

Name (Printed) _____

UMHS Graduate Medical Education Program

Effective date of appointment

**CLINICAL PROGRAM TRAINEE APPOINTMENT
AT THE UNIVERSITY OF MICHIGAN**
(Residents and Fellows)

A. Appointment Status

1. Duration of Appointment - Appointments to a graduate medical education program are made on a year-to-year basis. Reappointment is based on successful attainment of satisfactory knowledge, skill and competencies required at each level of training. Each enrolled Clinical Program Trainee (CPT) applies for and is credentialed as a CPT of the University of Michigan Health System medical/dental staff. Each CPT is, therefore, governed by the medical-dental staff bylaws applicable to CPTs as well as the academic policies and procedures in place in the individual graduate medical education program and the Agreement between the Regents of the University of Michigan on behalf of the University of Michigan Health System ("UMHS") and the House Officer Association ("HOA").

2. Non Renewal of Contract- Any CPT not to be reappointed will be provided with a notice of intent not to renew no later than 4 months prior to the end of the contract year. However, if the primary reason(s) for the non-renewal occurs within the 4 months prior to the end of the contract year, the CPT will be notified as soon as circumstances reasonably allow.

3. Professional Liability Insurance - Professional liability insurance is underwritten by Veritas Insurance Corporation. The coverage is structured on an occurrence basis. Coverage does not cease at the end of the coverage year or upon completion of training or termination of employment. Limits of the program are marked at levels to provide coverage to CPTs and the UMHS.

B. Supervision Policy - <http://www.med.umich.edu/i/policies/umh/04-06-043.htm>, outlines the requirements for patient care at UMHS. Supervision is the responsibility of the Graduate Medical Education Committee, Residency program directors and the attending physician(s) who supervise and teach CPTs at the UMHS and UMHS affiliated training sites. It is also the responsibility of the trainee to comply with this policy.

Responsibility for the quality of care and services provided in the UMHS rests ultimately with physician leadership who reports to the Hospitals and Health Centers Executive Board ("HHCEB"). The organized medical staff and the Graduate Medical Education Committee shall implement planned and systematic processes for measuring quality and improving performance. The Executive Committee on Clinical Affairs ("ECCA") shall consider all matters which pertain to patient care and the professional conduct and activity of CPT's. ECCA shall review the report of the Credentials Committee and make recommendations to the HHCEB for appointments (as Clinical Program Trainees) and assignments to specific departments, services, or programs.

The CPT must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations that may have been imposed by the director(s) of the training program. The trainee should not independently perform procedures or treatments, or management plans that he/she lacks the skill and training to perform. Likewise, the CPT should not institute management plans or protocols that are unfamiliar. Failure to

function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident.

As part of their training program, CPTs will be given progressive responsibility for the care of the patient. The determination of a CPT's ability to provide care to patients without the physical presence of a supervisor to act in a teaching capacity will be based on documented evaluation of the individual's clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the CPT will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

For each assignment there is a hierarchy of supervision that is provided to the CPTs with an Attending Physician assigned and available 24 hours a day as the patient physician of record. In the hierarchy of responsibility for patient care, more senior CPTs may be assigned supervisory responsibilities for more junior CPTs and students.

- C. Duty Hours-** 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, time spent in-house during call activities, and scheduled academic activities such as conferences, (i.e., working out of the home). UMHS and programmatic duty hour and moonlighting policies exist and are available to the CPTs. These policies provide guidelines for and compliance with ACGME Duty Hours Standards. CPTs are required to report all moonlighting activities to their Program Director as outlined in the Resident Duty Hour Policy <http://www.med.umich.edu/i/policies/umh/04-06-044.htm> The CPT is responsible for accurately documenting their duty hours weekly in the online system, MedHub. Failure to do so may lead to disciplinary action, up to and including termination.
- D. VISA Requirements – For CPT appointees on a J-1 Visa status, the individual must meet all rules and requirements of ECFMG for continued appointment at the University of Michigan. All documents required for continuous employment and patient care (e.g., licenses) must be maintained and current.**
- E. Grievance Policy/Procedures** - Procedures exist and are available to the CPTs in each program/department to address challenges to academic decisions. In the event that these steps are felt to be insufficient, a CPT may submit a written request for appeal as described in the Educational Grievance Policy at <http://www.med.umich.edu/i/medschool/gme/policies/grievance.pdf>
A formal mechanism for resolution of interpretation or application of the terms of the HOA contract is limited to non-academic concerns.
- F. CPT Mental Health Program –** CPT mental health benefits are provided as part of compensation. In addition, CPT's have access to the house officer mental health program which is designed specifically for residents. Further information may be found at http://www.med.umich.edu/i/medschool/gme/policies/mental_hlth.pdf
- G. Occupational Health Services (OHS)** - OHS is located in the Med Inn Building. It provides health services and referrals regarding work related illnesses/immunizations. For emergency care regarding various exposures or when the OHS is closed, CPTs should proceed to the Emergency Medicine Department for attention. The CPT is responsible for providing the required documentation to OHS. For emergency care at non-UMHS institutions, contact the supervising physician or other appropriate person, regarding offsite procedures to follow.
- H. Off Campus Assignments** - Many CPTs are regularly assigned to the Veteran's Administration Ann Arbor Health Care System (VAAHS), St. Joseph Mercy Hospital, Hurley

Medical Center, Chelsea Hospital and other sites identified by the program in order to meet the requirements for completion of the graduate medical education training program. Master affiliation agreements exist between the UMHS and specific sites listed above. For any off campus assignment, written agreements must be on file in the Office of Graduate Medical Education in order to assure appropriate liability coverage, address supervision and duty hour issues and delineate the rotation goals and objectives as appropriate.

Unapproved/unassigned off-campus experiences may be arranged by an individual CPT, using vacation or personal time. These instances of extracurricular medical practice are not a part of the University approved GME program, and the CPT **is not** covered by University professional liability insurance. In no instance may a CPT engage in extracurricular clinical activity that requires continuing responsibility for patient care.

1. Assignments to Veterans Administration (VA) Hospital. While the University of Michigan Health System retains responsibility for the quality of the CPT's educational experience, the VA hospital, although affiliated with the University of Michigan Health System, is also a separate entity with its own set of rules and regulations, which CPT's will need to abide by while training at this site. For additional information, please visit the VA's website at <http://www.va.gov/oaa>. To access the VA Handbook - VA National Rules of Behavior, go to the home page, on the left side, click on "Policies and Agreements", when you get to this page, scroll down to "Policies and Handbooks" and click on "VA National Rules of Behavior." There is a PDF called "VA Handbook - VA National Rules of Behavior".

I. Leaves of Absence (LOA) - Criteria and procedures for personal LOA's are established in each program and granted on a case-by-case basis. The effect on satisfying criteria for completion of the graduate medical education program is established prior to approval of the leave. Other types of LOA and their ramifications are described in the Institutional Leave of Absence Policy http://www.med.umich.edu/i/medschool/gme/policies/leave_absence.pdf and the HOA contract.

J. Evaluation - Each program conducts an on-going formal evaluation process of each CPT based on achievement of objectives for each assignment/rotation. The program director or program designee meets no less than semi-annually with each CPT to discuss performance expectations and achievements. At least annually, each CPT is afforded an opportunity to submit a confidential evaluation of the program and program faculty with the goal of strengthening the quality and content of the program. Evaluative data may be incorporated into reference responses.

K. Expectations of CPTS Enrolled In Graduate Medical Education Programs

Although not formal members of the Medical Staff, CPTs are bound by the guidelines of Medical Staff Bylaws, particular areas of compliance are summarized below:

1. To interact with all members of the health care team in a collegial and professional manner. (See Code of Conduct from Medical Staff Bylaws)
2. Duty Hours
 - a. To log all duty hours in MedHub.
 - b. To respond to all requests for information regarding duty/work hours.
 - c. To ensure accuracy of rotation schedules in MedHub.
3. To notify and complete all needed materials in regards to Leave of Absences.

4. To develop a personal program of study with appropriate program faculty and the Program Director.
5. To carry out safe, effective and compassionate patient care commensurate with each level of advancement and responsibility.
6. To attend and participate in scholarly activities, educational conferences and rounds associated with the program and rotational assignments. To teach and supervise junior CPTs and students.
7. To actively participate as a CPT at the UMHS, especially in the area of medical staff/department quality management programs. (E.g. Mortality and Morbidity Conferences).
8. To participate as an organized body or individually in departmental, inter-departmental and institutional committees and activities, especially those that relate to patient care, i.e., Graduate Medical Education Committee, Executive Committee on Clinical Affairs, departmental Educational Committee.
9. To evaluate the graduate medical education program and faculty in accordance with departmental process.
10. To expand understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and the practice of medicine through reading, seminar attendance and scholarly inquiry.
11. To meet the educational standards and demonstrate expanded mastery in the following areas:
 - a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
 - b. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
 - c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
 - d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
 - e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
 - f. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources
12. To apply appropriate cost containment measures in the provision of patient care.

13. Moonlighting / Extracurricular Medical Practice

- a. To notify the program director of intentions to participate in extracurricular clinical activity (moonlighting).
- b. To comply with program and program director requirements in order to participate in these activities.
- c. To complete the "Notification of Extracurricular Medical Practice" form. This activity must be approved prospectively by the program director. CPTs are not required to participate in extracurricular clinical activities.

14. To maintain current, timely, complete and accurate medical record documentation of patient care that documents patient illness, course of care, quality management and that serves as a resource for clinical research and expresses clarity for coding and billing.

15. To communicate with referring physicians (internal and external) in a courteous, timely, accurate and complete manner.

16. To comply with the professional and ethical standards of the discipline of medicine as well as all federal and state laws governing the practice of medicine.

17. To comply with University of Michigan Hospitals and Health Centers' Policies and Procedures as updated or amended from time to time. The most frequently referenced clinical policies include:

Institutional Mandatories:

- Corporate Compliance
- Critical Incident Review
- Fire Safety
- Health Insurance Portability Accountability Act ("HIPAA")
- Infection Control – Body Substance Precautions & Tuberculosis
- Patient Safety
- Restraint and Seclusion
- Sleep and Fatigue Education
- Disaster/Emergency Management
- Hazard Communication/Right to Know
- Safe Medical Device Act Protocol

Other

- Speak Up with Safety Concerns
- Brain Death Determination
- Confidentiality of Patient Care Information
- Disaster Plan Responsibilities
- Informed Consent
- Orders, Consultations for Patient Care
- Pain Assessment & Management
- Post Mortem Care
- Refusal by Parents, and, Patient's Family or Patient's Guardian for the Administration of Blood, Blood Products, Other Treatment or Diagnostic and Therapeutic Procedures
- Drug Free Workplace

UMHS has a Drug Free Workplace policy that requires a background check on all applicants. The background check includes a drug screening test. Appointment or acceptance into the training program will be finalized only upon successful completion of a background check

including a negative drug screen. The procedure for submitting the sample for testing is provided at time of credentialing application. In addition, the Drug Free Workplace policy provides For-Cause Drug Screening. Continuation in the program is dependent on cooperation with the for cause testing program.

These policies reside on the institutional information system and are accessible via the internal UMHS Home Page menu.

Other non-clinical policies of importance that are also available on the UMHS Home Page include:

Sexual Harassment
Scientific Misconduct
Travel

L. Specialty Board Examinations.

CPT's involved in training programs at the University of Michigan Health System are assumed to be seeking board certification at the conclusion of their training. CPT's are strongly encouraged to regularly review requirements for board certification in their respective field on a regular basis. Board certification requirements and other relevant details may be found at:
http://www.abms.org/About_ABMS/member_boards.aspx

House Officer Association (HOA) – University of Michigan Agreement

House Officer compensation is established per the bargained for agreement between the HOA and the University of Michigan Regents. This Agreement specifies the bargained for commitments regarding stipends, fringe benefits and conditions of employment. Please refer to this agreement for non-academic conditions of appointment in good standing and rights of Clinical Program Trainees in the employment relationship. The details of the compensation, health care and disability benefits; various types of leave of absences such as vacation and sick leave can also be found in the HOA contract; in addition to call rooms, meal allowance and issues related to lab coats among other things can be found in the bargaining agreement at
<http://hoaumich.org/contract/2013/>.

I CERTIFY THAT I HAVE READ THIS APPOINTMENT AGREEMENT AND ACKNOWLEDGE ITS APPLICABILITY TO MY APPOINTMENT AS A CLINICAL PROGRAM TRAINEE AT THE UNIVERSITY OF MICHIGAN HEALTH SYSTEM.

(Signature)

(Date)

(PRINTED Name)

(Program)