

TRAINEE AGREEMENT OF APPOINTMENT DAVID GEFLEN SCHOOL OF MEDICINE at UCLA Academic Year 2017-2018

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

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

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

1. DURATION OF APPOINTMENT

The initial appointment is for a one-year period commencing 7/1/2017 and ending on 6/30/2018. Reappointment, advancement and completion of the academic year is contingent upon maintenance of academic good standing and satisfactory performance of assigned rotations, exams and duties as determined by evaluations by the director of the Program ("Program Director") and faculty.

2. FINANCIAL SUPPORT/COMPENSATION

Salary: \$41,234.56 per 12 months. Salary increases are generally made annually at the beginning of the appointment to the next step. Trainees are paid monthly on the first of every month. PGY 1's will also receive compensation for assigned orientation completed prior to appointment year.

Step	Monthly Salary	Annual Salary
Post MD 1	\$4,495.59	\$53,947
Post MD 2	\$4,644.67	\$55,736
Post MD 3	\$4,827.08	\$57,925
Post MD 4	\$5,017.58	\$60,211
Post MD 5	\$5,223.00	\$62,676
Post MD 6	\$5,417.08	\$65,005
Post MD 7	\$5,597.25	\$67,167
Post MD 8	\$5,891.83	\$70,702
Post MD 9	\$5,927.25	\$71,127

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

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

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

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

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

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

F. USMLE REQUIREMENTS:

USMLE STEP 1 & 2

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

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

USMLE STEP 3

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

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

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

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

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

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

B. Meals: Meals will be provided as defined by Medical Center Policy 0332, Residents' Meal Access Card Program, in compliance with ACGME requirements. The Meal policy can be found on the GME website: medschool.ucla.edu/gme.

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

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

E. Communications: Pagers will be supplied for the year of appointment. The UCLA Hospital System will provide email and Trainees are expected to monitor and utilize this address for all UCLA business. Trainees are provided access to the Internet in all areas of the Medical Center and Clinics and from home, at no cost, through UCLA Bruin On Line.

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

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

5. TRAINEE RESPONSIBILITIES

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

following:

- A. Develop and participate in a personal program of self-study and professional growth with guidance from the School's teaching staff.
- B. Participate in clinical care activities as appropriate to their level of training and abilities under the supervision and direction of their attending physicians. Trainees should immediately report any concerns about quality or safety of the provision of patient care by themselves or any other person to the attending physicians, Program Director or Department Chair.
- C. Participate fully in the educational activities of the Program and assume responsibility for participation in the teaching of more junior Trainees. In this regard, Trainees must be knowledgeable of the goals and objectives of the Program, rotation and/or clerkship as applicable.
- D. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine.
- E. Consider clinically appropriate cost containment measures in the provision of patient care.
- F. Comply with all University, School, and Hospital rules, regulations, practices, procedures and policies, professional standards and codes of ethics. These include but are not limited to, the University Patent Agreement Policy, Sexual Harassment Policy, HIPAA and other patient privacy policies, Policy on a Drug Free Workplace, Medical Staff Health Program Policy (Impaired Physician), criminal background checks and health screenings.
- G. Adhere to the call schedule and schedule of assignment in a prompt and timely fashion.
- H. Attend and participate in the standing committees of the GMEC and Medical Staff, including those that relate to patient care activities and quality improvement initiatives, as assigned by the Program Director or elected by your peers.
- I. Keep charts, records and reports signed and up to date as per Medical Staff Policy #110 Medical Record Suspension. All notes and orders should be appropriately authenticated as required by policy.
- J. Adhere to ACGME, RRC, Program, and Board requirements, including meeting duty hour policy and appropriately addressing rest and fatigue issues. The GME website (medschool.ucla.edu/gme) contains information on and links to the ACGME, ABMS, California Medical Board, USMLE, and the Dept. of Justice (DEA). Agree to and sign the attached Exhibit on Duty Hours.
- K. Participate in the evaluation of the Program and its faculty using the mechanisms provided by your Program in a timely manner.
- L. Comply with Program, School and ACGME policies regarding moonlighting. Obtain permission of the Program Director prior to any moonlighting activities (if applicable). Each UCLA Program is required to have a Moonlighting Policy for its trainees. The UCLA Policy on Moonlighting can be found at www.gme.medsch.ucla.edu/ - click on "Resident Policies."
- M. The special nature of residency programs requires ongoing communication between the Trainees, the training programs, administrators and others at UCLA Medical Center, and affiliated institutions. The general policy of the School of Medicine requires Trainees be available by email and check Mednet email at frequent intervals (not less than every three days) unless on approved leave. The UCLA Policy on email can be found at www.mednet.ucla.edu/ - click on "Resident Policies."
- N. Identify in themselves and others impairment from fatigue, drugs, depression, or other causes, and seek help for themselves or others so identified.
- O. Comply with specific/special requirements of affiliated institutions to which Trainee may rotate as part of his/her training. These may include, but are not limited to, criminal background checks, substance abuse testing, health screenings, and providing additional paperwork/information.
- P. Notify Program and GME Office of conviction for any misdemeanor or felony. This reporting obligation is ongoing and applies to events occurring prior to the period of appointment and during Trainee's appointment for Program participation. Trainee shall also report to the Program any felony charges that are required to be reported to the Medical Board.

6. BENEFITS/LEAVE

- A. Leave: Trainees are entitled to four (4) calendar weeks of paid vacation time per year, which shall be

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

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

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

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

7. PROFESSIONAL ACTIVITIES BEYOND THE SCOPE OF THE RESIDENCY

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

8. EVALUATION, COUNSELING AND ADVANCEMENT

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

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

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

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

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

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

9. ACADEMIC DUE PROCESS and GRIEVANCE PROCESS

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

The Ombuds Office is available for consultation to all Trainees. A local Ombudsperson is located in the School of Medicine. Details can be found on the GME website at medschool.ucla.edu/gme.

10. COMMITTEE PARTICIPATION

The following committees address Trainee issues:

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

- o **Medical Staff Committees**

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

11. NONDISCRIMINATION

The University of California does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, separation. This policy is intended to be consistent with the provisions of applicable State and Federal laws and University policies.

12. UNLAWFUL HARASSMENT

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

13. ACCOMODATION FOR DISABILITY

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

14. ACCREDITATION STATUS

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

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

Trainee Signature

Program Training Director Signature

Reviewed by GMEC 12/18/06
Reviewed by GMEC 2/22/10
Reviewed by GMEC 3/28/11
Reviewed by GMEC 02/27/12
Reviewed by GMEC 1/25/16

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

DUTY HOURS

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

B. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting.

C. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

D. Adequate time for rest and personal activities must be provided. This must consist of at least an 8 hour time period provided between all daily duty periods and after in-house call. The GME Office recommends that this break should be 10 hours.

E. In addition to specific duty hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Nap rooms are provided in the House Staff Sleep Quarters.

F. It is everyone's responsibility to abide and work within the duty hour policy. Programs must develop realistic schedules and mechanisms for off time coverage and transfer of patient responsibilities to others. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the duty hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly duty hour requirements. Residents are required to enter all their work hours in MedHub. Residents should notify their program director and/or the Sr. Associate Dean for Graduate Medical Education if their assigned hours are not in compliance with UCLA or ACGME duty hour policy.

G. The GMEC requires that all program directors monitor and assess compliance for their program and residents. The GME Office and the ACGME require completion of a yearly questionnaire on duty hours to resident each spring, which is one part of assessing compliance. The UCLA GMEC reviews resident duty hour entry compliance and program director oversight quarterly.

H. Concerns of duty hour violations should be reported to the Senior Associate Dean for GME or the institutional Compliance Hotline at 800-296-7188.

I. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours. However, PGY1's have a limitation of 16 hours with no additional hours.

J. David Geffen School of Medicine and each ACGME training programs abides by the ACGME duty hour rule (<http://www.acgme.org>).

ON CALL ACTIVITIES

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. This applies to residents at the PGY 2 level and above.

A. In-house call must occur no more frequently than every third night, averaged over a four-week period.

B. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours.

C. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous in house duty.

D. At-home call (pager call) is defined as call taken from outside the assigned institution.

1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, averaged over 4 weeks.

3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

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

Trainee Signature