overmedication.

If abuse is suspected or case consultation is desired, please refer to Hospital Policy on suspected Child Abuse (P-10) for reporting requirements and consultation services.

Reportable Deaths to the Coroner: Government regulations (§ 30-10-606(1), C.R.S.) require the immediate reporting of the following deaths to the coroner for investigation:

1) any death within 24 hours of arrival at the hospital;
2) from external violence, unexplained cause, or under suspicious circumstances;
3) where no physician is in attendance, or where, although in attendance, the physician is unable to certify the cause of death;
4) from thermal, chemical, or radiation injury;
5) from criminal abortion, including any situation where such abortion may have been self-induced;
6) from a disease which may be hazardous or contagious or which may constitute a threat to the health of the general public;
7) while in the custody of law enforcement official or while incarcerated in a public institution;
8) when the death was sudden and happened to a person who was in good health; or
9) from an industrial accident.

More information, including explanation and comments on certain types of deaths which have been difficult to evaluate, is available from the PRM Office. To report a coroner’s case, call 303-659-1027. If in doubt, call the coroner.

Reportable Injuries to Law Enforcement Agencies: The Emergency Department is responsible for reporting the treatment of certain types of cases to the CU Denver Police Department which will notify the appropriate law enforcement agencies. Identification of such cases is the responsibility of Emergency Department personnel who must notify CU Denver Police Department when such cases appear for treatment. Reporting is not necessary if police accompany the patient to the Emergency Department or if reliable information is available that police were at the scene of the incident/accident.

Types of reportable incidents/accidents include:
1) Suspected cases of child abuse or neglect (must be reported either to county social services or local law enforcement (required by § 12-36-135, C.R.S.).
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2) Injuries involving bullet wounds, gunshot wounds, powder burns or any other injuries arising from the discharge of a firearm, or any injury caused by a knife, an ice pick, or any other sharp or pointed instrument which the physician believes to have been intentionally inflicted upon a person, or any other injury which he or she has reason to believe involves a criminal act (required by § 19-3-304, C.R.S.).

Reports should be filed with the police in the jurisdiction where the incident/accident occurred and the Aurora Police Department. Notify CU Denver Police and they will call the appropriate jurisdiction.

3) Rape: When directed to do so by the responsible physician or AT THE VICTIM’S REQUEST, notify the appropriate law enforcement jurisdiction (ex: Denver Police Department or Aurora Police Department).

4) Attempted suicide: When directed to do so by the responsible physician, report to the appropriate law enforcement jurisdiction (ex: Denver Police Department or Aurora Police Department).
Resources
Campus Support Services

Anschutz Medical Campus Bookstore

Monday - Thursday  
7:30 am - 4:00 pm
Friday  
8:30 am - 4:00 pm

Check website for extended hours and additional information:
http://www.ucdenver.edu/amcbookstore

The Anschutz Medical Campus Bookstore, located in Bldg. 500 on the first floor (one floor up from the ground floor north of the elevators), is designed to provide convenient one-step shopping to meet the needs of our busy Faculty, Staff and Students. The bookstore entrance is directly east of the food court and student lounge.

The bookstore stocks a wide variety of health sciences titles for all medical professions. You will find the most current and informative resources to assist you in any subject, including review books, pocket guides and AHA materials. Special orders on any book not currently in stock are welcome. The bookstore also stocks books for leisure reading including New York Times bestsellers, regional titles, children’s books, and consumer health books. Campus Authors, one of our most popular sections, is a great way to review the work and ideas of your coworkers and teachers!

The bookstore now has an expanded medical equipment and supply section, which is the largest in the Rocky Mountain region. We employ a knowledgeable staff available to help you make the best choice for any of your medical equipment needs. The bookstore carries the highest quality brands, including Welch Allyn and Littmann, which are guaranteed in stock!

Additionally, we have a large selection of CU emblematic goods, including tee shirts, sweatshirts, water bottles, stickers, and much more. Convenience items can be found such as greeting cards, office supplies, single dose medications (aspirin, ibuprofen, cold medications, etc.) and personal hygiene items. Scrubs are also available as well as lab coats which can be embroidered.

You can reach the Bookstore at 303-724-BOOK (2665). To reach our medical equipment section, please call 303-724-6651. The fax number is 303-724-6637. The website is http://www.ucdenver.edu/amcbookstore.

Printing Services
At the Printing Services customer service counter inside the bookstore, students, faculty and staff can use self-service copiers, purchase paper - including thesis paper - by the sheet or ream, drop off printing requests, or consult with our staff on any graphic design and printing needs. Students may also apply money to an account allowing them to print at any of the on-campus computer labs. http://www.ucdenver.edu/about/departments/printing/Pages/PrintingServices.aspx

Mail Center
Customer service for the mail center is available to purchase stamps, mail meter forms, and to get information about campus mail services and requirements.
Colorado Physician Health Program

Colorado Physician Health Program (CPHP)
899 Logan St., Suite 410
Denver, CO 80203
303-860-0122
www.cphp.org

Physician Health
The Colorado Physician Health Program (CPHP) offers confidential, professional and expert consultation and assistance to physicians, residents, medical students, physician assistants and physician assistant students for a variety of emotional, mental and physical health issues. The program conducts assessments, makes treatment recommendations and supports the participants through whatever course they take for making improvements in their lives. CPHP's direct services are free to physicians and physician assistants who hold an active Colorado medical license. Residents, medical students and physician assistant students may also be eligible for free services through contractual agreements between the University of Colorado and CPHP.

Areas and situations that CPHP provides assistance to participants include:
- Stress
- Work stress
- Life transitions
- Family and marriage
- Mental health
- Substance abuse
- Career
- Professional boundaries
- Managing medical illness

History
In 1986, the Denver and Colorado Medical Societies established the Colorado Physician Health Program (CPHP) because the physician community needed an organization that could help physicians recognize health problems that might affect their ability to practice safely and also help them get appropriate and effective care. CPHP was designed to identify health problems in physicians before the physician becomes “impaired” in the work setting. Impairment sometimes (but very infrequently) occurs in the physician’s medical practice, and is typically due to an illness which almost always is treatable.

Confidentiality
Physicians, colleagues and family members are sometimes reluctant to seek assistance because they believe that doing so will jeopardize their license or ability to practice. CPHP is independent of other medical organizations including the University of Colorado, hospitals, the Colorado Medical Board and other entities of authority; it strives to maintain a position of neutrality and objectivity amidst all the organizations that a physician may be involved with while seeking assistance.
Colorado Physician Health Program

CPHP is not required to report a physician unless the health condition has had an adverse impact on medical practice or patient safety and that physician refuses to cease practice voluntarily. Thus, concerned parties should not wait to refer for an evaluation until “something happens.” That “something” could be tragic for the physician or the physician’s patients.

Confidentiality is a fundamental principle and value in carrying out CPHP’s mission and information may only be shared by CPHP with a participant’s consent. Any exceptions to confidentiality such as potential harm to self or others will be reviewed as needed.

Warning Signs
Medicine can be a very stressful profession. Everyone occasionally experiences stress, is irritable, or may even appear withdrawn. However, stress usually is a transient state since we all have ways of coping to provide relief, e.g., exercise, outdoor activities, reading, meditation, etc.

Some warning signs that a physician may need assistance are listed below. When a physician exhibits any single or combination of these signs for a period for more than two or three weeks, s/he should not be written off as merely “stressed out.” There may be a root cause (e.g., illness) that needs to be addressed and managed.

When to Refer:
- Behavior(s) that are not typical for the physician persist for several weeks.
- Persistent or episodic, but enduring changes in mood (irritability, impulsiveness, distraction, withdrawal, sadness)
- Direct knowledge that the person has an illness but is not seeking treatment

Family Support
Family members and significant others are often the first to notice behavioral changes that raise the possible need for an evaluation. CPHP staff is available to consult with family members regarding their concerns before or during the referral process. CPHP also encourages family members’ involvement in the assessment and follow-up when treatment is indicated.

How to Access Services
An individual who is concerned about either himself or herself or another physician may access CPHP services by calling 303-860-0122 and speaking to a member of the clinical staff. Individuals are encouraged to refrain from trying to assess or self-treat the problem or situation. A professional and experienced expert in physician health issues who is independent and objective, will perform a state-of-the-art, confidential assessment at CPHP.
## Colorado Physician Health Program

### Behavioral Indicators of a Possible Health Problem in Medical Professionals

#### Information to Consider:
- The information in this list is an example of behavioral indicators of possible health problems in medical professionals and does not serve as a diagnosis of any health condition.
- This list does not replace a health assessment by a qualified professional.
- A goal of CPHP is to help physicians before they become impaired. Most ill physicians do not show evidence of impairment at work. Impairment is typically a sign of late stage illness.
- Note: the most significant behavioral indicator of a health problem is a change in mood or attitude.

#### Legal/Regulatory
- Medical licensing issues
- Involvement in malpractice suits
- Peer review of work
- Arrests for driving while intoxicated or other legal problems (i.e. domestic violence, public sexuality acting out)

#### Family
- Withdrawal from family activities
- Children neglected, abused or in trouble
- Mood swings, arguments or violent outbursts
- Sexual problems; impotence, extramarital affairs
- Medicinal use of alcohol or drugs
- Family isolation
- Financial problems
- Spouse in therapy or taking psychoactive medication
- Geographical separation or divorce by spouse

#### Physical
- Deterioration in personal hygiene
- Deterioration in clothing and dressing habits
- Inappropriate dress
- Numerous prescriptions and OTC drug use
- Frequent ER visits or hospitalizations
- Frequent visits to physicians
- Accidents
- Multiple somatic complaints
- Excessive tiredness or insomnia
- Memory problems, difficulty concentrating
- Emotional crisis

#### Employment
- Frequent job changes or relocations
- Unusual medical history
- Indefinite, vague or inappropriate references
- Working in positions inappropriate for qualifications
- Resistance to preemployment physical or family interview

#### Community
- Neglected social commitments
- Inappropriate behavior at social functions
- Arrests for driving while intoxicated or legal problems
- Unreliability or unpredictability in community activities
- Public intoxication or impairment

#### Office
- Disruption in appointment schedule
- Hostile, suspicious or unreasonable behavior to staff or patients
- Withdrawn, “locked door syndrome”
- Excessive ordering of drug supplies
- Excessive prescribing practices
- Complaints from patients and staff
- Unexplained absences from the office
- Spasmodic work pace, or decreasing work load and tolerance
- Taking sexual advantage of patients or coworkers
- Procrastination or neglect of details
- Avoidance of fellow workers
- Errors in judgment
- Becoming a topic of “gossip”

#### Hospital
- Making rounds late, or inappropriate or abnormal behavior during rounds
- Decreasing quality of performance
- Inappropriate orders
- Reports of behavioral changes
- Unavailability or inappropriate responses to telephone calls
- Heavy drinking at staff functions
- Often late, absent or ill
- Alcohol on the breath when on duty
- Intoxicated when on call, even at home
- Unreasonable sensitivity to normal criticism from peers
- No longer attending committee meetings and/or other functions
Welcome to the University of Colorado Anschutz Medical Campus Health Sciences Library!!

Use the library’s web site to find links to databases, e-journals, and other resources to support your clinical work: http://hslibrary.ucdenver.edu.

Your 6-digit employee ID number is your off campus login to the library’s resources. Your ID number is on your timesheet, paycheck stub, or ask an administrative assistant to look up your number in PeopleSoft. You can also look up your employee ID at UCD Access (http://goo.gl/TwEq1).

Lynne Fox, AMLS, MA, AHIP is the Liaison Librarian to Residents and Fellows. Contact Lynne at 303-274-2121 or Lynne.Fox@ucdenver.edu with your questions, concerns, and suggestions regarding the library.

RESIDENTS GUIDE TO INFORMATION RESOURCES

is a collection of links to online resources helpful to residents. Click the “ResourceGuides” tab on the Library’s web page and type residents into the search box or go to http://hslibraryguides.ucdenver.edu/residents.

RESOURCES and COLLECTIONS

The library offers access to journals, books, databases, websites, DVDs, and other information resources Residents and Fellows need. Electronic resources are available online, 24 hours a day, seven days a week.

- Use the library’s “Find Journals” to access more than 30,000 online, full-text journals: http://hslibrary.ucdenver.edu/journals
- Use the catalog, http://impulse.ucdenver.edu or the Electronic Textbooks webpage at http://hslibrary.ucdenver.edu/ebooks/ to access electronic books.

A complete list of all electronic resources is available at http://hslibrary.ucdenver.edu/databases. Clinical Medicine resources can be found at http://hslibrary.ucdenver.edu/databases/clinical.

- ACP Journal Club
- Bates Visual Guide to Physical Examination with video
- Cleveland Clinic Disease Management
- The Cochrane Library
- Dynamed
- EMBASE
- FIRSTConsult
- Harrison’s Online
- MDConsult
- MICROMEDEX HealthCare Series
- Natural Medicines Comprehensive Database
- OVID MEDLINE, Health and Psychosocial Instruments File, Psychnfo
- PsychiatryOnline
- PubMed
- STAT!Ref
- UpToDate
- Web of Science

Trip DATABASE

Is a first stop for fast access to evidence based information. Create a login to set up full text access to the Library’s journals. http://www.tripdatabase.com/

My NCBI

Use My NCBI in PubMed to save search strategies, set up special filters, save citations in a collection, and easily access full text article links. For more information, see http://hslibrary.ucdenver.edu/handouts/database-help/ncbi-brochure.pdf

Got a tablet or smartphone? Learn about resources at http://hslibraryguides.ucdenver.edu/apps
LEARN MORE

The library offers a variety of free classes to help you learn more effective and efficient searching.

- Find the current class schedule and online registration form at https://hslstream.ucdenver.edu/classes/
- Request a specialized class that meets your needs at https://hslibrary.ucdenver.edu/classes/special-class
- Learn on your own with our self-paced, online tutorials at https://hslibrary.ucdenver.edu/online-tutorials
  View the “Searching for Evidence Based Information” tutorial at https://hslibraryguides.ucdenver.edu/searching-for-evidence
- Read the Library’s blog to keep up with our news: https://hslnews.wordpress.com/

INTERLIBRARY LOAN and PHOTOCOPY SERVICES

If the library does not have the book or journal you need, you can request scanned pdfs of articles and loans of items from other libraries via our fee-based Interlibrary Loan service. Items are ordered online and delivered to you electronically via the web. For more information, visit the ILL web pages at https://hslibrary.ucdenver.edu/interlibrary or contact staff at 303-724-2111.

FINDIT!

FindIt is a single search box on the Library’s homepage, providing an easy, simple to use discovery interface to search across Library content with just a few keywords. It searches PubMed, our journals, and Impulse, the library’s catalog.

TECHNOLOGY IN THE LIBRARY

- 50 public computers on the first floor access library resources and media, MS Office, EndNote, and instructional software.
- Four computers are connected to scanners.
- Zoom Text software is available for library users with visual impairments.
- First floor Computer Commons workstations play DVDs. VHS players are also still available.
- Print from any first floor library computer using a print card or your printing account. Cost is ten cents per page and copy cards can be purchased at the service desk.
- Photocopiers (color and scanner) are available on each floor of the library. Cost is ten cents per page and copy cards can be purchased at the service desk. Scans are free.
- Connect laptops and handheld devices to the internet via the campus wireless network.
- Laptops with headphones can be checked out at the Service Desk for use in the library.
- Several library study rooms are equipped with large flat panel screens. The flat panels can be used with media players and laptops.
- Device Chargers and charging areas available.

Technology in the Library

For questions or assistance with library technology, 303-724-2152.

EXAM MASTER

Exam Master covers USMLE Step 1, Step 2 and Step 3 exams, as well as medical specialty board exams, including approximately 16,000 questions and explanations. Users can create custom exams and simulated board exams, study, and participate in review sessions.

https://ucdenver.myexammaster.com/

NEED HELP?

The library’s Service Desk is staffed during regular hours. Stop by or call 303-724-2152 for assistance with:
- Borrowing and returning materials;
- Placing holds on items that are checked out;
- Purchasing photocopy cards;
- Locating library materials;
- Accessing resources from off-campus.

Contact a Reference Librarian for assistance with searching electronic resources and formulating research questions. Reference service is available 8AM - 5PM, Monday - Friday, via:
- Email: AskHSL@lists.ucdenver.edu
- Phone: 303-724-2152
- Instant Message: https://hslibrary.ucdenver.edu/aal
- Free individualized consultations and instruction: https://hslibrary.ucdenver.edu/research-support/consult

Use PROSPECTOR to find books and materials (not journal articles) from other Colorado libraries. Then pick them up at the Health Sciences Library or at a branch of your public library. Find popular fiction, CDs, and DVDs, too!
Financial Considerations: Student Loans

Here are frequently asked questions regarding deferment, forbearance, repayment and potential forgiveness for Interns, Residents and Fellows. The following information applies to Federal student loans.

What are my student loan repayment options during residency?
Most Interns, Residents and Fellows do not choose to enter full repayment on student loans during their training. The two non-payment options are deferment and forbearance, and the most commonly used reduced payment options today are the Income-Based Repayment (IBR) and Pay As You Earn (PAYE). Eligible borrowers should consider their eligibility for the Pay As You Earn Program which became available in December 2012. Eligibility criteria for these programs are discussed below.

What is the difference between a deferment and forbearance?
Deferment and forbearance are temporary payment postponement tools. If eligible, Interns, Residents and Fellows can receive periods of non-payment that do not count against the time that the borrower has to repay the loan. Deferment or forbearance may not be applied to a loan that is already in default.

- **Deferment** is a period, under specific conditions, wherein no payments are required from the borrower and the interest that accrues on the subsidized portion of the loans (e.g., Subsidized Stafford, HPSL and Perkins) is shouldered by the government. However, the borrower will still be responsible for the interest that accrues on the unsubsidized portion of the loans. The most common forms of deferment are:
  - In-school Deferment (enrolled for at least part-time study)
  - Unemployment Deferment
  - Economic Hardship Deferment
  - Graduate Fellowship Deferment

Unlike In-School deferment, Unemployment and Economic Hardship deferments can only be granted for a maximum of 36 months each.

Borrowers currently accepted or enrolled in full-time study at a graduate fellowship program may qualify for a Graduate Fellowship deferment, wherein the government continues to pay the interest accrued on subsidized loans for the duration of the fellowship study. However, those enrolled in a medical internship or residency program are not eligible for this deferment.

Deferment privileges vary by loan program so it is important to check the promissory note and exit interview materials prior to application.

- **Forbearance** is a period wherein loan payments are postponed or reduced. A borrower may apply for annual or semi-annual forbearance depending on the loan servicer’s policies. *Loans in forbearance will continue to accrue interest that will capitalize at the end of the forbearance period.*

You may apply for a Mandatory Medical Residency/Internship Forbearance with your loan servicer and, if proven eligible, forbearance will be approved on an annual basis. In order for the loans to remain in forbearance throughout the residency period and prevent capitalization, the borrower must apply for forbearance every year.
Financial Considerations: Student Loans

You may apply for a Mandatory Medical Residency/Internship Forbearance with your loan servicer and, if proven eligible, forbearance will be approved on an annual basis. In order for the loans to remain in forbearance throughout the residency period and prevent capitalization, the borrower must apply for forbearance every year.

**What reduced payment options are available to me during training?**
The government has programs designed to provide borrowers lower payment options. These include Extended Repayment, Graduated Repayment, Income-Based Repayment, Income-Contingent Repayment, Pay As You Earn, and Interest-only.

Income-Based Repayment (IBR) and Pay As You Earn are typically the most beneficial for Interns, Residents and Fellows with federal student loan debt, and these programs are summarized below:

**Income-Based Repayment (IBR)** is a federal program that limits monthly loan payments to 15% of a borrower’s discretionary income. To be eligible for IBR, a Partial Financial Hardship must exist, which means that 15% of the borrower’s discretionary income, calculated on a monthly basis, is less than what the borrower would be required to pay on a 10-year standard repayment plan. This hardship exists for most trainees with federal student loan debt. Once a borrower enters IBR, he/she is permitted to stay in it for as many years as they wish, even if the hardship that qualified him/her does not exist in future years.

For the first three years in IBR, the government will pay any interest that accrues on their subsidized loans not covered by the IBR payment. In addition to the benefits of a reduced payment (usually between $0 and $500 per month for Residents), IBR is also a qualifying repayment plan for the Public Service Loan Forgiveness Program (discussed further below). Taxable loan forgiveness is granted through IBR after 25 years of repayment. However, payments in IBR are capped at the 10-year standard payment amount established when the borrower entered IBR. Because of this cap, many attending physicians would pay off their loans through IBR before the 25 year forgiveness period expires.

To apply for IBR, contact the servicer(s) of the student loans and request an application. The borrower will need to provide income documentation (typically the most recent tax return) along with the IBR application form.

**Pay As You Earn (PAYE)** is a new federal payment program implemented December 2012. It is similar to Income-Based Repayment, only it limits payments to 10% of a borrower’s discretionary income instead of 15%, and taxable loan forgiveness would be granted after 20 years of repayment. The payment cap is also the borrower’s 10-year standard repayment amount, and PAYE is also a qualifying repayment plan for the Public Service Loan Forgiveness Program. Only borrowers who have NO OUTSTANDING BALANCE on a federal student loan issued prior to October 1st, 2007, and who took out a federal student loan ON OR AFTER October 1st, 2011, are eligible.

*The same application form is used for both Income-Based Repayment and Pay As You Earn.*
Financial Considerations: Student Loans

What loan forgiveness programs are available during, after and beyond the residency or fellowship?

- For those working in the public sector, the Public Student Loan Forgiveness (PSLF) program forgives the outstanding loan balance after the borrower makes 120 qualifying payments while employed by a non-profit organization, government agency, or another qualified employer. Loan balances forgiven under PSLF are not taxable. Qualifying loans include: Direct Subsidized Stafford Loans, First unsubsidized Stafford Loans, Direct PLUS Loans and Direct Consolidation Loans. Your residency and fellowship at University of Colorado qualify for this program, thus by entering IBR or PAYE you can count down this 120 payment clock during your training.

- Colorado Health Services Corps – This program provides an opportunity for Residents to serve in communities where primary health care professionals are in high demand. The Corps offers generous student loan repayment in exchange for service at clinical practice sites caring for Coloradans in greatest need. Further information can be found at http://coloradohealthservicecorps.org/

- National Health Service Corps - The program offers primary care providers (medical, dental, and mental and behavioral health) the opportunity to have their student loans repaid for serving communities in need. Further information can be found at https://nhsc.hrsa.gov/loanrepayment/index.html

How can I qualify for Public Service Loan Forgiveness (PSLF)?

The key requirements of the program are:

1. Federal loans must be part of the Federal Direct Loan program, so consolidation would be required for any FFELP loans to transfer them to Direct Loans.

2. Payments must be made under an eligible repayment plan. Income-Based Repayment (IBR) and for those eligible Pay As You Earn, are the most valuable programs for borrowers planning to benefit from PSLF.

3. The borrower must be employed at an eligible employer. Last year, the U.S. Department of Education created an Employment Certification for Public Service Loan Forgiveness process and form to aid borrowers in tracking progress towards making the 120 qualified payments in order to apply for PSLF. The form found in the link below includes all qualification details and instructions for submission:

   http://studentaid.ed.gov/students/attachments/siteresources/1845-0110%20PSLF%20ECF_Final_Expires%202020141130.pdf

When and why would I want to consider consolidating loans?

Residents can take advantage of the benefits resulting from loan consolidation, including: fixing the interest rate for variable rate loans, lowering the interest rate for Graduate Plus loans, positioning for PSLF eligibility and extending the payment terms for certain loan types. Potential costs and benefits are unique to each borrower so all decisions regarding consolidation must be approached strategically, preferably with the aid of expert advice.
Financial Considerations: Student Loans

Debt Management Resources
For more information on FIRST for Medical Education, the new debt management program from AAMC, visit www.aamc.org/services/first/first_for_residents/.

Where is the drop off site or mailing address if certification by the GME Office is required?
Submit the form to the GME Office located at:

    Anschutz Medical Campus, Building 500, Room N4223

Or mail to:

    GRADUATE MEDICAL EDUCATION
    ATTN: LOAN DEFERMENTS/FORBEARANCES
    13001 E. 17th Pl., Building 500 C293
    Aurora, CO 80045

In most cases, the forms are completed and sent out within 2 business days. Please provide a FAX number or a stamped, addressed envelope to the loan company.

GME office can only certify loan status for the current training agreement year. Some loan companies only require a certification letter. In this case, please submit the request via e-mail to gme@ucdenver.edu. Include the loan company's mailing address and/or FAX information in the request.

Please call the GME Office at 303-724-6031 with general questions. Contact the lender or servicer for questions specific to a loan or other deferment/forbearance options.
Housestaff Association

The Housestaff Association was established in May 1969 to coordinate with the affiliated hospitals’ standards of patient care and to provide input into administrative and educational aspects of graduate medical education. The Housestaff Association is available to address housestaff concerns and seek solutions to issues that arise that cannot be resolved within your training program.

Membership is extended to all housestaff. The structure and purpose of the association are contained in its bylaws. Housestaff are encouraged to become involved in the Housestaff Association and use it as a vehicle of communication for direct involvement in policy-making, institutional administration and interdepartmental coordination.

Bylaws of the Housestaff Association of the University of Colorado Hospitals

Recognizing that the rendering of professional service to patients in accordance with the precepts of modern scientific medicine and the maintenance of the efficiency of the individual physician may best be served by coordinated action, the housestaff who are training in the University of Colorado Hospitals do hereby organize themselves into a Housestaff Association to provide such coordination in conformity with the following bylaws.

ARTICLE I
The name of this organization shall be the “Housestaff Association of the University of Colorado Hospitals.”

ARTICLE II
The Housestaff Association of the University of Colorado Hospitals shall be composed of physicians who are Interns, Residents and Fellows appointed by and currently under contract to the University of Colorado.

ARTICLE III
OFFICERS AND COMMITTEES

Section 1. Officers
The officers of the Housestaff Association shall be the President, Vice President and the Secretary-Treasurer.

The President shall call and preside at all meetings and shall be a member ex-officio of all committees. He/she shall represent the Housestaff Association on the Graduate Medical Education Committee and the Affiliated Hospitals Committee as a voting member. He/she shall have the authority to correspond and communicate Housestaff concerns and to address confidential matters as necessary.

The Vice President, in the absence of the President, shall assume all his/her duties and have all his/her authority. He/she shall represent the Housestaff Association on the Graduate Medical Education Committee as a voting member. He/she shall have the authority to correspond and communicate Housestaff concerns, and to address confidential matters as necessary.
Housestaff Association

Housestaff Association
The Secretary-Treasurer shall keep accurate records of all meetings, call meetings on order of the president and perform such duties as ordinarily pertain to his/her office. The Secretary-Treasurer shall take direction from the President, Vice President and the Executive Committee. He/she shall act as Treasurer of the Housestaff Association when necessary.

Section 2. Committees

The Housestaff Association shall have a committee which shall be called the Housestaff Association Executive Committee (hereinafter referred to as Executive Committee) of the University of Colorado Hospitals.

The membership of the Executive Committee shall consist of one voting representative of the clinical departments of Anesthesiology, Dermatology, Family Medicine, Medicine, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, Radiation Oncology, Radiology, and Surgery, including their respective subspecialty divisions; and three fellow representatives (one each from Medicine, Pediatric and Surgery fellowships). The Housestaff members of each department shall select their representative(s) and alternate(s), who shall be dues-paying members of the Housestaff Association. The alternates who are selected shall attend all housestaff meetings in the absence of the duly appointed representative. The Executive Committee shall select and approve the three fellow representatives, who shall be dues-paying members of the Housestaff Association. The Secretary-Treasurer of the Housestaff Association shall be an ex-officio member of the Executive Committee.

The President of the Executive Committee shall be elected annually, at the May meeting, by the current Executive Committee from among its membership who will continue on the Executive Committee in the coming academic year.

The Vice President of the Executive Committee shall be elected annually, at the May meeting, by the current Executive Committee from among its membership who will continue on the Executive Committee in the coming academic year.

The Secretary-Treasurer of the Executive Committee shall be appointed by the officers of the Executive Committee of the Housestaff Association.

The Committee shall be reconstituted annually.

Committees of the Housestaff shall be standing and special. All committee representatives shall be appointed by the president. The Standing Committees shall be appointed for one year. The Special Committees shall retain their appointments until discharged by the president.
Housestaff Association

Standing Committees
Representatives from the Housestaff Association membership shall be appointed by the President to sit as voting members on the following Standing Committees of the Medical Board of the University of Colorado Hospital.

(1) Medical Board
(2) Infection Control Committee
(3) Clinical Effectiveness & Patient Safety
(4) Clinical Informatics Committee
(5) Pharmacy and Therapeutics Committee
(6) Ethics Committee

Representatives from the Housestaff Association membership shall be appointed by the President to sit as voting members of the following committees:

(1) Graduate Medical Education Committee
(2) Affiliated Hospitals Steering Committee
(3) CU GME Health Benefits Governing Board
(4) GME Professionalism Committee
(5) School of Medicine Executive Committee
(6) Faculty Professionalism Committee
(7) Professional Risk Management Committee
(8) Trust Advisory Board
(9) Alumni Association Board

ARTICLE IV
MEETINGS

Section 1. Regular Meetings
Regular meetings of the Executive Committee shall be held monthly, with the exception of July, or at the discretion of the President of the Executive Committee. All members of the Executive Committee shall be notified seven days in advance of such meetings. All meetings shall be open to any member of the Housestaff Association, unless otherwise specified.

Section 2. Special Meetings
Special meetings of the Executive Committee or of the Housestaff Association may be called at any time by the President of the Executive Committee.

Section 3. Quorum
Any five members of the Executive Committee present at any given meeting shall constitute a quorum.
Housestaff Association

Section 4. Agenda
The agenda at any regular meeting shall be:
   a. Call to order
   b. Reading of the minutes of the last regular and all special meetings
   c. Unfinished business
   d. Communications
   e. Reports, as indicated, from representatives of Standing and Special Committees
   f. New business
   g. Adjournment

The agenda at special meetings shall be:
   a. Reading of the notice calling the meeting
   b. Discussion of the business for which the meeting was called

ARTICLE V
AMENDMENTS
Amendments to these bylaws shall be proposed by resolution at a regular meeting of the Executive Committee. Proposed amendments shall be voted on at a scheduled meeting of the Housestaff Association and shall require two-thirds majority of those present and voting for adoption. A copy of the resolution shall be transmitted in writing to all members of the Housestaff Association 30 days prior to such a meeting.

ARTICLE VI
ADOPTION
These bylaws have been adopted by a majority of the Housestaff Association present at a scheduled meeting.
Ombuds Office

Anschutz Medical Campus: Room 7005, Building 500 Tel: 303-724-2950
Denver Campus: Room 107P, CU Building Tel: 303-315-0046.
Director-Melissa Connell, AMC Associate Director- Lisa Neale

The Ombuds Office is available to all Residents. This is an independent, informal and confidential resource to assist with problem-solving and conflict resolution. The ombudsperson is available to hear complaints in a neutral and confidential setting, and will help to sort out and identify options for resolving these concerns. The Ombuds Office also offers several training/workshop opportunities including conflict management, team building, DiSC Personality Assessment and Crucial Conversations. Appointments are required to schedule meetings and provide an adequate amount of time to address concerns.

Any Resident may contact the ombudsperson voluntarily. Identities of those utilizing the office will not be disclosed. The only exceptions to this policy would be those circumstances where the Ombuds Office believes there is an imminent threat of serious harm or where the individual has given express permission to reveal his/her identity. Use of the Ombuds Office does not preclude engaging in a more formal resolution to a problem. If an individual is interested in pursuing a more formal remedy to a problem, the Ombuds Office may assist by helping to make the appropriate referrals, if requested to do so. The office does not accept notice of any kind on behalf of the University. When an individual presents a problem, the ombudsperson will listen carefully and help to sort out the issues which may be presented. If appropriate, the ombudsperson will explain relevant University policies or procedures and make referrals. The ombudsperson also is available to engage others in informal discussions regarding a given situation.

If given permission, the ombudsperson is available to gather information, consult with others, or mediate disputes that may rise. Any Resident may contact the Ombuds Office with a concern or problem. These may include issues of discrimination, work environment conflicts, interpersonal relationships, sexual harassment, and intimidation, dealing with change or other related concerns.

For more information about the Ombuds Office, please visit http://www.ucdenver.edu/about/departments/OmbudsOffice/Pages/OmbudsOffice.aspx
Notes