

# UNMC Internal Medicine-Pediatrics Residency Training Program Curriculum

## Overall Goals of the Program

The goal of the residency training program in internal medicine-pediatrics is to provide educational experiences that prepare residents to be competent general internal medicine-pediatrics physicians, able to provide comprehensive, coordinated care to a broad range of patients. The training will allow residents to become board eligible in both internal medicine and pediatrics and will prepare residents to enter fellowship training in subspecialties. The residents' educational experiences must emphasize the competencies and skills needed to practice general medicine and pediatrics of high quality in the community. In addition, residents must become sufficiently familiar with the fields of subspecialty internal medicine and pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders. Residents will be taught interpersonal and communication skills that result in effective information exchange and teaming with patients, families, and other health professionals. Furthermore, the training program has a goal of fostering compassionate delivery of health care and patient advocacy in today's environment of cost effective medicine.

Residents care for patients in both inpatient and ambulatory settings at The Nebraska Medical Center, Children's Hospital and Medical Center, the Omaha VA Hospital, and various ambulatory settings. These experiences allow them the opportunity to work with other members of the health care team and help them become proficient as leaders in the organization and management of patient care.

This training program provides residents with a broad exposure to the health care of children and adults and substantial experience in the management of diverse pathologic conditions. House officers receive extensive experience in conditions commonly encountered in primary care practices. Trainees are also exposed to a wide range of acute and chronic medical conditions of internal medicine and pediatrics in both the inpatient and ambulatory settings. Preventive health care, ethical issues, discussions of the cost of diagnostic tests, procedures, and therapies also will be taught. Upon completion of training, residents should possess habits of life-long learning to build upon their knowledge, skills, and professionalism.

## ACGME Competencies for Internal Medicine & Pediatrics

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

### 1. Patient Care

**Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:**

*Internal Medicine:*

- a. Learn the practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness.

*Pediatrics:*

- b. Must be able to provide family-centered patient care that is culturally effective and developmentally and age appropriate.
- c. Must be exposed to sufficient numbers of patients ranging in age from infancy through young adulthood, and representing a diverse population of varying complexity in various clinical settings. The resident must have breadth and depth of inpatient experience in the format determined by the ACGME Review Committee. A minimum of 40% of clinical training should be devoted to ambulatory experiences. These experiences include all assignments in the continuity practice, emergency and acute care, and community-based practices, as well as the ambulatory portion of normal/term newborn, developmental/behavioral, adolescent medicine, and other subspecialty experiences.
- d. Must be given progressive responsibility under close faculty supervision within a team that fosters peer and supervisory interchange. The availability of consultative resources appropriate to the patient base must be ensured, while allowing residents to participate in the full spectrum of patient care from admission through discharge in the inpatient setting, and from intake through follow-up in the outpatient setting.
- e. Must have satisfactory patient care experience that includes: sufficient numbers of patients, diversity of diagnoses, and acuity/complexity of the patients. Faculty must document the fact that residents possess the necessary knowledge, skills, and attitudes to provide longitudinal primary care to patients
- f. Should demonstrate competence in the elements of patient care

### 2. Medical Knowledge

**Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:**

*Internal Medicine:*

- a. Learn the scientific method or problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

*Pediatrics:*

- b. Must demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics.

**3. Practice-based Learning and Improvement**

**Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals**

- a. **Identify strengths, deficiencies, and limit in one's knowledge and expertise;**
- b. **Set learning and improvement goals;**
- c. **Identify and perform appropriate learning activities;**
- d. **Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement;**
  - i. Residents are expected to participate in a quality improvement project.
- e. **Incorporate formative evaluation feedback into daily practice;**
  - i. Residents are expected to use evaluations of performance provided by peers, patients, superiors and junior colleagues to improve practice.
- f. **Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
- g. **Use information technology to optimize learning; and,**
- h. **Participate in the education of patients, families, students, residents and other health professionals.**
  - i. This should be documented by evaluations of residents' teaching abilities by faculty and/or learners.
- i. Take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and rotation specific goals and objectives and attendance at conferences

**4. Interpersonal and Communication Skills**

**Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:**

- a. **Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
  - i. Residents are also expected to communicate in a developmentally appropriate manner in creating and sustaining such therapeutic relationships.
- b. **Communicate effectively with physicians, other health professionals, and health related agencies;**
- c. **Work effectively as a member or leader of a health care team or other professional group;**
- d. **Act in a consultative role to other physicians and health professionals; and,**
- e. **Maintain comprehensive, timely, and legible medical records, if applicable.**
  - i. Teaching of this competency must begin with role modeling. Role modeling should be supplemented by direct observation of resident communication skills in real or simulated situations.
  - ii. Written evaluations based on direct observation must document effective communication with patients/families, supervisors, fellow residents, allied health

professionals, non-medical staff, and referring physicians. These assessments must address effective communication of health care information in the resident's role as primary caretaker, consultant, team member, and team leader as appropriate. Written evaluations of a resident's communication skills by patients/families and members of the health care team must also be sought.

- iii. In addition, the program must evaluate each resident's skill in written documentation and timely completion of medical records.

#### **5. Professionalism**

**Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:**

- a. **Compassion, integrity, and respect for others;**
- b. **Responsiveness to patient needs that supersedes self-interest;**
- c. **Respect for patient privacy and autonomy**
- d. **Accountability to patients, society and the profession; and,**
- e. **Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**
- f. **High standards of ethical behavior which includes maintaining appropriate professional boundaries**

#### **6. Systems-based Practice**

**Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:**

- a. **Work effectively in various health care delivery settings and systems relevant to their clinical specialty;**
  - i. Residents are expected to know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare cost, assuring quality, and allocating resources.
- b. **Coordinate patient care within the health care system relevant to their clinical specialty;**
- c. **Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**
- d. **Advocate for quality patient care and optimal patient care systems;**
- e. **Work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- f. **Participate in identifying system errors and implementing potential systems solutions.**
- g. **Know how to advocate for the promotion of health and the prevention of disease and injury populations**

The ACGME program requirements for medicine-pediatrics, internal medicine, and pediatrics training programs can be found in the appendix.

## **Instructional Plans Formulated to Meet the Goals and Objectives**

### **Facilities and Resources**

The educational experience afforded residents in the internal medicine-pediatrics training program occurs in the following venues:

#### **Primary Training Sites**

University of Nebraska Medical Center Hospital (UNMC)

Omaha Veterans' Affairs Hospital (OVAH)

Children's Hospital and Medical Center

#### **Resources**

##### **Space:**

##### **Pediatrics:**

At Children's Hospital, there is a resident work area on each of the 3 in-patient wards floors (4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>). There is also a resident work area in the PICU. Each resident work area has 2 computers and a printer for residents to use. Conferences are either in Glow Auditorium or Glow A, which is a classroom used by residents daily during morning teaching rounds and noon conference didactic lectures.

At UNMC, the residents have adequate space in the form of a library/conference room and lounge. The 7<sup>th</sup> floor classroom is also available for conferences. Residents in the NICU have a separate work area with computer access.

##### **Medicine:**

At UNMC, the residents have a lounge that includes a library/computer room. The lounge has a large variety of snacks, coffee, and water and also includes a refrigerator, microwave, couches and chairs, tv, and closet space.

At the VA, three team rooms are available with at least 5 computers per room. There is also a resident lounge on the 9<sup>th</sup> floor with couches, tv, refrigerator, microwave, and eating area.

#### **Call Rooms**

##### **Pediatrics:**

At Children's Hospital, there is a designated call room for the supervising resident on the 5<sup>th</sup> floor and intern call rooms on the 4<sup>th</sup> and 6<sup>th</sup> floors. The PICU resident has a call room in the PICU. Additional call rooms are available on L3 for medical students or extra residents if needed.

At UNMC, the supervising resident has a call room on the 5<sup>th</sup> floor down the hall from the PICU. The intern has a call room in the Lied Center. Residents have expressed concern that the call room in the Lied Center is too far away from their patients. There is a plan in place to add an additional intern call room on the 5<sup>th</sup> floor closer to the patient floors.

##### **Medicine:**

At UNMC, the residents have 3 call rooms with overflow rooms available in the Lied Transplant Center if needed for students. There are two resident call rooms in University Tower and one call room in

Clarkson Hospital. All call rooms have a tv, computer, and private bathroom.

At the Omaha VA, there is a call room available for the supervisor, intern, officer of the day, and a student. All call rooms have a computer, tv, dvd player, and private bathroom.

### ***Books/Computers***

#### Pediatrics:

Residents have access to reference materials in the form of books and online resources at all sites. Computers are available in all inpatient units, clinics, and resident work areas. At Children's, orders are entered using a computerized physician order entry system, so computers are also available in or in the immediate vicinity of each call room.

#### Medicine:

Residents have reference materials in the form of books and journals available in the resident lounge at UNMC. Furthermore residents have access to reference materials electronically at UNMC and the Omaha VA. Computers are available in the resident lounge at UNMC, in all call rooms at UNMC, in the team rooms at the Omaha VA, and all call rooms at the VA.

## **Specific Program Organization and Content**

### **Inpatient Experience**

The inpatient training occurs primarily at three different sites: The Nebraska Medical Center, the VA Medical Center, and Omaha Children's Hospital and Medical Center. There is also the opportunity to participate in off-site rotations in both departments, ranging from rural Nebraska rotations to international rotations in South Africa or Spain. Patient characteristics of this site include males and females of all ages, cultures, and socioeconomic statuses.

The Med-Peds training program is four years and is currently divided into 3 month blocks, alternating pediatrics and medicine. Ultimately, residents will rotate in 3 month blocks for the first 2 years and then switch to 4 month blocks for the last 2 years. Rotations are arranged in a manner that maximizes exposure to more ill patients in both disciplines early in training. This helps the residents feel more comfortable as they begin supervising during their second year. This then allows more time during the PGY-3 and PGY-4 years for electives, more focus on specific areas of interest including research and more ambulatory time.

The program follows the Med-Peds guidelines agreed upon by both the American Board of Internal Medicine and the American Board of Pediatrics. The goal of the curriculum is to offer comprehensive training for any of several possible career paths, including primary care Med-Peds, subspecialty training, academic medicine and even research. The curriculum is flexible to help accommodate the needs of each individual resident. A sample HOI schedule is shown below.

	PGY 1	PGY 2	PGY 3	PGY4
July	CH Ward Intern	PICU	UNMC Ward Supervisor	CH Ward Supervisor
August	UNMC Ward Intern	Development/Behavior	VA MICU	Adolescent
September	UNMC NICU	CH Ward Supervisor	VA Ward Supervisor	UNMC Ward Supervisor
October	UNMC Ward Intern	VA Ward Intern	Elective	Elective
November	UNMC Cardiology	UNMC MICU	CH Ward Supervisor	UNMC Ward Supervisor
December	UNMC Emergency	Geriatrics	Elective	Plattsmouth
January	Elective	CH Emergency	Elective	VA Ward Supervisor
February	Newborn/Ambulatory	UNMC NICU	CUMC NICU	Elective/Research
March	CH Ward Intern	Elective	Elective	Newborn/Ambulatory
April	UNMC Ward Intern	UNMC Ward Supervisor	South Africa	Ambulatory
May	VA Ward Intern	Elective	UNMC Cardiology	Elective
June	Plattsmouth	Elective	Elective	Elective

*Shaded rotations indicate Internal Medicine rotations*

Specific rotations throughout the schedule help keep the medicine-pediatrics cohesiveness. During the PGY-1 year, residents do an ambulatory month at a satellite clinic where they see both pediatric and internal medicine patients and their clinic staff includes physicians in both disciplines. They also do an emergency medicine month at Nebraska Medical Center (NMC) during this year where they primarily see adult patients, but are encouraged to participate in pediatric trauma cases as NMC is one of two trauma ERs in Omaha. During the PGY-2 year, resident exposure to specific areas in pediatrics and medicine is broadened with the behavioral and development and the geriatrics rotations. The PGY-3 and PGY-4 years are more flexible and allow for more elective time, which provides the opportunity for additional combined medicine-pediatrics experiences. There is also another ambulatory month during this time where residents can create their own experience. During this month, they can do another month at the Plattsmouth clinic in which they see both internal medicine and pediatrics patients. Another option is to do a combination of ambulatory clinics that they are not exposed to during their training, which may include dermatology, allergy and immunology, ophthalmology, and medicine during this experience. Finally, an additional option for this ambulatory month is a rotation with physicians in Grand Island, Nebraska. This is an excellent clinical experience for residents at a point in their training when they are fairly confident and are beginning to distinguish some of the nuances of practicing medicine in locations other than tertiary care center.

When residents rotate on a service in either specialty, they are subject to the minimum numbers, the caps on patient numbers, and all other conditions that are specified in the program requirements for that specialty.

***Guidelines set by the ACGME***

The training in internal medicine and pediatrics for a combined medicine-pediatrics resident must include the following:

Internal Medicine

- 20 months direct patient care or supervision of more junior residents in direct patient care
- A maximum of 2 months of night float, no more than one month in any year
- At least 6 months of supervision of the care provided by more junior residents
- 1 month experience in the emergency department during the first or second year
- At least 8 months of clinical experience with hospitalized patients
- Care of adults with various illness in critical care units for 3-4 weeks during the first or second year, and

once again in subsequent years  
At least 1/3 of internal medicine clinical experience involving ambulatory care  
At least 4 months of subspecialty experience that is inpatient, outpatient, or a combination of the two, including experience as a consultant, with significant exposure to cardiology  
Clinical experience in geriatrics  
Regular attendance at morning report, medical grand rounds, residents' work rounds, and mortality and morbidity conferences when on internal medicine rotations

### Pediatrics

Experience at the first year level of pediatrics not to exceed 9 months  
Senior supervisory experience of at least 4 months  
Pediatric subspecialty experience of at least 4 block months taken from the following list:  
allergy/immunology , cardiology, endocrinology, genetics, gastroenterology,  
hematology/oncology, infectious diseases, nephrology, neurology, pulmonary, rheumatology  
Ambulatory pediatric experience of at least 40% of the total clinical experience that includes all assignments in continuity clinic, acute illness/emergency medicine, and community based experiences, and the ambulatory portion of subspecialty, developmental/behavioral, and adolescent experiences, as well as the ambulatory component allowed for the normal term nursery  
Acute illness clinic and emergency department experience of at least 3 months, one of which must be a block month in the emergency department  
Pediatric inpatient care of at least 5 months, which includes at least 2 months in a supervisory role during the latter part of training  
At least 1 month of normal newborn nursery  
Intensive care experience, limited to a total of 4 months, of which 3 months are NICU and one month is PICU; one of the 3 months in the NICU may be met by 200 hours of night call  
Development/Behavioral pediatrics of at least one block month  
Adolescent medicine of at least one block month, during which an experience in adolescent gynecology should be available  
Basic sciences studied in an integrated manner

### **Ambulatory Care Experience**

Continuity Clinic currently occurs in three different settings, Turner Park Internal Medicine Clinic, UNMC Pediatrics Clinic and Baker Place Combined Med-Peds Clinic, all of which are described below.

Turner Park Clinic:

- Internal Medicine Resident Clinic
- Socially and economically diverse patients
- Med-peds residents attend this clinic during the 1<sup>st</sup> and 2<sup>nd</sup> years of training. Residents may bring their continuity patients with them as they transition to Baker's Place Clinic.
- Med-peds residents are encouraged to become members of the resident board of directors

Baker Place Clinic:

- Med-peds clinic
- Socially and economically diverse patients
- Med-peds residents attend this clinic during the 3<sup>rd</sup> and 4<sup>th</sup> years of training.

Durham Outpatient Center Pediatrics

- Staffed by UNMC pediatricians
- Residents attend this clinic during their 1<sup>st</sup> and 2<sup>nd</sup> years of training.

There is a unique structure to the continuity clinic. During the first 2 years, residents do one half day of clinic per week in both the general pediatric and general internal medicine resident clinics. These occur in conjunction with the categorical resident clinics and are staffed by physicians in the respective disciplines. This allows the residents to really get a feel for the general pediatric and the general medicine clinic experience, helps them focus independently on each discipline during that half day and helps to integrate them with their categorical colleagues and staff. Then, starting the PGY-3 year, residents transition to a combined medicine-pediatrics clinic one half day per week. This lets them begin to integrate the skills they've acquired in the separate clinics and exposes them to the clinical experience of a combined medicine-pediatrics physician. Continuity is maintained by residents bringing some of their internal medicine and pediatrics clinic patients with them to the combined clinic.

**Specific Program Content**

The specific goals and objectives of the individual rotations are listed in the appendix of this document. Training in internal medicine-pediatrics includes the development of life-long learning skills. One such skill is self-directed learning through reading, computer-based teaching tools, and the Internet. Both internal medicine and pediatrics departments have resident lounges that contain books, journals, and software that all residents should use to supplement their training from lectures and rotations.

**Formal Instruction**

**Conferences**

Residents are expected to attend medicine and pediatrics conferences as the categorical residents do when rotating through each discipline. They are also encouraged, if time permits, to attend conferences that would be particularly valuable to them even if they are rotating on the opposite discipline. The following are an outline of the conferences given by internal medicine and pediatrics. Residents are expected to attend these conferences and additional conferences may also be given in each department.

***Internal Medicine Conferences:***

Conference	Location	Day/Time
Noon Conference	Grissom Conf Rm, UH 5412 And at the Omaha VA	Tues and Thurs, 12pm
Grand Rounds	Durham Research Center 1002 And at the Omaha VA	Fridays, 12pm
Morning Report	Chairman's Conf Rm, MSB 5504 And at the Omaha VA	Daily, 10:15
Journal Club	Varies, announcement sent	Monthly
CPC	Grissom Conf Rm, UH 5412	Tues or Thurs, 12pm, see monthly conference sched.
Harrison's Club (Board Review)	Grissom Conf Rm, UH 5412	Monthly , 12pm

**Pediatrics:**

Conference	Location	Day/Time
Grand Rounds	Children's Hospital Televised to UNMC	Friday, 8am
Morbidity and Mortality	Children's Hospital Televised to UNMC	Quarterly, Tuesdays, 8am, in place of PMC
Patient Management Conf (PMC)	Children's Hospital Televised to UNMC	Tuesdays, 8am
Journal Club	Varies Televised to UNMC and Children's	2 <sup>nd</sup> Wednesday of month, 12pm
Noon Conference	Varies Televised to UNMC and Children's	12pm, various days
Breakfast with an Expert	Creighton University	8:15am monthly, in place of Morning Report

There is also a monthly medicine-pediatrics educational resident conference which includes all the medicine-pediatrics residents, the medicine and pediatrics chief residents, the medicine-pediatrics program director, the categorical program directors and program coordinators. We have worked to schedule this combined conference to minimize any conflicts with the categorical conferences.

**Residents at Educators Seminar**

Internal Medicine requires all 2<sup>nd</sup> year residents (including medicine-pediatrics residents) to attend the "Residents as Educators" seminar before becoming a supervising resident on inpatient wards teams. The seminar begins with a lecture on teaching styles and education in areas ranging from orientation to bedside teaching to giving effective feedback. The residents are then divided into small groups where four role playing situations occur. The role playing puts the residents in real life situations and allows for practice and feedback. Residents fill out evaluations prior to the seminar and following the seminar. The evaluations gauge their comfort levels in various areas of emphasis covered in the seminar. The seminar has been very enjoyable for the faculty involved, and the house officers give positive feedback after attending the conference.

**Johns Hopkins Modules**

Johns Hopkins Ambulatory Modules are used for both internal medicine and pediatrics residency programs, and med-peds residents are expected to complete all modules. These modules assess both medical knowledge and patient care. They include a pre- and post-test and the program director can track the resident's completion of modules.

**GME Designed Blackboard Course for the Competencies**

A Blackboard course written by the UNMC Graduate Education Committee is used to assess several competencies including the following: teaching skills, communication, professionalism, medical ethics, and medical-legal issues. This system uses pre-and post-tests and the residents are required to pass the post test.

## **Portfolios**

At the start of residency, each med-peds resident will be given a portfolio to maintain throughout his/her residency program. This portfolio should be used to document achievements, performance, and accomplishments related to the ACGME core competencies. Portfolios will be reviewed by the program director at the semi-annual evaluations.

## **Research Training**

The Departments of Medicine and Pediatrics as well as the internal medicine-pediatrics program director are very supportive of resident involvement in research endeavors. Residents are required to submit at least one abstract either for publication or for presentation at a local, state, or national meeting. Residents are encouraged to get involved in faculty research with internal medicine, pediatrics, or med-peds faculty. Faculty mentors, the Research Support Office, and program directors all help direct residents in this area.

All residents will present a one hour seminar for both internal medicine and pediatrics during their 4<sup>th</sup> year of residency training.

The residency program allows for a limited number of months to be dedicated to research activities. After the demand of clinical rotations is satisfied, a certain number of research month electives will be made available. The number of months available each individual will be determined by the program director.

## ***Getting Started***

Here are some suggestions for getting started in your research project:

- Identify an area of interest. This could be a very specific question based on your clinical experience or perhaps seeking to confirm a hypothesis you may have developed.
- Identify a faculty mentor with experience in that field and meet with that individual to discuss your project area. Sometimes your idea has already been studied or the faculty member may suggest a different approach to the problem.
- Perform a thorough literature review. Make sure you become as familiar as possible with information pertinent to your project. This will greatly aid in designing your hypothesis and research plan.
- Develop a research plan and review it with your mentor. Make sure your draft is closely scrutinized and critiqued. Ask your mentor if there are other faculty members willing to review it as well. Others may have different insights. Make sure your mentor has the time to commit to your project. Ideally, once you have been granted a research elective, you can have your mentor block out time to make sure he/she is accessible during that month to meet with you to maximize your experience.
  - If you and your mentor determine that approval from the IRB is required to conduct your research, you should plan on having the IRB protocol submitted and approved prior to starting your research month.
  - Obtaining IRB approval will require that you be CITI-trained. Plan on becoming CITI-certified before submitting your IRB application.
  - Information on the IRB application process as well as the link for online CITI-training can be found at <http://www.unmc.edu/dept/irb/>.

- Apply for your research month elective. Determine how much time you will need. To apply for an internal medicine research month, let the UNMC chief resident know that you are planning to apply for a research month, go to [www.unmc.edu/intmed](http://www.unmc.edu/intmed), click on Education, then Residents and Research, and fill out the application form. To apply for a pediatrics research month, request an application form from the pediatrics program coordinator, complete the form, and meet with the pediatrics program director to get final approval.

### **Procedures**

All residents are required to keep a procedure log in an electronic database, New Innovations. Log entries should include the procedure and the name and approval of the supervising staff. Procedure logs may be reviewed by the program director at any time and will be collected at the end of residency. Furthermore, procedure logs will be reviewed at each semi-annual evaluation by the program director, and residents are required to review their procedures in their self evaluations.

### ***Required internal medicine procedures***

All residents must develop technical proficiency in performing the following procedures:

Abdominal paracentesis, Arterial puncture, Arthrocentesis, Central venous line placement, Lumbar puncture, Nasogastric intubation, Pap smear and endocervical culture, Thoracentesis

Residents should have the opportunity to achieve competence in additional procedures that may include:

Arterial line placement, Cryosurgical removal of skin lesions, Elective cardioversion  
Endotracheal intubation, Skin biopsies, Soft tissue injections, Temporary Pacemaker placement,  
Treadmill exercise testing

### ***Required Pediatrics Procedures***

Residents must have sufficient training in the following skills:

Endotracheal intubation, Placement of intraosseous lines (demonstration in a skills lab or PALS course is sufficient), Placement of intravenous lines, Arterial puncture, Venipuncture, Umbilical artery and vein catheterization, Lumbar puncture, Bladder catheterization, Gynecologic evaluation of prepubertal and postpubertal females, Wound care and suturing of lacerations, Subcutaneous, intradermal, and intramuscular injections, Developmental screening test, Procedural sedation, Pain management, Reduction and splinting of simple, dislocations/fractures

In addition, residents should have exposure to the following procedures or skills:

Circumcision, Tympanometry and audiometry interpretation, Vision screening,  
Hearing screening, Simple removal of foreign bodies (e.g., from ears or nose), Inhalation medications, Incision and drainage of superficial abscesses, Chest tube placement,  
Thoracentesis

### **Evaluations**

Residents are expected to complete evaluations at the completion of each rotation and semi-annually. At the completion of each rotation, residents are expected to complete evaluations on their attending physicians and on the rotation itself. These evaluations are completed in New Innovations. For the December/January 6-month evaluation, residents are expected to complete a self evaluation. For the

June/July 6-month evaluation, residents are expected to complete an evaluation on the entire medicine-pediatrics residency program.

Formal evaluations occur at the completion of any substantive interaction with a specific faculty member or specific rotation. For each clinical rotation, the supervising faculty member will complete an evaluation form on New Innovations. The resident will receive an email notification once the evaluation is completed and should view and sign the evaluation in New Innovations ([www.new-innov.com](http://www.new-innov.com)). All completed evaluation forms are returned to the Program Director for review and placed in the house officer's permanent file. House officers may view their permanent file at any time.

At least semi-annually, all house officers will confer individually with the Program Director to review all of their evaluations, in-training exam results, procedures, ACGME core competencies, portfolios, and future career plans. A written summary of this session is placed in the house officer's permanent file. Advancement of each subsequent level of training is contingent upon satisfactory performance. Noted deficiencies will be discussed and some form of remediation will be arranged based on the individual house officer's need (see section on promotion). Residents should bring their portfolios to the summative evaluations and the program director will review the portfolio in depth during the December/January evaluation.

A copy of the evaluation forms used in the medicine-pediatrics residency program can be found in the appendix.

### **Stress Management**

Prior to the onset of each academic year, all new house officers are required to participate in a full-day orientation program. The program includes educational programs aimed at heightening awareness of sleep deprivation, stress, depression, and substance abuse among trainees and peers. All house officers are given detailed information regarding available mechanisms of accessing assistance (i.e. counseling) should such problems be recognized. The internal medicine-pediatrics program director will meet with each trainee on a semi-annual basis, and these meetings will serve as a forum to discuss problems with stress or substance abuse.

Both faculty and residents must work together to reduce the untoward affects of stress. Hours are long and patients have serious illnesses resulting sometimes in chronic disability or death. Sometimes the feedback seems to be too heavily weighted on the negative. Residents should not hesitate to discuss frustrations with chief residents, enlist the aid of the faculty or program director, and know when things begin to be overwhelming. Rest and communication can often do wonders, but sometimes more is needed. Counseling is available for free if needed and we strongly encourage it before things get out of hand.

### **Education on fatigue and its negative effects**

All house officers go to a mandatory orientation prior to starting residency or fellowship. Included in this orientation is the nationally renowned Sleep Alertness and Fatigue Education in Residency (SAFER) Program developed by the American Academy of Sleep Medicine (ASSM). The SAFER Program includes educational interventions directed towards medical residents designed to increase awareness and recognition of sleep deprivation and resulting stress related disorders.

Furthermore, this course is presented annually at a monthly medicine-pediatrics meeting, where program directors, chief residents, coordinators, and medicine-pediatrics residents are present.

A copy of the SAFER presentation can be located in the Appendix.

## **Policies**

### **Resident Supervision Policy**

Residency training is an educational experience designed to offer residents the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. The service provided by residents is secondary to the educational objectives of the residency. All aspects of patient care rendered by resident physicians require close supervision.

The supervisory physician is defined as that staff physician or supervising resident who has immediate on-site oversight responsibility of all aspects of patient care rendered by residents, interns and students.

It is the resident's responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests and intended interventions on a continuous basis.

Residents may perform only those procedures and treatments for which the attending physician has privileges. Residents must be supervised during procedures and treatments by a credentialed attending or credentialed supervising resident until they are individually credentialed by their residency program director as having attained mastery of the particular procedure or treatment.

#### *1. Admission History and Physicals/Consultation*

Residents may perform history and physical examinations, and consultations without the attending physician being physically present. It is the responsibility of the resident to discuss their findings with the attending physician upon completion of their examination. The attending physician must confirm the key portions of the history and physical exam, make additions and corrections in the documented history and physical, and co-sign the resident's documentation. It is the attending physician's responsibility to document within the appropriate teaching physician guidelines.

#### *2. Daily Progress Notes*

Residents may evaluate patients and write daily progress notes without the attending physician being physically present. It is the responsibility of the resident to discuss their findings and treatment plans documented in their progress note with the attending physician on a daily basis, or more often as described above, when a patient's condition changes, or prior to initiating changes in a patient's treatment. The attending physician must perform the key portions of the exam and confirm the resident's documentation in the progress note on a daily basis to maintain compliance with documentation guidelines for teaching physicians. Attending and consulting physicians must make additions and corrections in the daily progress notes and signify these with initials and a date and time of the additions to the medical record. All documentation by house staff and attending physicians must be legible to those who use the medical record, including signatures. All entries must be dated and signed.

### 3. *Daily Orders*

Residents may write daily orders on patients for whom they are participating in their care. These orders will be implemented without the co-signature of an attending or consulting physician. It is the responsibility of the resident to discuss their orders with the attending or consulting physician. Attending and consulting physicians may write orders in the patient's chart on all teaching cases. Residents should notify the appropriate nursing or support staff of orders entered into the chart to facilitate timely patient care. Residents are encouraged to evaluate all patients for whom they are initiating orders. However, if it is clinically appropriate, residents are allowed to place "verbal" orders over the phone. All phone orders must be signed, dated, and timed within 24 hours.

### 4. *Performance of Procedures*

Residents will be supervised by the physical presence of the attending physician. The extent of participation by the resident in the procedures is at the discretion of the attending physician. The patient's attending physician must be notified before informed consent is obtained from the patient or the appropriate individual representing the patient. Minor procedures may be performed by the appropriate level resident with the attending physician's knowledge and approval. Qualified house officers may supervise residents not yet qualified in a given procedures. *See section on procedures for more information.*

### **Faculty Responsibility**

The departmental faculty and volunteer faculty are responsible for providing appropriate clinical volume and complexity of material and opportunities. They are responsible for the evaluation of house officer performance with appropriate feedback to the resident. They will assist in the development of positive relationships toward patients, medical students, peers, ancillary medical personnel, and teachers. The faculty are responsible for serving as positive role models for the house officers and supervising patient care while creating an environment of graduated responsibility as much as is possible, while providing good patient care, honoring specific contracts with financial provides, and implied contracts for care with patients.

### ***Supervision:***

All aspects of patient care are ultimately the responsibility of the attending physician and involved consultants. It is the attending physician's responsibility to advise the resident of admission in a timely manner and to provide oversight to supervising residents, interns, and students involved in the care of the patient. Attending physicians have the right to prohibit resident participation in the care of their patients without penalty, and when allowing care of their patients by residents, do not relinquish their rights and responsibilities to: examine and interview, admit or discharge their patients; write orders, progress notes, and discharge summaries; obtain consultations; or to correct resident medical record entries deemed to be erroneous or misleading by crossing through the erroneous statement and initialing the change. It is the resident's responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests and history and physical examinations, daily progress notes, and daily orders, and must personally communicate with the appropriate resident on a daily basis. Attending and consultant physicians must document that they have personally performed the key components of each medical encounter in order to maintain compliance with guidelines for teaching physicians. Residents may perform only those procedures and treatments for which the attending physician has privileges. Residents must be

supervised during procedures and treatments by a credentialed attending or credentialed supervising resident until they are individually credentialed by their residency program director as having attained mastery of the particular procedures or treatment.

## **Duty Hours**

Graduate education in internal medicine-pediatrics requires a commitment to continuity of patient care. This continuity of care must take precedence without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.

The ACGME defines duty hours as all clinical and academic activities related to the program; ie., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- b. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- c. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

### On-call Activities

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- c. No new patients may be accepted after 24 hours of continuous duty.
- d. At-home call (or pager call)
  1. The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
  2. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
  3. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

## Moonlighting

- a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

An environment will be established that is both optimal for resident education and patient care, while ensuring that undue stress and fatigue among residents are avoided. During on-call hours, residents will be provided with adequate sleeping, lounge, and food facilities. Support services must be such that residents do not spend an inordinate amount of time in non educational activities that can be discharged properly by other personnel.

The administration of UNMC has put a high priority on assuring work hour compliance. If a resident has concerns about work hours in the internal medicine-pediatrics training program he/she should first bring this to the attention of the chief resident, program director, and/or department chairman. Residents can also notify the Graduate Medical Education Office by contacting Vicki Hamm (402-559-6329 or [vhamm@unmc.edu](mailto:vhamm@unmc.edu)) or the Associate Dean for Graduate Medical Education, Robert S. Wigton, M.D. (402-559-6329 or [wigton@unmc.edu](mailto:wigton@unmc.edu)). Additional information can be found on the GME web site ([www.unmc.edu/GME](http://www.unmc.edu/GME)) by clicking on "Confidential Resident Duty Hours Reporting."

## Conferences, Travel, and Non Program Employment

Attendance at industry-sponsored conferences, dinners, sporting events, etc. presents the potential for conflict of interest. In general, attendance is discouraged, unless substantial, novel educational material is being presented. Attendance at marketing or promotional conferences is highly discouraged. University funds cannot be used for travel to such events, nor can residents attend them during official duty hours. An exception to this policy is a conference, or CME course, presented by an academic institution with industry funding as long as there is independence in the choice of speakers and topics. Residents must develop a clear sense of an ethical relationship with industry early in their careers.

In accordance with University policy, no funds are available for certification in areas not covered by the training program.

Attendance at professional meetings is encouraged. Attendance at these meetings during residency will help develop habits of attending courses for continuing medical education when you are in practice. House officers are given educational money to be utilized for educational activities, certifications, or items. Residents receive educational money from both internal medicine and pediatrics as well as the Graduate Medical Education Office, and these funds can be used to pay for expenses to a professional meeting.

All travel for business purposes is subject to University regulations. Residents must submit travel plans to the residency coordinator at least one month in advance of travel. Hotel, airfare, ground transportation, meals, and other expenses are subject to limits imposed by both the University and the availability of funds. Documentation of expenses will be required for reimbursement.

## **Non-Program Employment (Moonlighting)**

The internal medicine-pediatrics residency is designed to be a full time position. Employment outside the residency (“moonlighting”) is discouraged and subject to University guidelines. Such activity requires the approval of the program director and must not interfere with residency requirements and/or duties.

Residents who wish to moonlight must complete a *Record of Outside Employment* form that must be approved by the residency program director and Graduate Medical Education Office.

All internal moonlighting activities are considered and should be logged as part of the 80-hour weekly limit on duty hours.

### ***Professional Liability Insurance:***

UNMC provides professional liability insurance, including tail coverage. This policy covers the residents while providing patient care either as part of the training program or as outside medical practice that has been approved according to the paragraphs above.

## **Resident Selection, Promotion, Dismissal, Change of Program, Discipline and Grievances**

### **Selection:**

***Eligibility:*** Applicants with one of the following qualifications are eligible for appointment to the UNMC combined Internal Medicine-Pediatrics residency training program:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or
  - Have successfully completed a Fifth Pathway program provided by an LCME accredited medical school.
- d. Acceptance of applicants into postgraduate training program (Med-Peds residency)
  - HO II year requires the passage of USMLE Steps 1 and 2 or its equivalent\*\*
  - HO III year requires the passage of the USMLE 1, 2, and 3 or its equivalent\*\*
- e. Prior to entrance into the program, the applicant must provide appropriate documentation satisfying the University’s requirements as stated above.
- f. Prior to beginning postgraduate training, each house staff physician must possess either a Temporary Educational Permit or a permanent license in Nebraska.

\*\*Equivalent exams include: COMLEX, Licentiate of the Medical Council of Canada Qualifying Exam (LMCC), NBME, FLEX, or a combination of exams recognized by the State of Nebraska Regulations and Licensure Agency known as “Hybrid Exams” include: 1) Any combination of NBME Parts I, II, III, and USMLE Steps 1, 2, and 3; 2) Flex Component I with USMLE Part 3; 3) Combination of NBME Components I, II or USMLE Steps 1, 2 with Flex Component 2.

There is a selection committee that ensures that the program selects from among eligible applicants on the basis of their preparedness, ability, academic credentials, communication skills and personal qualities such as motivation, integrity, and professionalism. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

We participate in the National Resident Matching Program (NRMP). Selection of house staff through NRMP is preferable, when possible. Any selection of the house staff outside of the match is approved by the selection committee.

All candidates for the medicine-pediatrics residency training program will submit a completed application with the appropriate documentation of training and other materials requested. Required materials include a letter from the Chairman of your Department of Medicine or Pediatrics or his/her designee, two letters of recommendation, medical school transcript, copy of your USMLE scores, and a letter of recommendation from your Dean. A personal statement is also required.

We do accept applications from International Medical Graduates; however, a J1 or H1B visa is required. We give preference to applicants with at least 6 months of hands-on US clinical experience, USMLE scores of 85% on both parts 1 and 2, and a graduation date within the previous 3 years. Because an H1B visa requires passing USMLE step III, we ask that applicants who are going to need us to sponsor an H1B visa complete and pass USMLE step III prior to applying, in order to ensure a residency start date of July 1.

The program selection committee will rank the candidates for entrance into the NRMP, for selection based on qualifications.

Before any house officer may begin employment at the University of Nebraska Medical Center, he/she must successfully complete a pre-employment background check. This also applies to obtaining a Nebraska state license or temporary education permit.

### **Appointment of House Officers**

#### ***Reappointment :***

Reappointment of house officers will depend upon the house officer’s academic and clinical performance, professional behavior, the availability of funding and the continuation of the residency program itself.

Passing Step 2 of the USMLE or COMLEX examinations is required for advancement to the House Officer II level. Beginning in July 2003, a house officer who has not passed Step 2 of the USMLE or COMLEX examination by the end of the first year will be placed on unpaid leave for a maximum of 6 months in order to prepare for and pass the examination. Failure to pass Step 2 during the period of leave will result in dismissal from the program.

Passing Step 3 of the USMLE or COMLEX examinations is required for advancement to House Officer III level. Beginning in July 2003, a house officer who has not passed Step 3 of the USMLE or COMLEX examination by the end of the second year will be placed on unpaid leave for a maximum of 6 months in order to prepare for and pass the examination. Failure to pass Step 3 during the period of leave will result in dismissal from the program.

***Notification of non-reappointment:***

Programs must provide house officers with a written notice of intent not to renew a house officer's contract no later than four months before the end of the house officer's current contract. If the primary reasons for the non-renewal occur within the four months before the end of the contract, the program must provide the house officer with notice of non-renewal as early as circumstances will allow.

**Probation and Dismissal:**

If a house officer's performance is judged to be unsatisfactory from academic or professional aspects or as a consequence of a breach of the House Officer Agreement or the Bylaws of the Board of Regents, the house officer may be placed on probation. If so, the house officer, the Office of Graduate Medical Education, and the Graduate Medical Education Committee shall be notified in writing. The notice shall include: the specific problems in the house officer's performance, specific plan to remedy the issues, what will constitute evidence that the problems have been remedied, and the date at which the house officer's performance will next be reviewed.

A review of the house officer's performance will 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. Gross failure to perform duties, and illegal or unethical conduct constitute grounds of immediate dismissal.

**Letter of intent and change of program:**

Programs may wish formally to offer house officers a position for the coming year by means of a letter of intent to be signed by the program and the house officer. If the house officer has signed the letter of intent for the year in question with their original program at UNMC and wishes to change to a new residency at the University of Nebraska, then the director of the new program must notify the original program director and the Office of Graduate Medical Education in writing before offering the resident a position for the coming year.

**Discipline and Grievances:**

It is anticipated that all internal medicine-pediatrics residents will be conscientious and professional, displaying the highest caliber of scholarship and providing quality medical care in a cost-effective manner to all patients. The internal medicine-pediatrics training program faculty is committed to providing a graduate medical education that completely prepares the resident for a career in both internal medicine and pediatrics. In return, the resident is expected to commit his/her full professional effort to the program. Failure to perform at a satisfactory level will result in disciplinary actions by the program director. Generally, this requires only counseling and the mutual development of a corrective plan by the resident and program director. In more serious cases, it may include, and is not limited to, probation, suspension, non-renewal of contract, and termination.

The University of Nebraska Medical Center Graduate Medical Education Office administers the complete policies on supervision, advancement, evaluation, discipline, and grievances. They are included in the

*University of Nebraska Affiliated Hospitals House Staff Manual*, which you will receive along with this handbook and in the House Officer Agreement. Furthermore, these documents are available online.

## **Vacation Time and Sick Leave**

The house officer shall have four weeks (twenty working days) of paid vacation per year provided that such vacation days shall not include more than eight weekends. Vacation for house officers employed less than one year will be pro-rated. The maximum vacation that may be accrued is six weeks (30 working days). House officers shall be reimbursed for unused vacation time upon termination of employment. House officers may have up to five days of leave with pay for approved professional or educational meetings.

For internal medicine and pediatrics rotations, vacation requests must be submitted 2 months in advance of the start of the rotation. Therefore, if you are requesting vacation September 15<sup>th</sup>, the vacation request must be submitted 2 months before September 1<sup>st</sup>, meaning the request should be in the coordinator's office by July 1.

As employees of UNMC, house officers are eligible for family leave, funeral leave, military leave, sick leave, and civil leave as set forth in the Medical Center Policies. House officers shall accumulate one day sick leave per month for the first two years of employment; thereafter the provisions applicable to full time permanent academic administrative staff, as set forth in Section 3.4.3.3. of the Bylaws of the Board of Regents of the University of Nebraska, shall apply.

For a complete list of resident benefits, visit the web site [www.unmc.edu/gme](http://www.unmc.edu/gme)

## **Employee Health and Safety Policy**

Including [Drug Free Workplace](#); [Smoking and Other Use of Tobacco](#); and [AIDS, HIV, and Other Bloodborne Pathogens](#)

### **Basis of the Policy**

The [University of Nebraska Medical Center](#) (UNMC) Employee Health and Safety Policy addresses three areas: drug-free workplace; smoking and other use of tobacco; and AIDS, HIV, and other bloodborne pathogens.

The University of Nebraska desires to provide an alcohol and drug-free, healthy, safe, and secure work environment and has established a [code of conduct](#) for all campuses of the [University of Nebraska](#) system. UNMC is committed to the promotion of health and the prevention of disease. Smoking is a major cause of preventable diseases.

UNMC protects the rights and welfare of employees, staff, students, volunteers, and patients in addressing employment concerns about AIDS, HIV infection, and other bloodborne pathogens. UNMC will be guided by [Occupational Safety and Health Administration](#) (OSHA) mandates, [Centers for Disease Control and Prevention](#) (CDC) guidelines, and legal requirements. UNMC will also consider The

Nebraska Medical Center's infection control [policies](#) in the development of campus regulations to prevent the spread of potentially infectious agents.

### **Drug-Free Workplace**

UNMC prohibits employees from the unlawful manufacture, distribution, dispensation, possession, or use of alcohol and/or a controlled substance on UNMC property. The term “substance” refers to drug or chemical compounds that are controlled by local, state, or federal law. UNMC complies with the [Drug-Free Workplace Act of 1988](#), as amended.

Conviction of a crime related to the unlawful manufacture, distribution, dispensation or use of alcohol and/or a controlled substance may result in a fine, a prison sentence, or both. Copies of relevant laws and sanctions are available for review in the Human Resources – Employee Relations office and in UNMC Human Resources Procedures.

### **UNMC Position on Chemical Dependency**

UNMC supports the position that chemical dependency is a disease that can endanger the health and well being of students, employees, and faculty and can have a negative effect on the public they serve. UNMC advocates treatment and rehabilitation for affected students, employees, and faculty in a manner that first protects the public, while allowing a reasonable opportunity for recovery and re-entry into the workplace/classroom. Chemical dependency is recognized as a disease, and employee relations issues will be administered from this philosophy and in accordance with all legal requirements of state and federal law.

UNMC does not illegally discriminate in its academic program or employment practices against individuals who are in recovery from chemical dependency. UNMC takes a community leadership role in health care professional education, research, and public education about substance use, abuse, and dependency.

UNMC has established a [Faculty/Employee Assistance Program](#) (F/EAP).

### ***Requirements of Employees for the Drug-free Workplace***

Compliance with this policy is a term and condition of employment.

UNMC employees must notify their department heads of any criminal drug statute convictions for violations occurring in the workplace no later than five (5) days after such conviction.

Under the compliance provisions of the [Drug-Free Workplace Act of 1988](#), UNMC shall notify the appropriate federal agency within ten (10) days of receiving notice of a criminal conviction for a violation occurring in the workplace for employees who are paid under federally-funded grants.

### ***Employment Actions as Part of the Drug-free Workplace***

UNMC employees will be subject to disciplinary action as outlined in the [Performance Management Procedures](#).

Any violation of this policy, including unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on the UNMC campus, any criminal drug statute conviction for a violation occurring in the workplace, or working while under the influence of alcohol or a controlled substance, can result in disciplinary actions up to and including termination for cause.

As a part of [Written Notice](#) of workplace behavior or work product, supervisors and managers may require that the employee meet with and follow recommendations made by the F/EAP staff. F/EAP recommendations, which may be required as a condition of continued employment, include the following:

1. Completion of chemical dependency and/or psychological evaluations and compliance with recommendations
2. Completion of an inpatient or outpatient chemical dependency treatment program
3. Involvement in support groups such as Alcoholics Anonymous, Narcotics Anonymous, etc., follow up in the F/EAP
4. Random blood and/or urine drug screens

UNMC employees are expected to meet performance standards and comply with UNMC policies and procedures; and supervisors and managers should administer disciplinary action, up to and including termination, according to the [Performance Management Procedures](#).

### **Smoking and Other Use of Tobacco**

Smoking and other use of tobacco by any person is not permitted on the UNMC campus or in University owned vehicles except in specifically designated smoking shelters located outside of the campus buildings, away from operable windows, doors and air intakes.

### **AIDS, HIV, and Other Bloodborne Pathogens**

[See UNMC Policy No. 2004, Bloodborne Pathogens Exposure](#). UNMC employees are expected to care for HIV and other bloodborne pathogen-infected patients on the same basis as other patients. Employees may not refuse to care for a patient solely because the patient has AIDS, HIV infection, or other bloodborne pathogens. If, after education and counseling, an employee refuses to participate in the care of a patient with AIDS, HIV, or other bloodborne pathogens, appropriate employment actions, under [UNMC Policy No. 1098, Corrective and Disciplinary Action](#) will be instituted.

Employees are responsible for completing mandatory bloodborne pathogens training, if required for their individual job. Failure to complete required mandatory training may result in disciplinary action, up to and including termination.

Employees who may have an infectious disease should refer to The Nebraska Medical Center/UMA infection control guidelines. An employee with an infection that could be communicated to an HIV-

infected patient will be relieved of the responsibility of providing care to HIV-infected patients in a manner consistent with The Nebraska Medical Center/UMA infection control policy.

UNMC provides the protective measures recommended by CDC and OSHA and educates employees in the use of such protective measures. Employees are required to follow “standard precautions” while caring for patients.

[Bloodborne Pathogens Exposure Control Plan Manual and Appendices](#)

For additional information, contact [Human Resources, Employee Relations](#), 559-5827, or see the [Employee Health and Safety Procedures](#).

[Employee Health and Safety Procedures](#) / [Performance Management Procedures](#) / [UNMC Policy No. 2004, Bloodborne Pathogens Exposure Policy](#) / [Bloodborne Pathogens Exposure Control Plan Manual](#) / [Corrective and Disciplinary Action Form](#)

*This replaces UNMC Policies 1003, 1007, 1009, 1080, and 1092 all issued on or before 10/06/97.*

*This page updated on Tuesday, January 15, 2008, by [dkp](#)*

## **Non-Discrimination and Sexual Harassment Policy**

### **Purpose**

- 1.1 UNMC shall not discriminate against anyone based on race, age, color, disability, religion, sex, national or ethnic origin, marital status, genetic information, Vietnam-era veteran status, or special disabled Veteran status. Sexual harassment in any form, including *hostile environment* and *quid pro quo* is prohibited under this policy.

### **Scope**

- 2.1 The UNMC Non-Discrimination and Sexual Harassment Policy is applicable to all UNMC employees to include Office/Service, Managerial/Professional, Faculty, and Other Academic positions.

### **Basis of the Policy**

- 3.1 Titles VI and VII of the Civil Rights Act of 1964, as amended, form the basis of this policy. In addition, the University of Nebraska Board of Regents has declared in Board of Regents Policy 3.1.1:

"Employees on each campus of the University of Nebraska shall be employed and equitably treated in regard to the terms and conditions of their employment without regard to individual

characteristics other than qualifications for employment, quality of performance of duties, and conduct in regard to their employment in accord with University policies and rules and applicable law."

#### **Authorities and Administration**

- 4.1 The UNMC Human Resources' Division Director of Employee Relations is responsible for the administration, implementation, and maintenance of the Non-Discrimination and Sexual Harassment Policy at the campus level in consultation with the Assistant Vice Chancellor for Business and Finance Executive Director of Human Resources and the Vice Chancellor for Business and Finance.

## **Policy**

- 5.1 The University of Nebraska Medical Center (UNMC) declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and non-discrimination in providing its services to the public. Therefore, UNMC shall not discriminate against anyone based on race, age, color, disability, religion, sex, national or ethnic origin, marital status, genetic information, Vietnam-era veteran status, or special disabled Veteran status. Sexual harassment in any form, including *hostile environment* and *quid pro quo* is prohibited under this policy.

## **Enforcement**

- 6.1 UNMC reaffirms that all women and men -- administrators, faculty, staff, students, patients, and visitors -- are to be treated fairly and equally with dignity and respect. Any form of discrimination, including sexual harassment, is prohibited. This policy is enforced by federal law and by the University of Nebraska Board of Regents policies. The UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, monitors UNMC's affirmative action and non-discrimination policies.

## **Responsibilities of UNMC Affirmative Action Officer, Administrators, Faculty, Staff, and Students, and the University**

- 7.1 A work and academic environment free of discrimination is the responsibility of every member of the campus community. The UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, is responsible for hearing complaints, concerns, reports of problems, and for providing assistance in such matters as the nondiscrimination or sexual harassment policies and the UNMC grievance process. University officials (i.e., Vice Chancellors, Deans, Directors, Department Chairs, Ombuds Team Members) are also responsible for assisting faculty, staff and students in receiving appropriate responses to complaints or issues. Faculty, staff and students are responsible for bringing forward complaints, concerns, problems or issues regarding discrimination or sexual harassment to either the UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, or to a University official. Faculty may also report complaints of discrimination or sexual harassment directly to the Faculty Senate Grievance Committee, to Kurtis Cornish, Ph.D., Committee Chair, at 402/559-4372, or at 984574 Nebraska Medical Center, Omaha, NE 68198-4575. The University reserves the right to take appropriate action against prohibited discrimination affecting the work or academic environment in the absence of a complaint from an individual.

## **Reporting Complaints**

- 8.1 Any employee, applicant for employment, student, candidate for admission, or campus visitor, who believes he or she may have suffered discrimination or sexual harassment should report

problems, concerns, complaints, or issues relating to alleged prohibited discrimination by contacting the UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations at 402/559-2710 (phone), 402/559-5904 (fax); individuals may come to the office at Room 2000 Administration Center, 426 South 40<sup>th</sup> Street, Omaha, NE 68198-5470, during normal business hours (8:00 am - 5:00 pm, Monday through Friday). Administrators, faculty, staff, and students also may assist parties in bringing forward inquiries or complaints of alleged prohibited discrimination by contacting Ms. Sirizzotti at Human Resources-Employee Relations. The Human Resources-Employee Relations office administers the UNMC formal grievance process related to discrimination issues. Faculty may also report complaints of discrimination or sexual harassment directly to the Faculty Senate Grievance Committee, to Kurtis Cornish, Ph.D., Committee Chair, at 402/559-4372, or at 984574 Nebraska Medical Center, Omaha, NE 68198-4575.

### **No Retaliation**

- 9.1 There shall be no retaliation against any person, who in good faith, participates in the UNMC grievance process, including those called as witnesses in another party's grievance. Those who engage in such retaliatory behaviors shall receive the appropriate discipline. Further, there shall be no retaliation against individual employees who raise concerns. Individuals with compliance concerns or complaints should review the UNMC Compliance Hotline Policy # 8001, which provides information on communication channels for employees and students to report any activity or conduct that they suspect violates University of Nebraska or UNMC policies and procedures, and/or federal, state, or local laws and regulations.

### **Legal Definition of Sexual Harassment**

- 10.1 According to the federal Equal Employment Opportunity Commission guidelines, sexual harassment is: “. . . unwelcome sexual advances, requests for sexual favors, and other verbal and 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 or academic decisions affecting an individual
  - Such conduct has the purpose or effect of unreasonably interfering with one's work or academic performance or creating an intimidating, hostile, or offensive environment

### **General Categories of Sexual Harassment**

- 11.1 *Hostile Environment*: Communication of a sexual nature, whether oral, pictorial, electronic (whether real or virtual), written, or physical, which in purpose or effect intimidates the recipient or creates an offensive or hostile working or academic environment. Such communication might be repeated use of greeting or titles offensive to the recipient, i.e., gestures, or physical contact

such as touching or pinching.

*Quid Pro Quo*: 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 or academic standing.

For additional information, contact [Human Resources, Employee Relations](#) at 559-2710 or see the [Non-Discrimination Procedures](#).

*This policy revises UNMC Policy #1099, issued on 11/22/06.*

*This page updated on Thursday, January 15, 2009, by [dkp](#).*

**Last Review by Policy Owner: January 5, 2009**

**For a complete list of UNMC Policies and Procedures, please visit the UNMC intranet, [info.unmc.edu](http://info.unmc.edu).**