



LOYOLA MEDICINE

HOUSTAFF HANDBOOK POLICIES AND PROCEDURES

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LOYOLA MEDICINE

I. INTRODUCTION

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

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

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

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

** Throughout this Resident Handbook, Loyola Medicine may be referred to as Loyola.

LOYOLA MEDICINE
MISSION STATEMENT

We, Loyola Medicine, a regional health ministry of Trinity Health, serve together in the Spirit of the Gospel as a compassionate and transforming healing presence within our communities.

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

We believe in God's presence in all our work. Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other. To fulfill our mission we foster an environment that encourages innovation, embraces diversity and inclusion, respects life, and values human dignity.

We are committed to going beyond the treatment of disease. We also treat the human spirit.

Approved: December 14, 1999
Reviewed: February 8, 2021

LOYOLA MEDICINE

B. INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

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

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

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

Loyola Medicine's Designated Institution Official (DIO) has responsibility for the administration of post-graduate healthcare programs and for assuring compliance with accreditation standards. Oversight of post-graduate healthcare education programs resides in the Office of the Associate Dean for Graduate Medical Education and the Graduate Medical Education Committee. This unique structure provides continuity between the academic and health care missions. This continuity is further strengthened through representation of senior administration of Loyola Medicine and Loyola Stritch School of Medicine on the Graduate Medical Education Committee.

Loyola Medicine recognizes its responsibility to provide the necessary resources to enable its programs to achieve substantial compliance with program accreditation standards. Institutional resources for the training of residents are allocated by the President and Chief Clinical Officer of Loyola Medicine. Decisions for allocation of resources are based upon institutional imperatives, recommendations of the Associate Dean for Graduate Medical Education and DIO, as well as outcome assessments of its post-graduate healthcare programs.

COMMITMENT TO THE RESIDENT

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

Loyola Medicine's GME Office understands the stresses of residency. We are committed to the success of each resident. We are committed to the programs we serve and each resident as an individual. Your wellness is important to us. Please contact us if we can be of any assistance to you.

Additional wellness resources are available through Trinity Health via Carebridge and available at 800-437-0911 or www.myliferesource.com.

GMEC Approved: April 7, 2000
Reviewed: April 7, 2000, February 2021
Revised: December, 2019

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HOUSESTAFF HANDBOOK
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LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION

II.A. GRADUATE MEDICAL EDUCATION OFFICE

Graduate Medical Education Office

Location: Maguire Building, Suite 2840-A

Days: Monday through Friday

Hours: 8:30 a.m. - 5:00 p.m.

Phone: 708-327-4GME

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

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

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

LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION

II. B. GRADUATE MEDICAL EDUCATION AGREEMENT TERMS AND CONDITIONS

B.1. Non-discrimination statement

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

B.2. Agreement of Appointment/Contract

1. The Office of Graduate Medical Education will issue all Graduate Medical Education Agreements. Individual programs do not have the authority to issue Graduate Medical Education Agreements.
2. The Graduate Medical Education Agreement along with attachments is the written agreement between Loyola and the resident. The following parties must sign the all the copies for the agreement to be valid:
 - (1) The Resident;
 - (2) Designated Institution Official
3. The Office of Graduate Medical Education Residency Management System will keep the original executed copy of the agreement.
4. It is the responsibility of the resident to obtain and maintain, at his/her own expense, medical licensure in the State of Illinois. Should the resident fail to obtain the appropriate licensure as outlined in the Graduate Medical Education Agreement the Agreement shall become null and void.
5. The resident must immediately notify the Office of Graduate Medical Education of any notice of license revocation, suspension or restriction. If at any time within the term of the Agreement the resident ceases to be properly licensed, the Agreement shall be terminated. *Residents without a valid medical license cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.*
6. Residents without valid visa or work authorization cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid. If the resident fails to obtain or loses the appropriate authorization forms, visas, and other permits as outlined in the Graduate Medical Education agreement and as may be required by the United States Citizenship and Immigration Service, the agreement shall become null and void.
7. Residents who have not applied for a valid social security number cannot participate in clinical and laboratory activities (including observation) or research at any training site and cannot be paid.

8. The resident must immediately notify the Office of Graduate Medical Education of any notice of revocation, suspension or restriction of work authorization or visa status. If at any time within the term of the Agreement the resident ceases to maintain appropriate work authorization or visa status, the Agreement may be terminated.

B.3 Restrictive Covenants

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

B.4. NRMP and Specialty Matches

1. The DIO of Graduate Medical Education is the Institutional Contact for all matches.
2. The Office of Graduate Medical Education will pay all Loyola administrative department-specific match fees, if the applications and documents are submitted through the office.
3. Program Directors will adhere to all applicable NRMP and specialty rules as published.

LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION

II.C. RESIDENT ELIGIBILITY and SELECTION

II.C. 1. Introduction

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

1. Medical Education

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

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

or

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

or

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

2. Licensure

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

- (I) Applicants for accredited residency programs must have the requisite education and certification to secure a temporary license in the State of Illinois.
- (ii) Applicants for accredited fellowships more than 12 months in duration and all non-accredited fellowship programs must have the requisite education and certification to secure a full and unrestricted permanent license in the State of Illinois including, but not limited to, documentation of successful completion of USMLE parts I, II and III.

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

II.C. 2. Policy

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

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

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

GMEC Approved: Jan 2004, December 2018
Reviewed: December 2018, May 2024
Revised: September 2017, December 2018, May 2024

<p>LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION</p>
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II. D. RESIDENT REQUIREMENTS

II.D.1. Introduction

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

II.D.2. Requirements to begin initial training

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

II.D.3. Additional requirements to begin training

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

II.D.4. Advancement Requirements

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

II.D.5. Termination/Exit Requirements

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

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Reviewed: April 7, 2000, December 2018, May 2024
Revised June 2003, March 2007, December 2018, May 2024

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II. E. Clinical Experience and Educational Work hours

E. 1. Definition

Clinical Experience and Educational Work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical Experience and Educational Work hours include all hours spent in moonlighting activities.

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

E. 2. Requirements

1. All Programs, regardless of their accrediting body, are required to meet the ACGME Common Program Requirements related to Clinical Experience and Educational Work hours as well as any Residency Review Committee requirements as described in the Program Requirements for each specialty.
 - a. All programs are required to:
 - i. Educate faculty members and residents to recognize the signs of fatigue and sleep deprivation.
 - ii. Educate all faculty members and residents in alertness management and fatigue mitigation processes.
 - iii. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps and back-up schedules.

2. Each Residency Training Program, regardless of their accrediting body, shall establish a formal policy governing resident clinical experience and educational work hours and working environment that complies with the ACGME Common Program Requirements as well as that individual specialty's Residency Review Committee Program Requirements and is optimal for both resident education and the care of patients.
 3. Mandatory Time Free of Clinical Experience and Educational Work: Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- E. 3. Graduate Medical Education Requirements
1. Program-specific policies
 - (a) Program Directors must implement program-specific Clinical Experience and Educational Work hour policies that are consistent with the institutional and program requirements for resident Clinical Experience and Educational Work hours and the working environment including moonlighting.
 - (b) Program Directors distribute and ensure ready access to all policies and procedures related to Clinical Experience and Educational Work hours are available for trainees and faculty.
 - (c) Program Directors must maintain a program- specific Clinical Experience and Educational Work hour policy to the Office of Graduate Medical Education.
 2. Education of Faculty and Trainees
 - (a) Program Directors must educate all faculty members and trainees to recognize the signs of fatigue and sleep deprivation; education of all faculty members and trainees in alertness management and fatigue mitigation processes and adopt a fatigue mitigation process to manage the potential negative effects of fatigue on patient care and learning.
 - (b) Program Directors must ensure that all trainees and faculty members demonstrate an understanding and acceptance of their personal role in recognition of impairment, including fatigue, in themselves, their supervisors and peers;

3. Clinical Experience and Educational Work Compliance, Monitoring and Reporting

- (a) Monitoring of clinical experience and educational work hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- (b) Program Directors are responsible for monitoring the effects of clinical experience and educational work hours' responsibilities and making necessary modifications to scheduling to mitigate excessive service demands or fatigue including the demands of home call.
- (c) Programs are required to review the results of the institutionally-mandated end-of-rotation clinical experience and educational work hours questions included in the rotation evaluation at least annually. Programs electing to use alternate tools must include the standard questions in their evaluations.
- (d) All programs are required to collect actual clinical experience and educational work hours' reports from at least 70% of their trainees at least twice annually. Programs may be selectively required to sample more frequently by the institution's Graduate Medical Education Committee or Designated Institution Official. Programs are encouraged to use the Residency Management System, New Innovations for collection and reporting.

E.4. Institutional Support

- 1. Loyola University Health System provides institutional support for residents and fellows both through institutional-level services and compliance monitoring.
 - a. Institutional-level Services – Too Tired To Drive
 - i. Loyola University Health System provides resident and fellow access to a "Too Tired To Drive" service which provides hospital-site-to-home and return to work the next day in the event that the resident feels too fatigued to drive home. Receipts can be submitted to the GME office through the GME website.
 - ii. Institution-level Monitoring

Compliance with clinical experience and Educational work hours' regulations will be evaluated quarterly or biannually. The institution reserves the opportunity to randomly evaluate compliance via survey, interview or other mechanisms deemed appropriate.

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<p>LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION</p>
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II. F. JOB DESCRIPTION AND RESPONSIBILITIES

F.1. Introduction

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

F.2. General Statement of Resident Duties

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

F. 3. Resident Responsibilities

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

1. Obtain and maintain, at his/her own expense, medical licensure in the State of Illinois.
2. Notify the Office of Graduate Medical Education immediately of any notice of licensure, visa or work authorization, revocation, suspension/restriction or change in authorization to remain or work in the United States.
3. Read and become familiar with the policies and procedures set forth in the Housestaff Handbook.

4. Complete and sign, within ten (10) days of discharge, all medical charts of Loyola Medicine patients. Loyola may suspend the Resident for failure to complete and sign medical charts, by providing the Resident written notice of the suspension. Such suspension shall be immediately effective until all outstanding medical charts are completed and signed. Upon such suspension, if the Resident has available, accrued paid time off, the Resident shall be paid his/her stipend, for each day of such suspension, and such days shall be charged to the Resident's paid time off. Thereafter, if the Resident still has not completed and signed all outstanding medical charts during such suspension, the resident shall be suspended without pay, and may be dismissed from the Program without credit.
5. Develop an understanding of ethical, socio-economic and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care.
6. Secure program director approval prior to beginning outside professional activities not otherwise assigned. Failure to obtain advance approval for outside activities may be grounds for immediate termination.
7. Abide by departmental and other institutional policies and procedures, including, but not limited to, the Resident Wellness policy, the Duty/On-call Hours Policy, and the Harassment in the Workplace Policy, set forth in Resident Handbook.
8. Refrain from engaging in any conduct which may bring Loyola's graduate medical education training program into disrepute.
9. Develop a personal program of professional growth with guidance from the key faculty members.
10. Participate fully in the educational activities of his/her program and, as required, assume responsibility for teaching and supervising other residents and students.
11. Participate in institutional programs and activities involving the medical staff.
12. Complete requisite evaluations of the training program and of the faculty as required by the program or institution,
13. Participate in any mandatory surveys required by the Graduate Medical Education Office including but not limited to collection of information related to clinical and education work hour compliance, completion of annual safety and compliance training and submission of annual disclosure statement.
14. Report any program-imposed violations of clinical and education work hour and workplace harassment/violence policies.
15. Participate in all mandatory compliance surveys, disclosures or educational sessions.

GMEC Approved: March 1998, February 2021

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Revised: June 2003

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. G. HOUSESTAFF GOVERNANCE COMMITTEE

G.1. Purpose

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

G. 2. Policy

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

G. 3. Procedure

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

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Revised June 2003, March 2007, September 2019

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II.H. MOONLIGHTING

II.H.1. Introduction

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

II.H.2. Policy

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

II.H.3. Limitations

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

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Revised: November 2018, March 2024

LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION

II. I. PROFESSIONAL LIABILITY INSURANCE COVERAGE

I. 1. Residents have liability coverage only while they are carrying out assigned duties as part of their residency-training program.

1. Coverage includes claims filed after completion of the program for acts that occurred in the course of the training program (also known as "tail" coverage).
2. Professional activities outside the program, including moonlighting, are not covered.
- 3 Accreditation regulations require that the hospital site where the resident is employed provide liability coverage.
4. Medical Malpractice/Professional Liability coverage is provided without charge to Loyola-employed residents.

I. 2. Any resident concerned about an interaction with a patient is encouraged to contact the Patient Safety and Risk Management office at the site where the problem occurred.

<p>LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION</p>
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II. J. HOUSESTAFF GUIDELINES FOR WELLNESS OF LACTATING RESIDENTS

J.1 Introduction

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

Challenges faced by lactating residents

Health and wellness of lactating residents

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

Resident commitment to clinical obligations

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

J.2. Responsibilities of lactating residents

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

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

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

J 3. Opportunities to express milk

Residents on ward

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

Residents in clinic

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

Residents in the operating room

- Lactating resident will notify the attending surgeons on each service that they will require lactation breaks during long procedures
- Lactating residents will minimize disruptions to the operating team by pumping before or after cases whenever possible and will not leave during critical portions of the operation

- Lactating residents will reach out to available team members to serve in their absence and will minimize their time out of the operating room, whenever possible

Residents in conference

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

J.4 GME Support

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

We are committed to distribution and posting this guideline. If issues or concerns arise regarding a lactating resident's ability to express milk, the Program Directors will lead conflict resolution.

GMEC Approved: November 12, 2020

Reviewed: (New Policy)

Revised:

<p>LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION</p>
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II. K. RESIDENT SUPERVISION

K 1. Supervision: General Principles

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

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

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

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

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

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

K.2. Program Director's Responsibility

1. Each program director is responsible for the development and maintenance of an explicit written description of supervisory lines of responsibility for the care of patients. Such description shall include a delineation of trainee clinical responsibilities by PGY level including operative and invasive procedures that may be performed independently.
2. Each program director is responsible for reviewing the level of resident responsibilities at least annually with the resident. Changes in the level of responsibility and exceptions to standard responsibilities shall be documented in the residency management software.

3. Each program director is responsible for communicating the written description of supervisory lines of responsibility to all residents and all members of the teaching staff at all clinical training sites. Such communication should be done at least annually.

4. Each program director is responsible for ensuring that each resident is appropriately supervised regardless of the training site to which the resident is assigned.

K.3. Graduate Medical Education Committee Responsibilities

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

Oversight of resident privileges

Maintenance of RMS (New Innovations) system and biannual reporting supervision and privileging reports.

K 4. GMEC will review any resident voice reports or anonymous submission of inadequate supervision in a protected manner.

GMEC Approved: November 2020 via electronic vote

Reviewed: November 24, 2020

Revised: September, 2003; November 2020

LOYOLA MEDICINE
RESIDENT HANDBOOK
II. GENERAL INFORMATION

II. L. RISK MANAGEMENT INFORMATION

L.1. Adverse Events and Errors

1. Any incident involving a patient or visitor that could put the trainee at risk for a potential legal claim must be reported immediately to the Risk Management Office. In addition, the attending physician should be notified.

Incidents include:

- a) Adverse events: Any unexpected outcome that occurs during the course of treatment
- b) Errors: Any act of commission (doing something wrong) or omission (failing to do the right thing) that exposes patient to a potentially hazardous situation and may result in harm
- c) Unsafe Condition

L.2. Examples of Reportable Events

Note: These MUST be reported immediately, as early notification of a potential source of litigation is essential.

1. Any serious lapse in the quality of care regardless of outcome.
2. Any serious incident, such as a major or unexpected complication resulting from a procedure or treatment.
3. Threat of litigation by the patient.

L.3. Patient Confidentiality

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

GMEC Approved: April 7, 2000, March 11, 2022
Reviewed: April 7, 2000, February 2022
Revised: June 2003, March 2007, February 2022

<p>LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION</p>
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II. M. ELIGIBILITY AND VISA SPONSORSHIP

II.M.1. Introduction

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

II.M.2. Visa Policy for Graduates of International Medical Schools

1. An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States.
2. LUMC accepts only J-1 and J-2 visas sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG). LUMC does not sponsor visas.
3. Work authorization in conjunction with a F-1 OPT visa will be accepted for one year programs only. It is the responsibility of the resident to assure their work authorization covers the entirety of the one year of training.
4. It is the responsibility of the resident to obtain the appropriate J-1 or J-2 visa and to be familiar with and follow the requirements and responsibilities of participating in the ECFMG Exchange Visitor Sponsorship Program.

5. Residents are responsible for all costs associated with obtaining and maintaining a J-1 or J-2 visa.

II.M.3. Research fellows

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

LOYOLA MEDICINE RESIDENT HANDBOOK II. GENERAL INFORMATION

II. N. ACTIONS REQUIRING GRADUATE MEDICAL EDUCATION COMMITTEE REVIEW and APPROVAL

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

1. all applications for accreditation of new programs and subspecialties I.B.4.b).(3);
2. permanent changes in resident/fellow complement I.B.4.b).(4);
3. additions and deletions of participating sites used in a program I.B.4.b).(6);
4. major changes to the structure or duration of a program's education I.B.4.b).(5)
5. appointment of new program directors I.B.4.b).97);
6. progress reports requested by any Review Committee I.B.4.b).(8);
7. response(s) to Clinical Learning Environment Review (CLER) reports I.B.4.b).(9);
8. response to all proposed adverse actions;
9. requests for exceptions to resident clinical and educational work hour requirements; I.B.4.b).(10)
10. request for "inactive status" or to reactivate a program;
11. voluntary withdrawal of ACGME program accreditation I.B.4.b).(11)
12. requests for an appeal of adverse actions by a Review Committee and/or accrediting body I.B.4.b).(12);
13. appeal presentations to an ACGME Appeals panel and/or accrediting body I.B.4.b).(13).

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

Requests for PERMANENT complement increase must be submitted in the format consistent with residency review committee requirements. This includes at a minimum:

- Educational rationale for request
- Current block diagram including proposed changes and/or proposed block diagram
- Data to support program increase
- Faculty to Resident ratio
- Descriptions of major changes since last accreditation review
- Response to previous accreditation and internal review citations
- Any specialty-specific documentation required by the residency review committee

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

GMEC approved: January 2004, March 2007, November 12, 2021
Reviewed: March 2007, November 2021
Revised: March 2007, November 2021

LOYOLA MEDICINE
HOUSESTAFF HANDBOOK
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<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III.A. RESIDENT RECORDS

- B.1. Office of Graduate Medical Education Record
The Office of Graduate Medical Education will maintain an electronic permanent file for each resident who participates in a Loyola residency training program. The file contains application materials, consent and release of information authorization, medical license applications, annual GME agreements, and official medical school transcripts
- B.2. Residency Training Program Record
The office of the resident's program director will is responsible for the contents of this permanent electronic file for each individual in the residency training program. This includes letters of recommendation, written evaluation of past performance from the resident's previous program director(s), communications from external sources, as well as program evaluations completed for the resident's rotations or summaries thereof.
- B.3. Residency Verification
The Graduate Medical Education Office will forward all requests for training verifications and additional information on performance or conduct to the appropriate program coordinator. In the event that a Final Note to File is on file, this can also be released in lieu of a verification form.
- b. Per ACGME requirements, programs will return the verification as soon as possible, but not longer than 30 days.
- b. Neither the clinical program nor the Office of Graduate Medical Education will provide information on any resident to any outside party without that resident's written release, except where mandated by law.
- B.4 Resident Access to contents of their electronic file
- a. While in the program, residents have access through the Residency Management System (New Innovations) to their personal evaluations at any time. They should work with their program coordinator if they have questions about how to access or other evaluations, semi-annuals or those not completed in the software.
- b. A resident may view his/her program level file in the presence of a staff member of the department. A resident may not remove or take any paper from the current file. Residents may secure copies of completed evaluations through the residency management system. In the event that the resident's access to electronic systems has been limited or terminated for disciplinary purposes, copies of past evaluations will be made available upon written request throughout their term of appeal.

B.5 Record Retention

- a. Individual residency training programs will retain files for all residency training program applicants and interviewees for a period of one year from the date of the organized Match or final date of selection of candidates.
- b. Files for all individuals accepted for training in a Loyola residency training program will be retained for a period of five years after the resident's completion or departure from a residency training program. After five years, files may be purged, except that the following documents must be retained:
 - Letters or memos related to disciplinary action or academic probation
 - Letters written by faculty members
 - Semiannual reviews
 - Final note to file
- c. The Office of Graduate Medical Education will also retain electronic files for all individuals accepted for training in a Loyola residency training program for a period of five years after the resident's completion or departure from a residency training program. After five years, files may be purged, except that the following documents must be retained:
 - Resident application
 - Consent and release of information authorization
 - Verification of license
 - Graduate medical education agreements
 - Letters or memos related to disciplinary action or academic probation
 - Final Note to File
 - Documents received from external sources or governing bodies (NRMP, certifying board, licensing body, etc.)

GMEC Approved: April 7, 2000, March 11, 2022

Reviewed: April 7, 2002, January 2022

Revised: June 2003, Feb 2006, March 2007, January 2022

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III.B. GRIEVANCE PROCEDURE

C.1. Introduction

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

C.2. Right to File Grievance

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

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

C.3. Initial Filing of a Grievance

- A. All requests for grievance must be in writing and must be submitted, by the resident, to the Designated Institutional Official ("DIO") within fifteen (15) calendar days of the resident's receipt of the written notice of one or more of the actions described above in Section C.2. A written request for a grievance submitted by a third party on behalf of a resident will not be accepted.
- B. The written request for grievance must include the following information:
1. a description of the action giving rise to the grievance;
 2. the date of the action;
 3. a request that the action be overturned, including justification for this request and explanation of the action leading to the grievance;
 4. a request for grievance by document review or hearing.

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

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

C.4. Grievance by Document Review

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

- A. Within two (2) calendar days of receipt of the written request for a document review, the DIO will forward the written request for document review to the Vice President of Graduate Medical Education and the Acting Party. Upon receipt of the written request for hearing, the Vice President of Graduate Medical Education shall appoint a Document Review Committee of three (3) physicians to conduct the document review. Members of the Document Review Committee shall not be selected from the same department or specialty as the resident requesting the document review. Within five (5) calendar days of the Document Review Committee members being chosen, the Document Review Committee shall appoint one of its members to serve as the Chairperson and advise the DIO of the identity of the Chairperson.
- B. Within five (5) calendar days of receipt of the written request for grievance by document review, the DIO shall provide written notice to the resident requesting the grievance and the Acting Party that they have ten (10) calendar days from the date of receipt of the written notice to submit written documentation or other tangible things related to the grievance directly to the Designated Institutional Official for distribution to the Document Review Committee.
- C. Within fourteen (14) calendar days of receipt of documentation from the resident and the Acting Party, the Document Review Committee shall review the information submitted and issue a written report, which includes recommendations, if any, and a decision regarding the grievance at issue to the DIO.
- D. Within five (5) calendar days of receipt of the Document Review Committee's written report, the DIO shall advise the resident, the Acting Party, and the Program of the Document Review Committee's decision, in writing, and provide a copy of the written report. A copy shall also be retained in the resident's file in the Graduate Medical Education Office.

C.5. Grievance by Hearing

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

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

Committee will advise the DIO of the identity of the Hearing Chairperson once selected.

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

- H. The Hearing Committee may request additional information and/or clarification from the parties and others, as it deems appropriate. Both the Acting Party and the resident may provide additional information to the Hearing Committee within three (3) calendar days of the conclusion of the hearing. If either party wishes to provide additional information, the intent to do so must be stated prior to the conclusion of the hearing. If a party fails to disclose his/her intent to provide additional information within the time and manner specified above, any additional information submitted will not be considered by the Hearing Committee.
- I. The Hearing Chairperson shall issue a written report on behalf of the Hearing Committee, which includes recommendations, if necessary, and a decision regarding the grievance at issue to the DIO within fourteen (14) calendar days of the conclusion of the hearing.
- J. Within two (2) calendar days of receipt of the Hearing Committee's report, the DIO shall advise the resident, the Program, and the Acting Party of the Hearing Committee's decision, in writing, and provide a copy of the written report. A copy of the Hearing Committee's decision and report shall be retained in the resident's file in the Graduate Medical Education Office.

C.6. The following shall also apply to requests for grievance by document review or hearing.

- A. The resident may be assisted by any member of the Loyola community in preparing his/her side of the grievance.
- B. If the grievance is being determined by a hearing, the resident may have a support person present at the hearing; however, the resident is solely responsible for presenting his/her case and the support person will not be permitted to participate in the hearing in any way, witness included.
- C. The procedures are intended to be informal and collegial and to resolve disputes within the framework of the Loyola academic setting. No attorney, including family members, may be present at or participate in any grievance hearing. If the Hearing Committee determines that either party has brought an attorney into the hearing, that individual shall be asked to leave the hearing.
- D. The grievance hearing is not a legal or judicial proceeding, and no attempt shall be made to conduct the hearing in accordance with any procedural, statutory, or other rules of procedure, or evidence other than as described within this procedure.
- E. There shall be no written transcript or audio or video recording of any grievance hearing by either party; however, individuals participating in the hearing may take notes if they choose.
- F. The DIO and the Vice President of Graduate Medical Education may answer questions regarding process and procedure. Neither the DIO nor the Vice

President of Graduate Medical Education may assist the Acting Party or the resident in preparing or presenting his/her grievance.

C.7. Appeal to the Regional Chief Clinical Officer

- A. If the resident is dissatisfied with the decision of the Document Review Committee or the Hearing Committee, he/ she may appeal the decision in writing to the Regional Chief Clinical Officer within seven (7) calendar days of receipt of the written decision and report.
- B. The written request for appeal to the Regional Chief Clinical Officer must include the following information:
 - 1. description of the action from which the grievance is taken;
 - 2. the date of the action; and
 - 3. a copy of the written decision issued by Document Review Committee or Hearing Committee.

A resident who fails to request an appeal in writing within the time and in the manner specified above shall have waived any right to an appeal and the decision of the Document Review Committee or Hearing Committee shall be considered final.

- C. The Regional Chief Clinical Officer shall provide a copy of the appeal to the Acting Party, the Document Review Committee or Hearing Committee, and the DIO.
- D. In conducting the appeal, the Regional Chief Clinical shall review the following:
 - 1. The resident's written appeal;
 - 2. The materials submitted by the resident and the Acting Party to Document Review Committee or the Hearing Committee; and
 - 3. The written decision and report of Document Review Committee or Hearing Committee.

No additional hearing will be conducted at this stage.

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

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

- F. The Regional Chief Clinical Officer shall issue a final written decision within fourteen (14) calendar days of receipt of the written request for appeal. A copy of the Regional Chief Clinical Officer's decision shall be sent to the resident, the Acting Party, the Document Review Committee or Hearing Committee, and the DIO. A copy of the Regional Chief Clinical Officer's written decision shall be retained in the resident's file in the Graduate Medical Education Office.

- G. The Regional Chief Clinical Officer's written decision is the final decision in the matter under appeal.

C.8 Dates

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

C.9. Applicability

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

C.10. Resolution of Other Matters

- A. For matters related to resident work environment or issues related to the program or faculty, please refer to Trinity Health Human Resources Ministry-Wide Policy No. 1009, Harassment Policy, and Loyola Medicine Policy Consensual Relationships in the Workplace, as well as Housestaff Handbook Policies Harassment/Abuse in the Workplace and Resolution of Resident Issues. If at any point a resident raises issues of discrimination, harassment and/or hostile work environment, those issues will be referred to Human Resources for investigation and will not be addressed in the grievance proceedings.

Last Approved: August 2020
Revised: April 2025
GMEC Approved: April 11, 2025

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. C. CHIEF RESIDENT POLICY

D. 1. Definition

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

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

D.2. Salary

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

D.3. Appointment procedure

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

GMEC Approved: April 7, 2000, October 2019
Reviewed: April 7, 2000, September 2019
Revised: September, 2019

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. D. PROGRAM CLOSURES AND REDUCTIONS

E.1. Purpose:

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

E.2. Introduction:

ACGME Institutional Requirements

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

E.3. Definitions:

- **Sponsoring Institution:** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation).
- **Participating Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of participating sites include: a university; a medical school; a teaching hospital, including its ambulatory clinics and related facilities; a private medical practice or group practice; a nursing home; a school of public health; a health department; a federally qualified health center; a public health agency; an organized health care delivery system; a health maintenance organization (HMO); a medical examiner's office; a consortium; or an educational foundation.
- **Major Affiliate:** Formal Affiliation Agreements between a Sponsoring Institution and Participating Site for the academic purposes of resident/fellow education. All parties to the agreement have a degree of shared responsibility for the training program. A Major Affiliate may have trainees from all or most of the Sponsoring Institution's training programs, or, all trainees from one program. A Major affiliate may be the primary clinical training location for a program with few or no rotations to the sponsoring institution site.

- Graduate Medical Education: The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.
- Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs at that institution.

E.5. Policy:

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

GMEC Approved: August 2020

Reviewed:

Revised:

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. E. EVALUATIONS and PROMOTION

G.1. Introduction

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

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

G. 2. Standards and Procedures for Evaluation

The standards by which Loyola evaluates each resident shall include:

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

G.3. Resident Evaluation by Faculty

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

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

G.4. Faculty Evaluation by Residents

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

G.5. Evaluations of Program/Rotations by Residents

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

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

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

2. A resident may review his or her own file with the program director or designated staff member by appointment.
3. Resident files will be made available to the Graduate Medical Education Office (GME) upon request, consistent with Loyola policy on record access.

G.7. Promotion and Advancement

1. Advancement to the following PGY-level is not automatic, but must be recommended by the program director. The program director may withdraw an offer based on a resident's performance at any time prior to the new agreement date. Residents on probation must fulfill the requirements specified in the conditions for probation before they will be advanced.
2. The conclusions of the program director based on recommendation of the CCC (Clinical Competency Committee), which includes; semi-annual progress reports and all other available information will provide the basis for determining whether a resident is ready for advancement to the subsequent year of the program or for graduation from the program.
3. The specific criteria for resident evaluation and promotion must be consistent with the guidelines of the Clinical Competency Committee, the Specialty Board, or other agencies that promulgate educational standards for certification in that discipline.

G.8. Non-renewal

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

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

1. A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the agreement.
2. The resident will remain in good standing during the remainder of the current agreement without prejudice and will perform the usual resident functions until the end of the term of the agreement.

G.10. Due Process

Any resident enrolled in a multi-year program who, under normal circumstances would receive an agreement for the following academic year, and is denied due to the action of the program director as described in the sections listed above, is entitled to due process, including all grievances, as described in the Grievance Procedure.

G.11. Resident Resignation

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

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via electronic vote
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<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. F. LICENSING AND RESIDENT ELIGIBILITY

H. 1. Introduction

This policy establishes conditions to ensure that residents do not engage in medical practice prior to receiving appropriate licensure and all forms, visas or other permits as may be required by the U.S. Immigration and Naturalization Service. It is the responsibility of the resident to obtain and maintain, at his/her own expense, medical licensure in the State of Illinois.

Note: Residents without a valid State of Illinois medical license, appropriate work authorization or social security number cannot hold an Agreement, participate in clinical and laboratory activities (including observation) or research at any clinical training site and cannot be paid).

H. 2. Definition for Valid License

1. A valid temporary license is defined as an Illinois temporary license specific to the Loyola residency training program and with an effective date not later than the resident's first day of residency.
2. A valid permanent license is defined as an Illinois permanent license with an effective date not later than the resident's first day of residency.
3. A Controlled Substance license may be obtained at the resident's expense, for those holding a permanent license, but is not required.
4. Temporary licenses are acceptable for residency programs and for one-year, ACGME accredited fellowship programs only. For all non ACGME accredited fellowship programs and/or fellowship programs that exceed one year, applicants will be required to obtain and maintain permanent Illinois licensure. Any exceptions to this requirement must be approved by the Department of Graduate Medical Education.
5. Residents who have had a minimum of 24 months of training in an accredited program and have met all other criteria in the State of Illinois for permanent licensure, have the option of applying for a permanent license at his/her own expense. A permanent license is required for all residents who engage in moonlighting.
6. No license is valid past its expiration date unless provided for by Illinois state laws and regulations.

H.3. Notification for filing license applications

1. Each incoming resident is notified via their letter of offer that if they are not licensed within 60 days of their program's start date, their offer is null and void.
2. The Department of Graduate Medical Education and program coordinators monitor the license application process and will contact Program Directors of any residents or fellows who have not received their license by the Agreement date. Programs may be required to extend the Agreement dates for any resident who begins late because of licensing delays.
3. In the case of a delay in licensure, the resident is not eligible to participate in any way in clinical activities with their program including observation in clinical or laboratory areas. Evidence that the resident examined or treated patients will be cause for immediate dismissal from the Loyola residency training program.
4. The resident may attend lectures and conferences, but will not be permitted to participate in any capacity for the medical center or in their program.

H.4. Maintenance of licensure

1. Programs will be notified at the beginning of every calendar year, of continuing residents whose licenses will be expiring. It is the responsibility of the resident to apply for the necessary license extension (or renewal of permanent license) in a timely manner to ensure continuance of service. License extension and renewal fees are the responsibility of the resident.
2. Failure to obtain a license extension or renewal will result in resident being pulled from service without pay, until license has been issued.
3. The program director may terminate any resident who has not obtained a license as stated in the Graduate Medical Education Agreement, after consulting with the Department of Graduate Medical Education.

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. G. OFF-SITE ELECTIVE ROTATIONS

I. 1. Requirements and Definitions

1. Residents and fellows may desire to take an elective rotation at an outside institution during the course of their training.
2. Such away elective rotations should have as their primary goal, an education focus that cannot be obtained at Loyola.
3. All elective away rotations must be approved by both the Program Director and DIO.
4. During the elective rotation, Loyola will continue to pay the resident or fellow's salary, benefits and malpractice insurance as currently provided. All other associated expenses (housing, meals, travel, etc.) will be the responsibility of the resident/fellow. Residents and fellows are also responsible for securing proper licensure (if out of state) and completing all the onboarding requirements of the participating institution.

I. 2. Process

1. The "Elective/ Out of Hospital Rotation Request Form" must be completed and signed/approved by the applicant's Program Director. The form along with goals and objectives are then forwarded to the Graduate Medical Education Department for DIO review/approval. Applications must be submitted to the Graduate Medical Education Department at least 60 days prior to the beginning of the rotation for in state sites and 90 days for out of state.
2. Once approved, the Graduate Medical Education Office, in conjunction with the Office of the General Counsel will work to create the required affiliation agreements with the participating institution, and to ensure that accreditation standards including supervision, working hours, and safety are followed.
3. The program will be notified after the affiliation agreements are fully executed. Residents and fellows cannot rotate to any external site without fully executed agreements in place.

I.3 International Service Immersion/Missions

1. Residents and fellows interested in pursuing international elective rotation opportunities should reach out to the Community and Global Health Engagement Program.

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LOYOLA MEDICINE
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III. POLICIES AND PROCEDURES

III. H. RESIDENT WELLNESS

J.1. Policy

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

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

J.2. Purpose

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

J.3. Resources Available to all Residents

1. Employee Assistance Program (EAP)

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

1. Loyola's Department of Psychiatry

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

2. University Ministry and Pastoral Care

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

3. Respite Space

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

4. Paid Time Off

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

5. Outside Resources

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

6. Trinity Health Resources

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

7. Loyola's Physician Resiliency Team and Coaches accessed thru the Spirit homepage.
<http://luhs.che.org/Pages/PhysicianResiliency.aspx>

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

J.4. Resident Responsibility

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

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

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

J.5. Residency Training Program Responsibility

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

2. If a program director or faculty member observes physical, mental, or emotional problems affecting the performance of a resident, the member must take steps to verify the impairment and take appropriate actions which should include notifying the Program Director and Loyola's GME office.

3. Chief residents should also be aware of the behavior and conduct of junior residents. If a Chief resident observes physical, mental, or emotional problems affecting the performance of a resident, the chief resident should immediately notify the program director or designee.

4. It is the responsibility of the Program to provide reasonable accommodations (i.e. duty assignments, on-call schedules), to enable the resident to participate in mandated counseling.
5. Program Directors must comply with ACGME requirements regarding hours worked and days off.
6. Training programs must develop policies and procedures to ensure patient care coverage in the event that a trainee is unable to perform their patient care responsibilities.

J.6. Fitness for Duty Procedure

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

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

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

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

J.7. Return to Duty

1. If Employee Health Services (EHS) and EAP determine the resident is fit for duty, the resident will resume clinical duties after meeting with the EAP and the program director.
2. If EHS and EAP determine the resident is not fit for duty, the program director will relieve the resident from his/her clinical duties/responsibilities. The resident will continue to be paid under the sick leave policy until benefits are exhausted, at which time, he/she will be placed on a disability leave of absence (as defined by the benefit policy).
3. In consultation with EHS and EAP, the program director will decide how and when to allow the resident to resume his/her clinical duties. The resident's continued participation in the residency training program will be subject to conditions of behavior and/or performance that the program director will document in a Return to Work or other agreement, in cooperation with EAP.
4. The resident must participate fully in all mandated counseling and monitoring activities. Failure to do so may result in disciplinary actions, including dismissal from the residency training program.

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Reviewed:
Revised:

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. I. ACADEMIC PROBATION

K.1. Introduction

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

K.2. Probation

1. The program director shall schedule a meeting with the resident to discuss the reason(s) for probation, the remedial action required by the resident and the dates of the probationary period.
The program director must notify the resident and the Graduate Medical Education Office in writing of the probation including:
 - the reason(s) for probation;
 - the remedial action required; and
 - the dates of the probationary period.

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

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

K.3. Grievance of Academic Probation

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

K.4 Applicability

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

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LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III.J. CORRECTIVE DISCIPLINARY ACTION

L.1. Introduction

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

L.2. Causes for Corrective Disciplinary Action

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

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

10. Failure to perform the normal and customary duties of a resident as defined in the ACGME “Institutional Requirements.”
11. Harassment or abuse of patients, other residents or hospital staff.
12. Failure to provide safe, effective and compassionate patient care commensurate with the resident’s level of advancement and responsibility.
13. Breach or violation of patient confidentiality
14. Conduct or behavior which may cause embarrassment or bring disrepute to Loyola, its graduate medical education training program or its employees and medical-dental staff.
15. Failure to maintain the academic integrity of an In-training Exam or other assessment during training.

L.3. Disciplinary Action

1. Initiation of disciplinary action shall be the province of the program director or the Chief of Staff. Residents may be subject to written warning, suspension or termination. Discipline may be progressive, in that it follows the order listed below. However, depending upon the severity of an incident or extenuating circumstances, discipline may begin at any stage, including termination.
2. Written Warning
The program director or Chief of Staff may issue a letter of warning to a resident in response to an identified problem. The letter will detail the situation, the action required to correct the problem, and the consequences of failing to correct the problem. A copy of the letter will be placed in the resident’s departmental file and the Graduate Medical Education Office (“Central Office of Graduate Medical Education”) file.
3. Suspension
Suspension is a corrective action where the resident is temporarily removed from program duties. Suspensions are unpaid; however, benefits will remain in full force during the suspension. During the suspension, the resident will not receive credit for the training time.

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

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

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

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

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

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

4. Termination

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

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

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

L.4. Grievance of Corrective Disciplinary Action

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

L.5 Applicability

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

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<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III.K. HARASSMENT/ABUSE IN THE WORKPLACE

M.1. Policy

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

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

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

G-13: Sexual Harassment-Workplace Harassment

COMP-029: Integrity Reporting System

SF-3: Workplace Violence and Domestic Violence

Consensual Relationship Policy

QAPS 010 Management of Patient Sexual Harassment/ Sexual Abuse

COMP 043 Non-Retaliation Policy

Communications Standards 1.1 Standards for Use of Social Media

GMEC Approved: August 2020

Reviewed: August 2020

Revised: August 2020

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. L. TERMINATION/COMPLETION OF RESIDENCY PROGRAM

N. 1. Resident Resignation

1. Any resident wishing to resign must submit a written request for release from the remaining term of their agreement to their program director.
2. A copy must be forwarded to the Graduate Medical Education Office. Because the GME Agreement is a legal document, the program director has the right to delay or specify the actual termination date to ensure coverage of services.
3. The program will work to amend the GME Agreement once a final date has been agreed upon and will forward this to the GME office as well as amending and uploading to the resident's electronic record in the residency management software (New Innovations).
4. The resident will be terminated on the date agreed to by the program director. A final paycheck will be issued at the next regular payday, provided the resident has completed the proper checkout process.

N. 2. Termination/Exit Requirements

1. Program directors must provide each resident with a final evaluation prior to termination.
2. Certificates will be held until all equipment including pagers, identification card, parking keycards and hang tags and department keys have been returned to the proper department and all outstanding evaluations and medical records have been completed.
3. The resident must complete the check-out form provided to him/her before the last stipend will be issued. The resident must complete the check-out process with their program.
4. All computer and IT access will be terminated within 24 hours of the resident's final contracted date.

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<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III. M. RESOLUTION OF RESIDENT ISSUES

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

1. Personal Safety and Work Environment concerns

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

2. Residency/Fellowship Departmental concerns

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

3. Hospital Personnel concerns

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

4. Other concerns

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

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

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

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

GMEC Approved: August 2020

Last Reviewed: August 2020

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

<p>LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES</p>

III.N. TRANSPORTATION FOR TRAINEES WHEN TOO TIRED TO DRIVE PROCEDURE

III.N.1. Introduction

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

III.N.2. Procedure

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

III.N.3 Limitations

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

GME will not reimburse transportation costs for the following situations:

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

GMEC Approved: October 13, 2018
Reviewed: October 2018, February 2024
Revised: February 2024

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III.O. TRANSITIONS IN CARE

R. 1. Introduction:

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

R.2. Purpose:

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

R.3. Requirements:

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

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

GMEC Approved: July 2011, March 2022

Reviewed: February 2022

Revised: February 2022

LOYOLA MEDICINE
RESIDENT HANDBOOK
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III.P. Continuation of Graduate Medical Education Program in the Event of a Major Disaster Resulting in Temporary Closure of Clerical Units or Services Policy

III.S.1. Introduction and Purpose:

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

*ACGME Institutional Requirements:**

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

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

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

III.S.2. Policy:

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

III.S.3. Procedure:

1. The Designated Institutional Official and/or Chair of GMEC will convene an emergency meeting of the Graduate Medical Education Committee at the earliest practical time following onset of the disaster.
2. The Graduate Medical Education Committee will determine the major effects of the disaster on each of the Graduate Medical Education programs
3. Based on the assessment at the GMEC meeting, each Program Director will develop a plan for continuation of the program or for temporary closure of the program and reassignment of residents to other teaching hospitals.
4. The Designated Institutional Official and Program Directors will

communicate both the assessment and plans to the ACGME/RCs as soon as practicable.

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

GMEC Approved: August 2020

Reviewed:

Revised:

LOYOLA MEDICINE RESIDENT HANDBOOK III. POLICIES AND PROCEDURES
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III.Q. Loyola/ACGME Leave of Absence

III.Q.1. Purpose:

The purpose of this Policy is to provide Residents and Fellows of Trinity Health Corporation and its Health Ministries and Subsidiaries (collectively referred to as “Trinity Health”) enrolled in graduate medical education programs accredited under the Accreditation Council for Graduate Medical Education (ACGME) with the opportunity to take vacations and qualifying leaves of absences from their training programs in accordance with ACGME institutional requirements.

Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values and commitment to Diversity, Equity and Inclusion.

III.Q.2. Policy:

This Policy applies to Residents and Fellows enrolled in graduate medical education training programs accredited under the Accreditation Council for Graduate Medical Education (ACGME) (hereafter referred to as ACGME Residents and Fellows). If coverage under this Policy for additional Employees is required by applicable law, this Policy also applies to the Employees of the Employer for whom coverage is required. Benefits eligibility for purposes of this Policy, including regular full-time and regular part-time employment status for the Employer, are determined in accordance with Human Resources Ministry-Wide Procedure No. 1031 (Eligibility for Coverage Under the Trinity Health Corporation Welfare Benefit Plan).

Paid Time Off:

ACGME Residents and Fellows will be provided at least one week of paid time off to use of a qualifying leave of absence. This paid time off is included in and not in addition to any other paid time off benefit provided by Ministry graduate medical programs (hereinafter referred to as “reserved hours”). The one week of reserve hours must be taken within the same academic year of the leave.

Leave of Absence:

Eligible ACGME Residents and Fellows may take up to six (6) weeks of qualifying “medical”, “parental” and/or “caregiver” leave once per residency or fellowship when enrolled in an ACGME-accredited program (hereafter referred to as an ACGME leave). The ACGME leave must be approved by the Employer and due to one or more of the qualifying reasons. ACGME Residents and Fellows will be paid 100% of their salary for the ACGME leave period (as calculated using the Resident or Fellow’s base hourly rate).

The leave period provided for in this Policy will run concurrently with any other leave of absence for which ACGME Residents and Fellows are eligible where allowed by applicable law including the Family and Medical Leave Act (“FMLA”), the Americans with Disabilities

Act Amendment Act (“ADAAA”) and state or local law paid medical, paid family or paid sick law. ACGME Residents and Fellows may have similar or additional rights under state or local leave laws.

ACGME leave may not be saved for future use. The ACGME leave entitlement will be applied to all leaves taken for a qualifying reason in their order of occurrence based on date of qualification until the six (6) week benefit has been exhausted, regardless of whether the Resident or Fellow has applied for it.

Types of ACGME Leave:

- Medical Leave: leave for a Resident or Fellow’s own “serious health condition” or “qualifying disabling condition.”
- Caregiver Leave: leave to care for a covered family member with a “serious health condition.”
- Parental Leave: leave for the birth of and to care for a newborn child or the placement of a child for adoption or foster care.

Pay During ACGME Leave

During the six (6) week qualifying ACGME Leave, Residents and Fellows will receive 100% of their salary. Payment of salary is achieved through a combination of sources including paid time off hours (i.e. PTO, vacation or sick hours as applicable to the Ministry), short term disability (STD) if available, ACGME pay and any disability, paid medical or paid family leave benefit the Resident or Fellow is receiving (or approved for) if available in the Resident’s or Fellow’s work state.

- Medical Leave
 - ACGME Residents and Fellows must use paid time off hours for the first two weeks of ACGME leave if available.
 - ACGME Residents and Fellows may retain 40 hours of paid time off for other purposes and are not required to use them during an ACGME leave (reserved hours). They may, however, elect to do so.
 - If less than 40 hours of paid time off is available, the Ministry will supplement the leave period with ACGME pay.
 - After the first two weeks of leave, ACGME Residents and Fellows approved for STD will receive a combination of STD pay (50% of base wage) and ACGME pay (50% of base wage) for the following 4 weeks.
 - In the event STD is not approved, ACGME Residents and Fellows will remain eligible for the ACGME leave so long as the medical provider substantiates the need for the leave and the leave is approved by The Hartford (if applicable). ACGME Residents and Fellows will then receive 100% ACGME pay.
 - If state disability or paid medical leave is available in the ACGME Resident’s or Fellow’s work state and the leave approved, that benefit will be applied as an offset against STD and ACGME pay as applicable.
- Caregiver and Parental Leave
 - ACGME Residents and Fellows must use available paid time off for the duration of the ACGME leave before ACGME pay can be used.

- ACGME Residents and Fellows may retain 40 hours of paid time off for other purposes and are not required to use them during an ACGME leave (reserved hours). They may, however, elect to do so.
- If less than 40 hours of paid time off is available, the Ministry will supplement the ACGME leave period with ACGME pay.
- Once paid time off hours are exhausted (excluding the reserved hours), ACGME Residents and Fellows will receive 100% ACGME pay for the remainder of the leave.
- If paid family leave is available in the ACGME Resident's or Fellow's work state and the leave approved, that benefit will be applied as an offset against ACGME pay.
- For intermittent absences due to medical, caregiver or parental leaves, Residents and Fellows must first use available paid time off (excluding reserved hours). If paid time off is not available, residents will receive ACGME pay.

Return From ACGME Leave

ACGME Residents and Fellows on an ACGME leave of absence must notify their GME leader and Ministry leave administrator regarding any changes in the ACGME Resident's or Fellow's return to work status. At a minimum, ACGME Residents and Fellows must contact the GME leader and Ministry leave administrator a minimum of seven (7) days prior to the approved return to work date to make arrangements related to their return to work.

Health and Disability Insurance

Health and disability insurance benefits for ACGME Residents and Fellows and their eligible dependents, will be maintained during an ACGME leave of absence.

Eligibility

ACGME Residents and Fellows are eligible for ACGME leave on the first day they are scheduled to report for duty.

Graduate Medical Education Program

When a request for an ACGME leave of absence is approved or an approved absence extended, the Resident or Fellow's Program Director should advise the Resident or Fellow regarding the impact of an extended leave of absence on meeting criteria to complete the program and specialty board eligibility.

Requesting an ACGME Leave

The Hartford administers ACGME leaves of absence. To request an ACGME leave of absence, an ACGME Resident or Fellow must contact The Hartford at 1-855-532-7880 (Monday-Friday, 9am-9pm EST) or online at <https://TheHartford.com/MyBenefits>; as well notify their GME Program Director of the need for leave as soon as practicable. A request for an ACGME leave of absence maybe denied or delayed if appropriate notification is not provided.

When practicable, ACGME Residents and Fellows are responsible to ensure that a request for an ACGME leave of absence has been approved before incurring any absence from work associated with the request for leave. ACGME Residents and Fellows who are absent from

work without approval and/or without following appropriate GME policies, may be subject to disciplinary action.

Confidentiality

A request for ACGME Leave by a Resident or Fellow who has requested confidentiality as to the need for leave under this Policy is to be respected, kept confidential and restricted to those with a business need to know or as otherwise required by applicable state or local law. In other cases, confidentiality regarding requests for leave under this Policy are to be observed by all managers and supervisors insofar as possible. In cases where ACGME Residents or Fellows have communicated to co-workers their need for leave, there should be no expectation of confidentiality.

Retaliation

The Health Ministries will not retaliate against a Resident or Fellow in any way for exercising their right to use ACGME Leave.

Misuse of Leave or Fraud

A Resident or Fellow who misuses ACGME Leave for unintended and/or unapproved purposes, knowingly requests or extends their ACGME Leave under false pretenses or who otherwise engages in fraudulent use of ACGME Leave will be subject to disciplinary action up to and including termination consistent with applicable GME policies or as otherwise allowed by law.

SCOPE/APPLICABILITY

This Policy is intended to be a system-wide policy that applies to all ACGME Resident and Fellow Employees of the Trinity Health and the Health Ministries and the Subsidiaries that have adopted this Policy as set forth in Appendix A hereto, subject to any modifications necessary to comply with applicable state and local laws and regulations, as set forth in Appendix B (if applicable) hereto, collective bargaining agreements, written employment agreements, accreditation requirements or otherwise and that are approved by the Trinity Health EVP, Chief Human Resources Officer or an appropriate designee, in consultation with the Trinity Health Legal Department as necessary. For purposes of this Policy, the Trinity Health Vice President, Total Rewards Benefits & Well-Being is an authorized designee to approve such modifications.

This Policy replaces and supersedes any existing Policies or Procedures of the Employer regarding ACGME Leave.

PROCEDURES

The Trinity Health Human Resources Department is responsible for establishing, implementing and enforcing Procedures, Standards or Guidelines to be followed by Trinity Health and its Health Ministries in the implementation and application of this Policy.

DEFINITIONS

Employee means an employee of Trinity Health or one of its Health Ministries or Subsidiaries, whether that individual's status is permanent or temporary, contingent, part- or full-time. Trinity Health often uses the term "colleague" to refer to its Employees. In HR policies, "Employee" is used instead of "colleague" to be clear that HR policies apply to individuals in an employment relationship with Trinity Health or one of its Health Ministries or

Subsidiaries. The form of the Policy does not change an Employee's Primary Employer, defined as the payroll company of record, and does not create a joint employment relationship with any entity.

Employer means Trinity Health and each of its Health Ministries and Subsidiaries that have adopted this Policy as set forth in Appendix A. If the effective date of this Policy for an Employer is different than the effective date of this Policy, the effective date for the Employer will be listed in Appendix A.

Executive Leadership Team ("ELT") means the group that is composed of the highest level of management at Trinity Health.

Family Member means a spouse, child (including step-child or legal ward) and parent (including step-parent).

Fellow means an individual who is participating in an ACGME-accredited fellowship (subspecialty) program who has completed a residency program in a related specialty.

Health Ministry (sometimes referred to as Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Health Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Health Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Health Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Primary Employer means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

- a. For purposes of this section, a "serious health condition" has the meaning set forth in the Family and Medical Leave Act ("FMLA"), and "qualifying disabling condition" has the meaning set forth in the Americans with Disabilities Act Amendment Act ("ADAAA").

Resident means an individual participating in an ACGME-accredited residency program.

Spouse means a husband or wife. For purposes of this definition, "husband or wife" refers to the other person with whom an individual entered into marriage as defined or recognized under State law for purposes of marriage in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex or common law marriage that either:

- Was entered into in a State that recognizes such marriages; or
- If entered into outside of any State, is valid in the place where entered into and could have been entered into in at least one State

Standards or Guidelines mean additional guidance which assists an Employee in understanding the Employer's rule, policies and/or procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health Ministry is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Human Resources Department.

RELATED POLICIES, PROCEDURES AND OTHER MATERIALS

- Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A)
- Trinity Health Human Resources Ministry-Wide Procedure No. 1019 (Paid Time Off (PTO) – Program A)
- Trinity Health Human Resources Ministry-Wide Policy No. 1024 (FMLA for Non-Military Leave)
- Trinity Health Human Resources Ministry-Wide Policy No. 1027 (Elective and Other Leaves of Absence (Non-FMLA and Non-Military))
- Trinity Health Human Resources Ministry-Wide Policy No. 1034 (Definitions of Employment Classifications)

APPROVALS

Initial Approval: 6/1/2022

Subsequent Review/Revision(s): Loyola GME-C Review: 2/9/2024

III.Q. Loyola/ACGME Leave of Absence APPENDIX A: EMPLOYERS

Ministries with colleagues performing work in other locations are subject to that location's state or local Sick and Safe laws.

*Indicates Health Ministry or subsidiary was subject to previous version of policy prior to the June 1, 2022, policy revision date.

State	Health Ministry or Subsidiary	Effective Date
California	Saint Agnes Medical Center	6/1/22*
Connecticut	Trinity Health Of New England (Hartford, Stafford, Waterbury)	6/1/22*
Delaware	Trinity Health Mid-Atlantic (Saint Francis)	6/1/22*
Florida	Holy Cross Health	6/1/22*
Georgia	St. Mary's Health Care System	6/1/22*
Georgia	Mercy Care (St. Joseph's Health System)	6/1/22*
Idaho	Saint Alphonsus Regional Medical Center (Boise, Nampa)	6/1/22*
Illinois	Loyola Medicine (LUMC, Gottlieb, MacNeal)	6/1/22*
Indiana	Saint Joseph Health System	6/1/22*
Indiana, Utah	Sisters of the Holy Cross and Holy Cross Ministries	6/1/22*
Iowa	MercyOne Clinton Medical Center	6/1/22*
Iowa	MercyOne Dubuque Medical Center	6/1/22*
Iowa	MercyOne North Iowa Medical Center	6/1/22*
Iowa, Nebraska, South Dakota	MercyOne Siouxland Medical Center (Sioux City, Primgar, Oakland, Dunes)	6/1/22*
Iowa	MercyOne Northeast Iowa (Cedar Falls, Waterloo, Oelwein)	6/1/22*
Maryland	Academy of the Holy Cross	6/1/22*
Maryland	Holy Cross Health	6/1/22*
Massachusetts	Trinity Health Of New England (Springfield / Mercy Medical Center)	6/1/22*
Michigan	Trinity Health Michigan (Trinity Health Ann Arbor, Trinity Health Livingston, Trinity Health Oakland, Trinity Health Livonia, Trinity Health Grand Rapids, Trinity Health Muskegon, Trinity Health Shelby, Chelsea Hospital, Trinity Health Medical Group, Trinity Health IHA Medical Group, Trinity Health Senior Communities, Canton medical center, Reichert medical center, Schoolcraft medical center, Lakes Village medical center, Norton Shores medical center, North Muskegon medical center, Hudsonville medical center, Ludington medical center, Rockford medical center, Byron Center medical center, Sherman Pavilion medical center, Hackley medical center, Grand Rapids medical center, Wege medical center, Caledonia medical center, East Beltline medical center, Grandville medical center, Whitehall medical center)	6/1/22*
New Jersey	St. Francis Medical Center	6/1/22*
New York	St. Joseph's Health	6/1/22*
New York	St. Peter's Health Partners	6/1/22*
Ohio	Mount Carmel Health System	6/1/22*
Ohio	Diley Ridge Medical Center	6/1/22*
Oregon	Saint Alphonsus Regional Medical Center (Baker City, Ontario)	6/1/22*
Pennsylvania	Trinity Health Mid-Atlantic (Mercy Catholic, Fitzgerald, Nazareth)	6/1/22*
State	Health Ministry or Subsidiary	Effective Date
Pennsylvania	Trinity Health Mid-Atlantic (St. Mary Medical Center & Rehabilitation Hospital)	6/1/22*
Pennsylvania	Pittsburgh Mercy Health	6/1/22*
Various Locations	Trinity Health Senior Communities (THSC)	6/1/22*
Various Locations	Trinity Health at Home (THAH)	6/1/22*
Various Locations	Trinity Health PACE	6/1/22*
Various Locations	Trinity Health System Office	6/1/22*

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. R. Policy on House Staff Post Graduate Year Levels and Stipends

III.R.1. Introduction and Purpose:

An accredited training program is any training program accredited by the Accreditation Council for Graduate Medical Education, the American Dental Association, the American Podiatry Association, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada.

Loyola Medicine provides a competitive stipend to all residents and fellows. The stipend level is determined by prerequisite education of the program. For example, if a program requires one year of previous training, the individual's stipend shall start at the PGY-2 level.

A sample of the GME Agreement is available on the GME website along with current PGY stipends for the current academic year.

III.R.2. Policy:

Additional years spent in research, non-accredited training or employment or training outside of the prerequisites for the specialty or sub-specialty program are not used for determining PGY-level.

III.R.3. Procedure:

1. A resident or fellow's PGY level will be determined by the required prerequisite training and the appropriate level of the training program they will be starting.
2. Credit will be given to individuals who complete an ACGME-accredited combined residency or any accredited approved pathway to the subspecialty.
3. Credit will be given for any chief resident years done in support of an ACGME program in an extra year chief position.
4. A trainee entering a training program after completing a portion or all of the board requirements in another specialty may receive credit only for the position of training which is applicable to board requirements for certification in the specialty which they are entering. This credit will impact their stipend level.

III.R.4 Chief Residents:

Programs may determine to provide an extra stipend to residents or fellows designated as chiefs for their additional duties at the program's discretion and expense. An account number must be provided to the GME Office in advance of salary distribution. This stipend will be divided by the

number of pay periods in the year and added to their PGY salary.

III.R.5 Program Responsibility:

Programs must receive and retain verification from the appropriate specialty board for credit approved from another ACGME accredited specialty prior to training or accepting a transfer into the program.

III.R.6 Additional Training:

It is recognized that there are trainees accepted into a training program that have completed additional GME training above and beyond what is required for the training program they are entering. There may also be trainees accepted into a program who have spent time in non-GME activity (employment, graduate school, etc.). While these accomplishments are noteworthy, only training that is required to start in the training program will affect the stipend level. The GME Office will have final determination of PGY levels.

GMEC Approved: 5/10/2024

Reviewed:

Revised:

LOYOLA MEDICINE
RESIDENT HANDBOOK
III. POLICIES AND PROCEDURES

III. S. Housestaff Attendance and Punctuality

III.S.1. Policy/Purpose:

To maintain important levels of customer service and a safe and productive work environment, Loyola University Health System ("Loyola Medicine") expects residents/fellows to be dependable and punctual in reporting for scheduled work. Absenteeism and tardiness may have a negative impact on patient care, customer service levels and overall operations within the organization.

In the rare circumstances when a resident/fellow cannot avoid being late to work or are unable to report for duty as scheduled, they should notify their supervisor at least two (2) hours in advance of the anticipated tardiness or absence as required by policy. Excessive absenteeism and tardiness are disruptive. It is the resident/fellow's responsibility to manage their attendance and/or tardiness. Excessive abuse of either, may lead to corrective action, up to and including termination of employment.

The purpose of this policy is to establish clear expectations and guidelines for attendance and punctuality and to establish a procedure for their review, to develop a common philosophy and practice among program leadership for their management of resident/ fellow attendance, and to communicate and reinforce for each resident/fellow the importance of responsible attendance practices.

III.S.2. Definitions/Applications:

Absence: A resident/fellow not being available and ready to begin or end his/her work assignment as scheduled.

Occurrence of Absence: A single day or multiple consecutive scheduled days of not adhering to the work schedule e.g., one day of absence is equal to one occurrence or consecutive scheduled days of absence is equal to one occurrence. Three* (3) or more consecutive days of absence may require a physician note to return to work. (5) Five consecutive days of absence requires the program to direct the trainee to The Hartford at or Phone: 1-855-532-7880.

Scheduled Absence: Occurs when a resident/fellow requests time off in a timely manner in accordance with departmental policies. Examples of scheduled absences including the following: vacation, personal holiday, jury duty, bereavement leave, approved Family and Medical Leave, approved workers' compensation absences, etc.

Unscheduled Absences: Occurs when a resident/fellow is absent for a scheduled shift and had not made prior arrangements to be off. Examples of unscheduled absence include non-FMLA absences or

Reported Unscheduled Absence: Occurs when a resident/fellow follows program policy and notifies their program director or appointee of an unscheduled absence in accordance with departmental policies.

Tardiness: Occurs when a resident/fellow reports to work after the scheduled time that s/he is expected to begin the shift, not being at the workstation ready to work at the scheduled start of the shift or returning late from lunch or break.

Pattern Absences/Tardiness: Occurs when a resident/fellow demonstrates a pattern of unscheduled absences and/or tardiness. The types of patterns include, but are not limited to:

- Absences or tardiness on scheduled weekends (Saturday, Sunday, or both)
- Absences or tardiness the day before and/or after a holiday or rest day
- Absences or tardiness the day after payday

Job Abandonment: Resident/fellows who are absent from work for three (3) consecutive scheduled days without giving proper notification to the program director or designee per department policy. Per Housestaff Handbook J.6. Fitness for Duty Procedure, A well-being check will be initiated for any resident/fellow that is a no-call no-show for duty.

Excused Absences: Days or incidences which will not be counted as occurrences:

- Worker Compensation
- Death in family Bereavement Leave
- Jury Duty
- Military Obligations
- Absences that are approved as Family Medical Leave (FMLA)
- Approved vacation
- Absences due to resident/fellow or family member illness less than 40 hours in a rolling 12-month period, for which timely notice has been given to the supervisor as per department policy.

Unexcused Absence: Any absence that does not fit into the excused absence category listed above, therefore not adhering to established work schedule or timely notice requirements.

Incomplete Shift: Not completing a scheduled shift without proper notice.

III.S.3. Information/Procedures

Corrective Action Guidelines Not adhering to the work schedule negatively impacts the organization's ability to provide quality health care services. Residents/fellows who violate attendance and punctuality standards will be subject to corrective action. (See Corrective Action policy) The level of corrective actions may be accelerated if the program director identifies a trend and/or pattern of attendance policy violations.

In general, absence is considered to be excessive if a resident/fellow has any three occurrences of absence in a three-month period, or four occurrences of absence in any rolling consecutive 12-month period and grounds for corrective action, with the exception of up to 40 hours of sick time. Additionally, eight occurrences of absence, following progressive corrective action, will be grounds for termination.

Discrepancies with Time and Attendance Records

Failure to report for duty at the appointed time and location, falsification of time records, etc, could be grounds for progressive corrective action, up to and including separation of employment.

Unprepared or Unfit for Duty

Resident/fellows who report to work without proper equipment or in improper attire may not be allowed to work. Resident/fellows who report for work in a condition that is deemed unfit for duty, whether for illness or any other reason, will not be allowed to work and may be subject to an assessment pursuant to the Fitness for Duty policy.

Excessive Attendance Guidelines

	Timeframes	Corrective Action
Four (4) occurrences of absence**	In any rolling consecutive 12 months	Grounds for progressive corrective action
Six (6) occurrences of absence**	In any rolling consecutive 12 months	Grounds for progressive corrective action
Patterns or trends of absence**		Grounds for progressive corrective action
Seven (7) occurrences of absence**	In any rolling consecutive 12 months	Grounds for progressive corrective action
Eight (8) occurrences of absence**	In any rolling consecutive 12 months	Grounds for progressive corrective action, including termination.

*****PLEASE NOTE: No disciplinary action can be taken toward resident/fellows utilizing time covered by FMLA, Worker's Compensation, VESSA or for illness up to 40 hours in a rolling 12-month period covered by Earned Sick Leave laws.***

In general, tardiness is considered to be excessive if a resident/fellow is late for work four or more times in any twelve-month period and grounds for corrective action. Any pattern or trend of tardiness, as described in this policy, will also be grounds for corrective action. Additionally, (8) eight or more occurrences of tardiness in any rolling consecutive 12- month period, following progressive corrective action may be grounds for termination.

Excessive Tardiness Guidelines

	Timeframes	Corrective Action
Four (4) occurrences of tardiness	In any rolling consecutive 12 months	Grounds for progressive corrective action
Six (6) occurrences of tardiness	In any rolling consecutive 12 months	Grounds for progressive corrective action
Patterns or trends of tardiness		Grounds for progressive corrective action
Seven (7) occurrences of tardiness	In any rolling consecutive 12 months	Grounds for progressive corrective action
Eight (8) occurrences of tardiness	In any rolling consecutive 12 months	Grounds for progressive corrective action, including termination.

The resident/fellow's attendance is considered at the time of their semi-annual evaluation and may impact the overall evaluation.

Notice: Residents/Fellows must follow department notification policies for absences and tardiness. Unless otherwise specified in departmental policies, the minimum acceptable notice for an unscheduled absence is one hour before the resident/fellow is scheduled to report. Departments that need additional notice to fulfill service requirements may increase the minimum notice for reporting absences. Notice of an unscheduled absence must be given by the trainee unless they are physically unable to do so.

Exempt resident/fellows are routinely held to a higher standard of performance, due to their added responsibilities and the greater exercise of independent judgment that comes with their positions. Their performance problems, which can include excessive absenteeism and/or tardiness, will be managed on a case-by- case basis.

III.S.4. Responsibility

Any questions or concerns regarding this policy should be directed to Graduate Medical Education.

GMEC Approved: 4/11/2025

Reviewed:

Revised: