



UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Resident Physician, Resident Dentist and Fellow Handbook of Policies and Procedures

Revised May 2007

Accepted by GMEC Reno and Las Vegas May 2007

TABLE OF CONTENTS

I. Introduction.....	4
Mission Statement.....	5
Institutional Commitment to Graduate Medical Education.....	6
Commitments to Residents.....	7
II. General Information	
Directory/Organization of Graduate Medical Education Office.....	8
Agreements /Terms and Conditions.....	9
Resident Eligibility and Resident Selection	11
Resident Requirements	14
Duty/On-Call Hours.....	15
Prevention, Identification and Management of Fatigue in Residents.....	18
Residency (Job) Description.....	29
Resident Forum.....	31
Medical Records Documentation.....	32
Moonlighting and Resident Employment Outside the Residency Program.....	34
Malpractice Policy.....	36
Resident Responsibilities.....	37
Resident Supervision	39
Eligibility and VISA Sponsorship.....	41
Action Requiring Graduate Medical Education Committee Review and Approval.....	43
Chief Residents.....	45
III. Policies and Procedures	
Resident Information Technology	46
Resident Evaluations.....	48
Resident Appointment and Reappointment.....	50
Resident Complaints and Grievances.....	54
Resident Due Process.....	55
Emergency Suspension.....	59
Remediation and Progressive Remediation.....	61
Harassment in the Workplace.....	63
Resident Disaster Plan.....	64
Closure and Reduction of Programs.....	65
Pharmaceutical Solicitations	67
Off-Site Electives.....	69
Resident Wellness.....	72
Affirmative Action.....	75
IV. Benefits	
Resident Benefits.....	76
Work Environment.....	79
Leave Policies	80
Blood Bourne Pathogens.....	83
VI. Appendices	
Appendix I: Board of Regents Statement on Resident Physicians, Resident Dentists..	84
Appendix II: Resident Agreement.....	88
Appendix III: State Board of Medical Examiners NRS for Misconduct.....	93

Appendix V: NSHE Sexual Harassment Policy.....97
Appendix VI: University of Nevada School of Medicine GME Policies for Promotion....103
and Appointment/Reappointment

RESIDENT POLICY HANDBOOK

INTRODUCTION

This handbook has been prepared as a guide and reference for all residents.* The purpose of written policies is to establish guidelines of the University of Nevada School of Medicine** regarding postgraduate medical and dental education and the responsibilities of a resident. This policy book, however, is not a contract of employment nor 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 UNSOM official.

Appendix I is the Board of Regents of the Nevada System of Higher Education (BOR) Statement Codification on Policy Statements on Resident Physicians, Resident Dentists, and Post Doctoral Fellows. All statements in this policy manual are governed by this document. Please be familiar with the BOR statement.

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 any 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 reviewed annually and amended and updated as needed. Again, 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 (residents, dentists, and fellows) in University of Nevada School of Medicine Graduate Medical Education programs.

** Throughout this Resident Handbook, the University of Nevada School of Medicine may be referred to as UNSOM.

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

MISSION STATEMENT

The University of Nevada School of Medicine is “For a Healthy Nevada: Excellence and Leadership in Education, Research and Health Care.”

Mission

- To educate students, residents and fellows, graduate students, other healthcare professionals and scientists.
- To develop professional values, biomedical and behavioral knowledge and skills through education, research, patient care, health outreach and community service.
- To be the leader in development of biomedical research and technology, and the application of clinical medicine in Nevada.

INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

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

Fiscal support from the State of Nevada and revenue generated by the faculty practice plans provides the School of Medicine necessary resources for the recruitment of faculty of academic excellence, for infrastructure support for its post-graduate healthcare education programs and for research support.

The University of Nevada School of Medicine recognizes the trainees 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.

The University of Nevada School of Medicine's Designated Institution Official has responsibility for the administration of post-graduate healthcare programs and for assuring compliance with accreditation standards. Oversight of post-graduate education programs resides in the Office of Graduate Medical Education and the Associate Dean for Graduate Medical Education.

The University of Nevada School of 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 Dean of the School of Medicine. Decisions for allocation of resources are based upon institutional imperatives, recommendations of the Associate Dean for Graduate Medical Education and outcome assessments of its post-graduate programs.

COMMITMENTS TO RESIDENTS

The programs of education of medical students entering residency after graduation (Graduate Medical Education – or GME) are part of the overall and continuing dedication to higher education supported fully by the Nevada System of Higher Education (NSHE) and the University of Nevada Reno (UNR) as evidenced by a commitment to providing the necessary educational, financial, and human resources to support Graduate Medical Education. These two authorities, NSHE and UNR, are committed to:

- I. Selecting quality students for residency training through the National Resident Matching Program;
- II. Establishing employment rules and procedures based on the university regulating authorities that are supportive of residents and their training, and meet the Accreditation for Graduate Medical Education (ACGME) requirements;
- III. Informing residents about individual program requirements and educational goals;
- IV. Establishing policies and procedures for the conduct of GME programs to meet ACGME institutional and program requirements;
- V. Ensuring that residents understand the critical role of professionalism and ethical behavior in medicine;
- VI. Establishing agreements with participating clinical teaching sites;
- VII. Interacting with healthcare training sites to maintain quality patient care;
- VIII. Assessing qualifications of the resident by evaluations, assessments, and standardized examinations; and
- IX. Maintaining the financial stability and support of GME programs.

THE OFFICE OF GRADUATE MEDICAL EDUCATION AND THE ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION

Welcome to the Graduate Medical Education Office at the University of Nevada School of Medicine. The GME Office exists to provide an organized educational program with guidance and supervision of the resident, facilitate the resident's professional and personal development, and ensure safe and appropriate patient care. We are committed to excellence in both education and medical care. This commitment is manifested by providing the institutional leadership and resources enabling the institution to achieve substantial compliance with the Accreditation Council for Graduate Medical Education

I. Office Location

Office of GME - 5th floor of the 2040 Building
Suite 504
Phone: 702-671-6401
Fax: 702-671-6442
Email: jrios@medicine.nevada.edu

II. Hours of Operation

8:00 am – 5:00 pm
Monday through Friday

III. Personnel

Miriam Bar-on, M.D.
Associate Dean for Graduate Medical Education
mbar-on@unr.edu
702-671-6400

Jo Anna Rios
Manager, Graduate Medical Education
jrios@medicine.nevada.edu
702-671-6401

We have an open door policy and encourage everyone to visit, bring in forms for signature, and ask questions.

GRADUATE MEDICAL EDUCATION AGREEMENT TERMS AND CONDITIONS

I. Introduction

1. A copy of the resident graduate medical education agreement may be found at appendix II.
2. Non-discrimination statement / policy may be found on page 75.

II. Request for Agreement

The Office of Graduate Medical Education along with Human Resources will prepare resident agreements to be issued to residents upon receipt of the following:

1. A written request by the Program Director that an agreement be issued. The request will include start and end dates, and will be for no more than 12 months in duration;
2. A completed file with original application and supporting documents; and

III. Agreement Execution

1. The Office of Graduate Medical Education and Human Resources 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 is the written agreement between UNSOM and the resident. The copies of the agreement will be signed by the Designated Institution Official and the Dean when the resident obtains a valid medical license and, if appropriate, necessary visa paperwork to train in the United States. The following parties must sign the all the copies for the agreement to be valid:
 - ◆ The Resident;
 - ◆ Program Director;
 - ◆ Chairman;
 - ◆ Designated Institution Official;
 - ◆ Dean
3. The Human Resources Office will keep one original executed copy of the agreement. Copies of the agreement will be given to the department and to the resident.
4. It is the responsibility of the resident to obtain and maintain medical licensure in the State of Nevada. 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 or Human Resources 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 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 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. The resident must immediately notify the Central Office of Graduate Medical Education of any notice of revocation, suspension or restriction of work authorization or visa status. If at any time within the term of the Agreement the resident ceases to maintain appropriate work authorization or visa status, the Agreement may be terminated.

IV. Restrictive Covenants

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

V. NRMP and Specialty Matches

1. The Director of Graduate Medical Education is the Institutional Contact for all matches.
2. The Office of Graduate Medical Education will pay all UNSOM 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.

RESIDENT ELIGIBILITY and SELECTION

I. 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 (LCME) 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 a valid certificate from the Educational Commission for Foreign Medical Graduates or;
- ◆ Graduate (or pending graduate) of foreign medical schools who have completed a Fifth Pathway program provided by a medical school accredited by the Liaison Committee on Medical Education.

Further –

- ◆ No more than five years can have elapsed since last formal training or the individual MUST have a full unrestricted license to practice medicine in the United States; any exceptions can at the sole discretion of the program director and Associate Dean for GME be considered on a case by case basis.
- ◆ US Graduates: USMLE or COMLEX step 1 success (no more than 3 attempts)
- ◆ International Graduates: ECFMG certificate (no more than 3 attempts on step 1 or 2)

2. Licensure

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

- ◆ Applicants for accredited core residency programs must have the requisite education and certification to secure a restricted license in the State of Nevada.
- ◆ Applicants for accredited and non-accredited fellowship programs must have the requisite education and certification to secure a full and unrestricted permanent license in the State of Nevada 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 on the Graduate Medical Education Agreement are not eligible for the current academic year and shall be required to re-apply for admission to the program.

- II. 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 and integrity.
1. UNSOM does not discriminate with regard to gender, race, age, religion, color, national origin, disability, veteran status, or sexual preference.
 2. All residents must demonstrate understanding and facility in writing and speaking English.
 3. Residents are selected for appointment to the program in accordance with institutional policies and procedures.
 4. 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.
 5. Procedure:
 - ◆ Each residency program will develop a process and procedure for recruitment, application and credential review as well as interview and selection of eligible students to become residents
 - ◆ The recruitment process will use accurate and appropriate methods of promoting and describing the program. Electronic web page development for this purpose must be updated annually for accuracy. As an NRMP participating institution, the NRMP rules and deadlines must be observed.
 - ◆ Each GME program must develop appropriate initial screening qualities and criteria reflecting the selectivity of the program. Qualities include but are not limited to: (a) academic excellence and achievement; (b) behavior and communication skills; and (c) recommendations.
 - ◆ Qualities and criteria of the Program must be used to rank order most desirable candidates. Decisions for interview should have demonstrable reason for this level of selection. Progressive rank ordering should be based on logical and clear reasons for doing so. Each GME Program should have these criteria in written form.
 - ◆ Applicants at the interview stage should have as complete a disclosure as reasonable of curricular, rotational and academic expectations and should have a sample contract, the UNSOM eligibility criteria, and the available benefits and regulations of the program made known to them. The Resident Handbook/Manual may be used for these purposes. A personal interview is mandatory.
 - ◆ Levels of comparative qualifications should allow selection of most qualified candidates. These discriminants should be in writing.
 - ◆ The selection process should include a broad representation of university and community faculty, and include residents. Interviewer evaluations of candidates must be documented.
 - ◆ The selection group or committee must meet to exchange opinions on candidates. The Program Director and Chair are key members of the group making the final selection.
 - ◆ All US candidates are subject to the Match process using the ERAS application process. When applicable, fellows are selected in the same manner.
 - ◆ The institution will make exceptions to this policy when there is a resident applicant of exceptional quality with outstanding credentials. Once an exceptional candidate is

identified, review of this individual by the program's resident selection committee is required. Letters of offer and signed agreements need to be executed. The office of Graduate Medical Education must be notified in order to adjust the program's resident complement for the match. If the resident is transferring from another program, he/she must meet the criteria listed below.

- ◆ As soon as possible after the Match, programs will contact newly selected residents to begin the process of orientation. Commitment letters, other than the signed educational contract, should be avoided. Letters of greeting and welcome are acceptable.

6. 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 the UNSOM system 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 six core competencies.

RESIDENT REQUIREMENTS

I. Requirements to begin or continue training

1. Accepted appointment letter
2. Annual blood borne pathogens training and TB skin testing or waiver if previously positive and treated
3. Valid visa or work authorization for international medical graduates
4. Current restricted or non-restricted Nevada medical license
5. Signed UNSOM resident/fellow contract
6. Valid social security number
7. Completed I-9 form
8. Evidence of successful completion of HIPPA examination
9. Evidence of successful completion of safety training, compliance training, etc.
10. Completed W-4 form

II. Additional requirements to begin training

1. Valid ECFMG certificate for international medical graduates
2. Immunization documentation:
 - ◆ All residents must have had proof of vaccine response to hepatitis B vaccine established through serology.
 - ◆ Residents must have proof of immunity to measles, mumps and rubella before working.
 - ◆ Residents must also be immune to varicella, either through a clinical history of chickenpox or history of vaccination (two doses for adults) with serology performed after vaccination. Susceptible residents will need vaccination prior to starting their training.
3. Mandatory participation in resident/fellow orientation

III. A resident/fellow may begin the program and receive a stipend check only when all of the above requirements are met. Training will begin only if valid proof of eligibility is provided and met.

IV. Termination/exit requirements

1. Program directors must complete a final evaluation for each resident prior to completion of the training program in accordance with ACGME requirements.
2. The resident must complete the exit survey for GME (annual survey for all residents)
3. The resident must complete the checkout process provided to him/her before the last check and/or certificate of completion will be issued.

RESIDENT DUTY/ON-CALL HOURS

I. Definition:

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

II. Requirements

1. All Programs, regardless of their accrediting body, are required to meet the ACGME Institutional Requirements related to duty hours as well as all Residency Review Committee requirements as described in the Program Requirements for each specialty.
2. *Each* Residency Training Program will establish a formal policy governing resident duty hours and working environment. This policy must comply with the ACGME Common Program Requirements as well as that specialty's Residency Review Committee Program Requirements. Such policies are designed to optimize both resident education and the care of patients.

Basic requirements include:

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Exceptions (for up to an additional 10%) will require UNSOM GMEC and RRC approval.
- b. 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.
- c. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents *may* remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements by each individual residency review committee.
- e. No new patients, as defined by in Specialty and Subspecialty Program Requirements may be accepted after 24 hours of continuous duty.
- f. Adequate time for rest and personal activities must be provided. This should consist of a minimum 10-hour time period provided between all daily duty periods and after in-house call.
- g. At-home call (pager call) is defined as call taken from outside the assigned institution.
 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude

rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3. The program director and faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- h. Back-up support systems must be provided with patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
3. The following principles underlie all program-specific duty hours policies:
 - a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged.
 - b. Resident duty hours and on-call schedules must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the institutional and program requirements that apply to each program.
 - c. The institution must provide services and develop systems to minimize the work of residents that is extraneous to their educational program.

III. Graduate Medical Education Requirements

1. Program Directors will provide a written copy of their resident work hour policy to the Office of Graduate Medical Education at the beginning of each academic year.
2. Program directors **MUST** provide a written copy of the duty hours policy to their faculty and house staff at the beginning of each academic year.
3. Program Directors are responsible for monitoring the effects of duty hours responsibilities and making necessary modifications to scheduling to mitigate excessive service demands or fatigue.
 - a. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Quarterly reports should be provided to the GME office for review and potential discussion at GMEC meetings.

- b. Duty hours policies will be evaluated at the time of internal review of the training program.
- c. Compliance with duty hours regulations will be evaluated quarterly. Non-adherence will be reported to the GMEC for further action.

IV. Institutional Support

UNSOM provides institutional support for residents and fellows both through institutional compliance monitoring.

I. Institution-level Monitoring

- ◆ The Office of Graduate Medical Education reviews ACGME resident work hours for each program. Any reports of non-adherence of duty hours policies will be investigated and reported to the GMEC for discussion and actions.
- ◆ The GME website provides for a confidential reporting mechanism where violations of duty hours may be reported anonymously and untraceably. Reporting a violation triggers an email to the GME office for an independent investigation while protecting the anonymity of any individual reporting a potential violation.

PREVENTION, IDENTIFICATION AND MANAGEMENT OF FATIGUE IN RESIDENTS

I. Introduction

1. The Accreditation Council on Graduate Medical Education requires all training programs to “...educate *faculty and residents ...to recognize the signs of fatigue...and adopt and apply policies to prevent and counteract the potential negative effects.*”
2. Examples of such policies include, specialty -specific duty hour requirements such as maximum of 80 duty hours per week, in -house call no more frequently than one in three nights, a minimum of one 24- hour period off each week, a minimum of 10 hours free between consecutive duty periods, and duty periods of no more than 24 hours with up to an additional 6 hours for continuity or education.
3. **Every ACGME-accredited residency program in the United States must adhere to these regulations**, although there are some differences among the specialties.
4. The American Medical Association Council on Ethical and Judicial Affairs considers physicians attending to their own health and wellness, as well as the health of their colleagues, an ethical imperative.
5. The University of Nevada School of Medicine (UNSOM) has its own institutional duty hours policy (adopted in 2003) that follows the ACGME regulations (page 15-17). All UNSOM ACGME residency programs **MUST** be in full compliance of the policy.
6. Compliance with duty hours is monitored. Residents are urged to report any concern regarding duty hours, fatigue and other issues using the **GME website duty hours violation button**.
7. Parallel to the focus on “duty hours” are efforts to increase the awareness of fatigue’s impact on resident well- being, learning, and patient safety. These include dissemination of:
 - ◆ evidence -based information regarding the prevention, recognition and management of fatigue,
 - ◆ awareness of institutional sleep experts and options, and
 - ◆ access to national and specialized resources.

II. Sleep Deprivation, Fatigue and Residency:

1. Restricting duty hours *alone* does not preclude fatigue. Of particular concern, is that the very strategies that training programs may adopt in a good faith effort to adhere to the 80-hour workweek may result in unintended adverse consequences. Programs may feel their work is “done” if they demonstrate compliance with duty hours standards, even though 80 hours is twice the work week duration of the average employed American. Programs may miss identifying persistent fatigue. Although perhaps better rested, resident stress may increase if residents are concerned about losing significant learning opportunities, procedural experience, and interaction with colleagues.
 - ◆ Residents may feel trapped by competing demands between work hours and professionalism.

- ◆ They may feel support is lacking from senior residents and faculty who may have an inadequate understanding of this mandate and perhaps are resentful of restrictions on duty hours.
2. Sleep deprivation:
 - ◆ Results in adverse physiologic changes such as hypoxemia, insulin resistance, increased sympathetic activity, a blunted arousal response, immunologic changes, and diminished motor coordination.
 - ◆ It impairs cognitive processes resulting in diminished attention, vigilance, decision-making, and memory.
 - ◆ It increases tolerance for risk and decreases motivation for learning.
 3. Other professions, such as aviation and the military have previously recognized the potential impact of both acute and chronic sleep loss on job performance. Belenky, a psychiatrist who has studied sleep for the Army notes, "...If you're sleep deprived, you're not going to make good decisions." The same observation seems valid in other professions. Fatigue has been linked to errors resulting in serious accidents (Exxon Valdez Bhopal, Chernobyl, and Three Mile Island). It is estimated to be responsible for 15-20 percent of transportation accidents, more than attributed to drugs and alcohol combined.
 4. The Institute of Medicine highlights the importance of medical errors as a major cause of mortality and morbidity. Fatigue probably contributes to at least some of these errors.
 5. Other western countries have substantially decreased the resident workweek and will potentially decrease hours even further. Denmark currently mandates a 37½-hour work week compared to the Australian duty hour limit of 72 hours. The UK will adopt a 48-hour workweek for its residents.
 6. Fatigue, called by some authors "excessive daytime sleepiness", and may be due to a variety of factors. These may exist on their own or in combination and include:
 - ◆ too little sleep,
 - ◆ fragmented sleep,
 - ◆ disruption of the circadian rhythm (such as occurs with night float work)
 - ◆ a myriad of other conditions which may masquerade as fatigue such as anxiety, depression, thyroid disease or other medical conditions, or medication side effects,
 - ◆ primary sleep disorders.
 7. "Too little sleep" may be the most common reason for sleepiness among medical trainees, occurring when residents get less sleep than optimal. Although there is individual variation, most adults require an average of 8.2 hours of sleep each night. Residents may not have developed "good sleep habits" in college and medical school for adequate sleep even on their nights "off".
 8. Alternatively, the duration of sleep may be optimal but the sleep itself is disrupted. Insufficient time may be spent in the "deeper," "restorative" stages of sleep. Though "in bed", trainees may be interrupted by frequent phone calls, pages, the need to follow up

on patients, or to supervise more junior trainees. Residents may also be interrupted by the interruptions of residents who share the same call space. Even the “anxiety” of call, or anticipation of sleep interruption can impair sleep. Call from home, though not counted in the duty hours, may still put residents at risk due to sleep disruption with frequent phone calls.

9. Residency training may disrupt natural circadian rhythm. This problem may be exacerbated as programs implement solutions, such as “night floats” to adhere to duty hour requirements. Night float systems and shifts may put residents on duty during periods in which there are predictable mismatches between endogenous rhythms of sleep and awake. Energy lows, for example, characteristically occur around 3-7 am and 3-5 PM. Residents may be more prone to errors during these times. It is extremely difficult to adapt to “shift work”, regardless of how it is scheduled or its duration. Over 90% of individuals never adapt and may be at risk for sub-optimal performance.
10. Residents may also display symptoms of “fatigue” or attribute symptoms to fatigue when the etiology is in fact anxiety, depression, stress, burnout, or career dissatisfaction.
11. Finally, residents, as do other individuals, may have a primary, undiagnosed sleep disorder such as obstructive sleep apnea, narcolepsy, and insomnia.
12. Disruption in sleep leads to a sleep debt. Performance can be impaired with two hours less sleep than “normal” per night. Significant sleep debt may occur if sleep is sub-optimal over as few as 2-3 nights. Adverse health consequences may occur if sleep debt is allowed to accumulate. Sleep debt requires several consecutive full nights sleep for adequate recovery, depending upon the number of days during which the sleep debt was accumulated as well as the individual’s susceptibility and ability to “recover”. Though it is difficult to quantify what is “sufficient”, the individual should feel “rested” after their recovery sleep period.

III. The literature on sleep, fatigue and residents

1. There is a considerable body of literature on fatigue and graduate medical education trainees. A multi-center survey of residents in a variety of specialties suggests that residents have Epworth Sleepiness Scale (a sleep scale which assess an individual’s tendency for dozing) values comparable to patients with diagnosed sleep disorders such as sleep apnea and narcolepsy.
 - ◆ In-service training exam scores among family practice residents correlated with their amount of “sleep” prior to the test.
 - ◆ Internal medicine residents post-call were less accurate in ECG interpretation.
 - ◆ Emergency Room residents documented fewer components of a history and physical examination depending upon their Shift. They also performed less well during a simulation of intubation skills.
 - ◆ Surgical residents demonstrated more errors and required more time than usual during simulations of common procedures. Measured postoperative complications increased by 45% for resident surgeons for those procedures they performed the day following their night on call.
 - ◆ Cognitive and procedural abilities declined among sleepy pediatric residents.

- ◆ 20% of anesthesia residents indicated that sleepiness prevented them from performing clinical duties and 12% attributed errors to fatigue.
 - ◆ Residents self reported decay of professionalism, empathy, and attentiveness to patient well being when tired.
2. A national sample of first and second year residents correlated working more than 80 hours per week with a greater likelihood of personal accident or injury, serious conflict, significant medical error, significant weight change, increased use of alcohol and other medications “to cope”. Residents reported sleeping on average fewer than six hours per night.
 3. Several studies have examined the relationship between sleep deprivation and fatigue to the well being of the health care provider. Needle stick accidents increase by 50% at night (compared to the day), increasing the risk of exposure to blood borne pathogens.
 4. Motor vehicle collisions increase. Pediatric house officers were more likely than faculty to fall asleep while at the wheel either while driving or stopped at a traffic light (49% of the residents vs. 13% of the faculty) and more likely to have a motor vehicle accident (20 vs. 11). Most incidents occurred post-call. Nearly 60% of ER residents reported a near miss motor vehicle collision, 80 percent of which followed their work on a night shift. The risk increased with the number of night shifts they did per month.

IV. Symptoms and signs of sleep deprivation

1. Psychomotor function after 24 hours without sleep is equivalent to a blood alcohol content of 0.08%, a level recognized legally as inebriation. As is true with alcohol, one cannot depend on the individuals to perceive their own degree of impairment. Studies confirm residents, as true of other individuals, can't adequately evaluate their own degree of sleepiness. Furthermore, the ability to recognize “sleepiness” declines the sleepier someone is.
2. Characteristic symptoms of sleepiness may be unrecognized. These include:
 - ◆ repeatedly yawning and nodding off during conferences,
 - ◆ “microsleeps”...a few seconds of “Sleep” the “awake” resident may not even recognize
 - ◆ increased tolerance for risk,
 - ◆ passivity,
 - ◆ inattention to details,
 - ◆ decreased cognitive functions,
 - ◆ irritability,
 - ◆ motor vehicle collisions (or near misses),
 - ◆ increased errors,
 - ◆ impact on sleep process itself,
 - voluntary and involuntary latencies (the time to fall asleep) shorten,
 - increased number of “microsleeps”.
3. One of the first skills lost is the ability to do something quickly. If you slow down at a task, you may be able to compensate. But if the task requires a quick response, errors are more likely. Time pressure + fatigue are a major risk.

4. Of particular significance for residents, perhaps, is sleep inertia, the confusion and dysfunction that occurs upon awakening from sleep during deep NREM sleep, sleep in the middle of the night, or following a period of sleep deprivation. This may occur after as brief an interval as 30 minutes of sleep. This disorientation may include a period of amnesia for the period of awakening. The impairment from sleep inertia may be greater than that from sleep loss. Opinions in the sleep medicine field differ on the significance of sleep inertia.
5. Residents may be vulnerable to error when awakened during the night. Increased metabolic activity, such as exercise may minimize effects. Although the research evidence is inconsistent and people react with a great deal of individual variability, be aware this phenomenon may occur and may color judgment and responses for the first 10 minutes (and up to 2 hours) following arousal.

To minimize its impact:

- ◆ get out of bed,
- ◆ stand up,
- ◆ turn on the lights,
- ◆ try to nap every 12 hours; the earlier in a period of sleep deprivation “on call” the better,
- ◆ consider the use of *prophylactic* caffeine

V. Prevention/Treatment/Management of Fatigue

1. It is probably inevitable there will be some sleep loss and fatigue in the course of medical training. However, it must be managed so it doesn't interfere with patient care and safety, education, and resident well being. Developing strategies to minimize the effects of sleepiness in physicians is paramount. Learning to recognize and manage fatigue is essential. Anecdotal and empirical evidence to suggest that limits on work hours in and of themselves do not guarantee well-rested and optimally functioning residents. Work hour limits are difficult to enforce, particularly if residents have workaholic tendencies or if faculty does not support work hour restrictions. In addition, resident behavior outside of the work place is difficult to govern (i.e. moonlighting activities, home responsibilities, etc.). Residents are adults who cannot be forced to be adequately rested.
2. The prevention, treatment and management of resident fatigue are a shared responsibility of accrediting bodies, UNSOM, programs, faculty and residents.
 - ◆ *Accrediting bodies:* Accrediting bodies have set “the rules.” These should be construed as minimums. Some states have additional regulations.
 - Programs/Institutions should:
 - adhere to UNSOM duty hour requirements and specialty specific duty hour requirements (whichever is the more stringent),
 - minimize prolonged work (> 24 hours of clinical duties),
 - protect periods designed to address sleep debt (i.e. the minimum of at least 24 hours off each week free from all clinical responsibilities)
 - reduce non–essential tasks and enhance learning during clinical time,

- reduce non-essential interruptions (i.e. added ancillary services, triage of phone calls by charge nurse etc)
 - assist residents to identify co-existent medical issues which impair their sleep (i.e. undiagnosed sleep disorder, depression, stress),
 - educate regarding awareness and management of fatigue
 - Critically appraise the best way to implement shift work.
- ◆ UNSOM should provide accessible call rooms with a conducive rest environment. If there are difficulties with call rooms contact the GME office at **702-671-6401**.
 - ◆ Night float systems are increasingly used to comply with duty hours. It takes at least a few “nights” to adjust to the night float schedule. And another few nights to adjust to a return to “routine hours.”
 - ◆ Programs should minimize the short term use of a night float system (for instance a resident who does night float Monday-Thurs and has the weekend “off” to be on their own schedule, who returns to “night float” for another 4 nights. With that weekend “off” residents will usually need “to sleep”. Over 90% of individuals never habituate to night float even if they work them chronically. Night floats should be designed to take advantage of the fact that it is easier to rotate from days, to evenings to nights, rather than vice versa.
 - ◆ **Program Directors should include specific discussions regarding the management of fatigue in their regular discussions with each resident/residency group**
 - ◆ Program directors should directly ask about issues pertaining to getting adequate sleep, resident safety such as concerning post-call driving, and resident concerns about the balance between professionalism and work hour restrictions. Where an individual program has particular issues with fatigue, enlist residents in developing particular program solutions.
 - ◆ Driving home post call is a particular concern for the safety and wellbeing of residents. It takes 4 seconds to drive off the road and have a motor vehicle collision. 4 second “microsleeps” are common in sleepy residents. Some states (NJ) have adopted laws which now make a criminal, not just civil offense) for motor vehicle collisions after 24 hours without sleep. Other states will probably follow.
 - ◆ For many residents, the ability to manage fatigue will be a necessary life long skill.

VI. Recognize vulnerability and symptoms in residents and colleagues

1. Although there is individual variation, most adults need ~ 8 hours of sleep per night. The impact of too little sleep is cumulative. You can’t “will yourself” to act against the neurobehavioral effects of sleep loss. Sleepiness is affected by the amount of time since you last slept, whether or not you have any pre-existing sleep debt, as well as the time of day reflecting circadian rhythm. People typically under-estimate their degree of sleepiness. So as with alcohol, by the time you think you’re sleepy you’re probably profoundly affected. Your performance level will fall especially with tasks that require a

great deal of attention. Even if you feel you're not at risk, consider that your colleagues may be. Watch out for your fellow residents.

2. **It is not normal to fall asleep in a lecture.** If it is a boring lecture, noted author Dinges says, "You'll be awake and annoyed but not asleep." If you are nodding off or falling asleep this is a major symptom that you're too fatigued. You're experiencing "microsleep." Your system is making you sleep without you being able to control this phenomenon. This makes you extremely vulnerable for diminished attention and cognition. You can more easily make poor judgments medically and/or sustain a motor vehicle collision when you're driving home post call.
3. **Residents must set priorities for "time off".** Residents should be careful stewards of their time off. There is a temptation to cram way too much into the hours free from programmatic responsibilities. During off hours pursuits include time for professional reading, family and friends, hobbies, and spiritual and community connections. Although all of these are important, protect your recovery time. You should practice setting reasonable priorities, especially if this is something that you have not had sufficient practice with during your years in college and medical school. It will be an important habit for the rest of your career.
4. Excessive fatigue can affect every facet of your life. Try to be appropriately selfish about your needed sleep time.
 - ◆ You can honestly never, for instance, read enough. Do don't short change your sleep to try to "read it all."
 - ◆ Sometimes you're approached about making a swap of schedules and you certainly want to accommodate a colleague. But consider your own sleep need as part of this decision and you may need to pull in a chief resident or program director to see if you're the best person to meet this need.
 - ◆ Of particular concern is moonlighting. There are certainly marked financial needs faced by today's residents and the pressure to meet those needs may force housestaff to sacrifice time needed for rest. Inquire in the GME Office about UNSOM resources and opportunities for deferment. Think carefully through the level of debt burden you are comfortable carrying and the consequences of that debt if it adds to your workload. Come talk to GME about financial planning resources if you would find them useful.

VII. Practical Strategies

1. Habits for healthy sleep – healthy sleep patterns are more likely if you develop a healthy sleep routine. Some of these seem obvious but deserve a reminder.
 - ◆ Aim for 7-9 hours of sleep per night. This is especially true after a period of sleep loss, such as a busy rotation, is anticipated.
 - ◆ On the days following your time "on call" and particularly your 24 hour period per week off, make sure you're getting sufficient catch up sleep; at least enough to feel "rested" when you wake up. It's tempting to try to "make up" everything you haven't

been able to accomplish due to your busy professional schedule, but make rest a priority.

- ◆ Keep to a routine when possible. Going to bed and arising about the same time may help.
 - ◆ Get adequate exercise but avoid it directly before sleep.
 - ◆ Eat right. Try not to go to bed hungry however eating a large meal within 3 hours of sleep may keep you awake.
 - ◆ Make the bedroom comfortable with appropriate mattress, pillow, cooler temperature, sound and lighting level.
 - ◆ Develop relaxation rituals before sleep such as reading, meditation, or listening to music. Your workday may have been extremely intense. You may come home to additional responsibilities, even enjoyable ones, such as spending time with a significant other or children. Decompressing helps sleep.
 - ◆ Protect sleep time. Turn off the phone. Ask your family/significant others, friends to help you. Try not to incur a sleep debt from non work activities
 - ◆ Get light exposure when you're awake
3. Naps – naps can prevent and ameliorate *some* degree of fatigue. However, there are some caveats that should be observed.
- ◆ Brief (1-2 hours) napping **prior** to prolonged period of sleep loss, such as 24 hours on call, can enhance alertness. Consider a two-hour nap prior to a 24-hour period of expected wakefulness.
 - ◆ To be therapeutic during a shift, naps should ideally be frequent (every 2-3 hours) and brief (15-30 minutes);
 - ◆ Naps work best the “earlier” they are in a period of sleep deprivation. If you can pick just one nap, get it as early in the period of sleep deprivation as possible. Better to “top off the tank early than wait till very fatigued.
 - ◆ Time naps during circadian window of opportunity, between 2-5 a.m. and 2-5 p.m.
 - ◆ Longer naps, such as those more than 30 minutes duration *may* be counter-productive in terms of “sleep inertia”. But probably better than “no nap”. Instead know how to counter sleep inertia – get moving, get upright, bright lights, caffeine, etc
 - ◆ Utilize quiet, environmentally comfortable locations for naps, ideally where there are no other interruptions such as colleagues dictating or using the computer. Hand over beepers and clinical responsibilities to another colleague when possible.

Recognize these are general guidelines but there is however a great deal of individual variability to napping.

4. Safe Driving - driving can put you and others at risk. Motor vehicle collisions increase with fewer than 5 hours of sleep. The first ethical principle of physicians “primum non nocere” (first, no harm) applies to all we do as physicians, including driving. It takes 4 seconds to run off the road. Signs of drowsiness include difficulty focusing on the road or keeping your eyes open, nodding off, yawning, drifting from one lane to another, missing exits, and amnesia for some period of the drive.
- ◆ Consider how close you should live to the hospital. It may be appealing to live 30-40 minutes away, but this may increase your risk of driving home post call.
 - ◆ Avoid driving if you're tired

- ◆ Chewing gum, loud music, opening the windows...these strategies don't work to keep you "awake at the wheel" if you're tired.. Instead, don't drive.
- ◆ Realize you may not perceive just how tired you are. Even if you feel perfectly well, you are still vulnerable
- ◆ Consider getting a ride home with a friend, use public transportation (when available) or even a taxi. A cab is less expensive than a ticket or an accident.
- ◆ Consider taking a nap before driving home post call. Strategically use caffeine
- ◆ Immediately stop driving if you find yourself becoming drowsy. Find a safe location and nap.

5. Caffeine - Using caffeine, a central nervous stimulant, "strategically" can help manage fatigue.

- ◆ **It is not a sleep substitute.** Tolerance quickly develops. If you intend to use caffeine to counteract fatigue, minimize the regular social use of caffeine so that it will be more effective when consumed. Caffeine may modulate symptoms but does not substitute for sleep.
- ◆ The effects of caffeine generally occur within 15-30 minutes. If you use it just before you drive home its stimulant effects may not kick in until you are home and ready to go to sleep.
- ◆ Avoid regular caffeine use (the social use of caffeine) if you plan to use to abate sleepiness. Instead use it for its "drug effect" when you are on call only.
- ◆ 400-600 mg (3-4 cups of brewed coffee) is a usual dose, but some individuals may be overly sensitive to this amount.

substance	Caffeine content
8 ounce cola	23 mg
8 ounces diet cola	35 mg
8 ounces brewed Coffee	135 mg
8 ounces ice tea	40 mg
1 ounce dark chocolate	20 mg
Excedrin, 2 tablets	130 mg
No Doz maximum strength 1 tablet	200 mg

Center for Science in the Public Interest <http://www.cspinet.org/new/cafchart.htm> accessed 6/3/2007

- ◆ Caffeine facts:
 - Consider using caffeine 30 minutes **prior** to drive home following night call.
 - Useful only for temporary relief of sleepiness. (The benefit typically lasts 3-5 hours)
 - Adverse effects include disruption in sleep quality, tolerance, diuresis and irritability
 - Sleep inertia symptoms can be minimized

6. Other medications/drugs - It is important for residents to avoid self-medicating or prescribing casually for colleagues. The Nevada State Board of Medical Examiners **does not allow** self-prescribing. It is far better for residents, as for patients, to have a regular physician who coordinates their care. Your license can be at risk if you violate the rules of the Board.
 - ◆ Sleep medications to increase sleep (sedative hypnotics) or stimulants should be used only **after** a complete medical/sleep consultation.
 - ◆ Melatonin induces sleep onset and may be used for circadian rhythm disturbances. There are few data applicable to evaluate its use for residents.
 - ◆ Sedative hypnotics such as zolpidem (Ambien) and zaleplon (Sonata) and/or behavioral therapy may be prescribed for certain sleep disorders and the military is testing these products for settings of sleep deprivation. They are not indicated for chronic use.
 - ◆ Adverse medication effects are common and include headache, drowsiness, disorientation, GI disturbance and dizziness.
 - ◆ Alcohol should not be used to enhance sleep and disrupts optimal sleep quality.
 - ◆ Avoid the use of over-the-counter stimulants.
 - ◆ Stimulants such as methylphenidate (Ritalin), dextroamphetamine (Dexedrine), modafinil, and pemoline should not be used unless prescribed by one's own personal physician for an appropriate medical condition.
 - ◆ Alcohol is a drug with sleep effect. Try to avoid or minimize. Realize the impact of fatigue and alcohol on performance and driving are cumulative

VIII. Resources

1. If a resident or faculty member is concerned about a resident having a potential sleep disorder, they can obtain help through the sleep disorders specialists at UNSOM including:
2. Sleep loss and sleepiness are pervasive problems during residency training and can account for serious professional errors and personal problems. Symptoms and signs are often difficult to recognize. Whereas there are many ways to deal with the sleepiness and fatigue, the only real treatment is getting adequate sleep. Other management strategies should be individualized, especially if there is an underlying sleep disorder.
3. For additional information, consider
 - ◆ LIFE curriculum from Duke University: The objective of the LIFE Curriculum is to help physicians and residency programs sort through potential issues proactively, so that they know what their policies are, what resources are available, and what problem areas are helpful to think through before problems arise. Physicians can earn CME credit for participating in the LIFE Curriculum workshops or completing the CD-ROM set, which is free and can be ordered online. For more information, visit www.lifecurriculum.info. The GME office has a set of the CDs.

- ◆ The SAFER (Sleep, Alertness and Fatigue Education in Residency) program developed by the American Academy of Sleep Medicine (AASM) with representatives from the ACGME and AMA. They have (for purchase) an educational module designed to increase knowledge and awareness about sleep and fatigue among the medical community which includes a slide set, syllabus, and pre and post tests.
<http://www.aasmnet.org/safer.htm>
- ◆ Dr. David Dinges Presentations for ACGME and AAMC. These are available through their respective web sites: www.acgme.org & www.aamc.org.

The Office of Graduate Medical Education has copies of the LIFE and SAFER curricula. They are available to program directors to be signed out.

RESIDENT JOB DESCRIPTION

I. Introduction

1. UNSOM 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. Resident education involves supervised, progressively more complex and independent patient evaluation and patient management functions and formal educational activities. Accordingly, the competency of each resident is evaluated on a regular basis.
3. Residents provide care commensurate with their level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. It is each residents responsibility to notify their immediate supervisor and to seek assistance if there are any issues that may jeopardize patient safety, or if the resident feels they are being asked to function beyond their level of competence.

II. General Statement of Resident Duties:

While in the training program, all residents *without exception* will function under the supervision of a staff practitioner. The training programs will be structured to encourage and permit residents and fellows to assume increasing levels of responsibility commensurate with their individual growth process in experience, skill, knowledge and judgment. The following duties are required of all residents.

1. Initiate and follow a personal program of professional growth in conjunction with the formal educational and training of the residency or fellowship program sponsored by UNSOM. This includes ensuring compassionate, appropriate and cost effective patient care. Skills demonstrated by the resident should be commensurate with their level of training and responsibility.
2. Participate 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.
3. Perform procedures as required by individual programs, at first under strict supervision until competence is documented, then independently. Each program will submit to the GME office, lists of procedures for which residents have been certified and allowed to practice independently. This will be done on a semi-annual basis.
4. Meet institutional requirements with respect to medical records (see medical records policy)
5. Participate on committees and councils whose actions affect resident education and patient care. These include:
 - ◆ The graduate medical education committee (GMEC – meets monthly either in Las Vegas (2nd Thursday of odd months) or in Reno (2nd Wednesday of even months) Residents must be peer selected.

- ◆ The resident forum (meets monthly in Las Vegas the 4th Friday of the month and in Reno, after GMEC meetings, the 2nd Wednesday of the even months)
 - ◆ Applicable performance improvement committees at teaching institutions
 - ◆ GMEC – Resident Performance Review Committee (this is a standing subcommittee of the GMEC and meets when requested or when a resident complaint is filed)
6. Participate in institutionally sponsored Interdisciplinary Grand Rounds (in Las Vegas) or other program specific didactic educational experiences.
 7. Participate in educational programs dealing with physician impairment, substance abuse and sleep deprivation.

RESIDENT FORUM

I. Purpose

1. The Resident Forum's primary function is to encourage communication between the residents and the UNSOM administration on all issues pertinent to graduate medical education.
2. Representatives to the resident forum are residents selected by their peers from each of the residency programs at UNSOM.

II. Policy

1. The Resident Forum assists in identifying concerns about the work environment and in seeking solutions. The Forum disseminates institutional information to the residents and seeks their input into issues that affect them. Our hope is that this open venue for communication will improve patient care and resident education.
2. Resident members are encouraged to utilize the Forum for expressing general concerns about residency education or any other matters they choose.
3. The Forum may elect to participate in operations or quality improvement and restructuring initiatives.

III. Procedure

1. Members of the Resident Forum are peer selected and represent the individual residency programs at UNSOM (psychiatry, family medicine, internal medicine, pediatrics, emergency medicine, obstetrics and gynecology, plastic surgery, dental, and general surgery).
2. The Associate Dean of Graduate Medical Education or his/her delegate(s) shall also serve as members of the Forum.
3. Discussion items may be placed on the agenda by contacting the resident representatives or the Graduate Medical Education Office.
4. Minutes shall be prepared and distributed to each department representative.

MEDICAL RECORDS

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

3. Discharge summaries must be dictated at the time of discharge. Charts must be signed in a timely manner. All incomplete medical records will be responsibility of the resident.

MOONLIGHTING

Introduction

Professional and patient care activities that are external to the educational program are referred to as moonlighting. Moonlighting activities, whether external or internal, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care. Therefore, the institution and program directors will closely monitor moonlighting activities as follows:

I. Policy

1. Residents must not be required to engage in moonlighting activities.
2. A resident who participates in such professional activities or "moonlighting," must have prior written permission by the program director and chair of the department. Such approval shall be made part of the resident's permanent file. Residents on remediation or probation may NOT moonlight.
3. Moonlighting that occurs within the residency program (internal moonlighting) MUST be counted toward the 80-hour weekly limit on duty hours.
4. A copy of the request and approval must be provided to the Graduate Medical Education Office for both internal and external moonlighting activities.
5. Programs are responsible for maintaining a list of all trainees approved for moonlighting. An updated list shall be provided to the Office of Graduate Medical Education upon request.
6. Program directors are responsible for monitoring residents' performance for the effects of these activities upon performance. Each program director must ensure that moonlighting does not interfere with the integrity of the residents' training program. The program director has the ultimate authority to deny or rescind permission for moonlighting. It is the responsibility of the program director to formulate a formal moonlighting policy for his/her program and to provide a copy to the GME Office.
7. The schedule of these activities should not in any way interfere with the residents' performance in the residency-training program. Residents must maintain their caseload and their academic performance.
8. A resident must obtain a State of Nevada unrestricted license, professional liability insurance (that meets the requirements of the School of Medicine), and a DEA number for use in activities not related to his/her residency program. All external moonlighting must be approved by the Nevada state board of medical examiners for those residents with a restricted license as detailed in NRS 630.265.
9. For internal moonlighting, a restricted license is acceptable as long as guaranteed supervision is provided.

10. Professional activities outside the program are not covered by UNSOM malpractice. UNSOM liability coverage does not include any moonlighting activity at other institutions. A resident must arrange for his/her own malpractice insurance.

II. Limitations

1. A resident may not hold admitting privileges in any hospital, or charge or receive fees for professional services rendered as part of the residency program.
2. Limitations imposed by the Immigration and Naturalization Service shall govern visa-sponsored international foreign graduates' participation in moonlighting activities. Such trainees are personally responsible for understanding such limitations, and should seek advice with their personal counsel if clarification is needed.
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 moonlighting 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 4 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.

MALPRACTICE INSURANCE AND LIABILITY CLAIMS

I. Residents have liability coverage *only* while they are carrying out assigned duties as part of their residency-training program in an affiliated institution.

1. Residents under contract with the University of Nevada School of Medicine are covered for malpractice liability (limits \$1,000,000/\$3,000,000), except when working within the V.A. Medical Center.
2. Residents working within the V.A. Medical Center are covered for malpractice liability through the Department of Veterans Affairs.
3. Coverage includes claims filed after completion of the program for acts that occurred during the training program.
4. Professional activities outside the program, including moonlighting, are ***not covered***.

II. Liability Claims:

1. A resident shall inform the residency program director ***immediately*** of any and all information concerning any potential malpractice insurance claim.
2. The program director shall notify the Associate Dean for Graduate Medical Education. The Associate Dean for Graduate Medical Education shall report the claim to the General Counsel who will in turn contact the insurance carrier.
3. The resident shall discuss the potential claim with ***no one*** else, other than the School of Medicine General/Assistant General Counsel, the Associate Dean for Graduate Medical Education, the program director, and the representative of the insurance carrier, who will contact the resident involved directly. If a disciplinary action is contemplated others may need to be included in discussion with the resident.
4. It is imperative that there be no discussion with anyone else of the potential claim, regardless of who may be involved or who should pose questions.
5. All questions concerning malpractice insurance coverage should be addressed to the residency program director and/or the Associate Dean for Graduate Medical Education.

RESIDENT RESPONSIBILITIES

Introduction

The Resident in training must meet the qualifications for resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory.

The Resident Responsibilities are a blend of commitment to patient care, the program/curriculum accreditation standards, and the regulations of the clinical patient care institutions. The scope of these responsibilities is not a simple tabulation of duties required but rather a graduated, sequential continuum of responsibilities to patients in a teaching framework shared between the institution for the patients it houses, and the programs for their teaching obligations.

Accordingly, the resident is expected to:

1. Obtain and maintain a Nevada license for physicians in training, and follow all applicable regulations. These include:
 - ◆ controlled substances
 - ◆ institutional health policies and those of the program, Resident and Fellow Manuals
 - ◆ the administrative guidelines for residents required by the individual Program
 - ◆ the Office of Graduate Medical Education Resident Handbook
 - ◆ the rules and regulations of the hospitals' medical staff and resident training
 - ◆ the Joint Commission for Accreditation of Healthcare Organizations
 - ◆ the Accreditation Council on Graduate Medical Education,
 - ◆ the Council on Dental Accreditation of the American Dental Association, and
 - ◆ the Nevada System of Higher Education Code and Regulations.
2. 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, all set forth in Resident Handbook.
3. Adhere to the practices, procedures, requirements and policies of the institution (hospital and/or school), training program, and clinical department to which the resident is assigned.
4. Notify the Office of Graduate Medical Education immediately of any notice of licensure, visa or work authorization, revocation, suspension or restriction or change in authorization to remain or work in the United States.
5. Read and become familiar with the policies and procedures set forth in the Resident Handbook, in the individual program specific resident and fellow handbooks.
6. Complete and sign all medical charts of patients in a timely manner following the individual participating institutions' medical records policies.
7. Develop an understanding of ethical, socio-economic and medical/legal issues that affect graduate medical education and patient care. Understand the role of best practices and cost containment measures in the provision of optimal patient care.

8. Obtain explicit, written approval from the program director prior to beginning any unassigned outside professional activities. Failure to obtain advance approval for outside activities may be grounds for immediate termination.
9. Conduct one's self in accordance with the highest moral, ethical and professional standards. In particular, refrain from engaging in any conduct which may harm the reputation of UNSOM or its graduate medical education training program.
10. Develop an individualized personal program of professional growth with guidance from the key faculty members.
11. Participate fully in the educational activities of his/her program including the ACGME six General Competencies.
12. Practice safe, competent and compassionate patient care.
13. Participate broadly in all relevant educational activities, including teaching other residents, students and members of the health care team, including patients.
14. Participate in institutional committees and councils to which appointed or invited, especially those relating to patient care activities (e.g., Quality Improvement meetings, Residents Forum, Program Directors Meeting, recruitment/selection process for new residents, disciplinary activities).
15. Complete all required evaluations of the training program and of the faculty as required by the program or institution.
16. Participate in any mandatory surveys required by the Graduate Medical Education Office including but not limited to collection of information related to duty hours compliance, completion of annual safety and compliance training and submission of annual disclosure statement.
17. Report any program-imposed violations of duty hours and workplace harassment/violence policies.
18. Participate in all mandatory compliance surveys, disclosures or educational sessions.

RESIDENT SUPERVISION

I. Supervision: General Principles

1. Supervision shall be provided for all residents in a manner that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Program-specific policies must be in compliance with the institutional policy outlined herein as well as standards outlined by the appropriate residency review committees (RRCs)
2. 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.
3. 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.
4. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
5. Programs are strongly encouraged to develop criteria outlining those circumstances when attending physician notification by residents is necessary.
6. Junior residents may be supervised by more senior residents to the extent of the senior resident's own clinical level of responsibility.

II. 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 reports delineating privileges should be done at least semi-annually (July and January)..
2. Each program director is responsible for providing the Graduate Medical Education Office and the Graduate Medical Education Committee with the following information:
 - ◆ Any revisions of the delineation of trainee clinical responsibilities by PGY level noted in 2.1 above.
 - ◆ A list of any trainees whose required level of supervision is different from the expected level of supervision outlined in the delineation of trainee clinical responsibilities by PGY level noted in 2.1 above.

3. Each program director is responsible for reviewing the level of resident responsibilities at least annually with each resident. Changes in the level of responsibility and exceptions to standard responsibilities shall be documented in the resident's departmental file.
4. Each program director is responsible for communicating the written description of supervisory lines of responsibility to all residents and all members of the teaching staff at all clinical training sites. Such communication should be done annually.
5. Each program director is responsible for ensuring that each resident is appropriately supervised regardless of the training site to which the resident is assigned.

III. Graduate Medical Education Committee Responsibilities

1. The Graduate Medical Education Committee is responsible for oversight of resident supervision. To accomplish this, the committee will:
 - ◆ Conduct internal reviews of residency programs
 - ◆ Provide oversight of resident privileges
2. Adequacy of resident supervision shall be included in the report of the Graduate Medical Education Committee to the Office of the Medical Staff.

VISA AND ELIGIBILITY OF RESIDENTS

I. Eligibility of Residents

1. Federal Law obliges the University of Nevada School of Medicine to verify the identification and work eligibility of all residents and fellows prior to allowing them to participate in residency or fellowship training programs. This verification is performed by the UNSOM Human Resources Department.
2. New residents will not be eligible for stipend, nor be allowed to participate in the residency in any capacity, prior to supplying appropriate documentation verifying their eligibility.
3. It is the responsibility of the resident to obtain and maintain a visa allowing participation in a residency training program.
4. If at any time within the term of the Agreement the resident ceases to maintain appropriate work authorization, the Agreement may be terminated. **Residents without a valid visa cannot participate in clinical activities (including observation) and cannot be paid.**
5. Residency program personnel will not discriminate against an applicant on the basis of national origin or citizenship.
6. Limitations imposed by the Immigration and Naturalization Service shall govern visa-sponsored international foreign graduates' participation in moonlighting activities. It is the trainees responsibility to understand and comply fully with any such limitations.

II. Visa Sponsorship at the UNSOM

Visas will be accepted as listed below:

1. Individuals eligible for EAD (Employment Authorization Document)
2. Individuals eligible for J-1 visas - The J-1 Exchange-Visitor visa, is intended for educational purposes. The holder of a J-1 visa is required to return to his/her home country following completion of the residency training program. The Office of GME will support J-1 Visa applications for residents and fellows through sponsorship by the Educational Commission for Foreign Medical Graduates (ECFMG). Residents are responsible for the costs associated with obtaining J-1 visas.
3. Individuals eligible for H1b visas
 - ◆ Candidates for residency positions who wish to be accepted with H1b visa status will be considered only on a case by case basis.
 - ◆ While all UNSOM GME programs will be permitted to screen, interview and accept candidates with H1b visas, there will be no requirement that they do so.
 - ◆ In general, such candidates would need to possess qualifications considered exceptional by the accepting GME program.
 - ◆ Candidates will be required to request and pay all additional costs required for an expedited review by the US Immigration and Naturalization Service.

- ◆ Candidates for H1b visas are encouraged to work with the University's Office of International Student and Scholars (OISS) to complete the necessary forms: <http://www.unr.edu/oiss/forms/request%20forms.htm>
- ◆ If for any reason the training department is unable to obtain the H1b visa, the offer for acceptance is withdrawn.
- ◆ The Sponsoring Institution for the H1b visa will be UNSOM.

ACTIONS REQUIRING GRADUATE MEDICAL EDUCATION COMMITTEE REVIEW and APPROVAL

I. Responsibilities

1. The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of residency education.
2. The following activities require review and approval by the University of Nevada School of Medicine Graduate Medical Education Committee prior to submission of request to the accrediting body:
 - ◆ All applications for accreditation of new programs and subspecialties;
 - ◆ Any changes in resident/fellow complement;
 - ◆ Additions and deletions of participating institutions used in a program;
 - ◆ Appointments of new program directors;
 - ◆ Progress reports requested by any Review Committee;
 - ◆ Responses to all proposed adverse actions;
 - ◆ Requests for increases or any change in resident duty hours;
 - ◆ Requests for “inactive status” or to reactivate a program;
 - ◆ Voluntary withdrawals of accredited programs;
 - ◆ Requests for an appeal of adverse actions; and, written appeal presentations to the accrediting body.

II. Procedure

1. All requests for consideration by the Graduate Medical Education Committee shall be in writing and include justification for any of the above outlined actions.
2. Requests for complement increases (temporary or permanent) must be submitted in the format consistent with residency review committee requirements. This includes at a minimum:
 - ◆ Educational rationale for change
 - ◆ Current block diagram
 - ◆ Proposed block diagram
 - ◆ Faculty to Resident ratio
 - ◆ Descriptions of major changes since last accreditation review
 - ◆ Response to previous accreditation and internal review citations
 - ◆ Any specialty-specific documentation required by the residency review committee

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

CHIEF RESIDENT POLICY

I. Definition

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

1. Chief residents serve for an additional year following eligibility for their first certification (These include internal medicine and pediatrics.)
2. Chief residents serve during the final year of residency and the chief resident responsibilities are shared by all residents at the same level (these include general surgery and plastic surgery)
3. During the final year leading to eligibility for first certification the chief resident responsibility is given to one or two resident(s) (these include family medicine, psychiatry, OB/GYN, and emergency medicine)
4. Second year Dental General Practice Resident.

II. Salary

1. Chief residents in Medicine and Pediatrics are appointed as instructors and are salaried as such.
2. Chief residents in their final year of training where the responsibilities are shared receive the stipend appropriate to their training level.
3. Chief residents in their final year of training where the responsibilities are delegated to one/two resident(s) receive a stipend appropriate to their training level and an additional chief resident stipend of \$1000 per annum paid by departmental funds.

III. 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.

RESIDENT INFORMATION TECHNOLOGY POLICY

I. Definition

IT refers to the use of information technology services and connections during the residents' regular work and on call hours. This policy is that of the NSHE policy that the University of Nevada School of Medicine is required to follow and is reprinted here for your convenience.

II. Appropriate Use

1. All voice, data, or video traffic must originate or terminate at device(s) directly attached to a network owned and operated by a NevadaNet* Participant site.
2. All NevadaNet voice, data, and video traffic connected via a NevadaNet Participant site, including state networks and other connections must:
 - ◆ Be for purposes of, or in support of research, education, telemedicine, State, local, or national government affairs, or non-profit public service
 - ◆ Comply with the acceptable use and other policies of any network over which such traffic must be routed to reach its final destination
 - ◆ Not interfere with the operation of NevadaNet or unreasonably interfere with the use of NevadaNet by other participating entities
 - ◆ Not indirectly violate this policy by using services of another network provider to circumvent the intent or meaning of this policy
3. NevadaNet Participants must also insure that connections made to them and through them to the NevadaNet backbone are consistent with the efficient and effective use of a shared and finite resource. They are obligated to know what networks are connected and what use is being made of the connections.

III. Inappropriate Use

1. It is not appropriate to use NevadaNet for any purpose that violates NSHE Code, or federal or state laws and/or regulations.
2. It is not appropriate to use the NevadaNet network in a manner that violates the conditions stated in paragraph 3.0 or results either directly or indirectly in interference or disruption to NevadaNet Participants' services or equipment. Such inappropriate uses include, but are not limited to:
 - ◆ Distribution of unsolicited advertising or chain letters
 - ◆ Reselling, trading, or bartering NevadaNet connectivity to other parties
 - ◆ Conducting non NSHE or personal commercial transactions
 - ◆ Propagation of computer worms or viruses
 - ◆ Using the network to make unauthorized entry to other computational, information, or communications devices or resources

IV. Enforcement

1. NSHE System Computing Services (SCS) will initiate an inappropriate use investigation when a complaint is received or a network problem is discovered that appears to be caused by use that violates this policy. SCS will investigate the validity of the complaint or event, examine the available facts, and make a determination as to the party(s) responsible for the infraction.
2. Once identified, the administrative contact(s) of the offending party(s) will be contacted by SCS personnel via electronic and land mail providing notification of the findings of the investigation and requesting resolution of the infraction within five (5) business days or as may otherwise be legally required, whichever is sooner.
3. If the infraction is not resolved within the specified period, the NSHE Vice Chancellor for Technology may, at his/her discretion, authorize interruption of NevadaNet access until it can be demonstrated that the infraction has been resolved.
4. Violation of NSHE Code provisions may result in disciplinary action. Violation of applicable laws may result in civil and criminal sanctions under state and federal law.
5. In urgent situations when failure of a NevadaNet Participant(s) to take appropriate action in a timely manner to resolve a violation of this policy may lead to critical problems of network performance, or lead to legal or other serious liability to the NSHE the Vice Chancellor for Technology may authorize the immediate disconnection of NevadaNet access by the offending NevadaNet Participant(s).

V. Additional IT requirements

1. Access to protected patient information is covered by the Health Insurance Affordability and Portability Act (HIPPA). Residents are expected to comply with all HIPPA policies as set forth in *. Particular care should be taken to avoid copying sensitive patient information onto removable devices such as flash drives, PDAs, etc.
2. Residents utilizing IT services at teaching sites may have to meet additional requirements established by the host institution. This policy should be presented at the site specific orientation. If not, the resident should notify the program director.

*NevadaNet is the network system of UNR and UNSOM and NSHE.

RESIDENT EVALUATIONS

I. Introduction

1. 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.
2. 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. These educational goals must be reviewed annually by the program and must include a resident in the process.

II. Standards and Procedures for Evaluation

1. The standards by which UNSOM programs evaluate each resident shall include:
 - ◆ The goals and objectives of the residency training program in which the resident is enrolled.
 - ◆ The qualifications, knowledge and skills needed by the residents to pass the requirements for board certification in the specialty.
 - ◆ The procedural and quality standards that UNSOM must meet in order to maintain accreditation, and our affiliate hospitals must meet to maintain licensure.
 - ◆ The ACGME competencies of medical knowledge, patient care, system-based practice, practice-based learning and improvement, communication and interpersonal skills, and professionalism.

2. Resident Evaluation by Faculty

- ◆ The form of the evaluation will be at the discretion of the program director.
- ◆ 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.
- ◆ 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.
- ◆ Each program director (or designee) will provide a resident with a formal evaluation semi-annually.
- ◆ During the meeting the program director (or designee) will review individual or summary evaluation data. The resident and program director (or designee) will

acknowledge review of the evaluations or summary via signature or by completing an electronic form on the E*Value system..

- ◆ The resident will be allowed to submit written comments, which will be included in the resident's program file.
- ◆ The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently (and ethically for residents in psychiatry). The final evaluation shall be part of the resident's permanent record maintained by the institution.

3. Faculty Evaluation by Residents

- ◆ 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.
- ◆ 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.
- ◆ All evaluations of faculty will include, at a minimum, the standard questions as required by the institutional Graduate Medical Education Committee

4. Evaluations of Program/Rotations by Residents

- ◆ 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.
- ◆ 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.
- ◆ All evaluations of the program will include, at a minimum, the standard questions as required by the institutional Graduate Medical Education Committee.

5. Responsibility of the Training Program for Maintaining Resident Evaluation Records

- ◆ 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.
- ◆ A resident may have his or her own file reviewed with the program director or designated staff member by appointment.
- ◆ Resident files will be made available to the Graduate Medical Education Office upon request, consistent with UNSOM policy on record access.

RESIDENT APPOINTMENT AND REAPPOINTMENT

I. Introduction

1. Appointment to GME Programs is based upon the selection process of the individual Program and occurs annually for the University fiscal year. Other conditions of appointment are addressed in Title IV, Chapter 7, Section 2 of the Board of Regents Handbook.
2. Reappointment to the next PGY level is dependent on the resident's satisfactory performance and evaluation in all aspects of the Program requirements as well as passage of the necessary USMLE steps leading to unrestricted licensure.
3. Notwithstanding the provisions of NSHE Code section 5.9.1, notice of non-reappointment must be given no later than 4 months prior to the ending date of this contract;
 - ◆ Except that if the primary reason(s) for non-reappointment occur(s) within the 4 months prior to the ending date.
 - ◆ In that case, the resident will be given as much notice of non-reappointment as the circumstances reasonably allow prior to the ending date of the contract.
 - ◆ All notifications of non-reappointment must be in writing.
 - ◆ A resident who has received a notice of non-reappointment may seek review of the non-reappointment through the University of Nevada School of Medicine Due Process – page 55.
4. A program may require additional time of training for the resident for academic performance reasons, or to compensate for excessive leave time away from the program.

II. Procedure

1. The term of appointment is for 12 months.
2. Advancement to the following PGY- level is **not** automatic, but must be recommended by the program director.
3. The program director may withdraw an offer based on a resident's performance at any time prior to the new agreement date.
4. Residents on remediation or probation must fulfill the requirements specified in their conditions for remediation or probation before they will be advanced.
5. To assist the program director in making such decisions, each program will have a resident evaluation committee (resident performance committee, clinical competency committee, education committee, etc). This committee will:
 - ◆ Help decide the advancement of residents as well as proper interventions for residents who are not progressing satisfactorily.
 - ◆ Be comprised of program faculty, chief residents and if needed faculty from other departments where the resident has received training.

- ◆ Meet at least semiannually or more frequently as determined by the program director.
 - ◆ Have the Associate Dean for GME or his/her designee attend these sessions.
 - ◆ Keep minutes that are available for review by the Associate Dean for GME.
 - ◆ Meet in emergency session if requested by the program director.
 - ◆ Make specific recommendations to the program director for actions to be taken with respect to academic or professional remediation.
6. The conclusions of the program director based on individual evaluations, semi-annual progress reports and all other available information will provide the basis for determining whether a resident is ready for advancement to the subsequent year of the program or for graduation from the program. Information will include but is not limited to:
- ◆ Attendance and participation in formal didactic program.
 - ◆ Successful completion of scheduled clinical rotations with evidence of increasing responsibility and clinical proficiency in patient management.
 - ◆ Professional attitude and behavior that includes attention to work responsibilities, ethical behavior, timely and accurate completion of administrative responsibilities, and a humanistic and compassionate approach to patient care.
 - ◆ Completion of all required clinical performance outcome requirements and all necessary evaluation activity.
 - ◆ All designated in-training examinations as required by the program.
 - ◆ Completion of USMLE/COMLEX examinations as below:
 - **PGY1** – all residents must successfully complete USMLE or COMLEX Step 2 by January 1 of the PGY1 year to be considered for promotion and reappointment to the PGY2 year. All interns not meeting this requirement must be reported to the Associate Dean for GME with a strategy for individualized intervention. Residents not meeting this requirement will be automatically placed on probation and notified that they are in jeopardy of losing their residency position if they fail to pass step 2 prior to June 30 of PGY1 year.
 - **PGY2** – all residents must successfully complete USMLE or COMLEX Step 3 by March 31 of the PGY2 year to be considered for promotion and reappointment to the PGY3 year. All PGY2 residents not meeting this standard must be reported to the Associate Dean for GME with a strategy for individualized intervention. Residents not meeting this requirement will automatically be placed on probation and notified that they are in jeopardy of losing their residency position if they fail to pass step 3 by June 30 of the PGY2 year.
7. Remediation and or probation will be based on the following focuses of concern for *all* levels of trainees:
- ◆ Performance on in-training examinations less than the 30th percentile.
 - ◆ Unsatisfactory performance on rotation evaluations.
 - ◆ Professional misconduct (Nevada revised statutes NRS 630.301 through 630.3066, are attached as Appendix II for definition of professional misconduct).

8. The specific criteria for resident evaluation and promotion must be consistent with the requirements of the Residency Review Committee, the Specialty Board, or other agencies that promulgate educational standards for certification in that discipline.
9. Any failed remediation for any resident will result in review by the standing GMEC Resident Performance Committee, who will review the allegations, conduct an investigation, and if necessary, request a hearing of said actions. This review will be part of the institution's progressive performance review.
 - ◆ Step 1 – review by the department's performance review committee and remediation assigned.
 - ◆ Step 2 – review by the GMEC performance review committee and assessment made.
 - ◆ Step 3 – appeal to the Dean for final decision (if requested by the resident in question).
10. Inappropriate use of information systems or information technology violates UNSOM policies and is grounds for disciplinary action to include dismissal/termination from the program – page 46.
11. Options for continuing training in the program include:
 - ◆ Promotion to the next year
 - ◆ Promotion to the next year depending on fulfilling specific academic performance expectations, remediation, or psychological counseling.
 - ◆ Repetition of all or part of the immediate past academic year.
 - ◆ Leave without pay.
 - ◆ Non-renewal of appointment or suspension.
12. Programs must maintain clear criteria for advancement and competence that are detailed and explicit to the resident. Careful records must be kept to evaluate resident progress. Detailed documentation of performance is critical and the importance of this cannot be overstated. Copies of resident evaluations must be available in the residents' own personal file maintained in the respective departmental offices.
13. Declining to Sign the Graduate Medical Education Agreement
 - ◆ A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the agreement.
 - ◆ 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.
14. 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 due process chapter pages 55 – 58.

15. Resident Resignation

- ◆ All resignations by a resident must be in writing and be submitted to the appointing authority (the Dean) at least 30 calendar days in advance of its effective date. The resignation must be accepted in writing by the dean or his/her designee.
- ◆ If a resignation is tendered verbally or is conveyed to an employee other than the dean, the resignation must still be accepted in writing by the dean or his/her designee.
- ◆ A resignation should indicate an effective date. If the resignation does not specify an effective date, the resignation shall be effective on the fourth working day after acceptance and this date must be reflected in the written acceptance.
- ◆ Once a resident's resignation is accepted by the dean, the resident shall have three working days after such acceptance to revoke the resignation. Thereafter, the resident may not revoke the resignation, regardless of the effective date set forth in it. A revocation of a resignation must be in writing and must be delivered to the dean within the foregoing time period to be effective.
- ◆ The decision of the dean not to accept a request to rescind a resignation more than three working days after its written acceptance is not subject to grievance or appeal processes.
- ◆ A copy must be forwarded to the Office of Graduate Medical Education.
- ◆ Immediate notification of resident's status **MUST** be made to the Nevada State Board of Medical Examiners (Lynnette Daniels).

RESIDENT COMPLAINTS AND GRIEVANCES

I. Introduction

1. A resident's complaint or grievance must be given appropriate attention.
2. If the resident has a complaint, such as a disagreement with an evaluation or status in the program, working conditions, poor treatment by others, etc, he/she should attempt to resolve the complaint through informal channels with the program director and/or the department chair.
3. If this fails, then the resident should follow the procedure below.

II. Procedure:

1. If the resident feels that complaint or grievance has not been satisfactorily addressed, he or she should contact, in writing (email is acceptable): Associate Dean for Graduate Medical Education, University of Nevada School of Medicine, 2040 W. Charleston Blvd., Suite 503, Las Vegas, NV 89102. Phone (702) 671-6401.
2. If the resident still does not feel the complaint or grievance has been satisfactorily addressed, he or she should contact, in writing (email is acceptable) the Dean of the School of Medicine, whose decision on the matter is final.
3. No complaint or grievance will be considered if the issue presented by the resident has already been the subject of disciplinary procedures and due process under the University of Nevada School of Medicine and Affiliated Hospitals' Disciplinary Procedures for Resident Physicians/Dentists and Guarantee of Due Process policy (see pages 55-58 of this handbook).
4. For complaints regarding equal employment opportunity or sexual harassment, please see Board of Regents Handbook, Title 4, Chapter 8 and/or the NSHE Sexual Harassment Policy (appendix IV).

RESIDENT DUE PROCESS

I. Introduction

1. Residents are entitled to due process, as described in this policy, whenever disciplinary action is contemplated to be taken against a resident which may result in probation, suspension, demotion, or dismissal from a program. Disciplinary action may be taken for:
 - ◆ Academic or knowledge-based reasons (such as failure to meet educational and training standards or requirements); and
 - ◆ Misconduct (including any prohibited conduct as defined by Title 2, Chapter 6 of the Nevada System of Higher Education Code or violation of any policy or procedure contained in the UNSOM Resident Handbook)
2. Residents may seek review of a notice of non-reappointment through the due process (see specifically section II, number 8).
3. The procedure described below, will be used after informal attempts to settle the complaint have failed. Informal resolution of complaints is done within a department and/or a departmental evaluation or performance review committee.
4. Informal complaints should be made to the resident, the senior supervising, and/or the resident's supervising staff physician.

II. Procedure:

1. Formal complaints must be made in writing to the Chair of the resident's department with copies to the Associate Dean for Graduate Medical Education, Vice Dean and the Dean. When the complaint involves the resident's activities at an affiliated hospital, a copy will also be sent to the Chief of Staff. Anyone submitting a complaint will support the request by references to a specific activity, conduct, deficiency or other basis constituting the grounds for the request, and will provide supporting documentation, if it exists.
2. Upon receipt of a formal complaint, the Chair may:
 - ◆ Informally resolve the complaint including remediation, in a mutually satisfactory manner, in writing with a copy to the resident's file (informal resolution of a complaint including remediation, is limited to the **first** complaint against a resident), or
 - ◆ Request the Resident Performance Review Committee to investigate the complaint and make a recommendation to the Chair. Additional details may be found in the Progressive Remediation Policy pages 61-62
 - ◆ In either case a written report will be made to the Associate Dean for Graduate Medical Education, with copies to the Vice Dean and the Dean
3. The Resident Performance Review Committee is a standing committee of the GMEC and will include the following individuals:

- ◆ 3 program directors (representing both Reno and Las Vegas Programs) appointed for a 12 month term with at least 3 alternates to remove potential conflicts of interest (if a resident is in a standing member's department), the role of chair will rotate amongst the committee members
- ◆ A senior resident who has been peer selected to serve on the GMEC, an alternate will be available to eliminate conflict of interest.
- ◆ The committee will be facilitated by the Associate Dean for Graduate Medical Education. This person will NOT have voting rights.

4. The Resident Performance Review Committee will

- ◆ At least 10 days prior to the hearing, present the resident with a copy of the complaint which shall include a description of the charges, possible action contemplated by the Committee, a list of witnesses, a copy of the materials and documentation in support of the charges and the date, time, and location of the hearing.
- ◆ Allow the resident 10 days to prepare a response.
- ◆ Invite the resident (and, if the resident wishes, a legal representative) to be heard before the committee.
- ◆ Conduct a thorough investigation of the complaint, interviewing those persons it feels may have relevant information.
- ◆ Allow the resident or representative to confront and cross-examine witnesses.
- ◆ Record and transcribe all meetings. The GME Manager will be responsible for this activity.
- ◆ The transcription and the committee's recommendations will be provided to the Chair, with copies to the Associate Dean for Graduate Medical Education, Vice Dean and Dean. The committee's deliberations will not be recorded.

5. The resident has a right to:

- ◆ Written notice of the complaint which shall include a description of the charges, possible action contemplated by the Committee, a list of witnesses, a copy of the materials and documentation support of the charges and date, time and location of the hearing at least 10 days prior to the hearing.
- ◆ Be heard in person and to present witnesses and written documentation in support of his/her position;
- ◆ Question adverse witnesses;
- ◆ An unbiased, confidential hearing.;
- ◆ Be accompanied by an advisor or legal representative at such meetings;

- ◆ Have the case determination made only on the evidence recorded at the hearing.
 - ◆ Receive a written statement prepared by the reviewing body setting forth its findings; and decision and the reason(s) for reaching such decision;
 - ◆ Appeal an adverse decision, under the procedures set forth below.
6. The Resident Performance Review Committee may recommend:
- ◆ No action against the resident.
 - ◆ A verbal or written reprimand.
 - ◆ A probationary period, after which the Review Committee will reconvene to review the case and make its final recommendation.
 - ◆ That certain training or education be repeated.
 - ◆ Suspension from the residency program for a specified length of time
 - ◆ Whether an emergency suspension should be continued by the Dean.
 - ◆ Demotion.
 - ◆ Dismissal from the residency program.
7. The Chair will consider the Resident Performance Committee's recommendation and will then take action on the complaint. The Chair will provide the resident with a written statement of (1) the action to be taken, (2) the reason which the action is based, and (3) any conditions which have been placed upon the resident. A copy of this statement will be sent to the Associate Dean for Graduate Medical Education, Vice Dean, Dean, and to the Administrator of the involved hospital, if applicable.
8. In the case of a notice of non-reappointment, the resident will, in writing, appeal this decision to the dean.
- ◆ The dean will notify the Associate Dean for Graduate Medical Education, and request the Resident Performance Review Committee to convene to hear the resident's appeal.
 - ◆ The resident will work with the Associate Dean for Graduate Medical Education to arrange a hearing, assemble witnesses, and provide documentation from the resident, the program director and other sources as deemed appropriate.
 - ◆ The resident will have notice of the hearing no less than 10 days prior, and will receive all documentation that will be provided to the committee.
 - ◆ The resident will be allowed legal representation if he/she chooses. Notification of this representation must follow item number 11 of this policy.
 - ◆ The committee will have the opportunity to uphold the notice of non-reappointment or rescind the decision and make recommendations as to remediation of the resident. The committee will provide its recommendations to the dean and the dean's decision will be final.
9. If the resident wishes to appeal the Chair's decision, the resident will request in writing a review by the Dean within 10 days of receipt of the Chair's written statement. The reasons for the appeal must be stated.
- ◆ The Dean, or his representative, may chair an Appeals Committee which will include,

when practicable, the Administrator of the involved hospital (or his/her representative) and Chairs from other medical school departments with residency programs.

- ◆ The Appeals Committee may obtain additional facts, as deemed necessary, but will address no issues that were not raised in the original Notice of Action and response.
 - ◆ The Appeals Committee will make, within 3 weeks of the written request for review, a recommendation on the matter to the Dean. The Dean will inform the resident of his/her decision within 10 days of receipt of the Appeals Committee's recommendation. The Dean's decision will be final.
10. Deviation from these procedures will not invalidate a decision or proceeding unless it the course of the proceedings would have been substantially different had the deviation not occurred, in which event the resident must bring to the deviation to attention of the Department Chair immediately upon belief that such prejudice occurred.
 11. Within five (5) days prior to the scheduled meeting date the resident will advise the Chair whether he/she will be represented at the meeting by an attorney or other advisor. Failure to do so shall result in the resident not being permitted to be accompanied by counsel except for good cause shown or upon written agreement of the parties.
 12. A resident's failure to request a meeting to review an adverse decision, to appear at a scheduled meeting, or to appeal from an adverse decision, will be treated as consent to the action.
 13. The Associate Dean for Graduate Medical Education will be required to notify the Nevada Board of Medical Examiners, the Nevada Board of Dental Examiners or the Nevada Board of Osteopathic Examiners, as the case maybe, when a resident has been disciplined under these Guidelines and the Dean has rendered a final decision
 14. Action under these procedures shall go forward regardless of other possible or pending administrative, civil or criminal proceedings arising out of the same or other events.
 15. Except upon dismissal from their program, and in that event, only upon a final decision regarding dismissal, residents will be entitled to receive their regular compensation during any period of disciplinary action up to the end of the appointment period.
 16. Technical departures from or errors in following the procedures established in the [NSHE] Code or in any applicable stated prohibition, policy, procedure, rule, regulation or bylaw of a System institution under which disciplinary procedures are being invoked shall not be grounds to withhold disciplinary action unless, in the opinion of the Dean, the technical departures or errors were such as to have prevented a fair and just determination of the charges.

EMERGENCY SUSPENSION

I. Introduction

1. An emergency suspension will be imposed when the Dean believes that the resident's continued presence on the campus constitutes a substantial interference with the orderly functioning of the School of Medicine or of a substantial area, unit, hospital or department of the school pending a decision whether to permanently dismiss the resident.
2. The suspension will be effective immediately, but shall last no longer than 30 days unless disciplinary action is initiated.
3. Grounds for imposition of emergency suspension, restriction or conditions shall include, but not be limited to, the following:
 - ◆ The conduct of a resident creates a reasonable possibility of injury or damage to any patient, employee or person.
 - ◆ A resident is charged with the commission of a felony,
 - ◆ A resident is charged with the commission of a misdemeanor which may relate to the resident's suitability for Medical Staff membership,
 - ◆ A resident engages in or is charged with unlawful or unethical activity related to the practice of medicine,
 - ◆ A resident engages in any dishonest, unprofessional, abusive or inappropriate conduct which is or may be disruptive of UNSOM operations and procedures
 - ◆ The resident has had any medical staff membership, clinical privileges, certification, licensure or registration terminated, suspended, restricted, limited, reduced or modified in any way, has resigned from any other residency program in order to avoid an investigation or proposed action concerning that program, or has voluntarily surrendered or agreed not to exercise any clinical privileges while under investigation or to avoid an investigation,
 - ◆ It is determined that the resident made a material misstatement or omission on any pre-application or application for appointment or reappointment, or at any time provided incorrect information or otherwise deceived or attempted to deceive or mislead the UNSOM,
 - ◆ A resident has falsified or inappropriately destroyed or altered any medical record,
 - ◆ A resident refuses to submit to evaluation or testing relating to the practitioner's mental or physical status, when there is a reason to conclude that the individual is impaired or is exhibiting a behavior pattern suggestive of

impairment that would affect the ability to practice medicine with reasonable skill and safety. The direct observation of chemical substance abuse or observations of aberrations in performance and/or behavior may be cause for this conclusion. A refusal to submit to any testing related to drug or alcohol use is included in this category.

- ◆ A resident abandons a patient or wrongfully fails or refuses to provide care to a patient,
 - ◆ A resident fails to maintain or a current, active state license to practice medicine, or
 - ◆ A resident engages in clinical activities outside the scope of the resident's approved clinical privileges.
4. The conduct set forth in Chapter 6 of the NSHE code specifies other types of conduct that could result in emergency suspension. This information may be found in Appendix III page 93.

II. Procedures

1. After the Dean determines that just cause exists to place a resident on an emergency suspension, the Program Director and/or Department Chair will inform the resident in a private meeting that he/she will be suspended with pay pending an investigation to determine whether the resident should be dismissed.
2. The Program Director or Department Chair will either hand-deliver or mail a written Notice of Action to the resident stating that the resident has been placed on emergency suspension pending investigation and will provide the resident a copy of the Due Process Guidelines.
3. The resident may be directed not to appear at a particular work site or to appear at a different work site, including the resident's place of residence, pending conclusion of the investigation. The resident may be required to cease providing clinical care to patients, and may be reassigned to other duties during the period of the suspension.
4. Emergency suspension may be imposed independently of or in addition to any disciplinary action as provided in the Due Process Guidelines.
5. If disciplinary action is warranted, the Department Chair will proceed with such action in accordance with the Due Process Guidelines. A decision to impose an emergency suspension is subject to review by the Resident Performance Review Committee if the resident requests a meeting in writing within 5 days of the notice of the emergency suspension. Thereafter a meeting shall be scheduled within 10 days of the receipt of the request. The meeting shall only consider whether the suspension shall remain in effect.
6. In the event the UNSOM does not pursue disciplinary procedures following its investigation, the resident may continue in his/her program after the conclusion of the investigation without prejudice. Such suspension will not be recorded in the resident's personnel file as a disciplinary action.

REMEDIATION AND PROGRESSIVE PERFORMANCE REVIEW

I. Introduction

1. Remediation may be imposed to advise a resident of his/her need to correct behavioral deficiencies including:
 - ◆ violations of NSHE or UNSOM policies,
 - ◆ violations of rules of a training site, rules or statutes governing conduct of physicians or dentists practicing in the State of Nevada

Following a finding that the act, failure to act or omission by a resident is serious enough to place the resident on remediation.

2. Remediation may be imposed to advise a resident of deficiencies in academic performance below a minimally acceptable standard at his/her level of training.
3. These remediation procedures apply only to residents *after* they have been accepted and begin participating in a residency program. The terms of any remediation established as a condition of acceptance into a residency program will be specifically set forth in the resident's initial employment agreement. In such an event, the contractual provisions will govern.

II. Procedures

1. Following a determination by the Program Director and Chair that an act, failure to act or omission by a resident is serious enough to place the resident on remediation, the Program Director or Department Chair will notify the resident in a private meeting of the decision to impose remediation.
2. Informal remediation by agreement may only be imposed *once* to resolve a deficiency of or a complaint against a resident. Thereafter it must be referred to the Resident Performance Review Committee under the Due Process Guidelines for Residents. Informal remediation is not required before referring a matter to the Resident Performance Review Committee.
3. The Program Director or Department Chair will provide the resident with a written Notice of Action stating that the resident has received a notice of the intention to place him or her on remediation, which must include an explanation of the specific bases for the decision. Copies of all Notices of Action must be provided to the Associate Dean for Graduate Medical Education.
4. A period of remediation will begin as of the date of the Notice of Action if the resident consents to such action. If the resident does not consent, and appeals the decision, the effective date of the remediation will be on the date the decision becomes final. Length of remediation will be determined by the program director and departmental resident evaluation committee and MUST be reviewed minimally every three (3) months, during which a resident will receive his/her regular compensation.
5. The Program Director or Department Chair will provide the resident with clearly written requirements to improve the resident's performance and state the terms of the

remediation. The Associate Dean for Graduate Medical Education will be informed of the plan and will have the opportunity to provide input into the remediation plan.

6. During the remediation period, the Program Director or Department Chair will make efforts to offer guidance, counseling and supervision to aid the resident in correcting the deficiencies with the acknowledged goal of retaining him/her in the program. It will, however, remain the resident's responsibility to correct the deficiencies.
7. The resident's personnel records will reflect all periods during which s/he was on remediation.
8. The Program Director will notify the resident of his/her right to request review the decision to place him/her on remediation by the Resident Performance Review Committee and include a copy of the Due Process Guidelines with the Notice of Action. Recommendations from the RPRC will be made to the departmental chair and his/her decision will be final.
9. If it is determined that the resident successfully met the terms of the remediation period, the Program Director or the Department Chair will provide the resident with a written notice of successful completion of remediation, place a copy of such notice in the resident's personnel file, and forward a copy of the notice to the Associate Dean for Graduate Medical Education.
10. If it is determined that the resident has failed to meet the terms of a remediation period, the Program Director or the Department Chair will provide the resident a written notice to initiate procedures either to have the case reviewed by the Resident Performance Review Committee to recommend additional remediation or to recommend a notice of nonreappointment be given.
11. The Program Director or Department Chair may recommend or institute other forms of discipline during a period of remediation, if just cause warrants such action.

HARASSMENT/ABUSE IN THE WORKPLACE

- I. The University of Nevada School of Medicine is committed to a workplace environment which is free of harassment. This policy reaffirms UNSOM's opposition to harassment on the basis of race, color, religion, national origin or ancestry, gender, age, marital status, veteran status, physical/mental handicap/disability, or sexual orientation and emphasizes that learning opportunities and patient care must not be interfered with by harassment.
- II. Accordingly, UNSOM will not tolerate of harassment/abuse by or of its residents, employees, faculty, students, or patients. To the extent practicable, UNSOM will attempt to protect the UNSOM community from harassment by vendors, consultants and other third parties who interact with the UNSOM community. All complaints of harassment/abuse are taken seriously and no one reporting a complaint, including third parties, will suffer retaliation or reprisal.
- III. 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 chairman, the Associate Dean for Graduate Medical Education, 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.
- IV. 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.
- V. For further information, please refer to NSHE Sexual Harassment Policy which may be found as Appendix III.
- VI. Important contact numbers:
 - ◆ GME Office – 702-671-6401
 - ◆ Human Resources – 702-671-2210

RESIDENT DISASTER PLAN

I. Introduction

1. A disaster would include any and all of the following:
 - ◆ Natural disaster such as an earthquake, wild fire, tornado, blizzard, etc.
 - ◆ Act of terrorism either physical, nuclear or biological.
2. Provisions for resident safety and necessary evacuation follow.

II. Procedure

1. Communication is paramount in a disaster.
2. Program directors must be able to account for all members of their programs to the GME office.
 - ◆ All residents at orientation and annually will complete a form that will list contact numbers and potential places for evacuation.
 - ◆ When possible, residents will notify their program directors or the office of GME as to where they will be evacuating if time allows.
3. Assessment of gaps in training must be made immediately by the Associate Dean for GME, the Dean and other institutional leaders.
 - ◆ Should training be interrupted for more than one month, arrangements with other programs will be made.
 - ◆ Support from the ACGME and the AAMC will be sought to help in making arrangements for resident deployment into other programs.
 - ◆ Arrangements with state medical boards will also be addressed.
 - ◆ Salary support will be addressed by the sponsoring institution.
 - ◆ Maintenance of communication will be addressed to help residents maintain connection with their program and peers.
4. Patients must be provided for in the event of a disaster.
 - ◆ Each department will have a protocol outlining resident responsibilities should a disaster occur.
 - ◆ Additional resident teams may be needed to stay at the hospital to ensure patient care is maintained. Duty hours and fatigue will be monitored in such situations.
 - ◆ Residents will follow departmental protocols to ensure that adequate provisions are made for patients before evacuating.

CLOSURE AND REDUCTION OF PROGRAMS

I. Introduction

1. The purpose of this policy is to provide for an orderly and equitable transition when downsizing of a program because of a decrease in resident enrollment, department restructuring for economic or programmatic reasons, or other reasons which may require downsizing of a program.
2. It is UNSOM's goal to balance its needs and minimize any disruption of healthcare and/or educational services while respecting the dignity of residents affected.
3. In planning, implementing, downsizing or closure of a program, the following objectives are set forth to guide management:
 - (a) Maintain the standards and quality of patient care.
 - (b) Provide education and services for residents.
 - (c) Provide appropriate notice, alternative opportunities where possible, and/or University approved services to residents affected by the downsizing of a program.
4. In analyzing the program affected, the chair of the department and program director must work in direct consultation with and obtain the approval of the Graduate Medical Education Committee prior to announcing or finalizing any specific program reductions. Management guidelines for resident reductions will be adapted and issued to cover any institution specific situation as needed.

II. Recognition and Action

To the extent possible, UNSOM will provide a minimum of six (6) months notice in advance of any program reduction.

1. Benefits

- (a) Medical and Dental Coverage – Residents affected by the program reductions who are enrolled and covered in an UNSOM group medical and/or dental plan may extend their coverage under the group plans for a period of up to six (6) months, or until enrolled in a residency program elsewhere and eligible for coverage (whichever occurs sooner).
- (b) After the six-month period, affected individuals may continue coverage under the provisions of COBRA.

2. Life and Long Term Disability

Insurance coverage ceases as of the last day of training. The life insurance plan may be converted during a 30-day grace period to a direct pay plan by contacting the carrier. The long-term disability plan is not convertible.

3. Continuation or Transfer Eligibility

If feasible, UNSOM may allow residents already enrolled in the program to complete their training program. When continuing a resident's education is not feasible, UNSOM, will, to the degree possible, assist residents affected by program closure in

enrolling in a program where they can continue their education. There is no guarantee, however, that a resident will be selected for another program within or outside of UNSOM

III. Policy Priority

1. UNSOM will plan and implement program reduction guidelines for each situation, consistent with applicable Graduate Medical Education Committee policies and procedures.
2. The chair and program director are responsible for communicating necessary information to the department/residents.
3. All differences of opinion, interpretation and application of this policy and its supporting guidelines are reserved for final determination by the Graduate Medical Education Committee.

PHARMACEUTICAL SOLICITATIONS TO RESIDENTS AND PROGRAMS

I. Introduction:

1. The Rules and Procedures governing the interaction of Pharmaceutical Companies with residency programs arise from concerns about the widely discussed influence thought to be exerted by companies over education by virtue of extensive and intensive product marketing, and augmented by “gift” giving.
2. To maintain a proper “arms length” relationship, to avoid unethical behaviors, and to best model professionalism to residents, the following have been implemented:

II. Procedure

1. Individual, “one on one”, solicitation or provision of gifts to residents by pharmaceutical representatives is prohibited
2. The distribution of promotional items is to be confined to the program offices, and not provided directly to residents at any time.
3. Lunch meals at resident educational meetings will not be provided by pharmaceutical companies; drug companies’ representatives will not interact with residents at these meetings, except as provided below.
4. Pharmaceutical “drug fairs” will no longer be held.
5. At the direction of the Graduate Medical program, lunch time meetings and/or Grand Rounds that involve pharmaceutical companies may be organized to include presentations in a “roundtable” or open discussion forum where drug company representatives may participate. These educational venues must include a company sponsored speaker, and would be disease or illness based. At least two drug representatives of different companies must attend, and provision for their participation in discussion with residents would be at the discretion of the program. In this setting, companies may fund, as a restricted grant for support of the speaker and meals, through the Educational Fund of the program.
6. Each Graduate Medical Education program will establish a Resident Educational Fund. The fund will receive contributions for resident related education and support, as described in Item #8 below.
7. Where permitted by company rules, educational grants of a restricted or unrestricted type may be provided by the companies to the Educational Fund of the program. The program will acknowledge these grants at the venue where the funds are directed. All education offerings, selection of participants and use of funds for educational events for residents is at the discretion of the Graduate Medical Education program.
8. An annual budget is established to provide School of Medicine funding for meals, educational materials, special Graduate Medical Education events, scholarship awards or fellowships, and educational travel associated with Graduate Medical Education (residents). These funds are a supplement to support by the programs, or by selected voluntary contributions by drug companies. Donations by companies may be designated

by the companies for a specified purpose, but must be directed through the Educational Fund and approved by the Program. The funding donor will be appropriately acknowledged by the program.

9. All pharmaceutical company contributions of any kind must be reported to the Dean through the Office of Graduate Medical Education.
10. All Graduate Medical Education program expenditures for the resident purposes listed in budget in excess of budgeted amounts must be reported to the Dean through the Office of Graduate Medical Education.
11. Guidelines for Graduate Medical Education programs, in addition to these rules, include PhRMA Ethics Codes and AMA Standards.
12. These rules are limited only to residents in UNSOM educational settings. Interactions with pharmaceutical representatives in relation to Continuing Medical Education outside of UNSOM are not part of these directives.
13. In the clinic outpatient care setting, marketing, promotional and detailing activity to residents must be controlled. Marketing activity in this setting must not interfere with the residents' education or patient care responsibilities. Pharmaceutical representatives should be clearly identified by badge, and scheduled by appointment only, to meet with clinic administration, faculty and residents.

OFF – SITE ELECTIVES

I. Definition

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

II. Electives

1. UNSOM residents may, with the program director's permission, participate in training programs outside of the affiliated hospital system. These assignments, when performed outside the system are referred to as "electives."
2. While it is within the program director's discretion to allow electives, the appropriate justification should be to provide training experience not available in the UNSOM program in which the resident participates.
3. Residents must complete the appropriate paper work and obtain the permission and signature of the program director. This paperwork must be submitted a minimum of 4-6 months prior to the time of the requested elective to allow time for processing and writing an affiliation agreement.
3. Program directors also must submit a request for the resident's elective along with the program director's recommendation to the Associate Dean for Graduate Medical Education for approval with documentation as to the dates and locations of the assignments.
4. Residents must be in good standing to participate in off site electives.
5. Program directors must ensure that appropriate evaluations are completed for residents on off site electives in order to give credit for the time spent away.
6. Rotations of greater than one month must have additional program director approval and justification.

OFF SITE ELECTIVE APPLICATION:

Section 1: To be completed by resident

Name: _____

Address: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Department: _____

Medical License Number: _____

Medical School: _____

Year of Graduation: _____ Degree Granted: _____

ECFMG Number: _____ Date Passed: _____

Rotation Requested _____

Institution: _____

Address: _____

Off Site Program Director: _____ Phone: _____

Off Site Coordinator: _____ Phone: _____

Off Site Contact email: _____

Dates of Rotation: From: _____ To: _____

Section 2: To be completed by the Director of current program:

I approve the above request for an off site elective rotation and verify that the resident is in good standing. I further verify that the resident will continue to have salary and benefits paid in full by the resident's UNSOM residency program during the above off site elective, and that malpractice will be in place to cover the resident's activities provided that such activities are appropriately supervised.

Signature: _____ Date: _____

UNSOM Program Director

RESIDENT WELLNESS

I. Policy

1. UNSOM 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.
2. Residents are expected to report to UNSOM programs 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.
3. UNSOM encourages residents to seek assistance voluntarily before clinical, educational and professional performance is affected.

II. Resident responsibility

1. Residents are responsible for reporting to UNSOM 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.

III. 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.
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.

IV. Resources Available to all Residents

1. Physician impairment and substance abuse, counseling and psychological services

- ◆ Resident physicians are provided a confidential means of seeking and obtaining treatment for addictive disease and mental or physical impairment.
- ◆ Subsequently the Program Director must be informed and will decide further action, if any. The Program Director will make all efforts to confirm the accuracy and the validity of the observations brought to the Program Director's attention. Added consultation should be obtained with the Chair, the Associate Dean for Graduate Medical Education and/or the Dean of the School of Medicine.
- ◆ If further consultation is needed, the Program Director, in agreement with the resident, will pursue a course of action of referral of the resident to counseling/psychiatry services.
- ◆ Non-compliance by the Resident may justify relief from patient care responsibilities or may be an indication for utilizing the disciplinary process as described (Disciplinary procedures for Resident physicians, University of Nevada School of Medicine and affiliated hospitals and Due Process Policy, University of Nevada School of Medicine).
- ◆ The continuing service of the Resident in patient care will depend upon expert advice regarding Resident capability, degree of disability and compliance with any planned treatment as determined by counseling/psychiatric evaluation and the Program Director. The Program Director has the responsibility to insure that these guidelines are maintained.
- ◆ Any continuing treatment will be monitored by the appropriate selected counseling/psychiatric entity or person, and the Program Director will be required to be aware of the outcome in determining the fitness of the Resident to return to patient care responsibility.
- ◆ During all phases of the counseling and consultation process, complete privacy and confidentiality for the resident must be maintained.
- ◆ Contacts:
 1. Nevada Health Professionals Assistance Foundation, 9811 West Charleston Boulevard Suite 2-382, Las Vegas, Nevada 89117 Peter Mansky, M.D., (702) 341-7278 or (702) 521-1398
 2. Employees Assistance Program, University and Community College System of Nevada – Business Center North, (775) 329-4047/0623, in Las Vegas, (702) 364-1484 and outside of Las Vegas, 1-800-873-2246

2. Resident Guidance and Counseling for corrective action, remediation, and assistance.

- ◆ If a serious and obvious emotional psychiatric issue exists, then prompt specialized psychiatric consultation should be obtained by the program/resident. Though we have a number of psychiatrists in clinical community practice, the following three names are those people who have worked with residents and students and would be

sensitive to the problems: Dr. Ole Thienhaus, Dr. Greg Brown and Dr. Mark Suhany (Las Vegas); Dr. Ole Thienhaus and Dr. Grant Miller (Reno).

- ◆ If a social or maladaptive or gender/cultural/ethnic issue exists; (for example, sexual harassment), counseling regarding these concerns may be accessed through the Director of UNSOM Human Resources 702-671-2210.
- ◆ If the need for Critical Incident Stress counseling occurs, Feride McAlpine, who is specifically trained and certified for this response, is available at 702-671-2210.
- ◆ Contacts:
 1. Employee Assistance Program (EAP) – behavioral healthcare options through HPN Insurance (or through any other insurance carried by resident)
702-364-1484 in Las Vegas and 1-800-873-2246 outside of Las Vegas
 2. UNSOM Psychiatry Department
North: 775-784-4919
South: 702-968-5084
 3. GME Office
North and South: 702-671-6401
 4. Human Resources
North and South: 702-671-2210 or 702-671-2241

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY – ANTI-DISCRIMINATION POLICIES

I. Affirmative Action/Equal Opportunity Statement

1. The University of Nevada, Reno is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, and in accordance with university policy, sexual orientation, in any program or activity it operates.
2. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States.
3. The affirmative action office is responsible for coordinating all compliance efforts, for investigating complaints and for receiving grievances from students, faculty and staff in matters dealing with discrimination.
4. The university's Affirmative Action Office is located in Room 209, Clark Administration. People who have questions or complaints may call (775) 784-1547 or (775) 784-4300.

II. Anti-discrimination Statement

1. The University of Nevada School of Medicine does not discriminate against faculty, residents, students and staff on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, and in accordance with university policy, sexual orientation, in any program or activity it operates.

RESIDENT BENEFITS

I. Group Health Insurance (Board of Regents Handbook, Title IV, Chapter 7, section 4)

1. Enrollment must take place within 30 days of start date or five (5) days from date of receiving information.
2. Coverage begins on the first day of the first full month of employment.
3. Dependent dental coverage is paid 100% by the resident.
4. The group health insurance plan covers medical and dental care.
5. There is \$20,000 term life insurance;
6. There is \$20,000 personal accident insurance
7. There is long term disability which insures 66..67% of gross pay after 90 days of total disability to a maximum of \$2,000 per month.
8. Dependent coverage includes medical and dental only.
9. Premiums can be payroll deducted on a pre-tax bases under IRS Section 125.
10. Contacts:
 - Ed Hendricks Insurance Agency (775)-674-6000
 - UNSOM HR:
 - Don Sampson (702)-671-2384
 - Rosemarie Gagliardo 702-671-2241
 - Sandy Bean 702-671-2306

III. Tuition

1. Residents, fellows and dentists with appointments of half time or more and their spouse and dependent children will be considered in-state residents for tuition purposes.
2. There is no fee waiver available.
3. For additional information, call UNR Human Resources at 775-784-6082 or at www.unr.edu/vpaf/hr/benefits/grant.html.

IV. Worker's Compensation

1. Covers employees in the event of work-related injuries.
2. Important to know the procedures to follow to make sure claims are processed appropriately.
 - If an injury occurs or the development of an occupational disease as a result of employment, the program director should be notified immediately.

- A C-1 (*Notice of injury or occupational disease incident report*) form will be distributed for immediate completion
 - C-1 form MUST be completed and submitted to the program director within 7 days of the occurrence OR within 7 days of knowledge of the relationship between the disease and employment
 - In an emergency, treatment should be sought at the nearest emergency medical facility.
 - In all other cases, treatment should be sought with an authorized workers' compensation medical provider. A list of authorized providers can be obtained from the clinical department housing the residency program or from the Business Center North Workers' Compensation Office.
 - A C-4 form (*Employee's claim for compensation/report of initial treatment*) needs to be completed at the first visit for medical treatment.
 - Complete the top half of the C-4 form and the treating physician will complete the rest of the form and distribute it to the appropriate persons.
 - The C-4 form must be completed within 90 days of seeking treatment or missing time from work to comply with worker's compensation requirements.
3. For questions and additional information contact the business center north worker's compensation office at (775)-784-4394.

V. Mandatory Retirement Plan

1. Residents, fellows and dentists who are hired on an agreement of at least 50% are provided with a mandatory defined contribution 403(b) retirement plan commencing on the date of hire.
2. Under the terms of the retirement plan, employees must contribute 6.2% of their gross salary to the Plan.
3. The employee contributions made to the plan are before income taxes are calculated.
4. There is a matching employer contribution of 6.2%.
5. Both the employee and employer contributions are invested at the direction of each participant into a 403(b) account with AIG Valic. There is immediate vesting.
6. Additional information is available from the Benefits Office at (775)-784-6844 or at www.unr.edu/vpaf/hr/benefits/retirement.html.

VI. Voluntary Retirement Plans

1. Eligible to participate in voluntary retirement plans. Each plan has a basic annual contribution limit. If the resident is of age 50 or greater, additional contributions may be made.
 - NSHE tax sheltered annuity 403(b) plan- allows tax deferred money to be set aside for retirement. Additional information may be found at www.unr.edu/vapf/hr/benefits/supplemental.html.

- State of Nevada deferred compensation 457 plan – allows compensation to be set aside under the program which while invested under the program is exempt from federal income taxes, interest, dividends and capital gains. Additional information is available at www.defcomp.state.nv.us/

RESIDENT WORK ENVIRONMENT

I. Introduction

1. Residents will, in the course of their training/education, need to remain in the hospital overnight.
2. Consequently, places to stay and accessibility to food are important.

II. Call rooms

1. Residents will be provided with safe, private, gender specific, and quiet call rooms for the times that they need to remain in the hospital overnight.
2. Linens, pillows and lockers will be provided for residents to keep their personal belongings while on call.

III. Meals

1. Residents will have access to food while on call.
2. At some facilities, food will be provided free of charge to those on duty and on call.
3. At other institutions, funds will be distributed to residents based on the hours spent in the hospital and number of calls assigned per month. Distribution will be equitable for those with long in hospital assignments.

IV. Laundry

1. Laundry services are not available to the residents.
2. However, clean scrubs are available to all residents at all institutions for call, for work in the operating suites, the delivery suites and in the emergency department.
3. Each department provides lab coats to their residents. Orders will be taken by residency coordinators. Lab coats will be replaced as needed on an annual basis.

RESIDENT LEAVE POLICIES

I. Annual (vacation):

1. Annual leave provides the resident with time for rest and restoration for an extended period in order to return to training with renewed vitality. This is beneficial for patient safety and resident well-being.
2. All residents will receive 15 days of annual leave which will be based on a five day work week during the academic year.
3. Annual leave which is unused will *not* be carried forward to the new training year. No lump sum payment will be made for unused leave upon termination.
4. Annual leave must be requested in writing through the home Department on approved leave request forms in accordance with the home program's established procedure.
5. Blocks of seven days are encouraged for residents to have a period of adequate rest.
6. Residents have the responsibility to schedule leave in a timely manner. Annual leave for contract periods of less than a full academic year will be calculated on a pro rata basis.

II. Sick Leave

1. All residents receive 15 days of paid sick leave (which will be based on a five day work week) during the initial 12 months of service. Beginning 12 months after the starting date of the contract, the resident will begin to accrue additional sick leave at a rate of 1-1/4 days per full month of service to add to any remaining balance of unused sick leave from the first 12 months of service. Sick leave may be accrued from year to year not to exceed 15 work days at the last day of each month.
2. Sick leave must be documented in writing through the Department on approved leave request forms.
3. The sick leave policy is established in order to protect the resident from threats to their own health, for bona-fide medical conditions, and to prevent patient exposure.
4. Absence from work to care for an ill or injured member of one's immediate family (spouse, children, parents, and grandparents) may be charged to sick leave and should be done in advance of the leave if possible.
5. A Doctor's note may be required at the discretion of the Program Director.
6. Unused sick leave may not be carried forward to the next training year nor will any payment be made for unused time.
7. Sick leave for contract periods of less than a full academic year will be calculated on a pro rata basis.
8. Use of sick leave may require make up time for purposes of Board eligibility which is determined by the specific policy of each Board specialty and should be discuss with the Program Director.

III. Family and Medical Leave Act

1. The Family and Medical Leave act (FMLA) of 1993 entitles eligible residents to take up to 12 weeks of job-protected leave in a rolling 12 month period for specified family and medical reasons.
2. FMLA may be used for the birth of a child, and to care for the newborn child; for placement of a child with the resident for adoption or foster care; to care for the resident's spouse, parent or child with a serious health condition; or because the resident is unable to work due to a serious health condition.
3. To qualify the resident must have been employed by the School at least 12 months.
4. The appointing authority (the Dean) may require paid leave to be exhausted prior to an employee being placed on unpaid leave.

IV. Maternity/Paternity/Family Leave

1. UNSOM Graduate Medical Education programs recognize the legitimacy of integrating child-bearing and adoption into the years of graduate medical training.
2. Return to work after pregnancy and pregnancy - related conditions is to be determined by the resident's personal physician.
3. Paid time off will not exceed the total of 15 days of sick leave plus available annual leave.
4. Leave of absence without pay may be extended to bring time off (the sum of paid and unpaid leave) up to a maximum of four months.

V. Bereavement Leave

Residents may use three sick leave days per contract year for bereavement leave for immediate family members.

VI. Holidays

1. Residents do not receive paid holidays; however, holidays are at the discretion of specific department rotations.
2. Holidays which fall within scheduled annual leave are counted as vacation time and cannot be made up.

VII. Judicial Leave

1. Judicial leave is defined as an appearance in connection with one's official capacity as a university employee at a trial or other court proceeding, to included an arbitration or mediation hearing, whether if be as a party to the action, or as a witness for any party to the proceeding.
2. This is considered a short-term leave and may be authorized by the appointing authority (the Dean) for periods up to 5 calendar days without loss of salary. In special cases, salaried leave will be granted to serve on a jury or if summoned to be a witness.
3. Judicial leave also will be granted to serve on a jury or when summoned to be a witness.
4. Judicial leave is not available for court appearances in connection with personal legal matters.

VIII. Leave of Absence — Leave without Pay

1. The Dean may grant leaves of absence, at his/her discretion, for periods of short duration. Such request must come from the Program Director and the Associate Dean for Graduate Medical Education and state his/her concurrence prior to sending the subject request to the Dean. All requests must be made in writing.
2. Arrangements for the premiums of health and dental insurance and all other University obligations are the responsibility of the resident during these leave periods and must be made through the individual department and/or the Office of Graduate Medical Education. Insurance premiums are charged at full institutional cost to those working fewer than fifteen calendar days per month.
3. Leave of absence without pay may, at the discretion of the Program Director with approval from the Dean, be extended up to a maximum of 12 months. This must be documented in writing with copies to the Office of Graduate Medical Education.
4. Make up time for purposes of board eligibility is determined by the specific policy of each specialty board. Contact the Program Director for specific requirements for the specialty in question.
5. Residents whose leave of absence extends beyond twelve months will be required to reapply for admission to their UNSOM residency or fellowship program should they wish to resume their GME training at UNSOM.

IX. Leave Records

1. Each residency coordinator shall keep accurate and complete records of earned and used leave for each Resident Physician and Resident Dentist.
2. Such records shall be kept as prescribed by the appropriate Human Resource office and reports shall be made available to the Human Resource office at end of each program year.
3. Leave records are subject to examination by those persons in the employee's chain of command, by Human Resource officials, and by internal or external auditors.

XI. Military Leave

1. Military leave will be granted upon presentation of official orders at a rate of three weeks per academic year.
2. Any period beyond that time will be leave without pay.

BLOODBORNE PATHOGEN EXPOSURE

I. Definition

Exposure of a resident to human blood, blood products, and certain human biologic fluids in the course of performing one's duties.

II. Actions

1. Immediately following an exposure, the resident should:
 - ◆ Wash needlesticks and cuts with soap and water
 - ◆ Flush splashes to the nose, mouth, or skin with water
 - ◆ Irrigate eyes with clean water, saline, or sterile irrigants
2. Next step – the resident should then immediately:
 - ◆ Report the exposure to the department responsible for managing exposures.
 - ◆ Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended and it should be started as soon as possible.
3. Complete the top half of a C-4 Form (*Employee's Claim for Compensation/Report of Initial Treatment*). (This form is part of the process for establishing that the incident is covered by workers' compensation.) The treating physician will complete the bottom half of the form and distribute it to the appropriate parties.
4. The resident must also immediately report the incident to a supervisor or a designated department representative from the School of Medicine.
 - ◆ The supervisor or department representative will provide a C-1 Form (*Notice of Injury or Occupational Disease Incident Report*).
 - ◆ The C-1 form must be completed and returned to the supervisor or department representative within 7 days of the exposure to comply with workers' compensation requirements.
5. If the exposure involves a percutaneous injury from a potentially contaminated sharp, the resident must include the following information on the C-1 Form per the OSHA Needlestick Prevention & Safety Act:
 - ◆ The name and brand of the sharp
 - ◆ The department or work area where the incident occurred
 - ◆ An explanation of the incident

III. Additional information

Additional questions regarding this policy or workers' compensation in general, please call the Business Center North (BCN) Workers' Compensation Office at (775) 784-4394.

APPENDIX I

Title 4 - Codification of Board Policy Statements

Chapter 7

**RESIDENT PHYSICIANS,
RESIDENT DENTISTS,
AND
POSTDOCTORAL FELLOWS**

Section 1. Definition - Resident Physicians and Resident Dentists (B/R 4/99)

1. Resident physicians and resident dentists (hereinafter referred to as Residents) are doctors who are continuing their medical or dental education after receipt of the medical or dental Degree through continued instruction and the provision of patient care services by means of educational, clinical experience in University of Nevada-affiliated institutions and organizations, and who may also provide instructional services to medical or dental students as the Residents' experience and education allows. (B/R 4/99)
2. Faculty of the School of Medicine and School of Dental Medicine are responsible for the supervision and instruction of the Residents.
3. The majority of the Residents' time is in hospitals, clinics, physician's offices, and other health care facilities throughout the State of Nevada. Therefore, while on University of Nevada contract, Residents may rotate outside the School of Medicine and School of Dental Medicine with affiliated and non-affiliated institutions as long as these clinical rotations are approved by the department or program to which the Resident is assigned. (B/R 4/99)

Section 2. Appointment - Resident Physicians and Resident Dentists (B/R 4/99)

1. Annual appointments shall be approved by the President or designee. (B/R 12/03)
2. Responsibilities to be performed shall be defined by the involved department or program of the University of Nevada School of Medicine or School of Dental Medicine. (B/R 4/99)
3. Salaries to be paid shall be approved by the President or designee. (B/R 12/03)
4. Appointments usually shall be issued annually for the University fiscal year; however, appointments may be offered for a shorter period to fill vacancies created by terminations or by the establishment of a temporary position.
5. Work hours will be determined by the needs of patients cared for by the Residents in addition to specific departmental assignments.
6. Procedures to be followed for the offering of contracts to Residents shall be established by the institutional President and published in the institutional administrative manual.
7. Contracts are subject to modification during the fiscal year for Residents as Residents rotate between hospitals and other institutions. In such cases, the Residents may be paid during

the interim period by other institutions or continued on contract at the University of Nevada, depending on the inter-institutional arrangements and the needs of the residency program.

8. Contracts for Residents may be terminated by the University of Nevada during the contract year for reasons of improper conduct, moral or ethical reasons, for inability to perform to departmental or educational standards and objectives, or because of financial conditions within the School of Medicine or School of Dental Medicine. Procedures for notice, hearing and appeal of contract terminations or other actions shall be followed as established by the University of Nevada School of Medicine and School of Dental Medicine. (See due process statement of the School of Medicine.) (B/R 12/03)

Section 3. Salary Schedule - Resident Physicians and Resident Dentists

The salary schedule for Residents shall be recommended by the Dean of the School of Medicine or School of Dental Medicine and approved by the respective President . A copy of the salary schedule for Resident Physicians and Resident Dentists will be provided to the Chancellor's Office on an annual basis.
(B/R 12/03)

Section 4. Benefits - Resident Physicians and Resident Dentists (B/R 04/99)

1. Annual leave of up to 15 days at full salary per year will be available starting July 1 of each year. There is no carry-over of annual leave from one year to the next year and Residents shall not be paid for any unused annual leave upon termination of employment. Annual leave shall be taken at a time approved or directed by the supervisor.
2. Sick leave will be granted as required, up to 15 days at full salary, available at any time during the initial 12 months of service. Beginning 12 months after the starting date of his or her contract, the Resident will begin to accrue additional sick leave at a rate of 1-1/4 days per full month of service to add to any remaining balance of unused sick leave from the first 12 months of service. Sick leave may be accrued from year to year not to exceed 15 work days at the last day of each month. Residents shall not be paid for any unused sick leave upon termination of employment. Residents may use accumulated sick leave for temporary disabilities, which includes child bearing. Unpaid child rearing leave may be requested by either parent up to a maximum of one year. Request for child rearing leave must be accompanied by a statement from a qualified professional source if there is a medical or psychological need for the parent to be given leave. Residents are also entitled to the leave benefits provided in federal and state law including the Family and Medical Leave Act of 1993.
3. Funds to pay for group health and life insurance, unemployment compensation coverage, or other group insurance plans will be provided to the Residents by the agency that provides the salary funds for the Resident.
4. Effective January 1, 1993, Residents will participate in a 403(b)-retirement plan, with contributions of 6.2% of salary, made by both the employer and the Residents.
5. Residents will be covered under the state's workers compensation program and Medicare.

6. Malpractice insurance will be provided by the University and/or Veterans Administration while Residents are on contract with the University of Nevada. After contract termination, the insurance policy will cover the Residents' contracted activities during the contract.
7. Grants-in-aid for tuition and fees will not be provided by the University.
8. Resident Physicians and Dentists with appointments of half time or more, along with the spouse and dependent children, will be considered in-state Residents for tuition purposes. (B/R 12/03)

Section 5. Definition - Postdoctoral Fellows

A Postdoctoral Fellow appointment is a temporary advanced scholarly appointment of at least 50%. It is a specialized education and training position in research or scholarship under the direction of a faculty sponsor(s) established for the Postdoctoral Fellows' continuing education and professional growth. (The Postdoctoral Fellow is not precluded from applying for any grant, contract or postdoctoral training grants or nationally competitive postdoctoral fellowships permitted under guidelines of the research office of each institution.) (B/R 12/03)

Those persons excluded from the postdoctoral status are registered full-time students, candidates for a degree, visiting scholars who are not at the University for the purpose of receiving further training, or anyone who does not meet the above definition.

The Postdoctoral Fellow appointment serves to advance the competence of a person who has recently completed higher professional training marked by a doctoral degree.

Section 6. Appointment - Postdoctoral Fellows

1. Completion of a doctoral degree in the appropriate discipline is required.
2. Employing departments shall ascertain that prospective appointees meet all eligibility requirements prior to the commencement of appointment. It is the department's responsibility to obtain and forward to the Office of Human Resources an official transcript of the highest degree.
3. All decisions of the academic departments will be made without regard to race, color, creed, religion, sex, national origin, age, disability, veteran's status, sexual orientation or other factors, which cannot be a lawful basis for providing an opportunity for additional training.
4. If the appointee is not a U.S. Citizen, it is the department's responsibility to document the appointee's eligibility to work as a Postdoctoral Fellow in the United States in accordance with the Bureau of Citizenship and Immigration Services (BCIS) rules, prior to the desired start date of employment.
5. The duration of Postdoctoral Fellow appointment will, in most cases, be one year or two, and may not exceed five years.
6. Salaries will be negotiated between the Postdoctoral Fellow and the faculty sponsor from whom the individual receives advanced training, in accordance with the postdoctoral salary policy developed by the individual institutions of NSHE. Job requirements, annual

evaluations, and any salary increases will be in accordance with postdoctoral policies developed by the individual institutions of NSHE.

7. Appointments shall be recommended through appropriate administrative channels. The Office of Human Resources will be responsible for monitoring all appointments in compliance with the policy established for Postdoctoral Fellows. Appointments usually shall be issued annually for the fiscal year; however, appointments may be offered for a shorter period. Contracts termination policies for Postdoctoral Fellows will be developed by the individual institutions and may allow for contract termination at any time with thirty days notice.

(B/R 12/03)

Section 7. Benefits - Postdoctoral Fellows

1. Annual leave with pay will be accrued at 1-1/4 working days per full month of continuous service. Part-time Postdoctoral Fellows shall be granted a pro rata amount of annual leave. Annual leave may be accumulated up to a maximum of 15 work days at the last day of each month. Earned annual leave shall be taken at a time approved or directed by the supervisor. Postdoctoral Fellows shall not be paid for any unused annual leave upon termination of employment.
2. Sick leave with pay will be granted as required, up to 15 days at full salary, available at any time during the initial 12 months of service. Beginning 12 months after the starting date or his or her contract, the Postdoctoral Fellow will begin to accrue additional sick leave at a rate of 1-1/4 working days per full month of service to add to any remaining balance of unused sick leave from the first 12 months of service. Part time Postdoctoral Fellows shall be granted a pro-rata amount of sick leave. Sick leave may be accrued from year to year, not to exceed 15 work days at the last day of each month. Postdoctoral Fellows shall not be paid for any unused sick leave upon termination of employment.
3. The NSHE group health insurance plan will be provided to postdoctoral fellows.
4. Effective January 1, 2004, Postdoctoral Fellows will participate in a 403(b) retirement plan with contributions of 6.2% of salary, made by both the employee and the employer. No contribution is made to Social Security by employee or employer.
5. All Postdoctoral Fellows will receive workers compensation coverage paid by the employer and Medicare coverage with contributions of 1.45% of salary made by both the employer and employee.
6. All Postdoctoral Fellows will be issued an identification card denoting their status as a Postdoctoral Fellow, which shall entitle them to privileges as specified by each institution. Fees are assessed in accordance with institutional policy.
7. Grants-in-aid for tuition and fees will not be provided by the NSHE institution.
8. Postdoctoral Fellows with appointments of half time or more, along with the spouse and dependent children, will be considered in-state residents for tuition purposes. (B/R 12/03, 10/04)

(B/R 10/04 – reorganization)

Appendix II

**University of Nevada School of Medicine
Graduate Medical Education
TERMS OF APPOINTMENT FOR RESIDENT PHYSICIANS AND DENTISTS**

2007-2008

This Agreement, is made and entered into by and between the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada School of Medicine, ("the UNSOM"), and _____ ("the Resident"*).

Witnesseth:

WHEREAS, it is the purpose and intention of the UNSOM to assist the Resident in the pursuit of his/her studies as a graduate medical education student by employing him/her as a resident physician/dentist.

NOW THEREFORE, in consideration of mutual covenants and agreements contained herein. It is hereby agreed as follows:

1. Academic Department: _____ Training Program: _____
2. Title: Resident Fellow Chief Resident % FTE _____
3. PGY Level: I II III IV V VI VII VIII Other: _____
4. Current Period of Appointment: From _____ Through _____
5. Gross Monthly Salary: \$ _____ Gross Annual Salary: \$ _____

DEFINITION OF "RESIDENT" OR "FELLOW" means resident physicians and resident dentists are doctors who are continuing their medical or dental education after receipt of the medical or dental Degree through continued instruction and the provision of patient care services by means of educational, clinical experience in University of Nevada-affiliated institutions and organizations, and who may also provide instructional services to medical or dental students as the Residents' experience and education allows. All references to "resident" in this contract will apply equally to fellows. All references to residency programs will apply equally to fellowship programs.

CONDITIONS OF EMPLOYMENT: Title 4, Chapter 7 of the Board of Regents Handbook pertaining to Resident Physicians, Dentists, and Fellows which addresses annual leave, parental leave, sick leave, health insurance, and workers' compensation, including disability benefits; the School of Medicine policies on Resident Working Hours and Supervision, Outside Employment of Residents, Malpractice Insurance Liability Claims, On Call Quarters & Meals, the University of Nevada Affiliated Hospitals' Disciplinary Procedures for Resident Physicians and Dentists and Guarantee of Due Process, and the Procedures for Resident Physicians/Dentists Complaints and Grievances, are incorporated herein and by this reference made a part of this contract.

The resident is referred to the following policies, which are not incorporated into this contract: Sexual Harassment Policy and Complaint Procedure (Board of Regents Handbook. Title 4. Chapter 8. Section 13): Outside Employment of Resident Physicians/Dentists, Conditions of Appointment and Reappointment. Physician Impairment and Substance Abuse. Counseling and Psychological Services, and Resident Responsibilities, found in the Processes. Procedures and Rules for Graduate Medical Education Residency Programs, and Professional Leave of Absence Benefits and Professional Activities Outside the Program, found in each residency programs" handbook.

The Nevada System of Higher Education Code, the official document governing personnel matters and procedures, is a regularly published document and is available at each institution. Only the Code, Title 2 of the Board of Regents

Handbook, exclusive of any bylaws or policies, is incorporated herein and by this reference made a part of this contract. Any other terms, understandings, by-laws, promises, prior negotiations or representations, or conditions not specified herein, or attached to and made a part of this contract, shall not be considered a part of the contract of employment of the resident physician/dentist. This contract is not binding or of any legal effect until duly executed by both the appointee and the appointing officer.

TERMINATION Notwithstanding the provisions of the Nevada System of Higher Education Code, including Chapter 6, this contract may be terminated by the University of Nevada during the contract year for reasons of improper conduct, moral or ethical reasons, for inability to perform to departmental or educational standards and objectives, for violation of NSHE Code section 6.2.2, or because of financial conditions within the School of Medicine. Procedures for notice, hearing and appeal of contract terminations or other actions, other than for financial reasons, shall be followed as established by the University of Nevada School of Medicine. (See, Guarantee of Due Process of the School of Medicine).

CONTRACT CONTINGENT ON AVAILABILITY OF FUNDS Continued employment under this contract (or reappointment) is contingent upon the availability of funds to pay for the position and the contract may be terminated due to the unavailability of funds.

Obligations of the Resident

1. The Resident accepts appointment by the UNSOM and agrees to participate in the Training Program of the UNSOM and its affiliated hospitals for the full term of this appointment. It is understood that the Program reserves the right to dismiss the Resident at any time during the period of training as more fully described in the GME Manual. The Resident has the right to the process as described in the Due Process Procedures set forth in the GME Manual. The most current version of the GME Manual is posted on the GME web site. (www.unr.edu/med/gme). Renewal of this agreement is dependent upon satisfactory performance as determined in accordance with the GME policy entitled Evaluation of Resident Performance during each year of training. This agreement does not establish any right or expectancy of an appointment for any subsequent residency year regardless of the number of years generally associated with a particular training agreement.

2. The Resident agrees to perform all assigned training duties to the best of his/her ability and to abide by the UNSOM and affiliated hospital policies and procedures, as set forth in the most current version of the GME Manual, the Nevada Medical Practice Acts, the Nevada Dental Practice Acts, Medical Staff Bylaws, and Rules and Regulations of any affiliated hospital, to which they may be assigned for training by the UNSOM. Such policies include, but are not limited to, those on Sexual and Other Forms of Harassment, Non-Discrimination, Physician Impairment, Substance Abuse, Discipline and Grievances, Privacy and Security of Health Information.

3. Participation in additional medical activities outside the scope of this Agreement, such as moonlighting, is generally discouraged. Specific policies involving individual Residents will be determined by his/her program. However, a prospective written statement of permission must be obtained prior to moonlighting. No medical/dental malpractice liability coverage is provided by the UNSOM for external moonlighting. No moonlighting activity is allowed while a Resident is on remediation or probation. Moonlighting while on remediation or probation will be considered grounds for dismissal. Residents holding a J-1 or H1B visa may not moonlight.

4. As a condition of this appointment, the Resident must maintain or possess the following:

- Be a U.S. Citizen, or hold a valid U.S. Resident Alien Card, or possess all three of the following: 1) valid Passport, 2) valid I-94, and 3) J-1 (clinical) or H1B visa to train at the University of Nevada School of Medicine in the specific Training Program listed above.
- **LICENSURE** Residents must be licensed by the applicable Nevada State Board to practice within the limits of the residency training program. All residents with a limited license may practice only under such conditions as approved by their Residency Program Director, Dean of the School of Medicine, and the applicable Nevada State Board Regulations. Limited licensure for Resident

Dentists requires a valid license in another state in the United States. Full licensure may be granted only after the dental resident has successfully passed the Western Regional Examining Board(WREB).

- An M.D. degree from an LCME accredited medical school within the United States, Puerto Rico or Canada, or a D.O. degree from an AOA accredited school of osteopathy, or an ECFMG certificate which will be valid on the day training begins. Graduates of Canadian schools must hold an LMCC Certificate. A DDS or DMD degree from an American Dental Association(ADA) accredited school of dentistry within the United States or Canada.

Failure to obtain or maintain necessary licenses and permits and to maintain eligibility to work in the United States will result in automatic suspension and may result in dismissal which shall render this agreement null and void. Furthermore, this agreement and the Resident's participation in the program is subject to immediate termination without the need for further notice, nor right of appeal, if at any time the resident's license is suspended, revoked or lapses in any way and for whatever reason.

5. Residents are expected to:

- Develop a personal program of self-study and professional growth with guidance from the teaching staff
- Participate fully in the educational activities of his/her program and as required, assume responsibility for teaching and supervising other residents and students.
- Participate in institutional committees and councils, especially those that relate to patient care review activities, and apply cost containment measures in the provision of patient care
- Keep charts, records, and/or reports up to date and signed at all times.
- Complete the GME exit survey in order to receive a certificate of training.

6. This agreement is contingent upon the Resident consenting to and passing a background investigation and shall be null and void if the Resident does not pass the investigation.

7. Residents are responsible for fulfilling any and all obligations that the GME office deems necessary for him/her to begin and continue duties as a Resident, including but not limited to attending orientations, receiving appropriate testing and follow-up if necessary for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures. This agreement is expressly conditioned on his/her fulfilling these obligations prior to beginning any resident duties. His/her failure to complete these obligations prior to beginning resident duties will render this agreement null and void and subject him/her to immediate termination from the program without further notice or right of appeal.

Obligations of the UNSOM and Affiliated Hospitals

1. The UNSOM shall endeavor to maintain the accreditation status of the Training Program through the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association. The program will have as its primary purpose the graduate medical education of Residents.

2. The UNSOM shall provide the Resident an annual salary in accordance with established policies of the UNSOM. Payment of this salary shall be contingent upon satisfactory performance of all assigned duties by the Resident. It is understood that all obligations of the UNSOM hereunder, financial or otherwise, are contingent upon annual funding being available from all funding sources.

3. The UNSOM may assign the Resident to one or more of the University of Nevada-affiliated institutions and organizations.

4. Vacation: The Resident is entitled to 15 calendar days paid vacation annually as set forth in the NSHE Handbook Title 4 section Chapter 7. Leave may not be carried over from one year to the next. All accumulated annual leave must be taken prior to the termination of this contract.

5. Sick Leave: The Resident may receive sick leave as outlined in the NSHE Handbook Title 4 section Chapter 7.

6. The UNSOM will provide basic health and dental care coverage through a health insurance program as described on the GME web site www.unr.edu/med/gme. Enrollment must be within 30 days of entry to the program. This requirement for health coverage may be waived by the Associate Dean if the Resident presents acceptable documentation that s/he has comparable personal health insurance in force during the period of this training agreement.

7. The UNSOM shall provide life and disability insurance as described on the GME web site www.unr.edu/med/gme.

8. Residents will participate in a 403(b)-retirement plan, with contributions of 6.2% of salary, made by both the employer and the Resident.

9. Residents will be covered under the state's workers compensation program.

10. The UNSOM shall provide professional liability coverage for the Resident. Coverage shall be limited to medical/dental activity engaged in within the scope of the training duties during the course of the Resident's graduate medical education, but does not include moonlighting activities described in Section 1(3) above. This contract is contingent upon the Board of Regents of the Nevada System of Higher Education obtaining malpractice coverage at an acceptable rate; in the event that the Board of Regents cannot obtain malpractice insurance coverage at a rate acceptable to the Board of Regents, and notwithstanding any provisions of the NSHE Code, this contract shall terminate. The Board of Regents will not provide tail coverage for any claims arising prior to and/or outside of employment with the Board of Regents.

11. Other obligations of the UNSOM and affiliated hospitals are described in the GME Manual.

12. The UNSOM and its affiliated hospitals will abide by Institutional ACGME requirements to provide adequate and appropriate Resident working conditions.

13. NOTICE OF NON-REAPPOINTMENT Notwithstanding the provisions of NSHE Code section 5.9. 1, notice of non-reappointment must be given no later than 4 months prior to the ending date of this contract; except that if the primary reason(s) for non-reappointment occur(s) within 4 months prior to the ending date, the resident will be given as much notice of non-reappointment as the circumstances reasonably allow prior to the ending date of the contract. A resident who has received a notice of non-reappointment may seek review of the non-reappointment through the University of Nevada School of Medicine Procedures For Resident Physicians/Dentists and Guarantee of Due Process.

14. Residents are not eligible for unemployment compensation.

15. Failure to abide by the terms outlined in this agreement, or failure to complete the full term of this agreement as stated above, may result in no credit granted for the training completed, no issuing of a Certificate of Completion by the institution, and no letters of recommendation offered by the Training Program.

I accept the appointment outlined above and agree to all rules and regulations of the UNSOM and affiliated institutions to which I am assigned. I also agree to discharge all the duties of a Resident as determined jointly by the affiliated institutions and respective directors of training programs at the UNSOM of Nevada School of Medicine.

APPENDIX III

NEVADA REVISED STATUTES 630.301 through 630.3066 (Misconduct)

Grounds for Initiating Disciplinary Action or Denying Licensure

NRS 630.301 Criminal offenses; revocation, suspension or other modification of previous license; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.
2. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#), [616D.300](#), [616D.310](#), or [616D.350](#) to [616D.440](#), inclusive.
3. The revocation, suspension, modification or limitation of the license to practice any type of medicine by any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.
4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if such malpractice is established by a preponderance of the evidence.
5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.
6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.
8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when such a failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.
9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.
10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.
11. Conviction of:
 - (a) Murder, voluntary manslaughter or mayhem;
 - (b) Any felony involving the use of a firearm or other deadly weapon;
 - (c) Assault with intent to kill or to commit sexual assault or mayhem;
 - (d) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
 - (e) Abuse or neglect of a child or contributory delinquency;

- (f) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS; or
- (g) Any offense involving moral turpitude.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; [2001, 766](#); [2003, 2707](#), [3433](#); [2003, 20th Special Session, 264, 265](#); [2005, 2522](#))

NRS 630.304 Misrepresentation in obtaining or reviewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
2. Advertising the practice of medicine in a false, deceptive or misleading manner.
3. Practicing or attempting to practice medicine under another name.
4. Signing a blank prescription form.
5. Influencing a patient in order to engage in sexual activity with the patient or with others.
6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

(Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
 - (a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
 - (b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
 - (c) Referring, in violation of [NRS 439B.425](#), a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
 - (d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
 - (e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.

- (f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
 - (g) Failing to disclose to a patient any financial or other conflict of interest.
 - (h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for his medical education.
2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of [NRS 636.373](#).

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of statute or regulation governing practice of medicine; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient; lack of skill or diligence; filing of false report; habitual intoxication; failure to report modification of license in another jurisdiction. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.
2. Engaging in any conduct:
 - (a) Which is intended to deceive;
 - (b) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or
 - (c) Which is in violation of a regulation adopted by the State Board of Pharmacy.
3. Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in [chapter 454](#) of NRS, to or for himself or to others except as authorized by law.
4. Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.
5. Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he is not competent to perform.
6. Performing, without first obtaining the informed consent of the patient or his family, any procedure or prescribing any therapy which by the current standards of the practice of medicine are experimental.
7. Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.
8. Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.
9. Failing to comply with the requirements of [NRS 630.254](#).
10. Habitual intoxication from alcohol or dependency on controlled substances.
11. Failure by a licensee or applicant to report, within 30 days, the revocation, suspension or surrender of his license to practice medicine in another jurisdiction.
12. Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to [NRS 630.318](#).

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
2. Altering medical records of a patient.
3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.
4. Failure to make the medical records of a patient available for inspection and copying as provided in [NRS 629.061](#).
5. Failure to comply with the requirements of [NRS 630.3068](#).
6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board.

(Added to NRS by 1985, 2223; A 1987, 199; [2001, 767](#); [2002 Special Session, 19](#); [2003, 3433](#))

NRS 630.3065 Willful disclosure of privileged communication; willful failure to comply with statute or regulation governing practice of medicine. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Willful disclosure of a communication privileged pursuant to a statute or court order.
2. Willful failure to comply with:
 - (a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;
 - (b) A court order relating to this chapter; or
 - (c) A provision of this chapter.
3. Willful failure to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of [NRS 439B.410](#).

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302)

NRS 630.3066 Prescribing or administering certain controlled substances for treatment of intractable pain not grounds for initiating disciplinary action. A physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his care a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to [NRS 453.146](#), if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with regulations adopted by the Board.
2. Engaging in any activity in accordance with the provisions of [chapter 453A](#) of NRS.

(Added to NRS by 1977, 1647; A 1983, 337; 1995, 1734; [2001, 768, 3073](#))

APPENDIX IV

SEXUAL HARASSMENT POLICY AND COMPLAINT PROCEDURE:

Sexual harassment of students, employees, and users of university facilities is unacceptable and prohibited.

NSHE POLICY AGAINST SEXUAL HARASSMENT AND COMPLAINT PROCEDURE

BOARD OF REGENTS HANDBOOK

TITLE 4, CHAPTER 8, SECTION 13

A. Sexual Harassment is Illegal Under Federal and State Law.

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect.

B. Policy Applicability and Sanctions.

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Other, lesser sanctions may be imposed, depending on the circumstances.

This policy is not intended to and does not infringe upon academic freedom in teaching or research as established in the NSHE Code, Ch. 2.

C. Training.

All employees shall be given a copy of this policy and each institution's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution's Human Resources Office shall maintain documentation that each new employee received the policy.

Each institution shall include this policy and complaint procedure in its general catalog.

Each institution shall have an on-going sexual harassment training program for employees.

D. Sexual Harassment Defined.

Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status;
2. Submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity; or
3. The conduct has the purpose or effect of substantially interfering with an individual's academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- ◆ It may occur between individuals of the opposite sex or of the same sex.
- ◆ It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship.
- ◆ It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- ◆ It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- ◆ It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

- ◆ physical assault.
- ◆ sexually explicit statements, comments, questions, jokes, innuendoes, anecdotes, or gestures.
- ◆ unnecessary touching, patting, hugging, or brushing against a person's body or other inappropriate touching of an individual's body.
- ◆ remarks of a sexual nature about a person's clothing or body.
- ◆ use of electronic mail or computer dissemination of sexually oriented, sex-based communications.
- ◆ sexual advances, whether or not they involve physical touching.
- ◆ requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation.
- ◆ displaying sexually suggestive objects, pictures, magazines, cartoons, or screen savers.
- ◆ inquiries, remarks, or discussions about an individual's sexual experiences or activities and other written or oral references to sexual conduct.

Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not usually constitute sexual harassment.

E. Procedure

The Chancellor and each president shall designate no fewer than two administrators to receive complaints of alleged sexual harassment. The administrators designated to receive the complaints may include the following: (1) the Human Resources Officer at the institution; (2) the Affirmative Action Program Officer; or (3) any other officer designated by the president. If the Human Resources Officer or the Affirmative Action Program Officer or another officer designated by the president, is not the individual who initially receives the complaint or alleged sexual harassment, then the individual who initially receives the complaint must immediately forward the complaint to either the Human Resources Officer or the Affirmative Action Program Officer.

An individual filing a complaint of alleged sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the Human Resources Officer or the Affirmative Action Program Officer, or by their designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged victim. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

Supervisors' Responsibilities: Every supervisor has responsibility to take reasonable steps intended to prevent acts of sexual harassment, which include, but are not limited to:

- ◆ Monitoring the work and school environment for signs that harassment may be occurring.
- ◆ Refraining from participation in, or encouragement of actions that could be perceived as harassment (verbal or otherwise).
- ◆ Stopping any observed acts that may be considered harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and
- ◆ Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of harassment, pending investigation.

If a supervisor receives a complaint of alleged sexual harassment, or observes or becomes aware of conduct that may constitute sexual harassment, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken.

Failure to take the above action to prevent the occurrence of or stop known harassment may be grounds for disciplinary action.

Complaints of sexual harassment must be filed within one hundred eighty (180) calendar days after the discovery of the alleged act of sexual harassment with the supervisor, department chair, dean, or one of the administrators listed above and/or designated by the president to receive complaints of alleged sexual harassment. Complaints of prohibited conduct, including sexual harassment, filed with an institution's administrative officer pursuant to NSHE Code Chapter 6, Section 6.8.1, are not subject to this 180 day filing requirement.

1. Employees.

- a. An employee who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct.
- b. The employee may also choose to file a complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed above.
- c. If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or any other supervisor.
- d. After receiving any employee's complaint of an incident of alleged sexual harassment, whether or not the complaint is in writing, the supervisor will immediately contact any of the individuals listed above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved are not supervised by that supervisor.

2. Students.

- a. A student who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the student for rejecting the conduct.
- b. The student may also choose to file a complaint with his or her major department chair, who will in turn immediately contact one of the officials listed above.
- c. If the student feels uncomfortable about discussing the incident with the department chair, the student should feel free to bypass the chair and file a complaint with one of the above officials or to any chair or dean, who will in turn immediately contact one of the officials listed above to forward the complaint, whether or not the complaint is in writing, to discuss it and/or to report the action taken. The chair or dean has a responsibility to act even if the individuals are not supervised by that chair or dean.

3. Non-Employees and Non-Students.

Individuals who are neither NSHE employees nor NSHE students and who believe they have been subjected to sexual harassment by a NSHE employee during the employee's work hours or by a NSHE student on campus or at a NSHE-sponsored event may utilize any of the complaint processes set forth above in this section.

4. Investigation and Resolution.

- a. After receiving a complaint of the incident or behavior, an investigation by one of the above listed officials will be initiated to gather information about the incident. Each institution may set guidelines for the manner in which an investigation shall be conducted.

- b. At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.
- c. After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination or expulsion will be taken. Any such disciplinary action shall be taken in accordance with NSHE Code Chapter 6, or, in the case of classified employees, NAC Chapter 284. Other appropriate actions will be taken to correct problems, if any, caused by or contributing to the conduct. If proceedings are initiated under Chapter 6, the investigation conducted pursuant to this policy may be used as the Chapter 6 investigation. The administrative officer, in his or her discretion, may also supplement the sexual harassment investigation with additional investigation.
- d. After the appropriate management has made a determination regarding the resolution of the matter, and depending on the circumstances, both parties may be informed of the resolution. Certain actions made confidential under NSHE Code Chapters 5 and 6 or NAC Chapter 284 shall remain confidential.

F. Prompt Attention.

Complaints of sexual harassment are taken seriously and will be dealt with promptly. Where sexual harassment is found to have occurred, the NSHE institution or unit where it occurred will act to stop the harassment, to prevent its recurrence, and to discipline those responsible.

G. Confidentiality.

The NSHE recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the NSHE is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

H. Retaliation.

Retaliation against an individual who in good faith complains of alleged sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

"Retaliation" may include, but is not limited to, such conduct as:

- ◆ the denial of adequate personnel to perform duties;
- ◆ frequent replacement of members of the staff;
- ◆ frequent and undesirable changes in the location of an office;
- ◆ the refusal to assign meaningful work;
- ◆ unwarranted disciplinary action;

- ◆ unfair work performance evaluations;
- ◆ a reduction in pay;
- ◆ the denial of a promotion;
- ◆ a dismissal;
- ◆ a transfer;
- ◆ frequent changes in working hours or workdays;
- ◆ an unfair grade;
- ◆ an unfavorable reference letter.

I. Relationship to Freedom of Expression.

The NSHE is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.

Effective 5/2003

University of Nevada School of Medicine
Graduate Medical Education Policies for Promotion and Appointment/Reappointment

The University of Nevada School of Medicine (UNSOM) must graduate the best, the brightest, and most professional specialty physicians possible. This charge is balanced by our fiduciary responsibility to learners, mentors, faculty, staff, partners, patients and society to promote evidenced based standards by which we measure, promote and graduate resident physicians. The policies set forth in this document aim to create an environment of supportive oversight wherein learners with testing, rotational assignment, or professional behavior difficulties may benefit from the early application of resources and expertise to remediate deficiencies.¹ Furthermore, it sets an institutional standard for academic performance and professional behavior. Residents identified as a *focus of concern* must be brought forward to the Dean of Graduate Medical Education, Vice Dean and Dean for periodic review articulating individualized strategies for intervention counseling and remediation. In all instances issues must be carefully documented and NSHE policies for due process followed. USMLE and COMLEX standards set forth in this document become effective for all PGY-1 residents matriculating July 1, 2006.

Individual Programs may set more, but not less, stringent requirements.

RESIDENCY APPLICANTS

No more than five years elapsed since last formal training or full unrestricted license to practice medicine in the U.S.

U.S. Graduates: USMLE or COMLEX Step 1 success (no more than 3 attempts).

or

International Graduates: ECFMG certificate (no more than 3 attempts on either Step 1 or 2).



Eligible for application, interview and ranking for residency programs.

PGY-1 RESIDENTS

1) Specialty In-training Exam²

30th percentile or greater on composite compared to PGY-1 peers nationally



Not 30th percentile or greater on composite →→→→ *Focus of concern.* Deficiency specific remediation. Report to Deans.

Resident Advisor monitors.

Does not trigger probation or non-reappointment.

No focused attention or remediation

2) USMLE or COMLEX Step 2

All residents must successfully complete USMLE or COMLEX Step 2 by January 1 of the PGY-1 year to be considered for promotion and reappointment to the PGY-2 year. All PGY-1 residents not meeting this standard must be reported to Dean for GME, Vice Dean and Dean with a strategy for individualized intervention. Residents not meeting this requirement will be automatically placed on probation and notified that they are in jeopardy of losing their residency position if they fail to pass Step 2 prior to June 30 of the PGY-1 year.

3) Unsatisfactory Rotation Evaluations: *Focus of concern.* Individualized attention and remediation.

4) Professional Misconduct: *Focus of concern.* Individualized attention, counseling, remediation and probation.³

University of Nevada School of Medicine

¹ While these policies set a UNSOM wide standard of achievement for all residents in all Departments the benchmarks may be set higher at the discretion of individual Departments.

² Required of all residents in all programs in every year of residency. *No exceptions.*

³ Nevada revised statutes NRS 630.301 through 630.3066, attached to and included as part of this document, define Professional Misconduct for purposes of this policy.

Graduate Medical Education Policies for Promotion and Appointment/Reappointment (continued)

PGY-2 RESIDENTS

1) Specialty In-training Exam⁴

30th percentile or greater on composite compared to PGY-2 peers nationally

↓

↓

↓

↓

No focused attention or remediation

Focus of concern. Deficiency specific

remediation. Report to Deans.

Resident Advisor monitors.

Does not trigger probation or non-reappointment.

2) USMLE or COMLEX Step 3⁵

All residents must successfully complete USMLE or COMLEX Step 3 by March 31 of the PGY-2 year to be considered for promotion and reappointment to the PGY-3 year. All PGY-2 residents not meeting this standard must be reported to Dean for GME, Vice Dean and Dean with a strategy for individualized intervention. Residents not meeting this requirement will be automatically placed on probation and notified that they are in jeopardy of losing their residency position if they fail to pass Step 3 by June 30 of the PGY-2 year.

3) Unsatisfactory Rotation Evaluations: *Focus of concern.* Individualized attention and remediation.

4) Professional Misconduct: *Focus of concern.* Individualized attention, counseling, remediation and probation.⁶

PGY-3 RESIDENTS

1) Specialty In-training Exam⁷

30th percentile or greater on composite compared to PGY-3 peers nationally

↓

↓

↓

↓

No focused attention or remediation

Focus of concern. Deficiency specific

remediation. Report to Deans.

Resident Advisor monitors.

Does not trigger probation or non-reappointment.

2) Unsatisfactory Rotation Evaluations: *Focus of concern.* Individualized attention and remediation.

3) Professional Misconduct: *Focus of concern.* Individualized attention, counseling, remediation and probation.⁸

⁴ Required of all residents in all programs in every year of residency. *No exceptions.*

⁵ Residents not meeting this requirement will be automatically placed on probation and notified that they are in jeopardy of losing their residency position. Defined LOA without pay commencing July 1 of the PGY-3 may be considered. Residency extended accordingly.

⁶ Nevada revised statutes NRS 630.301 through 630.3066, attached to and included as part of this document, define Professional Misconduct for purposes of this policy.

⁷ Required of all residents in all programs in every year of residency. *No exceptions.*

⁸ Nevada revised statutes NRS 630.301 through 630.3066, attached to and included as part of this document, define Professional Misconduct for purposes of this policy.

**University of Nevada School of Medicine
Graduate Medical Education Policies for Promotion and Appointment/Reappointment (continued)**

PGY-4 RESIDENTS

- 1) Specialty In-training Exam⁹
 30th percentile or greater on composite compared to PGY-4 peers nationally
 ↓ *Focus of concern.* Deficiency specific
 ↓ Not 30th percentile or greater on composite →→→→ remediation. Report to Deans.
 ↓ Resident Advisor monitors.
 ↓ Does not trigger probation or non-reappointment.
 No focused attention or remediation

2) Unsatisfactory Rotation Evaluations: *Focus of concern.* Individualized attention and remediation.

3) Professional Misconduct: *Focus of concern.* Individualized attention, counseling, remediation and probation.¹⁰

PGY-5 RESIDENTS

- 1) Specialty In-training Exam¹¹
 30th percentile or greater on composite compared to PGY-5 peers nationally
 ↓ *Focus of concern.* Deficiency specific
 ↓ Not 30th percentile or greater on composite →→→→ remediation. Report to Deans.
 ↓ Resident Advisor monitors.
 ↓ Does not trigger probation or non-reappointment.
 No focused attention or remediation

2) Unsatisfactory Rotation Evaluations: *Focus of concern.* Individualized attention and remediation.

3) Professional Misconduct: *Focus of concern.* Individualized attention, counseling, remediation and probation.¹²

Policy developed and adopted by the UNSOM Las Vegas and Reno GMEC committees May and June 2006.

Any exceptions to the above policies for Appointment, Reappointment, or Promotion must be approved by the Resident Performance and GMEC committees. Failure to do so may result in disciplinary action.

⁹ Required of all residents in all programs in every year of residency. *No exceptions.*

¹⁰ Nevada revised statutes NRS 630.301 through 630.3066, attached to and included as part of this document, define Professional Misconduct for purposes of this policy.

¹¹ Required of all residents in all programs in every year of residency. *No exceptions.*

¹² Nevada revised statutes NRS 630.301 through 630.3066, attached to and included as part of this document, define Professional Misconduct for purposes of this policy.