

**Resident Agreement for Appointment  
In the Clarkson Family Medicine Residency Program**

This Agreement for Graduate Medical Training ("Agreement") is entered into between **Resident Name** ("Resident") and The Nebraska Medical Center, d/b/a Clarkson Family Medicine ("Enterprise" or "CFM").

- A.** Enterprise has established the Clarkson Family Medicine Residency Program ("Program") to provide education and training to family medicine physicians.
- B.** Resident is a physician and has applied for and been accepted to the Program at the House Officer Level **PGYX** commencing **July 1, 2024 and continuing through June 30, 2025.**
- C.** The Program is accredited by the Accreditation Council for Graduate Medical Education ("ACGME").
- D.** Enterprise and Resident are required to enter into an agreement of appointment by the ACGME.
- E.** The purpose of this Agreement is to define the terms of appointment and conditions under which Resident accepts an appointment in the Program.

In consideration of the mutual covenants set forth herein, the parties agree as follows:

**1. Obligations of Resident.**

- a. Resident shall accept all educational and patient care assignments inherent to the Program and shall fulfill the responsibilities and duties assigned to him or her by the Director of the Program and/or his or her designee ("Director") to the satisfaction of Director.
- b. Resident shall document all procedures performed, complications and diagnosis while on Enterprise and ambulatory care experiences as required by the Program.
- c. Resident shall participate fully in the education activities of the Program, and, as required, assume responsibility for teaching and supervising other residents and students.
- d. As requested, Resident shall participate in Enterprise programs and activities involving the medical staff.

Additionally, Resident shall participate in Enterprise committees and councils, including, but not limited to, those that relate to patient care review activities.

- e. Resident shall provide safe, effective and compassionate patient care, under supervision, commensurate with Resident's level of training.

- f. Resident shall comply at all times with the established practices, procedures, policies, bylaws, and regulations of Enterprise including, but not limited to, the Corporate and Medical Staff Bylaws, the Medical Staff Rules and Regulations, the Physician Health Policy, the Harassment Policy, and the Substance Abuse Policy (collectively, the "Policies") and similar Policies of any entity that cooperates with or assists Enterprise in any way in the education or training of Resident ("Participating Entity").
- g. Resident shall comply with state and federal law and regulation, as well as the standards required to maintain accreditation by The Joint Commission and the ACGME.
- h. Resident shall develop a program of self-study and professional growth.
- i. Resident shall conduct himself or herself in a professional manner and adhere to ethical principles.
- j. Resident shall protect the privacy of Protected Health Information as such term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Resident shall comply at all times with HIPAA and shall not communicate, divulge or use for the benefit of any person, partnership, firm or corporation any Protected Health Information or any confidential health or medical information. This provision shall survive termination of this Agreement.
- k. Resident shall protect the privacy of confidential and proprietary information of Enterprise. Proprietary information may include, but is not limited to, patient information, patient numbers, employee information, business development plans, program and service activities, contractual arrangements, software programs, and educational and promotional materials.

Resident shall not disclose, communicate, divulge or use for the benefit of any person, partnership, firm or corporation any proprietary or confidential information. This provision shall survive termination of this Agreement.

- l. Resident acknowledges that only clinical and educational practice activities affiliated with Resident's graduate medical education are within the scope of the Program. Enterprise shall have no obligation or liability to Resident or any third party with respect to professional and non-professional activities performed outside the scope of the Program.
- m. Resident will follow the policies set forth by the ACGME and the Program relating to clinical and educational work hours. Policies regarding clinical and educational work hours and professional activities outside the scope of the Program are provided in the CFM policies and procedures. Resident shall not engage in medical practice for compensation, such as "moonlighting" or "locum tenens" unless the following conditions are met:
  - (i) Resident is in the second or third year of the Program and has obtained permanent licensure
  - (ii) Resident has obtained approval granted in writing by Director,
  - (iii) Resident follows Enterprise's moonlighting and locum tenens policy set forth in the CFM policies and procedures and
  - (iv) the extra-curricular and moonlighting activities of Resident do not interfere with Resident's quality of

patient care or the ability of Resident to achieve the goals and objectives of the Program.

Resident agrees that first year residents shall not participate in moonlighting activities. Resident is not required to participate in moonlighting activities.

- n. Resident shall comply with the ACGME Institutional Requirements, the ACGME Common Program Requirements and the ACGME Program Requirements for Graduate Medical Education in Family Medicine and the requirements for certification by the American Board of Family Medicine ("ABFM").
- o. Resident shall be available to faculty and attending physicians at all times during assigned working hours either by pager or cell phone.
- p. Resident agrees to hold Enterprise and any Participating Entity harmless for obtaining from and providing to any third party any and all information pertaining to Resident's qualifications and competency, the quality of care rendered by Resident to any given patient, the ethical or unethical character of Resident, or other information required and authorized under law or by any accreditation body. This provision shall survive termination of this Agreement.
- q. Resident acknowledges and agrees that Enterprise will not be liable for damage to or theft of personal property brought on the premises of Enterprise or any Participating Entity.
- r. Resident acknowledges that he or she has reviewed the current CFM policies and procedures and Enterprise Policies and Resident agrees to abide by the CFM policies and procedures and Enterprise Policies, as they may be amended from time to time.

## **2. Obligations of the Enterprise.**

- a. Enterprise shall use reasonable efforts to provide an educational atmosphere and qualified teaching staff that allows Resident to achieve the clinical and academic competence to function as a board-certified Family Practice Physician upon successful completion of the Program.
- b. Enterprise shall provide Resident an annual salary of **\$XX,XXX.00**, to be paid on a bi-weekly installment basis through Enterprise payroll. Enterprise shall deduct appropriate state and federal income tax and other appropriate deductions that are required as well as for benefit plan(s) participation.

The salary shall not be payable for any period in which Resident refuses or fails to participate in the professional training or duties related to his or her appointment, unless resulting from authorized leave.

- c. Resident will be eligible for the benefits as listed below. All insurance benefits are subject to the terms, conditions, and limitations set forth in the insurance policies. Enterprise may terminate, modify, or restrict any benefit or insurance plan at will, without prior notice to Resident.
  - i. Personal Leave: Enterprise shall provide Resident with four (4) weeks (20 days) of paid personal leave per academic year as set forth in the CFM

policies and procedures. Resident agrees to follow the Program's procedures, limitations, and lead times when requesting leave time to assure appropriate patient coverage.

Enterprise shall provide Resident with one (1) week (5 days) of paid time off per academic year to attend Continuing Medical Education training approved by the Director. Unused Continuing Medical Education time will not accrue from one academic year to another. Resident agrees to comply with all ABFM and ACGME rules and regulations governing the amount of time allowed away from Residency to remain eligible for Board Certification and for completion of Residency.

- a. Effect of Leave on Completion of Educational Program: In some circumstances, the amount of allowable leave may exceed the amount allowed by the Program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or Program requirements, as outlined in Program's policies, if applicable. Details regarding specialty board availability can be found at the board's web site. The Program will notify the Resident of any such instances that may extend their training as soon as possible.
- ii. Medical, Parental & Caregiver Leave: Enterprise shall offer Resident with medical, parental and/or caregiver leave as provided in the Enterprise and CFM policies and procedures.
- iii. Health Insurance: Enterprise shall offer Resident, and eligible dependents, with health insurance in accordance with the Enterprise Employee Benefit Plan.
- iv. Dental Insurance: Enterprise shall offer Resident, and eligible dependents, with dental insurance in accordance with the Enterprise Employee Benefit Plan.
- v. Disability Insurance: Enterprise shall offer Resident with disability insurance in accordance with the Enterprise Employee Benefit Plan.
- vi. Liability Insurance: Enterprise shall provide Resident with professional liability insurance, including an extended reporting endorsement, for any acts of professional negligence that may occur while fulfilling the duties of the Program. Enterprise shall provide general professional liability insurance to Residents with limits of \$1,000,000 / \$3,000,000 and participate in the Nebraska Hospital-Medical Liability Act's State Excess Liability Fund.
- vii. Other Benefits: Residents will be allotted money to use for educational expenses based on their year of training, and the amount of the available funds is subject to change at the sole discretion of the Director.

Educational expenses may be reimbursed by the Program; approval for such reimbursement at the sole discretion of the Director.

Educational expenses include: books, educational computer software, continuing medical education expenses (including food, travel, lodging and

registration for courses completed prior to graduation), permanent licensure to practice medicine, and \*USMLE Step 3/ABFM Board Certification. All reimbursement must be in accordance with the policies and regulations of Nebraska Medicine (Policy FN01: Travel).

Residents must request reimbursement for educational expenses incurred during the academic year before June 15<sup>th</sup> of such year in order for reimbursement to be considered. All expenses must be incurred and completed prior to graduation in order for reimbursement to be considered. All requests must be preauthorized by the Program Director. CME conference registration, testing, travel or any other expenses incurred after the effective graduation date will not be eligible for reimbursement.

Allotted CME funds in the **2024-2025 fiscal year** for each class are as follows:

HO1: \$ 300.00  
HO2: \$ 400.00  
HO3: \$ 600.00

\*The Program will pay for USMLE Step 3 registration one time, if the test is taken within the first 18 months of residency. The Program will reimburse the expense of the ABFM Examination, if taken in the spring of the HO3 year, either partially or in full.

- d. Enterprise shall make available counseling and psychological support services to Resident, including assistance to the House Officer Assistance Program. Such services are set forth in the CFM policies and procedures.
- e. Enterprise shall maintain a call schedule. The call schedule for 2<sup>nd</sup> and 3<sup>rd</sup> year residents will be no more than an average of every fourth night as set forth in the CFM policies and procedures. Resident agrees to abide by ACGME duty hour policies and procedures as set forth in the CFM policies and procedures.
- f. Enterprise may provide accommodation for Residents with disabilities as required by law and as set forth in Enterprise's accommodation policy.

### **3. Reappointment & Promotion**

- a. Reappointment and promotion to succeeding years of training in the Program will depend on the Resident's satisfactory academic and professional performance, the availability of funding, and continuation of the training Program.
- b. Resident must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO3 level/pay. For a Resident who does not meet this requirement, the Resident's Director may apply to the GMEC for a one-time extension of the requirement for a period of 6 months or less. Until the requirement is met, the Resident will not advance to the HO3 level. At the end of the extension, if the requirement is not met, the Resident may be dismissed from the program.
- c. The parties acknowledge that neither this Agreement nor Resident's appointment hereunder constitute an option to renew or extend the appointment or a benefit,

promise or other commitment that Resident will be appointed to the Staff for a period beyond the termination date of this Agreement.

- i. Enterprise shall provide Resident with a written notice when that Resident's agreement will not be renewed, when that Resident will not be promoted to the next level of training, suspended, or when that Resident will be dismissed.
- ii. Any non-reappointment may be appealed by Resident through the due process procedure and Hearing Procedures set forth in the CFM policies and procedures.

The failure by Resident to request a hearing or the failure to follow the Hearing Procedures set forth in the CFM Policies and Procedures shall be deemed a waiver of Resident's right to such hearing.

- d. If Resident intends to withdraw from the Program or transfer to another residency program, Resident shall notify Director of his or her intent to transfer or withdraw in writing no later than **March 15, 2025**.
- e. In the event that Enterprise or the Program is closed or discontinued, Resident shall be notified of the projected closing date as soon as possible under the circumstances. In the event of such closure, Enterprise will use reasonable efforts to assist Resident in finding appointment to another residency program if Resident is not able to complete their residency education at Enterprise.

#### **4. Termination of Agreement, Resident Grievances, and Corrective Action.**

- a. This Agreement may be terminated by Enterprise at any time in the event of:
  - i. Resident's abuse of drugs or alcohol in violation of Enterprise's Substance Abuse Policy.
  - ii. Incapacitating illness or death of Resident.
  - iii. Resident's failure to obtain or loss of license to practice medicine in the State of Nebraska.
  - iv. Resident's failure to abide by the CFM policies and procedures, established Enterprise Policies or the Policies of any Participating Entity.
  - v. Resident's theft, embezzlement, or willful destruction of Enterprise property or funds or commission of any crime or act involving moral turpitude or which would adversely affect Resident's ability to practice medicine.
  - vi. Resident's failure to demonstrate satisfactory progress in scholarship and professional growth, or failure to meet the advancement criteria.
- b. Upon termination of this Agreement or at any other time upon request by Enterprise, Resident shall promptly deliver to Enterprise all Enterprise property, including, but not limited to, books, equipment, records, files, notes, data, memoranda, designs, reports, patient lists, plans, computer programs, software, and laboratory and research notebooks (and all copies or reproductions of such materials) relating to the business of Enterprise.

- c. Upon termination of this Agreement, Resident shall complete all necessary records and settle all professional and financial obligations with Enterprise and all Participating Entities.
- d. Whenever, for any reason, Resident's clinical competence, patient care or treatment, or management raises questions or whenever questions are raised with respect to whether Resident has violated this Agreement, Enterprise Policies or the Policies of any Participating Entity, Resident may be subject to corrective action, suspension, dismissal from the Program and/or termination of this Agreement as set forth herein and in the CFM policies and procedures.
- e. Director, at his or her discretion, may suspend all or any portion of the clinical responsibilities of Resident.
- f. Grievances will be settled within the Resident's department. If this settlement process is unsuccessful and no agreement is reached between the parties, the Resident may submit the grievance to the Graduate Medical Education Office (the "GMEO"). If there is to no resolution within the GMEO, the Resident can initiate a formal grievance procedure as described in the Academic Appeal Procedure.
- g. Resident shall not bring any legal or administrative action of any kind against Enterprise without first exhausting all remedies provided to Resident in the CFM policies and procedures or Enterprise Policies.

## **5. Miscellaneous.**

- a. The term of this Agreement shall begin on the **1st day of July, 2024 and shall expire on the 30th day of June, 2025.**
- b. Resident acknowledges that the services provided by Resident under this Agreement are personal and Resident may not assign this Agreement or his or her rights and duties hereunder.
- c. This Agreement as well as the applicable Enterprise policies and the CFM policies and procedures, as they may be amended from time to time, represents the entire agreement between Resident and Enterprise and supersedes all prior agreements, whether written or oral, between the parties with respect to the subject matter hereof.
- d. This Agreement may be amended only by a written instrument duly executed by both parties.
- e. If any provision of this Agreement is held to be unenforceable for any reason, that unenforceability shall not affect the remainder of this Agreement, which shall, at the discretion of Enterprise, remain in full force and effect and shall be enforceable in accordance with its terms.
- f. The waiver by either Resident or Enterprise of a breach of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach by either party.

- g. Enterprise shall be entitled at any time to offset any amount due from Resident to Enterprise against any amount otherwise due and owing from Enterprise to Resident.
- h. This Agreement shall be interpreted under and governed by the law of the State of Nebraska, without giving effect to its conflict of laws principals.

The parties have caused this Agreement to be duly executed effective as of **July 1, 2024**.

**Resident**

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**Enterprise**

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Program Director, Clarkson Family Medicine

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Chief Medical Officer, Nebraska Medicine



# Nebraska Medicine

## Institutional Commitment for Graduate Medical Education

Updated February 2024

The mission is to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care.

Nebraska Medicine sponsors graduate medical education programs, currently Clarkson Family Medicine Residency, to provide educational opportunities for physicians and to prepare highly qualified physicians to practice medicine for the health care benefit of the people of the State of Nebraska. Clarkson Family Medicine provides family medicine residents a high-quality education in a full scope, patient-centered, supportive, community based training program. Nebraska Medicine is committed to providing the necessary administrative, educational, financial, human and clinical resources to support this program.



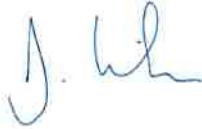
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Chandra Are, MBBS  
Designated Institutional Official  
Graduate Medical Education, Nebraska Medicine



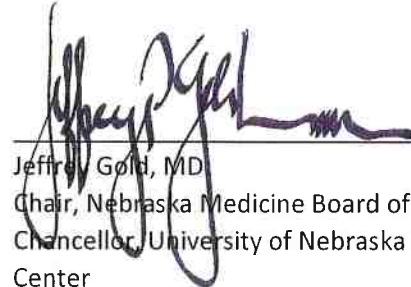
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Stephanie Daubert  
Chief Financial Officer  
Nebraska Medicine



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James Linder, MD  
Chief Executive Officer  
Nebraska Medicine



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Jeffrey Gold, MD  
Chair, Nebraska Medicine Board of Directors  
Chancellor, University of Nebraska Medical  
Center



## **Policy for Resident/Fellow appointment & Criteria for promotion and/or renewal of resident's/fellow's appointment**

### **Recruitment:**

Program must follow specialty and Match policy guidelines.

An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. Information must include:

- Stipends, benefits, professional liability coverage and disability insurance accessible to residents/fellows;
- Institutional policies for vacation and leaves of absences, including medical, parental and caregiver leaves of absence; and,
- Health insurance accessible to residents/fellows and their eligible dependents.

### **Selection:**

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME accredited program:

- Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
- Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,

- Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
  - Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
  - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty program.

Any programs wishing to hire a candidate through the exceptionally qualified pathway must first check ACGME program requirements to ensure the pathway applies to the specialty. The programs should then submit the request to the Graduate Medical Education Office to complete a comprehensive review. Following this review, the GMEC will review the request and render a decision.

**Appointment and Promotion:**

The house officer agrees to obtain and maintain the appropriate Nebraska license or permit to practice medicine while participating in this graduate medical education program. The house officer agrees to participate fully in patient care and educational programs including the teaching and supervision of the house officers and students. The house officer agrees to adhere to the established practices, procedures, and policies of the institution and to develop a personal program of self-education and professional growth under the guidance of the teaching staff. Nebraska Medicine, through its administration and teaching faculty, agrees to use its best efforts to meet or exceed the guidelines relating to house officer education as set forth in the Program Requirements established by the Accreditation Council for Graduate Medical Education (ACGME) and to provide supervision of house officers' educational experiences. The terms and conditions set forth in this agreement are subject to reasonable rules as established by the accrediting bodies for each training program.

The house officer agreement period is July 1 through June 30th. Reappointment to succeeding years of training will depend on the house officer's satisfactory academic and professional performance, the availability of funding, and continuation of the training program. If it is determined that the house officer's agreement shall not be renewed prior to the house officer's

completion of the training program, written notice of nonrenewal specifying the reason for nonrenewal shall be given to the house officer. The house officer shall have the right to file an appeal under the house officer appeal procedure.

The house officer must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. For a house officer who does not meet this requirement, the house officer's program director may apply to the GMEC for a one-time extension of the requirement for a period of 6 months or less. Until the requirement is met, the house officer will not advance to the HO III level. At the end of the extension, if the requirement is not met, the house officer will be dismissed.

**Policy for Unsatisfactory Performance/ Due Process for adverse action taken  
against a resident/fellow & Procedures for submitting and processing  
resident/fellow grievances**

House officers are expected to fulfill their responsibilities and conduct themselves in a competent, professional manner while meeting program expectations and adhering to Nebraska Medicine policies and state/federal law. House officers can be counseled, disciplined, or dismissed for issues related to:

- Academic deficiency (failure to meet academic expectations and adequately progress in gaining the knowledge, skills and attitudes necessary to achieve competence).
- Academic integrity (cheating or research misconduct).
- Unprofessional behavior (improper behavior; intentional wrongdoing; violation of a law, standard of practice, or policy of the program, or hospital).

Please contact the Graduate Medical Education Office if you have any questions or concerns about the policy and how it applies to you.

**Academic Performance Remediation**

**Academic On Review**

If questions are raised regarding a house officer's performance, the house officer may be placed "on review". The academic "on review" status indicates the house officer's performance is being more closely scrutinized. The house officer is placed on review through written notification to both the house officer and the Graduate Medical Education Office and the house officer's academic file. This status must be reviewed no later than three months after it is initiated. On review status is not generally reported to outside agencies. In the event that specific information is requested that involves issues regarding the on-review status, the program director may be obligated to disclose information to agencies that request information.

## **Academic Probation**

If a house officer's performance is deemed to be unsatisfactory from academic or professional aspects or as a consequence of a breach of the House Officer Agreement, the house officer may be placed on academic probation. The house officer and the Office of Graduate Medical Education shall be notified in writing. The notice shall include:

- The specific problems in the house officer's performance.
- The expectations of what will constitute evidence that the problems have been remedied, and
- The date at which the house officer's performance will next be reviewed and the next course of action

A review of the house officer's performance must take place within three months following the initiation or extension of probation. At the designated time, the department may extend the house officer's probation, end the probation, or dismiss the house officer.

## **Suspension, Non-renewal, Non-promotion or Dismissal**

Unsatisfactory academic performance, or breach of the terms of the house officer agreement shall be sufficient grounds for suspension, non-renewal, non-promotion or dismissal. Gross failure to perform duties, or illegal or unethical conduct may result in immediate dismissal. The Office of Graduate Medical Education must be notified and provided with all supporting documentation prior to initiating dismissal action. House officers must receive written notice of the action and be offered, in writing, the right to due process.

## **Due Process - Grievance and Appeals**

Policies regarding appeal of academic dismissal, unsatisfactory academic performance, or grievances involving terms of the House Officer Agreement are contained in the House Officer Agreement. When possible, grievances should be settled within the resident's department. If this route has been tried and no agreement is reached, the house officer should contact the Graduate Medical Education Office. If there is no resolution at this point, then the resident can

activate a formal grievance procedure as described in the house officer agreement or in the academic appeals section below.

### **House Officer Grievance Procedure**

Appeal to the House Officer Appeals Committee (“the Committee”) is available for house officers when any of the following actions occur:

1. Written notice of dismissal for unsatisfactory academic performance; or unsatisfactory professional performance; or a breach of the terms of the House Officer Agreement.
2. Written notice of non-renewal of the House Officer Agreement prior to the completion of the training program.
3. Written notice of non-promotion to the next academic year.
4. Written notice of suspension or academic failure of a rotation.

The house officer must submit the reasons for the appeal in writing to the Designated Institutional Official (DIO). The house officer must submit the appeal letter within two weeks after receiving notice of the adverse action affecting the house officer. The house officer’s letter requesting an appeal will initiate the appointment of an appeal committee.

### **Appeal Committee**

The DIO shall appoint the Committee to hear the appeal. The Committee shall consist of four members of the full-time clinical faculty and one resident, all with equal voting status. The Committee shall not include anyone who participated in the action resulting in the adverse action nor anyone who might have a conflict of interest. Because Nebraska Medicine currently only has one graduate medical education program, the Committee may involve people from graduate medical education programs of the University of Nebraska Medical Center.

The DIO shall select one of the full-time clinical faculty members appointed to the Committee as Chairperson. The Chairperson shall vote as a member of the Committee.

## **Procedure**

At least one week in advance of the hearing, the house officer requesting an appeal shall be given written notice of the time and place of the hearing, the membership of the Committee, and a copy of the House Officer Appeal Procedure.

If the house officer requests a personal appearance before the Committee, the request shall be granted. The house officer wishing to appear personally before the Committee may be accompanied by an advisor of choice. The name of the advisor must be provided to the Committee at least 24 hours before the hearing. The role of the advisor shall be limited to assisting the house officer. If the advisor is an attorney, the house officer's residency program may have an attorney present to assist the program. The Committee may have the assistance of counsel for Nebraska Medicine to advise the Committee on procedural and other matters.

The house officer and program director shall provide copies of documents and a list of witnesses (2 witnesses each) to the Graduate Medical Education Office at least 48 hours in advance of the hearing. The Graduate Medical Education Office shall distribute the information to the house officer, program director, and committee members in advance of the hearing.

The appeal agenda will begin with the Chair of the Committee giving committee introductions followed by opening of the appeal procedure. The house officer will present to the Committee first, followed by Committee questioning of the house officer. Witnesses of the house officer will each present to Committee next, followed by questioning of each witness. Once the house officer and house officer's witnesses have presented, the program director will then present to the Committee, followed by Committee questioning of the program director. The program director's witnesses will each present, followed by questioning of each witness. The committee will allow for brief (5-10 minutes) rebuttal remarks by the house officer prior to Committee deliberations.

The Chairperson of the Committee shall direct the questioning of the house officer and other witnesses and conduct the hearing so that the house officer, his or her advisor and any other individuals appearing before the Committee are treated fairly.



The DIO and/or the Director of Graduate Medical Education, who are non-voting members of the Committee, shall act as secretary to the Committee. The secretary shall arrange for a recording of the house officer's testimony and the testimony of any other witnesses. The house officer may request a copy of the recording of his or her testimony and the testimony of any other witnesses who may appear before the Committee.

At the conclusion of the hearing, the Committee shall consider the written and oral evidence. The Committee deliberations shall not be recorded. The Committee members shall consider the following questions during their deliberations:

1. Whether the person(s)/Clinical Competency Committee taking the action affecting the house officer considered all relevant matters.
2. Whether the action taken was arbitrary or capricious.

After thorough consideration of all of the written evidence and oral testimony presented, the Committee shall vote by secret ballot. The decision of the Committee shall be by majority vote. The Committee decision may be one of following: to uphold, to reverse, or to modify the action taken affecting the house officer. The Committee Chair shall submit the decision in writing to the CEO as a recommendation.

The CEO, upon receipt of the Committee's recommendation, shall review the matter and make the final decision about the appeal. The house officer and program director shall be notified in writing of the final decision.

## **Policy for House Officer Vacation / Paid Time Off**

### **Paid Time Off (PTO)**

House officers are allocated 20 days of paid time off per year for both vacation and sick leave. Paid time off cannot rollover from one academic year to the next.

### **Education Leave**

House officers may have up to five days of leave with pay per year for approved professional or educational meetings. This is in addition to 20 days of PTO allotted to house officers for vacation and sick leave. House officers should refer to program policy for what is allowable professional/education leave. Education leave does not rollover from one academic year to the next.

### **Scheduling Education and Paid Time Off**

Professional meetings (Education leave) and vacation days (PTO) must be scheduled to assure coverage in accord with minimum staffing standards of the service to which the house officer is assigned. Vacation and meeting days shall be scheduled by delivering a notice in writing in the timeframe specified by individual program policy.

Conflicts in scheduling of meetings or vacation days shall be resolved by the Office of Graduate Medical Education. Meeting or vacation days not scheduled in the manner described above may nevertheless be taken if approved in advance by the house officer's program and by the director of the service to which the individual is then assigned.

### **Sick Leave:**

Unplanned time off (often sick leave) will be deducted from PTO. Extended unplanned/sick leave may qualify for Family Medical Leave Act leave status, and the Policy for Medical, Parental and Caregiver Leave should be referenced. House officers should notify program leadership as

soon as possible regarding the need to take unplanned time off. House officers should follow program policy related to the notification procedure of unplanned leave.

### **Effect of Leave on Completion of Educational Program**

In some circumstances, the amount of allowable leave may exceed the amount allowed by the program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or program requirements, as outlined in individual program policies, if applicable and the resident will be informed of this decision. Details regarding specialty board availability can be found on each Board's web site.

### **Holidays**

House Officers are considered essential and mission-critical employees and do not receive holidays much like the general non-physician Nebraska Medicine employees. Holidays are considered workdays. For example, if a house officer wants to take the week of Thanksgiving as vacation or wants a guarantee to not be called to the hospital where they are assigned, those days will be deducted from their PTO balance.

## **Policy for Leave of Absence -- Medical, Parental or Caregiver Leave**

### **A. ACGME Program Requirements**

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws.

This policy must:

- provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report;
- provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken;
- provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken;
- ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence;
- describe the process for submitting and approving requests for leaves of absence; be available for review by residents/fellows at all times; and;
- ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

## **B. Nebraska Medicine Policy for Accredited and Non-Accredited Training Programs**

Consistent with ACGME regulations, Nebraska Medicine will provide house officers with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during their GME program, starting the day the house officer is required to report. Nebraska Medicine will provide house officers with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. Additionally, Nebraska Medicine will provide house officers with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

During any such period of absences, health, disability and other benefits for the residents/fellows and their eligible dependents will continue to remain in effect.

This information is provided in detail to all the residents/fellows at their orientation.

It is also noted to the residents/fellows that, at times, prolonged periods of absences may sometimes necessitate extension of training as required by their specific Specialty Certifying Boards.

House officers that are considering availing of this leave will coordinate this request with their Program Coordinator and Program Director, who will work closely with the GME Office. The GME Office will work with the program, resident, and the HR Office to ensure that the leave is granted. In addition, the GME Office will ensure that the program verifies the Specialty Board requirements related to any extension of training and convey this information to the house officer.

## **Policy & Procedures for Physician Impairment**

The Graduate Medical Education Committee and Graduate Medical Education Office will follow the Nebraska Medicine policy for Physician Impairment. When a house officer is suspected of impairment, the Chief Executive Officer and Medical Staff Present will involve the Designated Institutional Official (DIO) in the below process / procedures.

### **Purpose:**

1. The Nebraska Medical Center and its medical staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a clinician is suffering from impairment.
  - a. Issues of impairment related to House Officers will be referred to their respective GME programs and Designated Institutional Official.
2. The Practitioner Health Committee (as defined in the Medical Staff Bylaws, Part IV: Organization and Functions Manual, Section 1.3.12) shall recommend to the Credentials Committee, the Medical Executive Committee, and the Chief Executive Officer additional educational materials beyond this policy and suggested educational programs that address clinician health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness for the education of medical staff and other professional healthcare providers at the Medical Center.

### **Definitions:**

1. Clinicians: This policy shall apply to all members of the Medical Staff of The Nebraska Medical Center: to include MD/DOs, DDS/DMDs, Advance Practice Providers, and Professional Associates.
2. Impairment: The inability of a clinician to practice with reasonable skill and safety because of mental illness, physical illness or conditions including by not limited to those illnesses or conditions that would adversely affect cognitive, motor or perceptive skills or habitual or excessive use or abuse of drugs defined by law as controlled substances, alcohol, or other substances that impair ability.

### **Mechanism for Reporting and Reviewing Potential Impairment:**

1. Issues of impairment relating to members of the medical staff, Advance Practice Practitioners, or Professional Associates, will be referred to the Practitioner Health Committee. To the extent possible, and consistent with quality-of-care concerns, the Practitioner Health Committee will handle impairment matters in a confidential fashion. The Chief Executive Officer, the Medical Staff President, and the Chair of the Credentials Committee shall be kept apprised of matters under review by the Practitioner Health Committee.
2. If any individual has a concern that a clinician is impaired in any way that may affect his or her practice at that medical center, a written report shall be given to any member of the Practitioner Health Committee, the Chair of the Credentials Committee, or the Medical Staff President. The report shall include a description of the have proof of the impairment by must state the facts that led to the suspicions.
  - a. In the event, the impairment is thought to be of an acute nature, the individual should follow the escalation policy (TX04 – Chain of Command/Escalation of Concern) in reporting the perceived impairment. Immediate action may include, but is not limited to, substance use testing for cause or temporary suspension of hospital privileges.
  - b. Refusal to submit to substance use testing or to provide the necessary authorization for releasing hospital or medical reports that would indicate whether or not the clinician was under impairment may also be grounds for temporary suspension.
  - c. Collection process for breath and/or blood alcohol testing will follow the policies and procedures of The Nebraska Medical Center Employee Health. Testing will be performed by certified Breath Alcohol Technician. Any alcohol testing results equal to or above 0.04% will be considered positive.
  - d. Collection process for drug testing will follow policies and procedures of The Nebraska Medical Center Employee Health.

3. Any individual who has acknowledged an impairment or disability that affects his/her ability to perform the privileges requested shall also be encouraged to voluntarily present the issue to any member of Practitioner Health Committee, the Chair of Credentials Committee, or the Medical Staff President.
4. If, after discussing the incident(s) with the individual who filed the report or the clinician who self-reported, the Medical Staff President, the Chair of the Credentials Committee, Chair of Practitioner Health Committee believe there is encounter information to warrant a review, the matter shall be referred to the Practitioner Health Committee.
5. The Practitioner Health Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention.
6. As part of its review, the Practitioner Health Committee shall have the authority to meet with the individual(s) who provided the report if other than the clinician him/herself.
7. If the Practitioner Health Committee has reason to believe that the clinician is or might be impaired, it shall also meet with the clinician. At this meeting, the clinician should be told that there is a concern that he or she might be suffering for an impairment that affects his or her practice. The clinician should not be told who filed the initial report but should be advised of the nature of the concern and provided a typed copy of the written report with the identity of the person making the report expunged.
8. As part of its review, the Practitioner Health Committee shall also have the authority to request that the clinician be evaluated by a qualified organization/consultant and have the results of the evaluation provided to it. Consent for the release of information to the Practitioner Health Committee is attached as Appendix A.
9. Depending upon the severity of the problem and the nature of the impairment, the Practitioner Health Committee has the following options to recommend to the Medical Staff President:
  - a. Recommend that the clinician voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to



address and resolve the impairment. All costs incurred for rehabilitation or treatment will be the responsibility of the clinician.

- b. Recommend that appropriate conditions of limitations be placed on the clinician's practice.
  - c. Recommend that the clinician voluntarily agree to refrain from exercising some of all privileges in the medical center until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the clinician is able to practice safely and competently.
  - d. Recommend that some or all of the clinician's privileges be suspended if the clinician does not voluntarily agree to refrain from practicing in the medical center.
  - e. Determine there is no impairment.
  - f. All determinations by the Practitioner Health Committee shall be made in accordance with federal, state, and local laws concerning disability and shall be based upon an individualized mandatory assessment of the clinician.
10. If the Practitioner Health Committee recommends that the clinician participate in a rehabilitation or treatment program, it should assist the clinician in locating a suitable program. In the case of M.D.s, the Practitioner Health Committee will make an elective referral to the Nebraska Licensee Assistance Program or equivalent program for an assessment.
11. If the clinician agrees to abide by the recommendation of the Practitioner Health Committee, then a confidential report will be made to the Chief Executive Officer, the Medical Staff President, and the Chairman of the Credentials Committee. In the event there is concern by the Chief Executive office, Medical Staff President, and the Chairman of the Credentials Committee that the action of the Practitioner Health Committee is not sufficient to protect patients, the matter will be referred back to the Practitioner Health Committee with specific recommendation on how to revise action or it will be referred to the Medical Executive Committee for an investigation.

12. The Practitioner Health Committee shall seek the advice of the medical center legal counsel to determine whether any conduct must be reported to law enforcement authorities, state licensing board, or other government agencies and what further steps must be taken.
13. Upon sufficient proof that a clinician who has been suffering from an impairment has successfully completed an elective rehabilitation or treatment program, the Practitioner Health Committee may recommend that the clinician be reinstated the Practitioner Health Committee must consider patient care interests as paramount.
14. Prior to recommending reinstatement, the Practitioner Health Committee must obtain a letter from the clinician overseeing the rehabilitation or treatment program- (A copy of a release from the clinician authorizing this letter is attached as Appendix B). The letter must address the following:
  - a. The nature of the clinician's condition.
  - b. Whether the clinician is participating in a rehabilitation or treatment program and a description of the program.
  - c. Whether the clinician is in compliance with all of the terms of the program.
  - d. To what extent the clinician's behavior and conduct need to be monitored.
  - e. Whether the clinician is rehabilitated.
  - f. Whether an after-care program has been recommended to the clinician and, if so, a description of the after-care program; and
  - g. Whether the clinician is capable of resuming medical practice and providing continuous, competent care to patients/.
15. Before recommending reinstatement, the Practitioner Health Committee may request a second opinion on the above issues from a clinician of its choice.
16. Assuming that all of the information received indicates that the clinician is capable of resuming care of patient that following additional precautions should be taken before the clinician's clinical privileges are reinstated:

- a. The clinician must identify at least one practitioner who is willing to assume responsibility for the care of his or her patient in the event of the clinician's inability or unavailability and:
  - b. The clinician shall be required to provide periodic reports to the Practitioner Health Committee from his or her attending clinician or the rehabilitation/treatment program, for a period of time specified by the Committee, stating that the clinician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat or care for patients in the medical center is not impaired. Additional conditions may also be recommended for the clinician's reinstatement.
17. The final decision to reinstate a clinician's clinical privileges must be approved by the Medical Staff President in consultation with the Chief Executive Officer, and the Chairman of the Credentials Committee.
  18. The clinician's exercise of clinical privileges in the medical center shall be monitored by the Service Chief or by a clinician appointed by the Service Chief. The nature of that monitoring shall be recommended by the Practitioner Health Committee in consultation with Medical Staff President and the Chairman of the Credentials Committee.
  19. If the clinician is suffering from an impairment relating to substance abuse, the clinician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Chief Executive Officer, the Medical Staff President or designee, and any member of the Practitioner Health Committee.
  20. In the event of any apparent or actual conflict between this policy and the bylaws, credentials policy, or other policies of the medical center or its medical staff, including the investigation hearing and appeal sections of those bylaws and policies, the provisions of this policy shall prevail.

**Commencement of an Investigation:**

1. The medical center and the medical staff believe that issues of impairment can best be dealt with by the Practitioner Health Committee to the extent possible. If, however, the Practitioner Health Committee makes a recommendation, including a recommendation

for an evaluation or a restriction or limitation on privileges, and the clinician refuses to abide by the recommendation, the matter shall be referred to the Medical Executive Committee for an investigation to be conducted pursuant to the Investigative Procedure of the Medical Staff Policies and Procedures.

2. The original report and a description of any recommendations made by the Practitioner Health Committee should be included in the trending file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the clinician's trending file and the clinician's activities and practice shall be monitored until it can be established whether there is an impairment that might affect that clinician's practice. The clinician shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her quality file.
3. The Chief Executive Office and the Medical Staff President shall inform the individual who filed the report that follow-up action was taken.
4. Throughout this process, confidentiality and privacy should be maintained.
5. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardize the safety of the clinician or other, the Chief Executive Officer, and the Medical Staff President, or the Chairman of the Credentials Committee may contact law enforcement authorities or other government agencies.
6. All requests for information concerning the impaired clinician shall be forwarded to the Medical Staff President for response.
7. Nothing in this policy precludes immediate referral to the Medical Executive Committee) or the Board of Directors or the elimination of a particular step in the policy in dealing with conduct that may compromise patient care.

## **Policy for anti-harassment**

Nebraska Medicine strives to maintain a safe and harassment free working environment. To this end, Nebraska Medicine expects that all colleagues will not engage in discrimination, harassment, sexual harassment, bullying, unprofessional conduct, or retaliation of any kind towards any of its colleagues, faculty, students, patients, and visitors, and will actively investigate and address all claims. For purposes of this policy, the following definitions describe unacceptable behavior covered in this policy:

### **Discrimination**

Discrimination is the adverse or disparate treatment of an individual or group of individuals based on race, color, sex, national origin, age, religion, disability, marital status, genetic information, sexual orientation, gender identity, HIV status, veteran status, and any other status protected by federal, state, or local law.

### **Harassment**

Harassment is a form of discrimination that includes unwelcome verbal or physical conduct on the basis of race, color, sex, national origin, age, religion, disability, marital status, genetic information, sexual orientation, gender identity, HIV veteran status, and any other status protected by federal, state or local law. Harassment becomes unlawful when enduring the offensive conduct becomes a condition of continued employment or the conduct is severe or pervasive enough to change a colleague's terms and conditions of employment.

### **Sexual Harassment**

Sexual harassment is a type of harassment that is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly, a term or condition of employment or educational status.
- Submission to or rejection of such conduct is used as the basis for employment affecting an individual.

- Such conduct has the purpose or effect of unreasonably interfering with one's work or creating an intimidating, hostile or offensive environment.

General categories of sexual harassment include:

- Communication of a sexual nature whether oral, pictorial, written or physical which in purpose or effect intimidates the recipient or creates an offensive or hostile working environment.
- Solicitation of sexual contact of any nature when submission to or rejection of such contact, explicitly or implicitly imposes either favorable or adverse terms or conditions of employment.

Examples of "favorable" terms or conditions might be extra training, awards, lax record keeping regarding time worked, EIB or PTO, inequitable standards, unjust evaluations, promotion, etc. Examples of "adverse" terms and conditions include withholding training, inequitable standards, unjust evaluation, reassignment to a less desirable position or location, denial of promotion or threats of any such diverse actions, whether enforceable, or not, including threats of termination or dismissal.

### **Bullying**

Bullying is defined as repeated, unwelcome verbal or physical conduct that threatens, humiliates, intimidates, or otherwise creates a hostile work environment.

### **Unprofessional Conduct**

Unprofessional conduct includes but is not limited to the use of profanity or humiliating remarks directed at coworkers, patients or visitors; physical abuse; personal verbal attacks; and maliciously false accusations.

### **Retaliation**

Retaliation occurs whenever a leader punishes an employee for engaging in legally protected activity and the adverse action would deter a reasonable person in the situation from making or

filing a complaint. Retaliation includes, but not limited to, such actions as demotion, corrective action, firing, salary reduction, or shift reassignment.

### **Reporting an incident of discrimination, harassment, bullying, unprofessional conduct or retaliation**

Any employee of Nebraska Medicine that has witnessed or believes that he/she/they has been subjected to any conduct that violates this policy should report the incident promptly through one of the following channels:

- The employee's immediate supervisor or any other member of management
- Human Resources: MyHR@nebraskamed.com or 402-552-6947
- Compliance Hotline: 1-800-822-8310
- "Shoutout for Safety" (SOS) – system that can be used by any employee to report any unprofessional behavior.

Supervisors and/or managers who receive information suggesting a violation of this policy are required to promptly notify Employee Relations so that a full and fair investigation of the situation can be initiated. Upon completion of the investigation, Employee Relations will determine the outcome and work with the appropriate leaders to recommend any necessary corrective action up to and including termination.

### **Confidentiality**

In all cases, measures will be taken to protect the confidentiality of the information received and the privacy of the individuals involved to the greatest extent possible as allowed by state and federal laws.

### **Retaliation**

Nebraska Medicine prohibits retaliation in response to any individual who reports, in good faith, activity believed to be discriminatory, harassing – including sexual harassment, or otherwise believed to be in violation of this policy and/or state and federal laws. Nebraska Medicine also

prohibits retaliation because an individual participated as a witness or in the investigation of such reports.

### **Procedure**

1. Employee reports concern to department manager, Employee Relations, or the Compliance Hotline.
2. If the concern is reported directly to the manager or through the Compliance Hotline, Employee Relations should be made aware immediately.
3. Employee Relations will work with manager to determine next steps. It may be determined that management is able to resolve concerns upon initial contact or the situation may lead to employee relations conducting an investigation that includes, but not be limited to, interviewing the employee reporting the concern, and witnesses identified in the process.
4. Employee Relations will review the findings of the investigation and consult with appropriate leadership to determine the necessary next steps in bringing the investigation to resolution. Colleagues found to be in violation of this policy may be subject to corrective action, up to and including termination.



## Policy for Accommodation of Disabilities

Nebraska Medicine is committed to providing reasonable accommodations for qualified individuals with disabilities as defined by applicable law.

### Definitions

As used in this policy, the following terms have the indicated meaning and will be adhered to in relation to the ADA policy.

- **•Disability** refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. An individual who has such an impairment, has a record of such an impairment, or is regarded as having such an impairment is a “disabled individual.”
- **Direct threat to safety** means a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation.
- **A qualified individual with a disability** means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the job that the individual holds or for which the individual has applied.
- **Reasonable accommodations include but are not limited to the following** : making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, modified work schedules, reassignment, acquisition or modification of equipment or devices, adjustment or modification of examinations, adjustment or modification of training materials, adjustment or modification of policies, and similar activities.
- **Undue hardship** means an action requiring significant difficulty or expense for the employer and is evaluated in each individual situation.
- **Essential job functions** refer to those activities of a job that are the core to performing the particular job and cannot be modified or removed from the job.

## Procedure

The process for determining that a person is a qualified individual with a disability and reasonable accommodation is designed to be an interactive dialogue, involving Employee Relations, leadership, the employee or applicant, and other appropriate individuals, as needed. Unless initiated by the applicant, this process will not be initiated with an applicant until a conditional offer of employment has been made.

1. The qualified individual with a disability who requires accommodation has the responsibility to initiate the request for accommodation. The request is to be submitted in writing to Employee Relations on the appropriate form and with the appropriate supporting documentation for review and consideration. The Employee Accommodation Form and the Medical Information Request Form are an attachment to this policy. The review of the request may, at the discretion of Nebraska Medicine, include an evaluation and determination of the scope of the disability and, if appropriate, a request for additional medical documentation, examinations and/or opinions related to the disability, functional limitations, and the need for accommodation. If the individual is unable to submit a written request for accommodation, an oral or other request will suffice to initiate the interactive process.
2. Upon receiving the completed Employee Accommodation Form, the Medical Information Request Form and any other information, Employee Relations in consultation with appropriate parties will make the initial determination that the employee or applicant has a disability.
3. Before making a decision to grant or deny the request for accommodation, the employing department, through the appropriate leadership, the individual requesting the accommodation and Employee Relations will discuss the essential functions of the position, the employee's precise limitations, and the types of accommodation which would be most effective.
4. The employing department with the assistance of Employee Relations will decide whether the individual can perform the essential functions of the position with or without accommodation and whether the requested accommodation(s) place an

"undue hardship" on Nebraska Medicine. Nebraska Medicine may grant reasonable accommodation(s) which differ from the requested accommodation(s).

NOTE: All medical information obtained throughout the determination process is considered a "confidential medical record," and must be solicited and received by Employee Relations, who will provide only information about necessary restrictions and accommodations to their management on a need to know to know basis. All medical information and the completed Disability Accommodation Request Form will be kept by Employee Relations as confidential medical records files, separate from personnel records.

5. Employee Relations shall inform the employee of the decision to grant, deny or modify the requested accommodation using the Reasonable Accommodation Request Form.
6. When accommodation(s) is granted, the employing department will document the accommodation(s) on the form. The employee or applicant, the employing department and Employee Relations will sign that they agree with the accommodation(s) granted .If the requesting employee or applicant rejects the offered accommodation, that fact should be documented on the form.
7. All steps of this process will be performed in a reasonable amount of time. All persons involved in the process should keep the other persons informed of the actions being taken on the request.

## **Policy for Non-Discrimination & Promotion of Diversity**

Nebraska Medicine recognizes that we live in a diverse society. We value the diversity of our employees, patients and the community and strive to create an environment where all people have equal opportunity. We are committed to maintaining an environment that is free of discrimination due to sex, race, color, religion, national origin, age, disability, genetic information, marital status, sexual orientation, gender identity or protected veteran's status or any other status protected by applicable law. We will demonstrate our commitment to diversity through the following actions.

- We will create an environment where all people are treated with dignity and respect, and where difference is valued.
- We will create an atmosphere where all people feel welcome and where their unique cultural differences are respected.
- We will create an environment where all people have an equal opportunity to provide and receive quality health care. This will include awareness of the many cultural barriers, language and customs that we must overcome with our staff, patients and the community in order to provide health care to a diverse population.
- We will openly embrace the diversity of our employees, patients and customer population. We acknowledge that creating a diverse environment must have the support and commitment of all levels of the organization.
- We, in cooperation with our partners at UNMC, will celebrate diversity to create an environment of inclusion.
- We will comply with all Federal, State, and Local laws and regulations prohibiting discrimination on the basis of race, color, religion, sex, age, disability, genetic information, sexual orientation, gender identity, protected veteran's status or national origin to ensure that:
  - People are recruited, hired, trained and promoted for jobs without regard to race, color, religion, sex, age, disability, genetic information, sexual orientation,

gender identity, protected veteran's status or national origin; and employment decisions are based on individual qualifications for the positions being filled.

- Other personnel actions such as compensation, benefits, transfers, lay-offs, Nebraska Medicine-sponsored training, education, and social and recreational programs are administered without regard to race, color, religion, sex, age, disability, genetic information, sexual orientation, gender identity, protected veteran's status or national origin.
- Nebraska Medicine provides equal opportunities to otherwise qualified individuals with disabilities. Reasonable accommodations will be made for qualified individuals with known disabilities to enable such individuals to (1) apply for employment, (2) perform the essential functions of the job, and (3) to enjoy the other terms and conditions of employment. Requests for accommodations should be made to management or Employee Relations (HR48 – ADA Reasonable Accommodations Policy).
- Nebraska Medicine may employ affirmative action in recruitment and hiring of qualified individuals to achieve its goals of creating a diverse and inclusive work environment that mirrors our community in accordance with Executive Order 11246.

We will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

## **Policy for Supervision (Institutional Supervision Policy for House Officers)**

Program Directors are expected to customize the program's supervision policy to meet expectations of the program.

### **Scope**

The policy applies to all Nebraska Medicine house officers appointed to GME programs sponsored by Nebraska Medicine; including all clinical sites where house officers are engaged in patient care. The policy applies to residents and fellows appointed to ACGME accredited and non-ACGME accredited programs (both UNMC and Nebraska Medicine). All GME programs must adhere to the minimum standards put forth in this policy. Programs must supplement this policy with program-level supervision policies, with written descriptions of supervision requirements for each clinical rotation. In addition, programs must adhere to other supervision requirements of other entities if these policies exceed the standards put forth in this policy.

Other supervision policies may include, but are not limited to:

- Medical staff policy for the institution
- Standards required by TJC, CMS, or other regulatory/accrediting bodies
- Individual ACGME program requirements

The standards put forth in this policy do not ensure compliance with standards required for billing purposes.

### **Definitions**

- Supervising Physician: A faculty physician, or a senior resident or fellow.

Levels of Supervision: Three levels of supervision are defined.

1. Direct: The supervising physician is physically present with the resident and the patient.
2. Indirect: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

3. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## **Policy**

The development, implementation and enforcement of this policy are the responsibility of the program director. Oversight for the compliance of individual programs is the responsibility of the Graduate Medical Education Committee. Program supervision policies will be reviewed during the Annual Program Assessment process.

Supervising faculty physicians:

Supervising faculty physicians are responsible for ensuring patient safety and quality of care. Supervising physicians may not provide direct supervision of all aspects of patient care, but they are ultimately responsible for the care of each patient. Faculty will provide coverage and continuity of care in circumstances in which house officers are unable to attend work, including, but not limited to fatigue, illness, family emergencies and parental leave.

Program Director:

- Provide a curriculum, including clinical rotation summaries, delineating resident/fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of residents/fellows over the continuum of the program.
- Assign progressive authority and responsibility, conditional independence, and a supervisory role in patient care based on specific criteria reviewed by the clinical competency committee for each program, and supervising faculty members for each clinical experience.
- Review the levels of supervision with residents/fellows, supervising faculty physicians, and other members of the team as applicable.
- Provide a specific statement identifying any exceptions this policy for individual house officers, supervising physicians and other members of the team as applicable.

**Emergencies:**

An “emergency” is defined as a situation where immediate care is necessary to preserve the life or to prevent serious impairment of the health of a patient. In such situations, any house officer, assisted by hospital personnel, is permitted to do everything possible to save the life of the patient. House officers are expected to notify the attending physician as soon as possible after the emergency situation has been addressed.

**Communication**

Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising physician faculty, such as the change in patient status, escalation of care, transfer of a patient to an intensive care unit, outside transfers/consults, or end-of-life decisions. House officers must notify the supervising physician faculty of any significant changes in the patient’s condition.

**Progressive Responsibility of House Officers**

Development of mature clinical judgment requires that each house officer be involved in the decision-making process. This process should be determined by the program and individualized based on the progression of the house officer’s competency and abilities based on the specialty-specific Milestones.

- Supervision is monitored by the Clinical Competency Committee (CCC). As the house officer progresses satisfactorily in training, the CCC will grant graded responsibility commensurate with their abilities shown in Milestone progression.

1. Faculty members functioning as supervising physicians should delegate portions of care to house officers based on the needs of the patient and the skills of the residents.
2. Senior house officers should serve in a supervisory role of junior house officers in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.



## Procedures

Programs should provide specialty specific guidelines for the program's policy.

1. Inpatient Admissions: For patients admitted to an inpatient service of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient within 24 hours of admission including weekends and holidays or sooner if the clinical condition warrants.
2. Continuing Care of Inpatients: For continued care of admitted patients, supervising faculty must provide the correct level of supervision based on the skills of the house officer. Supervising faculty must physically meet, examine, and evaluate the patient on a daily basis, including weekends and holidays. Faculty is expected to be personally involved in the ongoing care of the patients. The supervising physician must be identifiable for each resident's patient care encounter and inform the patients about their respective roles.
3. Discharge from Inpatient Status: The supervising faculty, in consultation with the house officer, ensures that the discharge of the patient from an inpatient service of the hospital is appropriate and based on the specific circumstances of the patient's diagnoses and therapeutic regimen; this may include physical activity, medications, diet, functional status, and follow-up plans.
4. Transfer from Inpatient Service to Another Service or Transfer to Different Level of Care or to an Outside facility: The supervising faculty, in consultation with the house officer, ensures that the transfer of the patient from one inpatient service to another or transfer to a different level of care or an outside facility is appropriate and based on the specific circumstances of the patient's diagnoses and condition. The supervising faculty from the transferring service must be involved in the decision to transfer the patient.
5. Inpatient Consultations: For consultations to an inpatient service of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient within 24 hours of the consultation order including weekends and holidays or sooner if the clinical condition warrants.

6. Intensive Care Units (ICUs), including Adult and Pediatric Medical, Cardiac, and Surgical ICUs: For patients admitted to, or transferred into, an ICU of the hospital, the supervising faculty must physically meet, examine, and evaluate the patient as soon as possible, but no later than 24 hours after admission or transfer, including weekends and holidays.

7. Outpatient Care: For patients in outpatient clinics, supervising faculty must provide the appropriate level of supervision based on the skills of the house officer. Faculty is expected to be involved in the ongoing care of the patients assigned. The supervising practitioner must be identifiable for each patient care counter and also inform the patients of their respective roles.

8. Operating Room (OR) Procedures: Supervising faculty must provide appropriate supervision at all times for the patient's evaluation, management decisions, and the technical aspects of procedures. Determination of the level of supervision is a function of the level of responsibility assigned to the individual house officer involved and the complexity of the procedure.

#### 9. Non-OR Procedures

a. Routine Bedside and Clinic Procedures: Routine bedside and clinic procedures include skin biopsies, central and peripheral lines, lumbar punctures, thoracentesis, paracentesis, and incision and drainage. Supervision for these activities is dependent on the setting in which they occur as well as the skill of the house officer as determined by the leadership of the individual training program. Competency is assessed prior to permitting residents to perform these bedside procedures under appropriate supervision.

b. Non-Routine, Non-Bedside Diagnostic or Therapeutic Procedures: Non-routine, non-bedside, diagnostic, or therapeutic procedures (e.g., endoscopy, cardiac catheterization, invasive radiology, chemotherapy, radiation therapy) are procedures that require a high level of expertise in the performance and interpretation. Although gaining experience in doing such procedures is an integral part of the education of the house officer, such procedures may be done only by the house officers with the required knowledge, skill, and judgment and under an appropriate level of supervision by a supervising faculty. Supervising faculty is responsible for authorizing the performance of such procedures

and most often provide direct Supervision. Supervision for these procedures takes into account the complexity and inherent risk of the procedure, the experience of the resident, and assigned graduated levels of responsibility.

## **Policy for Clinical and Educational Work Hours**

Program Directors are expected to customize the program's work hours policy to meet expectations of the program.

**Definition:** Clinical and educational work hours are defined as all clinical, academic, and administrative activities related to the training program. These activities include inpatient and outpatient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program required activities such as participating in committees and in interviewing training program candidates. Clinical and educational work hours do not include reading and preparation time spent away from the duty site.

**Clinical and Educational Work hours must meet the following standards based on ACGME requirements:**

Maximum hours of Clinical and Educational Work per Week

- Clinical and educational work hours must not exceed 80 hours per week averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting activities.

Mandatory Time Free of Clinical Work and Education

- House officers should have eight hours off between scheduled clinical work and educational periods. House officers must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- House officers must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks) At home call cannot be assigned on these free days.

Maximum Clinical Work and Educational Period Length

- Clinical and educational work periods for house officers 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 house officer education. Additional patient care responsibilities may not be assigned during this time.

#### Moonlighting

- Time spent by house officers in internal and external moonlighting must be counted toward the 80 hour maximum weekly limit. Moonlighting must not interfere with the ability of the house officer to achieve the goals and objectives of the educational program, and moonlighting must not interfere with the house officer's fitness for work nor compromise patient safety. Program directors have authority to deny moonlighting requests. Please see separate institutional moonlighting policy for more details.

#### In-House Night Float

- Night float must occur within the context of the 80 hour and one day off in seven requirements.

#### Maximum In-House On-Call Frequency:

- House officers must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

#### At-Home Call:

- Time spent on patient care activities by house officers on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to every third night limitation, but must satisfy the requirement of one day in seven free of clinical work and education when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for the house officer.

#### Clinical and Education Work Hour Exceptions:

- The Sponsoring Institution does not grant exceptions to the 80-hour work week.

#### **Monitoring and Compliance:**

##### Office of Graduate Medical Education (GME):

- The GME Office conducts a thorough review of monthly duty hour reports of all the GME Programs on campus to ensure tracking and compliance. The GME Office also ensures that all Program Directors sign a monthly attestation form to state that all house officers are scheduled to work less than 80 hours per week. Programs not in compliance with any of the duty hour policies are reminded and a follow up response is requested.

##### Programs:

- Programs are responsible for creation of a program-specific Clinical and Educational Work Hours policy.
- Program directors are expected to attest individual rotations are not set up to cause clinical and educational work hours violations.
- Programs are responsible for setting up rotations in New Innovations for oversight of clinical and educational work hours by the Office of Graduate Medical Education and the Graduate Medical Education Committee.

##### House officers:

- House officers are responsible for documenting their clinical and educational work hours in New Innovations.
- House officers are responsible for notifying the Program Director immediately with any concerns of infractions that are occurring related to duty hour regulations. House officers may also contact the Office of Graduate Medical Education to report concerns not addressed at the program level.

- Accurate and timely documentation of duty hours is considered part of the professional responsibility of house officers.

Faculty:

- Faculty will ensure that residents/fellows are allowed to adhere to the duty hour regulations at all times.

In any event of potential duty hour violations or signs of excessive fatigue, faculty will help to transfer patient care responsibilities to faculty or other residents and permit residents/fellows to go home.

Faculty will be educated to keep up to date with the current duty hour regulations and policies.

## Policy for Moonlighting

The following are Nebraska Medicine regulations regarding moonlighting:

- No house officer will be required to engage in moonlighting.
- First-year house officers are not allowed to moonlight.
- House officers with J1 visas are not allowed to moonlight.
- When house officers have secured an unrestricted license to practice medicine, they may be allowed to moonlight once written permission is received from the Program Director and GME Office.
- Moonlighting will not interfere with a house officer's performance of rotation or clinical responsibilities. If such interference occurs, it will be grounds for suspension of moonlighting privileges. All required paperwork must be up to date, including medical records, duty hours, evaluations, etc., prior to engaging in any moonlighting.
- Unless on vacation, house officers are not allowed to moonlight from 8 am Monday through 5 pm on Friday.
- All moonlighting hours must be logged in the New Innovations Residency Management Suite. Moonlighting and residency commitments must be in compliance with ACGME work hour requirements. Per ACGME Common Program Requirements, "Moonlighting must not interfere with the 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." Moonlighting hours count towards the 80 hours maximum weekly limit.
- Clarkson Family Medicine faculty members, as well as Nebraska Medicine attending physicians, will advise the Program Director when a house officer seems to be moonlighting in excess on a given rotation. More importantly, it is the individual house officer's responsibility to make this determination, and, if necessary, reduce moonlighting time before it becomes a problem.
- Failure to accurately log moonlighting hours may compromise liability coverage. It may also subject the house officer to loss of all moonlighting privileges.



- Nebraska Medicine provides liability insurance for moonlighting with these conditions:
  - Written approval of moonlighting activity by the program director with a copy to the Office of Graduate Medical Education.
  - The resident is not scheduled for any required Clarkson Family Medicine duties which would overlap or conflict with the proposed moonlighting as delineated above.
  - House officer has a license to practice medicine in the state where the moonlighting occurs.
- Moonlighting privileges will be reviewed and approved periodically.
- Moonlighting privileges can be revoked at any time for failure to comply with the Moonlighting Policy. If moonlighting approval is withdrawn, the house officer will be notified in writing as soon as possible and before the date of the practice activity.

## **Policy for Interactions with Institutional Vendors (Pharma/Industry Representatives, etc)**

Employees and representatives of pharmaceutical, medical device, surgical equipment, and nutritional companies are considered health care vendors. No vendor should directly contact house officers except in the following cases: 1) the vendor is invited to attend a departmental educational event; 2) the vendor is involved in an in-service training scheduled by training programs or faculty; or, 3) the vendor is a part of the health care team involved in clinical care of a patient (e.g., implant vendors).

Except in cases where the vendor is part of a patient's health care team, no vendor should have access to any inpatient floors of the hospital, intensive care units, procedure and/or operating rooms, or pharmacy work areas, and no protected health information should be shared with a vendor. Vendors are prohibited from providing food or funds to purchase food for any on-campus meetings, including departmental conferences and educational events.

All personnel, including house officers, are prohibited from accepting marketing/promotional materials or gifts of any kind from health care vendors. Drug sample policies are set individually by each department, and therefore, house staff with any questions about their department's drug sample policy should contact their program director.

All personnel, including house officers, are prohibited from accepting payments or reimbursements from vendors for attending a vendor-sponsored conference as a passive participant (not a presenter), or for participating in a vendor speaker's bureau to present vendor-developed content. House officers are also prohibited from publishing articles under their own name that are wholly or partially written by a health care vendor unless the vendor's contribution complies with International Committee of Medical Journal Editors (ICMJE) guidelines for authorship.

For more information, please see Nebraska Medicine Medical Staff Policy 40: Vendor Interactions

## **Policy for Non-Competition Guarantee / Restrictive Covenants**

Nebraska Medicine has no restrictive covenants relative to practice or employment of house officers after completion of postgraduate training.

Neither the Sponsoring Institution nor any of its ACGME or non-ACGME accredited training programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

**Substantial Disruptions in Patient Care or Education:  
Including, but not limited to, disasters, pandemics, and other emergency  
situations.**

**Purpose**

To establish institutional standards for the involvement of house officers to ensure optimal patient care, educational effectiveness, house officer safety, and compliance with ACGME institutional requirements and other regulatory body requirements.

**Scope**

The policy applies to all house officers appointed to GME programs sponsored by Nebraska Medicine as well as participating sites including, but not limited to, CHI Health Midlands, Children's Nebraska, and other clinical sites where house officers are engaged in patient care. The policy applies to house officers appointed to ACGME accredited and non-ACGME accredited programs, which currently is Clarkson Family Medicine Residency (ACGME accredited) for the Sponsoring Institution of Nebraska Medicine. Nebraska Medicine GME programs must adhere to the minimum standards put forth in this policy. In addition, programs must adhere to other disaster/emergency responses plans of other entities that may include, but are not limited to:

- A. Medical staff policy for the affiliated hospital (Faculty Safety Plan, Emergency Operations Plan, Crisis Communications Plan, Social Media Crisis Communication Plan, etc.)
- B. Standards required by TJC, CMS, or other regulatory/accrediting bodies.
- C. Individual ACGME program requirements

**Policy**

The policy is guided by the following principles:

- a. The sponsoring institution is committed to ensuring a safe, organized, and effective clinical learning environment for house officers.
- b. The sponsoring institution recognizes the importance of physicians at all levels of training in the provision of emergency patient care in the event of a disaster.

- c. Decisions regarding initial and continuing deployment of house officers in the provision of emergency patient care during a disaster will be made based on the importance of patient needs, the educational needs of the house officers, and the health and safety of the house officers and their families.

## **Procedures**

Upon the occurrence of the disaster/emergency situation and immediately following for up to 72 hours:

- a. House officers will be deployed as directed by the Incident Commander as specified by the emergency operations plan of the affiliated hospital. Ongoing decision-making regarding deployment of house officers to provide clinical care will be based on both the clinical needs of the institution and the safety of the house officers. These measures will be undertaken in conjunction and consultation with the Designated Institutional Official (DIO).
- b. Those involved in making decisions in this period are: Incident Commander(s), Nebraska Medicine CEO, Designated Institutional Official (DIO), and Affiliated hospital decision makers.
- c. To the extent possible within the constraints of the disaster, decision- makers shall inform and consult with the DIO, Program Director(s) and the President of the House Staff Council.
- d. Any major change involving the workflow of the house officers at all the training sites will be communicated with the DIO and program director(s) for approval.
- e. House officers will maintain their salary, benefits, and professional liability coverage.
- f. The safety of house officers in their clinical and educational environments throughout the period of the disaster will be ensured through the oversight of the DIO, in conjunction with the Program Director, and relevant hospital leadership.
- g. Programs will follow and comply with all the ACGME requirements and any modifications made to these requirements by ACGME as necessitated by the emergency situation.

- h. In situations where the disaster or emergency situations affects the whole nation, efforts will be made to ensure ongoing training at Nebraska Medicine within the confines of feasibility, while placing a strong emphasis on the safety of the house officers.

By the end of the first week following the occurrence of the disaster/emergency situation, if the situation is ongoing:

- i. An assessment will be made of the continued need for provision of clinical care by house officers and the likelihood that training can continue on site. The assessment will be made by: DIO in collaboration with hospital leadership and Incident Commander.

By the end of the second week following the occurrence of the disaster/emergency situation, if the situation is ongoing:

- j. The DIO will request an assessment by individual program directors regarding their ability to continue to provide training. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at Nebraska Medicine. The DIO will contact the ACGME to provide a status report. Those involved in decision making for Nebraska Medicine in this period are: DIO, Assistant DIO (if applicable), Individual Program Directors, and hospital leadership, including CEO.
- k. Programs must continue to assess residents and fellows in all six ACGME Core Competencies, and such assessments must form the basis for decisions regarding promotion to subsequent appointment levels or satisfaction of requirements for program completion. Programs should follow the principles of competency-based medical education to make determinations regarding the advancement, graduation, and Board eligibility of individual residents and fellows. Reference:  
<https://www.acgme.org/newsroom/2020/9/guidance-statement-on-competency-based-medical-education-during-covid-19-residency-and-fellowship-disruptions/>
- l. House officers who wish to take advantage of the Leave of Absence Policy or to be released from their House Officer Contract will be accommodated.

During the third and fourth weeks following the occurrence of the disaster/emergency situation:

- m. If the situation is ongoing: Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate, as long as the alternative site is not affected as well. Transfers will be coordinated with ACGME; Program Directors will have the lead responsibility for contacting other Program Directors and notifying the DIO and the GME Director of the transfers. The DIO will be responsible for final approval and coordinating the transfers with ACGME.

Ongoing substantial disruption to patient care by disaster/emergency situation:

- n. House officers must receive written information regarding their program's plans to ensure their ability to satisfy requirements for program completion and to become eligible for board certification.
- o. The ACGME Extraordinary Circumstances policies will be invoked if the Sponsoring Institution's disaster status persists for more than 90 days in the academic year.

When the emergency situation has ended:

Plans will be made with the participating institutions to which house officers have been transferred for them to resume training at Nebraska Medicine. Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees, and decisions as to other matters related to the impact of the disaster on training will be made. The GMEC will conduct a review of the disaster response and make recommendations for improvements.

### **Communications with ACGME**

The DIO will notify the ACGME Institutional Executive Director, and, if appropriate, request a declaration of disaster. The ACGME will post the notice on its web site.



Within ten days after the declaration of disaster by ACGME, the DIO or his/her designee will contact ACGME to discuss revised due dates that ACGME will establish for the affected programs' submission of program(s) reconfigurations necessary because of the disaster and notifications to the affected programs' house officers of the transfer decisions.

All information will be submitted no later than 30 days after the disaster unless other due dates are approved by ACGME.

**ACGME Resources during Substantial Disruptions in Patient Care or Education:**

Guidance Statement on Competency-Based Medical Education:

<https://www.acgme.org/newsroom/2020/9/guidance-statement-on-competency-based-medical-education-during-covid-19-residency-and-fellowship-disruptions/>

Frequently Asked Questions:

<https://www.acgme.org/covid-19/frequently-asked-questions/>

Sponsoring Institution Emergency Categorization:

<https://www.acgme.org/covid-19/sponsoring-institution-emergency-categorization/>

Program Emergency Categorization: <https://www.acgme.org/covid-19/program-emergency-categorization/>

## **Policy for Program Reduction or Closure**

If a graduate medical education program or the Sponsoring Institution is at risk for reduction or closure either by Nebraska Medicine for financial or administrative reasons or by loss of ACGME accreditation, the Sponsoring Institution will inform the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO) and house staff physicians as soon as possible.

The Sponsoring Institution will allow house staff physicians to complete the academic year in progress or if possible, the full accredited program. If the accredited program or academic year cannot be completed, the Sponsoring Institution will make every effort available to place the current house staff physicians into another similar approved program elsewhere. The DIO and the program director will reach out to other programs in an effort to secure a spot for the orphan residents. If possible, attempts will be made to absorb these residents into the other programs within the University of Nebraska Medicine Center. Every effort will be made to ensure the resident and their dependents will receive salary and benefits for the term of their employment.