

<b>UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL</b>	<b>PAGE:</b>  1 of 7	<b>PROCEDURE NO:</b>  <b>GMS - D</b>
	<b>EFFECTIVE DATE:</b> 7/1/21	<b>REVISION NO:</b> Revised 1/28/2016, 3/25/21
<b>SUBJECT:</b> <b>RESIDENT ELIGIBILITY, SELECTION, AND PARTICIPATION IN EDUCATIONAL ACTIVITIES</b>	<b>FUNCTION:</b>	
<b>APPROVALS:</b> <b>Graduate Medical Education Committee Approval: 3/25/2021</b>  <b>DIO/Chair of GMEC</b> _____  <b>Senior Vice President and Chief Medical Officer</b> _____		

### 1. Purpose

The sponsoring institution, UMMC, in partnership with the University Of Maryland School Of Medicine, places importance on the residents and their educational and patient care responsibilities. This policy addresses eligibility for participation in graduate medical education programs, selection and employment issues. It also creates a framework for balancing the residents' status as learners and patient care providers. The residents' patient care activities and the volume and types of patients should be educationally appropriate and commensurate with residents' level of advancement and the ACGME/RRC requirements.

### 2. Scope

This policy applies to all graduate medical educational programs sponsored by UMMC.

### 3. Responsibility

It is the responsibility of the program directors and residents/fellows in all educational programs sponsored by UMMC to comply with this policy.

### 4. Policy

The resident/fellow educational programs must select from eligible candidates only. Programs that enroll non-eligible residents/fellows will be subject to administrative withdrawal. Applicants with one of the following qualifications are eligible for appointment to accredited residency/fellowship programs:

- 4.1.1. Graduates of medical schools in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME)
- 4.1.2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- 4.1.3. Graduates of medical schools outside the United States or Canada who meet one of the following qualifications prior to appointment:
  - 4.1.3.1 Have current valid J-1 sponsorship and a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
  - 4.1.3.2 A United States Citizen or permanent resident with a certificate from the ECFMG
  - 4.1.3.3 Have a full unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program

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#### 4.2 Resident selection and Appointment of Other Learners

UMMC's graduate medical education programs are open to all qualified candidates without regard to sex, sexual orientation, race, age, religion, color, national origin, disability or veteran status. All eligible residency Programs sponsored by the Institution agree to participate in the National Resident Matching Program to fill all entry level positions, or to participate in another national matching plan, where applicable. Programs and the Sponsoring Institution agree to adhere to the terms and conditions of the NRMP or another national matching plan. . Each program establishes a process for interviewing, evaluating, and selecting candidates for allocated positions consistent with UMMC Employment policies. Selection of qualified candidates is based on:

- 4.2.1 Preparedness;
- 4.2.2 Ability;
- 4.2.3 Aptitude;
- 4.2.4 Academic credentials;
- 4.2.5 Communication skills; and
- 4.2.6 Personal qualities, such as motivation and integrity.

Applicants who are invited for an interview are provided with a copy of the Applicant Communication Package either in writing or via electronic means by the sponsored program. The Applicant Communication Package includes information about the terms, conditions, and benefits of appointment, including financial support, vacations, parental, sick and other leaves of absence, professional liability insurance, health benefits to include hospitalization, health, and disability, and other insurance provided for the residents and their families; and the conditions under which call rooms, meals, laundry services and additional support are provided.

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident, and will provide same when requested to do so by another program for those residents who may leave the program prior to completion.

The Program Director will not appoint more residents than approved by the Accreditation Council for Graduate Medical Education (ACGME) review committee (RC), unless otherwise stated in the specialty/subspecialty specific requirements. The program director also will assure that the presence of other learners (including but not limited to, residents from other specialties/subspecialties, PhD students, and nurse practitioners) do not interfere with the appointed residents' education. The program director must report the presence of other learners to the DIO and GMEC during the annual updates or other GMEC oversight activities.

#### 4.3 Eligibility Requirements –Residency Programs

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The resident educational programs select from only eligible candidates as stated in section 4: Policy. For programs requiring pre-requisite post graduate education and programs accepting transfers, applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

4.3.1 All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency program must be completed in an ACGME-accredited residency programs, AOA approved residency program, Royal College of Physicians and Surgeons of Canada accredited program (RCPSC), or in a College of Family Physicians of Canada(CFPC) accredited residency program located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

4.3.2 Residency programs must receive verification of each applicant’s level of competency in the required clinical field using ACGME or CanMEDS, or ACGME-I Milestones assessments from the prior training program.

#### 4.4. Eligibility Requirements – Fellowship Programs

4.4.1. All required clinical education required for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, AOA approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or in an RCPSC-accredited or CFPC accredited residency program located in Canada

4.4.2. ACGME fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME, ACGME-I, or CanMEDS Milestones assessments from the core residency program.

#### 4.5. Eligibility Exceptions

Please consult the GME Eligibility Exception Checklist list to determine the documentation requirements for the program to petition for an exception (Appendix A)

##### Residency Programs

4.5.1. Applicants who have not completed a residency program accredited by the ACGME, AOA, ACGME-I, RCPSC, or CFPC, may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level, and at the discretion of the ACGME program director may be advanced to the PGY-2 level based on the ACGME Milestones assessment at the UMMC accredited program. **This provision does not apply to those specialties that require an initial clinical year.**

4.5.2. An ACGME Review Committee and the DIO/UMMC Graduate Medical Education Committee may grant an exception to the eligibility requirements for residency programs that require completion of a prerequisite residency program prior to admission, but will not grant other exceptions.

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### Fellowship Programs

4.5.3. An ACGME Review Committee and the DIO/UMMC Graduate Medical Education Committee may grant the following exception to the fellowship eligibility requirements and accept an exceptionally qualified candidate if they meet the following requirements:

4.5.3.1 An exceptionally qualified applicant is defined as an applicant who:

4.5.3.1.1 has completed a residency program in the core specialty outside the continental US that was not accredited by the ACGME, AOA, ACGME-I, RCPSC or CFPC, and

4.5.3.1.2 has demonstrated clinical excellence in comparison to peers throughout training, which may include (a) participation in additional clinical or research training in the specialty or subspecialty, (b) demonstrated scholarship in the specialty or subspecialty (c) demonstrated leadership during or after residency training. Applicants being considered for these positions must be informed of the fact that their training may not lead to certification by ABMS member boards or AOA certifying boards.,

4.5.3.1.3 has been evaluated by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of trainee in the core specialty, and

4.5.3.1.4 has been reviewed and approved by the GMEC following the assessment of the applicant's suitability by the program director and fellowship selection committee, and

4.5.3.1.5 has satisfactorily completed USMLE Steps 1, 2, and if the applicant is eligible, Step 3, or, if applicable, COMLEX Steps 1, 2 and 3, and

4.5.3.1.6 for an international graduate, verification of ECFMG certification, and

4.5.3.1.7 receiving fellowship must complete fellowship a Milestones evaluation within twelve weeks of matriculation to establish baseline performance by the Clinical Competency Committee (CCC). The application may be waived for applicants who have completed an ACGME International-accredited residency based on the Applicant's Milestones evaluation conducted at the conclusion of their core residency program.

4.5.3.1.8 Fellows who do not meet the expected level of Milestones competency following entry into the fellowship must undergo a period of remediation, overseen by the CCC and monitored by the GMEC. The remediation period may not count toward time in fellowship training.

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#### 4.6. Resident participation in educational activities

UMMC ensures that each program provides effective educational experiences for residents that lead to measurable achievement of the educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements. Each program defines, in accordance with Program Requirements, the specific knowledge, skills, and attitudes required and also provides the educational experiences needed and integrates the following ACGME resident competencies into the curriculum: Each program's educational program must include:

4.6.1. Overall educational goals for the program, which the program must make available to residents and faculty;

4.6.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form;

4.6.3. Regularly scheduled didactic sessions;

4.6.4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,

#### 4.6.5. ACGME Competencies

##### 4.6.5.1 Patient Care and Procedural Skills

- Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health and as further specified by the Review Committee
- Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice and as further specified by the Review Committee;

##### 4.6.5.2. Medical Knowledge

- Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care and as further specified by the Review Committee;

##### 4.6.5.3. Practice-based Learning and Improvement

- Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on

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constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one's knowledge and expertise;
- set learning and improvement goals;
- identify and perform appropriate learning activities;
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, residents and other health professionals and as further specified by the Review Committee

#### 4.6.5.4 Interpersonal and Communication Skills

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
  - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
  - communicate effectively with physicians, other health professionals, and health related agencies;
  - work effectively as a member or leader of a health care team or other professional group;
  - act in a consultative role to other physicians and health professionals; and,
  - maintain comprehensive, timely, and legible medical records, if applicable and as further specified by the Review Committee;

#### 4.6.5.5 Professionalism

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
  - compassion, integrity, and respect for others;
  - responsiveness to patient needs that supersedes self-interest;
  - respect for patient privacy and autonomy;
  - accountability to patients, society and the profession; and,
  - sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. and as further specified by the Review Committee

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#### 4.6.5.6. Systems-based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
  - work effectively in various health care delivery settings and systems relevant to their clinical specialty;
  - coordinate patient care within the health care system relevant to their clinical specialty;
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
  - advocate for quality patient care and optimal patient care systems;
  - work in interprofessional teams to enhance patient safety and improve patient care quality; and,
  - participate in identifying system errors and implementing potential systems solutions and as further specified by the Review Committee

#### 4.7. Resident credentialing and contracting

In compliance with the State of Maryland regulations, UMMC conducts a complete primary source verification process for each resident selected to enter its graduate medical education programs. The employment contract becomes effective only if the resident satisfactorily cooperates with and completes the credentialing process, and if a current UMMC's resident, satisfactorily completes departmental requirements for promotion

#### 4.8. Resident pre-employment physical and drug testing

All incoming residents are required to submit to and pass a physical exam and drug test as outlined in the Employee Health Service Pre-Employment Assessment # GMS-K. Any resident testing positive for any drug as in this policy, without a plausible explanation, must relinquish their position as an UMMC resident.