

NON-REPRESENTED RESIDENT AGREEMENT OF APPOINTMENT DAVID GEFLEN SCHOOL OF MEDICINE at UCLA Academic Year 2021-2022

DEFINITION: The term "Resident" refers to all postgraduate medical residents (ACGME interns, residents and fellows).

**The UCLA GME website contains links to, and information on, policies that pertain to Residents:
medschool.ucla.edu/gme**

The David Geffen School of Medicine at UCLA ("School") hereby agrees that Jane Smith Doe ("Resident") is appointed as a postgraduate resident in Cardiology ("Program"), postgraduate year 3, subject to the following terms and conditions.

1. DURATION OF APPOINTMENT

The initial appointment is for a one-year period commencing 7/1/2021 and ending on 6/30/2022. Reappointment, advancement and completion of the academic year is contingent upon maintenance of academic good standing and satisfactory performance of assigned rotations, exams and duties as determined by evaluations by the director of the Program ("Program Director") and faculty.

2. FINANCIAL SUPPORT & BENEFITS

School shall provide appropriate financial support and benefits (including vacation, paid and unpaid leave) to ensure that Resident is able to fulfill the responsibilities of the Residency/Fellowship Program. Resident's financial support and benefits for the PGY-level described herein are summarized and located at the UCLA GME website, No payment or compensation of any kind or nature shall be paid to or accepted by Resident/Fellow Physician from patients or third party payers or any other sources for performance or any services rendered pursuant to this Agreement. Residents are paid monthly on the first of every month. PGY 1's will receive compensation on the first day of employment, to include assigned orientation.

3. CONDITIONS FOR APPOINTMENT, REAPPOINTMENT AND PROMOTION ACADEMIC, LICENSURE AND CERTIFICATION REQUIREMENTS

A. The Resident must be a graduate of an institution accredited by the Liaison Committee of Medical Education or must otherwise meet the eligibility requirements of the ACGME Institutional Requirements (IR IV.A.2.).

B. Residents who graduated from United States, Canadian, or international medical schools must have a license to practice medicine for the State of California in accordance with Medical Board of California standards. Failure to have the necessary license at the time of appointment or reappointment will result in non-appointment and automatic resignation.

C. The Resident must at all times maintain in effect and verify, upon request, all legally required permits, licenses, and other relevant documents. At the beginning of the residency, Residents must also provide proof of authorization to work in the United States. Failure to obtain or maintain necessary licenses and permits and to maintain eligibility to work in the United States will result in automatic suspension from the Program and may result in dismissal.

D. All Residents in first Board programs in the Family Medicine, Internal Medicine, Surgery, OB/Gyn, Emergency Medicine, Pediatrics, and Combined Internal Medicine/Pediatrics, and Anesthesiology training programs must be ACLS and/or PALS and NRP certified, as appropriate to the program. They must present evidence of certification in ACLS and/or PALS and NRP certification by the American Heart Association prior to the completion of their training program, as required by the individual Resident Review Committee.

E. At the start of the appointment as identified in Section 1 herein, Residents must be eligible and available to commence active participation in their Program. They cannot have an appointment in another program which is in conflict with the UCLA Program they are accepting. They must adhere to the policies of the ACGME and NRMP or specialty matches as pertains to their selection and appointment.

F. USMLE REQUIREMENTS:

USMLE STEP 1 & 2

1. Incoming PGY 1 residents are required to take and pass USMLE Step 1 and 2 (CS and CK) before the beginning of their training at UCLA. They must provide their program director with copies of their USMLE scores to document their successful completion of these examinations.

2. For residents starting at the PGY 2 level from an outside institution, the program director should confirm passage of USMLE Steps 1 and 2 one year in advance of the start of their training year at UCLA.

USMLE STEP 3

1. All PGY 1 residents must take the USMLE Step 3 examination during their first year of postgraduate training (no later than June 30). Residents are required to notify their program director of the results of the USMLE Step 3 exam upon receiving their results (pass/fail).

2. Residents accepted into training programs at UCLA after completing their first year of training at another institution (at the PGY 2 level), must have successfully completed USMLE Step 3 prior to beginning training at UCLA. Residents are required to provide their program director with a copy of their USMLE Step 3 scores to document this.

3. Residents who fail Step 3 must re-take the exam within 90 days the date of notice of such failure.

4. Residents who have not passed Step 3 by January 1 of their second postgraduate year (PGY 2) will receive notification that they will not be reappointed as a PGY 3.

4. UCLA HOSPITAL SYSTEM RESPONSIBILITIES (provide or monitor as appropriate the following):

A. House Staff Sleep Quarters and Resident Lounge: House staff sleep quarters are provided. Sleep quarters may be used for overnight calls, strategic napping and napping prior to driving home when there are concerns about fatigue. A lounge with telephones, computers and TV is located near the house staff sleep quarters. Food service is available 24 hours/day in the Resident lounge.

B. Meals: Meals will be provided as defined by Residents' Meal Access Card Program, in compliance with ACGME requirements. The Meal policy can be found on the GME website: medschool.ucla.edu/gme.

C. Uniforms: At least one long white coat will be issued to each Resident. A one-for-one exchange program is provided. Ownership will remain with the UCLA Hospital.

D. Work Hours: Program requirements relating to Clinical and Educational Work Hours and on call schedules are based on educational rationale and patient care needs including continuity of care. Assigned work hours will comply with ACGME, specific RRC and University of California guidelines (See Exhibit I.) Each Program establishes and publishes its on call and work hours based on educational goals and clinical responsibilities. Back up support will be provided when patient care responsibilities are especially difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care. Residents are required to enter their work hours in MedHub.

E. Communications: Pagers will be supplied for the year of appointment. The UCLA Hospital System will provide email and Residents are expected to monitor and utilize this address for all UCLA business. Residents are provided access to the Internet in all areas of the Medical Center and Clinics..

F. Libraries: All Residents have full access to the Biomedical and California Digital Library at no cost. Computer facilities are available, including word processing, spreadsheet, database and presentation software. Medical databases and reference searching are provided both by the Biomedical Library and through Information Systems and Solutions, 24 hours daily. Additionally, programs maintain on-site libraries and have computer access.

G. OSHA and CDC Recommendations: Residents must comply with OSHA and CDC recommendations, which assume that every direct contact with a patient's blood and other body substances is infectious and requires the use of protective equipment to prevent parenteral, mucous, membrane and non-intact skin exposures to the health care provider. Protective equipment including gloves, masks, face shields and cover gowns are provided by UCLA Hospital System. Prior to the beginning of training, all Residents must comply with Occupational Health Pre-placement evaluations for all institutions in which they will be rotating. These evaluations include providing proof of immunity (and/or proof of completed vaccination series) to infectious agents such as measles, mumps, rubella, varicella and hepatitis B. All residents must participate in annual TB screening. Annual vaccination against influenza is highly encouraged and may be required as per hospital institutional policies.

5. RESIDENT RESPONSIBILITIES

The goals of the Program are to provide Residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve these goals, the Resident agrees to do the following:

A. Develop and participate in a personal program of self-study and professional growth with guidance from the School's teaching staff.

B. Participate in clinical care activities as appropriate to their level of training and abilities under the supervision and direction of their attending physicians. Residents should immediately report any concerns about quality or safety of the provision of patient care by themselves or any other person to the attending physicians, Program Director or Department Chair.

C. Participate fully in the educational activities of the Program and assume responsibility for participation in the teaching of more junior Residents. In this regard, Residents must be knowledgeable of the goals and objectives of the Program, rotation and/or clerkship as applicable.

D. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine.

E. Consider clinically appropriate cost containment measures in the provision of patient care.

F. Comply with all University, School, and Hospital rules, regulations, practices, procedures and policies, professional standards and codes of ethics. These include but are not limited to, the University Patent Agreement Policy, Sexual Harassment Policy, HIPAA and other patient privacy policies, Policy on a Drug Free Workplace, Medical Staff Health Program Policy (Impaired Physician), background checks and health screenings.

G. Adhere to the call schedule and schedule of assignment in a prompt and timely fashion.

H. Attend and participate in the standing committees of the GMEC and Medical Staff, including those that relate to patient care activities and quality improvement initiatives, as assigned by the Program Director or elected by your peers.

I. Keep charts, records and reports signed and up to date as per Medical Staff Policy #110 Medical Record Suspension. All notes and orders should be appropriately authenticated as required by policy.

J. Adhere to ACGME, RRC, Program, and Board requirements, including meeting the work hour policy and appropriately addressing rest and fatigue issues. The GME website (medschool.ucla.edu/gme) contains information on and links to the ACGME, ABMS, California Medical Board, USMLE, and the Dept. of Justice (DEA).

K. Participate in the evaluation of the Program and its faculty using the mechanisms provided by the program in a timely manner.

L. Comply with Program, School and ACGME policies regarding moonlighting. Obtain permission of the Program Director prior to any moonlighting activities (if applicable). Each UCLA Program is required to have a Moonlighting Policy for its residents. The UCLA Policy on Moonlighting can be found at www.gme.medsch.ucla.edu/-click on "Resident Policies."

M. The special nature of residency programs requires ongoing communication between the Residents, the training programs, administrators and others at UCLA Medical Center, and affiliated institutions. The general policy of the School of Medicine requires Residents to be responsible for the content of their email and to check their email at least every three days unless on approved leave. The UCLA Policy on email (Policy #9453-A).

N. Identify in themselves and others impairment from fatigue, drugs, depression, or other causes, and seek help for themselves or others so identified.

O. Comply with specific/special requirements of affiliated institutions to which Resident may rotate as part of his/her training. These may include, but are not limited to, background checks, substance abuse testing, health screenings, and providing additional paperwork/information.

P. Notify Program and GME Office of conviction for any misdemeanor or felony. This reporting obligation is ongoing and applies to events occurring prior to the period of appointment and during Resident's appointment for Program participation. Resident shall also report to the Program any felony charges that are required to be reported to the Medical Board.

6. BENEFITS/LEAVE

A. Leave: Residents are entitled to four (4) calendar weeks of paid vacation time per year, which shall be scheduled by mutual agreement with the chief resident, department chairperson, or residency program director. All other leaves, including medical, sick, maternity/paternity, or family leave may be taken according to written policy as noted on the GME website (medschool.ucla.edu/gme). Time spent on leave other than vacation may be required to be made up per program and American Board requirements. Programs are required to provide timely notice of the effect of leave(s) on the ability of the Resident to satisfy requirements for program completion.

B. Liability Insurance: The Medical Center shall include Residents under the University's self-insurance program with limits of up to \$7.5 million per occurrence for the liability of the Resident while acting in the performance of his/her duties or in the course and scope of his/her assignment. Claims made after termination of training will be covered if based on acts or omissions of the Resident within the course and scope of her/her assignments during training. Residents must agree to comply with Medical Center policies and cooperate as requested by UCLA Health. Liability coverage will be provided for the Resident on rotations outside UCLA Healthcare System provided such rotation or activity has been approved or mandated by the program. Liability coverage is not provided by the University with

respect to a Resident's acts or omissions outside the course and scope of the Resident's employment and assigned Program duties, for example coverage is not extended to a Resident's moonlighting at non-UCLA facilities.

C. **Health Insurance and Disability Insurance:** The Residents and eligible members of his/her immediate family are provided with health, dental, life, and vision care insurance in accordance with UCLA policy. In addition, Residents are provided life and disability insurance. UCLA offers a Mental Health Program for Physicians in Training. Impaired physician services and evaluations are offered through the UCLA Medical Staff Health Committee. Information on these plans can be found on the GME website medschool.ucla.edu/gme.

D. **Parking:** The University provides parking access and sets monthly parking fees. If parking is purchased, pre-tax deductions will be made from the monthly paychecks.

7. PROFESSIONAL ACTIVITIES BEYOND THE SCOPE OF THE RESIDENCY

Residents are discouraged from engaging in compensated medical professional activities beyond the scope of this Agreement. University liability insurance or other indemnity does not cover a Resident who participates in unapproved clinical activities outside of the UCLA Training Program (See Section 6.B above).

8. EVALUATION, COUNSELING AND ADVANCEMENT

A. Each Program appoints a Clinical Competency Committee to: 1) review all Resident evaluations semi-annually; 2) report Milestones evaluations of each Resident semi-annually to ACGME and; 3) advise the program director regarding Resident progress, including promotion, remediation and dismissal.

B. **Formative Evaluation-** A written evaluation of each Resident shall be made by the attending physician(s) on each Resident's educational assignment(s). The evaluations of Resident performance must be accessible for review by the Resident, in accordance with UCLA policy.

C. An annual written composite of all evaluations shall be made and a copy of the composite must be provided to the individual Resident. The Resident shall be given the opportunity to discuss his/her performance with the program director or designee at least semi-annually. The Resident shall be notified within a reasonable time if an evaluation for a given rotation indicates unsatisfactory performance. Both annual and rotational evaluations shall be included in the Resident's records.

D. **Summative Evaluation-**The program director shall provide a summative evaluation for each Resident upon completion of the Program. This evaluation will be part of the Resident's personnel file maintained by UCLA, and it is accessible for review by the Resident in accordance with UCLA policy. This evaluation must verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision.

E. Residents' personnel files will be maintained consistent with applicable federal and state law. Residents may review their composite evaluations and other administrative materials in their personnel file upon request and in accordance with applicable University policies.

F. Program appointment, advancement, completion, and eligibility for specialty board examinations are not assured or guaranteed to the Resident, but are contingent upon the Resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. An unsatisfactory Resident evaluation can result in required remedial activities, temporary suspension from duties, or termination of appointment and residency education. These actions and any periods of absence may result in the extension of the Program.

9. ACADEMIC DUE PROCESS and GRIEVANCE PROCESS

Residents have the right to appeal adverse actions through the Academic Due Process policy, as outlined at medschool.ucla.edu/gme. Residents may initiate this process either through contact with their Program Director or the GME Office.

The Ombuds Office is available for consultation to all Residents. A local Ombudsperson is located in the School of Medicine. Details can be found at www.ombuds.ucla.edu.

10. COMMITTEE PARTICIPATION

The following committees address Resident issues:

- o The Graduate Medical Education Committee (GMEC) is the institutional oversight committee which reviews all accredited Programs at UCLA. The GMEC addresses specific issues related to the academic Programs, and is a School of Medicine Committee. Committee members perform oversight of all residency programs as mandated by the Accreditation Council for Graduate Medical Education. All Programs must be approved by the GMEC. The Committee also works closely with individual programs to assist them with their RRC accreditation site visits. This Committee meets monthly and is composed of Residency Program Directors, administration, faculty and Residents. Residents who are interested in serving on this Committee may contact the GME Office for details.

- o Medical Staff Committees

Residents are appointed to serve and participate on a variety of Medical Staff Committees which involve Resident training. Residents interested in serving on any of these committees should contact the GME Office for details.

11. NONDISCRIMINATION

The University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy(1), disability, age, medical condition (cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access, and treatment in University programs and activities.

(1) Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth

12. UNLAWFUL HARASSMENT

The School and Medical Center are committed to creating and maintaining a community in which students, faculty and administrative and academic staff can work together in an atmosphere free of all forms of harassment, exploitation or intimidation, on any basis prohibited by law including harassment based on sex. The University is strongly opposed to sexual harassment and other unlawful harassment, and such behavior is prohibited both by law and University policy. The University's policy on sexual harassment may be found on the GME website: medschool.ucla.edu/gme. The David Geffen UCLA School of Medicine Statement on Supporting an Abuse-Free Academic Community may also be found on this website. Appointments for consultations can be made by contacting the Chair of the Gender and Power Abuse Committee. The Statement on Supporting an Abuse-Free Academic Community can be found on the GME Website under Resident Policies.

13. ACCOMODATION FOR DISABILITY

The University of California will make reasonable accommodations for physical or mental limitations of an otherwise qualified individual with a disability in accordance with applicable state and federal law and University policy.

14. ACCREDITATION STATUS

David Geffen School of Medicine at UCLA will inform Residents of adverse accreditation actions taken by the ACGME in a reasonable period of time after the action is taken. Should UCLA begin the process of closing a Program for accreditation reasons or for other reasons, the Residents will be kept in the institution for the remainder of the academic year and UCLA will assist the Residents in finding a program for completion of the specialty, in order to be eligible for board requirements.

I HAVE READ AND AGREE TO THE ABOVE AND HAVE RECEIVED A COPY.

Jane Smith Doe
Resident Signature

Jack Buckley
Jack Buckley
Program Training Director Signature

Reviewed by GMEC 12/18/06

Reviewed by GMEC 2/22/10

Reviewed by GMEC 3/28/11

Reviewed by GMEC 02/27/12

Reviewed by GMEC 1/25/16

EXHIBIT I - ACGME WORK HOURS AND ON CALL POLICY DAVID GEFLEN SCHOOL OF MEDICINE AT UCLA POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS

DEFINITIONS

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

In-house call is defined as those work hours beyond the normal workday when residents are required to be immediately available in the assigned institution. This applies to residents at the PGY 2 level and above.

POLICY: UCLA programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities (CPR VI. F) All must adhere to the following:

1. UCLA programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities (CPR VI. F) All must adhere to the following:
2. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all patient care activities, inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting.
3. 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. At home call cannot be assigned on these free days.
4. Programs must schedule residents for fewer than 80 hours weekly in order to accommodate need for flexibility for responding to patient care and to ensure compliance with the 80-hour maximum.
5. Adequate time for rest and personal activities must be provided. Residents should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
6. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
7. **Maximum Clinical Work and Education Period Length**
Clinical and education work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
8. **Clinical and Educational Work Hour Exceptions** In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours will all be counted toward the 80-hour weekly limit.
9. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled within work hours (CPR VI.C.1.d.1).
10. In addition to specific work hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Nap rooms are provided in the House Staff Sleep Quarters during normal day hours and prior to driving home. App-based transportation service is available in extreme cases of fatigue.
11. Programs must pay attention to scheduling, work intensity, and work compression that impacts resident well-being (CPR VI.C.1.b).
12. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider (CPR VI.B.5).

13. It is everyone's responsibility to abide and work within the work hour policy. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the work hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly work hour requirements. Residents should notify their program director and/or the Sr. Associate Dean for Graduate Medical Education if their assigned hours are not in compliance with UCLA or ACGME work hour policy.

14. Moonlighting (with advance approval) must not interfere with ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit (CPR VI.F.5). PGY1s are not permitted to moonlight. (See Moonlighting Policy for additional details).

15. The GMEC requires that all program directors monitor and assess compliance for their program and residents. The GME Office and the ACGME require trainees to complete yearly questionnaires on work hours each spring, which is one part of assessing compliance. Additionally, the UCLA GMEC requires Program Director oversight of work hours in MedHub.

16. Concerns of work hour violations should be reported to the Senior Associate Dean for GME or the institutional Compliance Hotline at 800- 403-4744.

17. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 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. Therefore, the total day may be up to 28 hours.

David Geffen School of Medicine and each ACGME training programs abides by the ACGME Clinical and Educational Work Hours rules (<http://www.acgme.org>).

On Call Activities - All residents must adhere to the following:

1. In-house Night Float: Must occur within the context of the 80-hour and one-day-off-in-seven requirements.
2. Maximum In-House On Call Frequency: Must occur no more frequently than every third night, averaged over a four-week period.
3. At-home Call (pager call) is defined as call taken from outside the assigned institution. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit
4. The frequency of at-home call is not subject to every third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over 4 weeks. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
5. When residents are called into the hospital from home, the time residents spend in-house is counted toward the 80-hour weekly limit.
6. The program director and the 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.

I HAVE READ AND AGREE TO THE ABOVE AND EXHIBIT I AND HAVE RECEIVED A COPY.

Jane Smith Doe
Resident Signature