

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 1 of 7	PROCEDURE NO: GMS - B
	EFFECTIVE DATE: 4/27/2017	REVISION NO:
SUBJECT: Institutional Commitment for Graduate Medical Education	FUNCTION:	
APPROVALS/REVIEW: Designated Institutional Official/Chair and Graduate Medical Education Committee: April 27, 2017 Medical Executive Committee: <u>May 24, 2017</u> UMMC Committee of the UMMS Board of Directors: <u>July 20, 2017</u> President and Chief Executive Officer: _____		

1. Purpose

The University of Maryland Medical Center (UMMC), a health care facility owned and operated by the University of Maryland Medical System Corporation, is the sponsoring institution for graduate medical education (GME) programs. UMMC is the principal clinical site for GME, and the University Of Maryland School Of Medicine (UMSOM), an academic unit of the University of Maryland Baltimore, a Maryland public institution of higher education, provides the faculty and the program direction. In this partnership, UMMC provides adequate support to assure the provision of safe and appropriate patient care. UMMC is responsible for assuring its GME programs facilitate the residents' and fellows' professional, ethical, and personal development, as evidenced by supervision processes, and as documented in program curricula and evaluations.

2. Scope

This policy applies to all GME training programs sponsored by UMMC. For the purpose of this policy resident and subspecialty advanced residents (i.e.: fellows) will be referred to as residents.

3. Responsibility

It is the responsibility of the program directors, clinical chiefs, teaching staff, residents, and UMMC and UMSOM leadership and management to comply with this policy.

4. Sponsoring Institution

4.1 Commitment to providing a scholarly environment and excellence in both medical education and patient care.

All GME training programs operate under the authority and control of UMMC, the sponsoring institution. The mission of UMMC, in conjunction with the UMSOM is to provide quality patient care, education and research. The leadership of UMMC and the UMSOM provide appropriate direction and adequate resources to enable UMMC to achieve compliance with its Institutional Requirements and to enable UMMC's GME programs to achieve compliance with Accreditation Council for Graduate Medical Education (ACGME) and other accrediting bodies' policies and procedures. Specifically, UMMC ensures compliance with the policies and procedures as defined in the ACGME Manual of Policies and Procedures. Compliance includes, but is not limited to, the provision of an ethical, professional, and educational environment in which educational curricular requirements, as well as the applicable requirements for scholarly activity, the general competencies and milestones, can be met.

UMMC also assures that there is cooperation of all involved disciplines, particularly where a multi-disciplinary approach to patient care is required (e.g., Pain Medicine, Critical Care, Sleep Medicine, and Endovascular Surgical Neuroradiology).

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UMMC provides the necessary financial support for administrative, educational, and clinical resources including personnel to support GME, including but not limited to, resident salary and benefits, communication resources, specialty specific reference material, electronic or print reference material; program director salary support and protected time; GME office staff support and time; space, equipment, technology and support, supplies and time to allow for effective oversight of its GME programs. UMMC also provides the DIO with sufficient financial support and protected time for the DIO to fulfill their educational and administrative responsibilities related to their DIO role. UMMC assures sufficient institutional resources exist to ensure the effective implementation and development of the GME programs in compliance with Program and Institutional Requirements.

4.2 Institutional and Program Administration

UMMC has an organized administrative system to oversee GME programs it sponsors that is led by a Designated Institutional Official (DIO), who works closely and collaboratively with the Graduate Medical Education Committee (GMEC) and who has sufficient financial support and protected time to effectively carry out his or her educational, administrative and leadership responsibilities..

The DIO and GMEC demonstrate appropriate and effective oversight of the accreditation status for the sponsoring institution through the Annual Institutional Review (AIR) process. The AIR process identifies desired performance indicators and documents action plans essential to the success in meeting or exceeding these indicators.

The DIO assures the establishment and implementation of procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME by the program directors, as described in the UMMC Graduate Medical Education Policy GMS-R, Review and Approval of ACGME Residency Review Committee Documents by Designated Institutional Official and Graduate Medical Education Committee (GMEC).

UMMC, in partnership with the UMSOM, assures that program directors have sufficient financial support and protected time to effectively carry out their educational, administrative and leadership responsibilities to their programs. including, but not limited to, time, space, technology, and supplies, Collectively UMMC and UMSOM assure adequate support for residents and core faculty members to ensure both effective supervision and quality resident education. The authority and accountability for supervision is further described in GME policy, Resident Supervision (GMS-H). UMMC and the UMSOM assure that program coordinator(s) have sufficient support and time to effectively carry out his/her responsibilities.

UMMC has a GME Committee that has the responsibility for monitoring and advising on all aspects of GME. (Refer to GMS-A, UMMC Educational Administration and Graduate Medical Education Oversight). UMMC assures that its DIO, GME staff and personnel, program directors, faculty, coordinators, and residents have access to adequate communication resources and technological support. UMMC also assures that residents

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have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format, including electronic medical literature databases with search capabilities. The DIO and GMEC have the authority and the responsibility for the oversight and administration of its sponsored GME program in assuring the quality of the GME learning and working environment and the quality of educational experiences of the programs and participating sites. The DIO and GMEC also have the responsibility for assuring compliance by programs and the institution with ACGME Common, specialty/subspecialty-specific program, and institutional requirements and utilizes Special, Focused and Periodic program reviews where indicated based on criteria for underperformance (refer to GMS-F Special, Focused, and Periodic Program Reviews) and the Annual Program Evaluations (APE) conducted by the Program Evaluation Committees (PEC) to identify goals and corrective actions and monitor the improvement outcomes.

4.3 Program Letter of Agreements (PLAs)

To provide the necessary mix of educational opportunities to residents, UMMC executes PLAs with other healthcare organizations (participating institutions) similarly committed to quality patient care and GME. In recognition of UMMC's responsibility for the quality of the educational experience and authority over the residents' activities at all participating institutions, UMMC, its GMEC, DIO/Chair and the UMSOM require programs to provide evidence that assignment to another participating institution is based on a clear educational rationale consistent with the specialty or subspecialty program requirements. Programs must provide evidence that continuity of educational experience is assured. UMMC, its GMEC, and DIO/Chair require that its programs establish and execute PLAs between UMMC, the UMSOM, and leadership at all participating institutions. These PLAs govern the residents' educational experiences at the participating institution, and at a minimum must identify the faculty who assume both educational and supervisory responsibilities for the residents; specify the faculty and their responsibilities for teaching, supervision, and formal evaluation of the residents, specify the duration and content of the educational experience, and define those policies and procedures that will govern the residents' education during the assignment to the participating institution. PLAs must be renewed every five years, at a minimum.

4.4 Accreditation for Patient Care

UMMC and its Major Participating Institutions are accredited by The Joint Commission (TJC) or recognized or accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC) or another entity granting "deeming authority" for participation in Medicare under federal regulations. Major participating sites must be certified as complying with the conditions of participation in Medicare set forth in regulations or be recognized by another entity with reasonably equivalent standards as determined by the IRC.

UMMC undergoes periodic and unannounced accreditation review by TJC to maintain its accreditation status. Institutions participating in the education and training of UMMC residents should be accredited by TJC if they are eligible for this accreditation. UMMC will notify the IRC in writing if the sponsor or a participating

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institution loses TJC accreditation. A satisfactory explanation will be provided by UMMC if the sponsor or other participating institution does not meet this requirement. If UMMC or one of its major participating institutions loses its accreditation or recognition, UMMC will notify and provide a plan of response to the IRC within 30 days of such loss.

4.5 Quality Improvement and Patient Safety

The Responsibility for the quality of patient care and services, and the establishment of a culture of patient safety through investments in structures, processes and technologies that demonstrate the hospital's ability to respond to adverse events, proactively address patient safety issues and/or mitigate the dangers of high-risk processes rests with the Board of Directors and the Medical Center executive leadership.

As part of the Plan for Improving Organizational Performance, the Performance Improvement Steering Committee ("PISC") reviews data related to medical staff committees, the Annual Operation Plan and on-going key initiatives. The PISC oversees clinical performance improvement led by medical staff subcommittees and multi-disciplinary groups of the medical staff and other disciplines. The PISC is responsible for the effective administration of the Patient Safety Program and monitors performance through outcomes reporting from divisions and departments throughout UMC. Multi-disciplinary efforts to improve the quality, safety and outcomes of clinical services are managed within the structures of the organized medical staff and through the Medical Executive Committee (MEC). The medical staff of the UMMC is organized into services and committees. The MEC of the medical staff receives and acts on reports and recommendations of the clinical services, medical staff monitoring functions, credentials review and privileging, and pertinent results of hospital-wide activities. The MEC oversees the quality and efficiency of the medical care provided to patients and ensures ethical conduct and competent clinical performance of the medical staff. The MEC regularly communicates with the GMEC about the safety and quality of patient care provided by residents and fellows. The MEC also reports its findings to the Board of Directors.

Residents participate in appropriate components of the institution's performance improvement program, including participation on institutional committees such as the PISC, a subcommittee of the Medical Executive Committee (MEC).

UMMC Plan for Improving Organizational Performance (the Plan)

UMMC has a formal "Plan for Improving Organizational Performance (Plan)" which is reviewed and revised as needed. The objective of the plan is to identify and act on opportunities for improvement in UMMC's health care delivery system, while complying with applicable regulatory and accreditation requirements. UMMC uses a variety of process improvement techniques, including Six Sigma and Lean for reducing systems variability, and Plan Do Study Act for more rapid cycle improvement, and residents receive an introduction to and instruction in these through their educational program and through the required Institute for Healthcare

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Improvement (IHI) Open School courses. The Plan utilizes the collection of internal and external data systematically as the basis for determining the level of performance of existing processes, the outcomes resulting from these processes, and helps to identify opportunities for improvements in the health care delivery system.

Residents receive both formal and informal training in quality improvement processes. This training provides a basis for their understanding of health care disparities and activities that can help reduce these disparities. Residents and faculty are provided with data on quality metrics and benchmarks related to those patient populations they serve. Residents also participate in interprofessional quality improvement activities. Experiences occur under the appropriate level of supervision based on each Resident’s training level and abilities, and based on each patient’s circumstance, including the complexity or acuity of the patient’s condition. Toward this end, the Residents, faculty members, health care team members, and patients are informed about the faculty member who has ultimate responsibility and accountability for the each patient care activity. This faculty member is appropriately licensed, privileged, and credentialed to perform the patient care activity. Residents and faculty inform the patient of their role in the patient care activity that is provided.

UMMC Patient Safety Program (the Program)

The Patient Safety Program (“the Program”) includes a continuum of actions ranging from proactive assessment of patient safety risks and concerns to mechanisms that ensure a prompt response to incidents and/or adverse events. The Program includes assurance of a culture of safety; safety of the environment for all workers, patients, and visitors; and the safety of the medical supplies and equipment.. The Program also identifies the notification and investigation of responses to adverse events; as well as root cause analysis; proactive safety risk assessments for procedures, processes, or programs; performance measurements, and methods of support for all staff involved in adverse events.

Residents, faculty members, and clinical staff are informed of their responsibilities in reporting patient safety events, including near misses, and are informed about tools that are available for this reporting. They receive summary reporting of these events, and participate in real and simulated patient safety activities, including root cause analyses. Residents also receive training in how to disclose adverse events in the provision of patient and family centered care to their patients and families. This training occurs in both real and simulated settings. Residents are provided tools to report unsafe conditions and adverse events.

As described in GME policy, Resident Eligibility, Selection, and Participation in Educational Activities (GMS-D) residents are awarded progressive authority in patient care activities commensurate with their training level, skills and abilities, and work effectively as members or leaders of interprofessional teams to enhance patient safety and improve patient quality care.

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4.6 Commitment to Professionalism and Well-Being

UMMC promotes a culture of respect, professionalism and well-being of all its Residents, faculty and other staff. UMMC provides a work environment that is free from abuse, mistreatment, or coercion of students, residents, faculty and staff. A procedure for privately reporting concerns is defined in GME policy Sexual and other Harassment (GMS-L)

UMMC, working with its sponsored programs, educates Residents, faculty and other clinical staff about their professional responsibilities as it relates to patient care. UMMC and its programs assure that Residents are well rested, qualified, and fit to perform their clinical activities. Residents and faculty are provided resources and education to address impairment (e.g., substance, illness, burnout/fatigue, depression/suicide ideation) in themselves or others. Residents and faculty are encouraged to notify the program director, GME Director, DIO, ADIO or other suitable liaison (e.g. Human Resources) if concerns exist.

The GME policy, Resident Duty Hours in the Learning and Working Environment (GMS-P), requires the resident to demonstrate a responsiveness to patient needs that supersedes their own self-interests, including, but not limited to, transitioning care to another provider when indicated as described in GME policy, Hand-offs and Transitions of Care (GMS-X). Formal education on fatigue mitigation strategies is provided annually to residents and during New Physician Orientation for faculty. The policy also assures oversight to prevent the educational goals of the program and learning objectives of the residents from being compromised due to fulfillment of service obligations. Programs provide residents with scheduled time off to participate in their own health care needs. Where required, this time is will be provided during routine working hours. Residents and faculty are provided with access to urgent and emergent care 24/7. If a personal circumstance arises that prevents a resident from participating in a patient care activity, each program assures coverage of patient care activities without repercussion or consequence to the resident who was unable to participate in the activity. Confidential counseling services are available 24/7 through the UMMC Employee Assistance Program (Procedure 514) to residents, faculty and other staff.

4.7 Compliance with ACGME policies and procedures

UMMC, its GMEC, the DIO/Chair in partnership with the UMSOM, ensures that it provides the necessary leadership, organizational structure, and resources to enable UMMC and its sponsored programs to achieve substantial compliance with ACGME institutional, common, and specialty/subspecialty specific program requirements as well as with other policies, procedures, and requirements that may be defined in the *Manual of Policies and Procedures for ACGME*. UMMC provides sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the institutional, common, and specialty/subspecialty specific program requirements.

4.8 Non-Renewal of Agreement/Appointment or Non-Promotion

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In the instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, UMMC requires its sponsored programs to provide residents with as much advance notice as possible in writing of the intent not to renew or not to promote.

Residents will be allowed to implement the institution's grievance procedure as outlined in the GME Policy *GMS-C Due Process Appeal Procedure*.

4.9 Closures and Reductions

If the sponsor, intends to reduce the size of or close one or more sponsored programs, the GMEC and DIO will be informed, and the affected residents will be notified as soon as possible. In the event of such a reduction or closure, UMMC will allow residents in the program to complete their education or assist the residents in enrolling in a similarly accredited program in which they can continue their education.

5. Organization Structure

In order to carry out its commitment to GME, UMMC has established the following organizational structure:

5.1 Graduate Medical Education Committee (GMEC)

The GMEC has responsibility for monitoring and advising on all aspects of the GME program and for reviewing, revising, and approving all general objectives and policies relating to GME. It is composed of program directors and associate program directors from residency programs, peer selected residents, Quality Improvement and Patient Safety Officers, the Chief and Associate Chief Medical Officer, and representatives from the Maryland Medicine Comprehensive Insurance Program (MMCIP), and administrative representatives from the UMMC GME and Medical Staff offices (See GMS-A, Educational Administration and Graduate Medical Education Oversight).

5.2 Communication with Medical Staff and Governing Body:

The DIO presents the written annual executive summary of the AIR to the MEC and the Board of Directors. The AIR summary reviews the activities of the GMEC during the past year and describes desired performance indicators and those action plans essential to the success in meeting or exceeding these indicators.