



College of Medicine

HOUSE STAFF MANUAL

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Introduction

The University of Arizona College of Medicine– Tucson and College of Medicine– Phoenix are the sponsoring institutions for the graduate medical education (GME) programs in Tucson and Phoenix, respectively. Throughout the manual, UA COM refers to the applicable sponsoring college.

Throughout this manual, the term “Trainee” collectively refers to interns, residents, and fellows participating in an internship, residency, or fellowship program. The term “Trainee” does not include medical students. The term “Training Program” refers to the applicable internship, residency, or fellowship program.

All Trainees who participate in GME Training Programs at the UA COM are employed by Banner – University Medical Group (“B—UMG”). Per the B—UMG Graduate Medical Education Resident/Fellow Employment Agreement, if a Trainee’s program participation ends for any reason, the Trainee’s B-UMG employment contract will also terminate.

This manual sets forth the duties, responsibilities, rights, and privileges for Trainees. It is divided into three sections: the first section provides policies that are unique to Trainees; the second section addresses conduct and performance concerns, including the due process guidelines for non-disciplinary and disciplinary action; and the third section includes links to the Banner Health policies that are applicable to all Trainees.

The Accreditation Council for Graduate Medical Education (ACGME) specialty Training Program requirements set forth basic expectations for supervising faculty. Individual Training Programs further specify expectations for faculty supervision, behavior, and communication. Faculty or Trainees with specific questions about these expectations are referred to the ACGME or the Training Program’s director.

This manual may be modified at any time at the discretion of UA COM.

Section 1: Policies, Procedures, and Information Specific to Certification of Residency Training

1. Trainees who satisfactorily complete their first year of training may receive a certificate indicating satisfactory completion of such training. Availability of certificates vary by Training Program.
2. On the recommendation of the Program Director, a Trainee may receive a certificate after completing the Training Program.
3. Receipt of a certificate is contingent upon completion of the Separation Information Form which documents the following:
 - a. completion of all medical records at each institution integrated and/or affiliated with the Training Program;
 - b. return of all borrowed material to each of the medical libraries;
 - c. return of keys and other assigned material and items to appropriate Training Program office;
 - d. return of the pager, borrowed scrubs, identification badge and meal card to the Training Program office;
 - e. completion of all program evaluations; and
 - f. completion of residency graduation information on the Separation Information Form.
4. GME Administration or Training Programs will prepare and distribute all certificates to the Trainee only after receipt of a completed Separation Information Form and receipt of a copy of the Final Summative Letter signed by the Program Director.
5. Training Programs must retain a scanned or hardcopy of the certificate in the event that the original is lost or damaged.
6. The Training Program office will respond to credentialing inquiries to verify completion of training in accordance with the scope of the release of information provided by the Trainee.

Closure/Reduction of Training Program

1. In the event of the closure of the UA COM or one of its major affiliates, the closure of a Training Program, or a reduction in the size of a Training Program sponsored by UA COM, UA COM (as required by the NRMP) will facilitate the transition/progression of Trainees into other programs.
2. Regardless of the reason for closure or reduction, the GMEC will have oversight of the process and the following procedures will apply:
 - a. The DIO and/or Program Director will inform the affected Trainees as soon as possible.
 - b. The DIO will notify the ACGME in writing of any decision on the part of the sponsoring institution to close or reduce the size of a Training Program.
 - c. Whenever possible, the Trainees in the Training Program will be allowed to continue through their program with phased closure of the Training Program or until the end of the academic year.
 - d. There will be no further recruitment into the Training Program if the Training Program or

- college is to close entirely.
- e. If necessary, the Program Director and DIO will work with the Trainees and the ACGME to find positions in other accredited programs.
- f. Reasonable effort will be made to ensure that Trainees will not lose income through the course of the transfer to another program.
- g. If necessary, coordination with other programs/departments will be arranged to facilitate scheduling adjustments.
- h. Neither UA COM nor its Training Programs may require Trainees to sign a non-competition agreement.

Clinical and Educational Work Hours

All Training Programs sponsored by UA COM shall comply with the Clinical Experience and Education requirements established by the ACGME.

Clinical Experience and Education

1. Clinical experiences and education related to the Training Program include patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities, such as conferences.
2. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
3. Mandatory Time Free of Clinical Work and Education. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
4. Maximum Clinical Work and Education Period Length. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
5. Clinical and Educational Work Hour Exceptions. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: (1) to continue to provide care to a single severely ill or unstable patient; (2) humanistic attention to the needs of a patient or family; or (3) to attend

unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

6. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight.
7. In-House Night Float must occur within the context of the 80-hour and one day-off-in-seven requirements.
8. Maximum In-House On-Call Frequency. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
9. At-Home Call. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.
10. Any Trainee who feels unsafe to drive home after work may arrange for alternate transportation and request reimbursement from the Training Program.
11. UA COM will oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner.

Diversity and Inclusion

The UA COM and Banner Health believe in fostering a culture of Inclusive Excellence. All identities and differences including, but not limited to, race, ethnicity, gender identity/expression, sex, sexual orientation, age, religion, language, abilities/disabilities, socioeconomic status, educational backgrounds and geographic region are embraced and valued. A culture of Inclusive Excellence creates role models, broadens perspectives, combats negative stereotyping and optimizes our ability to provide world-class health care for all.

Eligibility and Selection of Trainees

1. All ACGME accredited Training Programs are required to participate and attempt to fill all entry-level positions through the NRMP Match or another national matching program if

available. This policy applies to all Training Programs for which matching services are available.

2. The selection of U.S. allopathic and osteopathic senior students is only available through the NRMP Match or other national matching programs. When programs select Trainees from outside the national match, Trainees will be deemed eligible by the GMEC following eligibility standards as established by the ACGME.
3. To be eligible for Program participation, Trainees must:
 - a. Meet the eligibility requirements for employment with B-UMG, including the requirements of the position as listed in the Trainee job description, with or without reasonable accommodation.
 - b. Meet the eligibility requirements to rotate at all affiliated clinical rotation sites.
 - c. Meet one of the following:
 - i. Be a graduate of a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME);
 - ii. Be a graduate of a college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA); or
 - iii. Be a graduate of a medical school outside the U.S. or Canada and meet one of the following qualifications:
 - Hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment.
 - Hold a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which the Trainee is training; or
 - Be a graduate from a medical school outside the U.S. and complete a Fifth Pathway program provided by an LCME- accredited medical school.
 - iv. Fellows entering an ACGME accredited fellowship program must be a graduate of an ACGME accredited or ACGME-I accredited residency or meet RRC- specific Fellow Eligibility Exception Requirements (if applicable).
4. If a selected Trainee cannot satisfy all eligibility requirements as of the start date of the Training Program, the Trainee may be placed on suspension pending proof of eligibility.
 - a. A suspended Trainee will have up to a three-month grace-period to provide the required proof of eligibility. The length of the grace-period is based on the nature of the ineligibility and determined at the discretion of the Program Director.
 - b. If the Trainee cannot timely satisfy eligibility requirements, the Training Program may rescind the Trainee's offer to participate in the Training Program with no opportunity to utilize the procedures or appeal rights set forth in this manual.
5. Visas
 - a. UA COM Trainee Programs will accept applicants eligible for a J-1 Visa status.
 - b. Requests for other visas will be reviewed on a case-by-case basis.
 - c. Any Trainee who is not a U.S. citizen is responsible for supplying documentation demonstrating their ability to work legally in the U.S.
 - d. Program participation will not commence or will cease immediately with no opportunity to utilize the procedures and appeal rights set forth in this manual if the Trainee's visa

expires or the Trainee is unable to document the ability to work legally in the United States.

6. Falsification or Material Omission on Application Documents
 - a. Any falsification or material omission on any application document is considered grounds for disciplinary action up to and including dismissal, as defined and outlined in Section II: Disciplinary Action.

Evaluation of Trainee

1. All Training Programs must have an effective plan for objectively assessing Trainee performance throughout the Training Program and for utilizing the results to improve Trainee performance.
2. This plan must include:
 - a. The use of objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members) who provide evaluations to the Clinical Competency Committee.
 - b. Mechanisms for providing regular and timely performance feedback to a Trainee that includes, at a minimum:
 - i. Faculty members must directly observe, evaluate, and frequently provide feedback on Trainee performance during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment.
 - For block rotations of greater than three months in duration, the evaluation must be documented at least every three months.
 - Longitudinal experiences, such as a continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
 - ii. Written semi-annual evaluation of performance, including progress along the specialty-specific Milestones, is communicated to each Trainee in-person in a timely manner by the Program Director or their designee.
 - iii. At least annually, a written summative evaluation of Trainee that includes their readiness to progress to the next year of the program, if applicable.
 - iv. The maintenance of a record of evaluation for each Trainee that is accessible to the Trainee.
3. The Program Director must provide a final summative evaluation for each Trainee who completes the Training Program. The specialty-specific milestones, and, when applicable, the specialty-specific case logs, are used as tools to ensure Trainees are able to demonstrate the knowledge, skills, and behaviors necessary to enter autonomous practice. The final summative evaluation must be shared with the Trainee upon completion of the Training Program and be maintained as part of the Trainee's permanent record maintained by the Institution.

Fingerprint Clearance Cards

1. If required by the Training Program, Trainees are required to obtain and maintain a valid Fingerprint Clearance Card, in accordance with A.R.S. §15-1881 and provide a copy prior to the start of their Training Program.
2. Any Trainee who is unable to obtain or maintain a required Fingerprint Clearance Card will be ineligible for participation in the Training Program.
 - a. The Trainee may be immediately suspended pending resolution and reinstatement of Fingerprint Clearance.
 - b. If the Trainee remains ineligible after three months, the Trainee may be dismissed from the Training Program on the basis of ineligibility with no opportunity to utilize the procedures or appeal rights set forth in this manual.
3. Individuals apply for Fingerprint Clearance Cards through the Department of Public Safety (applications available in the GME Office or at www.azdps.gov/services/public/fingerprint).
4. Trainees will not be reimbursed for the expenses related to applying for or maintaining Fingerprint Clearance Cards.

Grievance Process

In order to comply with ACGME Requirements, the UA COM GMEC sets forth this policy to outline the procedures for submitting and processing Trainee grievances at the program and institutional level.

Trainees are encouraged to address any problems they encounter while participating in a Training Program. Trainee should attempt to address problems informally through professional interactions. If informal measures are not feasible, Trainees may file a formal written grievance. This grievance process cannot be used for any issue that has a specific process for response or redress (e.g. Disciplinary Action).

The UA COM and B—UMG are committed to preventing any retribution against individuals who raise legitimate concerns about the terms and conditions of their participation in a UA COM Training Program or of their employment with B—UMG.

Informal Problem Solving

1. Trainees encountering problems that they believe cause an undue personal burden or hamper education or patient care are encouraged to seek help from more senior Trainees, program faculty, and/or the Program Director to address the situation.

Formal Grievance

1. Trainees who are dissatisfied with the outcome(s) of informal methods may submit a written grievance to their Program Director. All grievances must be in writing and include:
 - a. A description of the nature of the problem in sufficient detail that the Program Director can conduct a review of the matter;

- b. A description of the steps taken by the Trainee to bring about resolution using informal methods;
 - c. An explanation why the informal steps were unsatisfactory; and
 - d. The Trainees' recommendation of actions that they believe would bring about an appropriate remedy of the problem.
2. The Program Director will review the grievance and develop any factual information required for a decision on the matter. The Program Director will provide a written response within 30 days of receipt of grievance.
3. If the grievance concerns the Program Director or the Trainee disagrees with the Program Director's written response, the Trainee may submit the grievance to the DIO. This written grievance must include:
 - a. If the Trainee filed a grievance with the Program Director, a copy of the formal submitted grievance and the Program Director's written response.
 - i. Trainee must submit the grievance to the DIO within 10 days of the Program Director's written decision.
 - b. An explanation of why the Trainee is dissatisfied with the outcome or an explanation as to why the Trainee cannot submit the grievance to the Program Director.
 - c. The Trainee's recommendation of actions that they believe would bring about an appropriate remedy of the problem.
4. The DIO will appoint a three-member panel of GMCC members to review the matter and provide the DIO an advisory opinion.
5. The DIO will issue a final, written decision to the Trainee within 30 days of the DIO's receipt of the grievance. The DIO's decision is final and not subject to further review.

International Medical Graduates

1. An international medical graduate (IMG) is defined as any Trainee who received their medical degree from a medical school located outside the U.S. or Canada. The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG.
2. Certification by the ECFMG is required for all IMGs to participate in any UA COM Training Program. A copy of the Trainee's valid ECFMG certificate must be provided *prior* to starting a Training Program. If the Trainee is unable to obtain a valid ECFMG certificate prior to the start of the program, the Trainee will be ineligible to begin the Training Program.
3. If a Trainee cannot satisfy all eligibility requirements as of the start date of the Training Program, the Trainee will be suspended pending proof of eligibility.
4. A suspended Trainee will have a three-month grace-period to provide the required ECFMG Certificate. If the Trainee cannot timely satisfy eligibility requirements, in accordance with NRMP policies, the Training Program may rescind the Trainee's offer to participate in the Training Program with no opportunity to utilize the procedures or appeal rights set forth in this manual.

Malpractice (Professional Liability Coverage)

1. B-UMG provides professional liability coverage for Trainees. Such coverage extends to professional acts occurring in the course of the Trainee's responsibilities in the Training Program.
2. Professional liability insurance provides coverage on a claim made policy form and includes unlimited extended claims reporting coverage (tail coverage). This insurance does not cover the Trainee for any activities performed outside the scope of training program responsibilities. (e.g. "External Moonlighting").
3. A Trainee must:
 - a. Contact Banner Health's Risk Management Department as well as the Program Director whenever the Trainee becomes aware of an event that may lead to a claim. The general phone number for Risk Management is (602) 747-4750.
 - b. Contact Banner Health Legal Department (Candace McClue) at (602) 747-4507 or candace.mcclue@bannerhealth.com if a Trainee receives a subpoena or a request for an interview for a matter in which the Trainee nor Banner is *not* a named defendant.
 - c. Contact Banner Health's Risk Management Department and the Program Director immediately if the Trainee receives a claim or lawsuit, or a subpoena for a matter in which the Trainee or Banner *is* a named defendant.
 - i. BUMC-T: Contact Josephine ("Yvette") Carrillo at (520) 874-7211 or Josephine.Carrillo@bannerhealth.com
 - ii. BUMC-P: Contact Kristine Eide at (602) 747-7195 or Kristine.Eide@bannerhealth.com

Meal Policy

1. Per ACGME requirements, access to food during clinical and educational assignments is ensured by UA COM.
2. Trainees will receive a meal card with a preset amount. The dollar amount is determined by the individual Training Program according to its call schedule. There is a \$10 fee if a meal card is lost or destroyed. The meal cards are renewed at the beginning of each academic year.
3. The amount programmed for each Trainee is provided to cover those meals while on required call. It is not intended to provide meals or snacks for other workers or family members, nor is it intended to provide for meals for those days when the Trainee is not on call.

Moonlighting

1. Any Trainee who wants to engage in professional activities outside the educational program for remuneration ("moonlighting") must obtain prior written approval from the Trainee's Program Director.
 - a. This statement of permission will be included in the Trainee's file.
 - b. Trainees are not required to engage in moonlighting.
 - c. Moonlighting must not interfere with the ability of the Trainee to achieve the goals and

- objectives of the educational program and must not interfere with the Trainee's fitness for work nor compromise patient safety.
- d. Time spent moonlighting must be counted towards the 80- hour Maximum Weekly Hour Limit.
 - e. J1 visa holders and PGY-1 Trainees are not permitted to moonlight.
2. The Program Director will:
- a. Require a prospective, written request to moonlight.
 - b. Monitor the Trainee's performance to assure that all program expectations are met with performance in all sub-competencies and that work hour limits are not violated.
 - c. Ensure that Trainee fatigue is not contributing to diminished learning or performance, or interfering with patient safety.
 - d. The Program Director has the authority to revoke the Trainee's moonlighting privileges. The Trainee has no right to appeal this decision.
 - e. The Trainee will acknowledge by signature that, if required, the Trainee:
 - i. Has an independent medical license to participate in such activity;
 - ii. Has the necessary DEA number (independent of the hospital's DEA number) to prescribe applicable controlled substances;
 - iii. Has the necessary professional liability coverage separate and apart from the Training Program coverage; and
 - iv. Will not depend upon hospital personnel, supplies, equipment, e.g., hospital operators, secretaries, etc. for providing assistance in fulfilling the duties and responsibilities of such activities.

Internal Professional Activities

1. Any Trainee who wants to engage in professional activities outside the Training Program for remuneration at the site where the resident or fellow is in training ("Internal Moonlighting") may be eligible to receive additional compensation, as set by the home department. Internal Moonlighting may include, but is not limited to, working additional on-call shifts or covering responsibilities that are not part of the Trainee's normal, scheduled scope of training, but within the course and scope of the Trainee's work as a trainee.
2. J-1 visa holders and PGY-1 Trainees are not permitted to participate in Internal Moonlighting.
3. Any Internal Moonlighting for which a Trainee receives additional compensation must:
 - a. Be voluntary
 - b. Be pre-approved by the Program Director
 - c. Be supervised; and
 - d. Count towards the 80-hour Maximum Weekly Hour Limit.
4. In accordance with the above criteria, each Training Program may add to the requirements, restrict, or revoke Internal Moonlighting privileges as needed. The Trainee has no right to appeal this decision.

Non-Competition

Neither UA COM, Banner University Medical Group nor its programs may require Trainees to sign a non-competition agreement.

Nondiscrimination and Anti-harassment

The University of Arizona and Banner Health are committed to creating and maintaining a working and learning environment that is inclusive and free from discriminatory conduct. This includes all forms of sex discrimination, including sexual harassment, sexual assault and relationship violence, as prohibited by Title IX of the Education Amendments of 1972. More information is available at www.equity.arizona.edu.

As participants in a University-sponsored programs and employees of B—UMG, Trainees are entitled to the protections and processes outlined in the University's Nondiscrimination and Anti-harassment Policy (<https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>) and Banner Health's Equal Employment Opportunity Statement (<https://www.bannerhealth.com/careers/eeo>).

If a Trainee experiences or witnesses potentially discriminatory conduct, the Trainee is encouraged to report the conduct to their Program Director, DIO, or Graduate Medical Education Office. The Trainee may also contact either or both of the following to discuss resources and receive information about the complaint process:

Banner Employee Relations at 520-694-4002

The University's Office of Institutional Equity at 520-621-9449 or equity@arizona.edu

On-Call for Trainees Rotating Between Departments

In order to ensure that Trainees do not have back-to-back call nights when rotating from one department to the next, the involved Training Programs will coordinate the call schedules.

On-Call Rooms

Trainees will have access to accessible on-call rooms that are safe, quiet, clean, and private. Trainees should contact their Training Program leadership for specific room assignments.

Other Learners

1. In compliance with ACGME Requirements, Training Programs will monitor the presence of other non-Trainee learners to ensure Trainee education is not compromised.
2. To address a concern about a compromised learning environment, the DIO and/or GMEC will consider the following actions until the issue has been resolved:
 - a. Discussion at the next GMEC monthly meeting
 - b. Focused Trainee Survey
 - c. Program Director must submit an action plan

- d. Request an update from the Program Director at each GMEC meeting until it is resolved

Pagers

1. Each Trainee will be issued a pager. The Trainee is expected to keep the pager functional and turned on during work and on-call hours (including electives).
2. The Trainee is expected to respond to a pager call in an appropriate time frame as determined by the Training Program.
3. Should a pager not work due to normal wear and tear, it will be replaced at no charge by the Trainee's program. If the pager is stolen, lost or damaged, the Trainee will be charged a \$25 replacement fee. The Trainee will be provided a new pager once the fee is received.

Parking

1. Trainees are issued a name badge that provides access to a designated parking area.
2. Trainee will not park at the Medical Center outside their designated parking area.

Patient Relationships

1. Trainees should introduce themselves by name and ensure that the patient and family know them by name.
2. Trainees should explain their role in the care of each patient they attend.
3. It is appropriate to address patients by their surname, preceded by Mr., Ms., Dr., etc. Trainees are encouraged to ask patients how they wish to be addressed.
4. It is essential to explain to patients what is happening to them, what is recommended for them, and the benefits and risks of your recommendations.

Paycheck

1. Trainees are employees of B—UMG. The first paycheck for the Trainee will be issued on the first payday following the start date. Paychecks will be distributed every two weeks thereafter.
2. Direct or automatic deposit of paychecks is available through Banner Health. After signing up for the program, it takes one to two pay periods for the direct deposit to begin. The Trainee can receive a receipt of deposit to verify that the money was transferred to their account through Banner Health MyHR. Trainees should contact their program coordinator for more information.

Promotion and Graduation

1. Trainees are advanced to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.
2. At least annually, there must be a summative evaluation of each Trainee that includes their readiness to progress to the next year of the program.
3. Each Program Director must prepare a final summative evaluation for each Trainee upon completion of the training program. This evaluation must document the Trainee's performance during the final period of education, become part of the Trainee's permanent record and, must be accessible for review by the Trainee.
4. The final summative evaluation must assess to what extent the Trainee has achieved the subspecialty-specific Milestones, and when applicable, the subspecialty-specific Case logs.
5. The final evaluation must verify that the Trainee has demonstrated the knowledge, skills, and behaviors necessary to engage in autonomous practice upon completion of the program.

Security ID Badges

1. Facility-issued identification badges must be always worn on the upper part of the body while on a Banner campus.
2. The face of the ID badge must remain visible for identification and safety reasons and must not be defaced with stickers, ribbons or pins so that the Trainee's face or identifying information is covered.
3. Trainees must immediately report a lost or stolen badge to their leader and/or Security.
4. For safety reasons, the use of lanyards is discouraged.

Subpoenas

Please refer to the Malpractice section.

Substantial Disruptions in Patient Care or Education

1. In the event of a disaster, or other substantial disruption in patient care or education, B—UMG will ensure the continuation of salary, benefits, professional liability coverage and will resume trainee assignments as soon as possible.
2. In circumstances where patient needs create a crisis in patient care delivery configuration, the DIO may declare Emergency Status as outlined by the ACGME.
3. During the period of Emergency Status, the Sponsoring Institution will comply with all ACGME Institutional Requirements. Programs will continue to ensure compliance with work hour requirements; adequate resources and training; adequate supervision; and fellows

functioning in their core (primary) specialty.

4. In the event of a disaster in one city, the GME offices in Phoenix and Tucson will support the other city. Additionally, the University has developed a partnership with the University of New Mexico to provide information, support and communications in case such resources become unavailable due to the disaster.
5. Communication:
 - a. In the case of a disaster requiring evacuation of the UA, but in which services and communication are intact, the appropriate GME office will communicate with Trainees through the GME website with up-to-date postings of information and resources, as well as responses to specific questions via our email network.
 - b. In case of loss of communication systems and evacuation that impacts only one campus, the other campus will support the communication through email and website updates.
 - c. Finally, in case of state-wide or health system-wide issue, the University will partner with the University of New Mexico (UNM), 505-272-6225, to post information on its GME website and UA COM Trainees will temporarily be accommodated in Albuquerque. A connected administrative structure will be set up in Albuquerque at the UNM.

Supervision

The attending physician has an ethical and legal responsibility for the overall care of their patients and for the supervision of the Trainees involved in the care of their patients. The following principles of supervision ensure fulfillment of this responsibility:

1. Each ACGME-accredited Training Program is required to establish written program- specific supervision guidelines that identify circumstances and events in which Trainees must communicate with a teaching physician.
 - a. Each Trainee must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.
 - i. PGY-1 Trainees must be supervised either directly or indirectly with direct supervision immediately available.
 - ii. PGY-1 Trainees cannot take home calls.
 - iii. Each program will adhere to requirements as prescribed by the individual Clinical Competency Committee.
2. All patients admitted for care are the responsibility of the attending physician. Trainees must act under the direction and supervision of a qualified physician. Consequently, the attending physician is responsible for all actions of the Trainee, whether or not the attending physician is physically present when decisions or actions are undertaken.
3. Judgments on delegation of responsibility to a Trainee must be made by the attending physician and it is the attending physician's responsibility to determine the intensity of

supervision required within the scope of the Training Program. It is presumed that a Trainee who is progressing in their clinical training will demonstrate the ability to progress and be capable of functioning as an independent physician by the end of the training. It is the responsibility of the attending physician to notify the Program Director of any Trainee who does not meet expected standards and discuss concerns.

4. Proper supervision must be completed in accordance with safe and effective patient care. The degree of supervision that is appropriate may vary with the clinical circumstances and the training level of the Trainee. In order to exercise these supervisory responsibilities properly, a designated attending physician must always be immediately available for consultation and support.
 - a. For surgical and other invasive procedures performed in a surgical suite, a teaching physician must be physically present to supervise all critical or key portions of the procedure. During non-critical or non-key portions of the procedure, if not physically present, the teaching physician must be immediately available to return to the procedure. If circumstances prevent the teaching physician from being immediately available (e.g. supervising concurrent procedures) the teaching physician is responsible for arranging for another teaching physician to be immediately available to respond to the original case. The teaching physician's physical presence must be supported by the medical record documentation.
5. Any concerns regarding the ability of a member of the medical staff to supervise Trainees, or violations of the above principles, should be brought to the attention of the Program Director for resolution.

Transition of Care

1. Each Training Program will ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety and protective of the patient's privacy.
2. Training Programs must design clinical assignments to minimize the number of transitions in patient care.
3. Training Programs must ensure that Trainees are competent in communicating with team members in the hand-over process. There must be the availability of schedules that inform all members of the health care team of attending physicians and Trainees currently responsible for each patient's care.

Vacation and Leaves of Absence

1. All Trainees are entitled to six weeks of paid medical, parental, and caregiver leave once and at any time during the Program.
2. This leave is available beginning the first day of the Program.

3. Residents/Fellows will be provided with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
4. Training programs must ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
5. Training programs must provide residents/fellows accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

Vacation Leave

1. A Trainee may use vacation leave with the Program Director's approval and subject to the staffing needs of the program.
2. Trainees are provided four one-week periods of vacation leave each academic year, to be used upon a mutually agreed upon time by the Trainee and Program Director.
3. Vacation leave cannot be carried over from one academic year to the next unless there are extenuating circumstances and with program director approval.
4. Trainees do not participate in Banner Health's Paid Time Off (PTO) plan.
5. A Trainee on unpaid Family Medical Leave may elect to concurrently use vacation leave but is not required to do so.

Holidays

Trainees are expected to work some holidays as determined by their Training Program. Some holidays observed by the Veteran's Administration are not considered holidays at Banner Health.

Family Medical Leave

UA COM, Banner, and all Training Programs are committed to Trainees continuing and completing their training and taking time needed during illness, parental leave, caregiving, etc. Trainees may qualify for leave under the Family Medical Leave Act (FMLA) and/or GME Policy. FMLA leave runs concurrently with the six-week total paid medical, parental, or caregiver leave that is available to Trainees during their Program. Contact your Program Coordinator or B—UMG Human Resources to discuss FMLA leave eligibility or alternatives.

Not all time off is paid and Trainees may need to extend training beyond the planned date of graduation based on policies of the relevant Program board. The policy for time away from training is unique to each specialty.

See Section III: Banner – University Medical Group (B–UMG) Policies.

Vaccinations

Trainees must comply with all B—UMG health standards, including, but not limited to, annual influenza immunizations, COVID-19 vaccinations, and Measles, Mumps, and Rubella (MMR), Varicella, and Tuberculosis (TB) immunity. Religious or medical exemptions to such requirements must be requested through the Banner Health Human Resources Department. Any Trainee with an approved exemption must comply with any additional mitigation measures required by B—UMG, which may include masking and periodic testing.

Vendor Interactions

It is the policies of UA COM and Banner Health that interactions with industry should be conducted in a manner that avoids or minimizes conflicts of interest. When conflicts of interest do arise, they must be addressed appropriately.

The UA COM [Conflict of Interest – Financial and Industrial Relationships Policy](#) incorporates the following types of interactions with industry:

- Gifts and compensation
- Site access by sales and marketing representatives
- Provision of scholarships and other educational funds to students and trainees
- Support for educational and other professional activities
- Disclosure of relationships with industry
- Oversight of Conflict of Interest Policy
- Training of students, Trainees, and staff regarding potential conflict of interest in industry interactions

Visiting Trainees

1. All visiting Trainees interested in participating in elective rotations at the UA COM must complete the Visiting Trainee Application.
2. Participation in any elective rotation is allowed on a space-available basis. Selection dates must have final approval from host Program Director.
3. The UA COM requires a completed Program Letter of Agreement (PLA) with the Home Institution prior to participation in UA COM program.
4. All visiting Trainees must check in with the GME Office at the start of their rotation.

Wellness

The UA COM is committed to Trainee and faculty well-being. We encourage Trainees and faculty to lead healthy lives and seek to support them in their personal and professional growth. As an institution, we hold our program, leaders, faculty, and Trainees responsible for assisting in the development of a safe and supportive training environment for all.

Institutional Responsibilities

1. Research, advocate, and provide Trainees and faculty with resources and education for their personal health and well-being.
2. Assist Program Directors in their initiatives to protect Trainee time with patients, minimize non-physician obligations, provide administrative support to Trainees, promote progressive autonomy and enhance professional relationships.
3. Provide Program Directors with resources to educate faculty and Trainees about the symptoms of burnout, depression, anxiety, suicidal ideation and substance use/abuse.
4. Identify resources to improve Trainee burnout, depression and substance use/abuse.
5. Encourage Trainees and faculty members to alert designated personnel when they are concerned about a community member who is displaying signs of burnout, depression, substance use, suicidal ideation, or potential for violence, or who is not proactively engaging in self-care.
6. Assist in creating a culture and psychologically safe environment for Trainees and faculty to utilize mental health resources.
7. Provide resources that encourage safe well-being practices (e.g., sleep rooms, reimbursement for taxi/rideshare)
8. Provide access to confidential and affordable mental health assessments.
9. Provide access to confidential and affordable mental health providers.
10. Ensure that programs have sufficient back-up plans to provide patient care in the event that a Trainee is unable to perform their patient care responsibilities.
11. Provide a culture of professionalism that supports patient safety and personal responsibility.
12. Provide a way for Trainees to report mistreatment/unprofessional behavior
13. Provide a respectful process for reporting, investigating and addressing mistreatment/unprofessional behavior concerns.
14. Provide a forum for all Program Directors, Trainees, and faculty to share successes, concerns, ideas, or innovations to improve the overall well-being of all those working in the educational environment.

Program Responsibilities

In addition to working with the Institution on the initiatives described above, each Training Program has the following responsibilities:

1. Pay attention to Trainee schedules to look at work intensity and compression factors.
2. Enhance the meaning that each Trainee finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
3. Design an effective program structure that is configured to provide Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
4. Allowing Trainees to attend medical, dental, and mental health care appointments, including those scheduled during work hours.
5. Educate Trainees and faculty about burnout, depression, and substance use/abuse.
6. Educate Trainees in resilience strategies and healthy coping strategies to improve well-being

7. Teach and model self-care practices.
8. Providing a respectful, professional and civil environment that is free from mistreatment, abuse, and/or coercion.
9. Educate Trainees on professional behavior and mistreatment and describe the confidential process for reporting concerns.
10. Evaluate current practices to continually improve the educational and training environment.

Trainees and Faculty Responsibilities

Learning self-care is an important component of professionalism and patient care. Trainees and faculty have a responsibility to themselves, to their patients, and to their Training Programs to ensure that they are fit for work. Trainees and faculty should be able to:

1. Be proactive in their self-care - modeling healthy lifestyles and behaviors for patients, students, and colleagues.
2. Advocate for their well-being and request time off for personal appointments (Annual physicals, dentist, mental health, etc.)
3. Manage their time surrounding clinical assignments.
4. Recognize personal impairment either from illness, fatigue and substance use and notify the appropriate party.
5. Recognize personal impairment either from illness, fatigue and substance use in their peers and other members of the health care team and notify the appropriate party.
6. Accurately report clinical and educational work hours, patient outcomes, and clinical experience data
7. Have a commitment to lifelong learning
8. Participate and recommend improvements to the educational and training environment.

Education on Stress, Sleep Deprivation, Fatigue and Substance Abuse

Each program must ensure that Trainees are educated on an annual basis on the identification and prevention of stress, sleep deprivation, fatigue, and substance abuse.

Resources for Living Assistance

Available at no cost to all Banner employees and their household members, services are free, confidential and available 24 hours a day, 365 days a year. Aetna Resources for Living can provide resources for all aspects of wellbeing helpful to make life easier including:

1. Emotional Support – Talk to a counselor about what’s on your mind – stress, relationships, mood issues and more. You are able to meet over the phone, face-to-face or by online video stream.
2. Legal – Speak with an attorney about basic legal rights like estate planning, tenant disputes, family issues and more.
3. Financial – Discuss budgeting, credit and more with a financial expert.
4. Daily Life Assistance – Let our specialists help you solve everyday issues and coordinate

caregiving needs

5. Website – Check out articles, quizzes, webinars and more. Questions? Contact Resources for Living: 1-866-568-7554 www.resourcesforliving.com

House Staff Counseling

1. Access to free, confidential counseling and psychological support services are offered to all Trainees and their families.
2. *Banner UA COM Partners in Medicine* provides support, connections, and resources to the spouses, partners, and families of Banner/UA COM Trainees and fellow physicians. Recognizing that residency and fellowship can be a uniquely challenging time for a physician and the physician's family, this network of spouses and partners offers a way to connect with others who are in the same stage of the medical journey. To learn more, contact BUAPIMTucson@gmail.com or BUAPIMMembership@gmail.com.
3. Residents/fellows are provided with free, confidential counseling services through the GME Mental Health Program.
 - a. For UA COM-T trainees, appointments can be scheduled with our psychiatrists and additional information can be found at <https://mentalhealthservices.medicine.arizona.edu/services/residents-fellows>.
 - b. For UA COM-P trainees, appointments can be schedule with Dr. Celine McNelis-Kline here [TherapyAppointment](#). More information can be found here [Resources For Residence | Arizona Site](#)

Workplace Accommodations

Religious Accommodations

Trainees seeking religious accommodations must discuss the request with their Program Director. The Trainee and Program Director will contact a Banner Health Employee Relations Sr. Consultant. The Employee Relations Sr. Consultant will discuss options of supporting the requested religious accommodations and provide documentation if needed.

Disability Accommodations

Trainees with qualifying disabilities who require accommodation within their Training Program should contact the University's Disability Resource Center (DRC) at 520-621-3268 or drc-info@arizona.edu. More information is available at <https://drc.arizona.edu/>. Accommodations to the physical workplace will be coordinated through the DRC along with Banner Human Resources. Trainees are responsible for initiating the accommodation process.

Request for testing accommodations for internally administered (in-training) exams are coordinated through the DRC. Requests for testing accommodations for externally administered exams (e.g. USMLE, COMLEX, Board Exams) must be coordinated directly with the testing agency. The DRC cannot grant or facilitate accommodations for external exams. Trainees are responsible for the cost of obtaining and submitting any documentation required by the external agency.

Section II: Addressing Conduct and Performance Concerns

Procedures for Disciplinary and Non-Disciplinary Action

Trainees participate in a Graduate Medical Education (GME) program sponsored by the University of Arizona College of Medicine – Tucson or College of Medicine – Phoenix. While participating in the Training Program, Trainees are employed by Banner--University Medical Group (B-UMG) and are afforded the opportunity to practice medicine under specified conditions for a designated period of time.

While participating in a Training Program, Trainees are afforded the procedural rights described below.

I. Overview

1. The University of Arizona, as the sponsoring institution of the Training Program, will make the final determination with regard to a Trainee's participation or advancement in the program.
2. Trainees are not entitled to procedural rights outlined in the Banner--University Medical Staff Bylaws, the Human Resources policies of Banner – University Medical Center or Banner – University Medical Group, nor the Human Resources policies of the University of Arizona.
3. Incident reports, evaluations, and other information gathered or exchanged in the course of the Trainee's education do not constitute non-disciplinary or disciplinary action.
4. These guidelines do not outline the processes in place to address violations of Banner Health or University of Arizona policies (e.g. delinquent medical records, HIPAA violations, substance abuse, discriminatory/harassing behaviors). However, non-disciplinary action or disciplinary action may result from findings or determinations provided to a Training Program following an external process, review, or investigation.
5. Notice of proposed actions and/or decisions under these procedures are made in writing and delivered to the Trainee's employee email address or other designated preferred email address. All deadlines are calculated beginning the calendar day after the date of the email. All notices are deemed to be received on the day of the email.
6. Nothing in these procedures restricts the authority of the Program Director to assign the job duties and responsibilities of the Trainee at all times, including the decision to assign the Trainee to clinical, non-clinical, research, or other duties at specified locations as deemed appropriate by the Program Director.
7. These procedures are intended to guide the sponsoring institution through a reasonable decision-making process that provides Trainees with notice of the action being considered, the opportunity to review and respond to the information in support of the action, and the opportunity for the Program Director to consider remediation when appropriate. Minor deviations from these procedures that do not deprive the Trainee of notice or the opportunity to respond will not render the decision invalid. All timelines may be reasonably extended for good cause.

II. Non-disciplinary Action

1. At any time, a Program Director may take non-disciplinary actions to address issues with a Trainee's performance, such as lack of medical knowledge, professionalism concerns, or failure to satisfy ACGME Core Competencies or licensure requirements.
2. The Program Director is encouraged to consult with the GME Office before taking non-disciplinary action.
3. Non-disciplinary action includes but is not limited to: placing a Trainee on an administrative leave; issuing a letter of concern; requiring a Trainee to repeat a rotation; limiting/changing a Trainee's job duties, responsibilities, or work location; placing the Trainee on a performance improvement plan; assigning a mentor and requiring regular meetings; or referring the Trainee to occupational health or house staff services.
4. A Trainee has no right to appeal a non-disciplinary action.
5. Non-disciplinary action is not required prior to disciplinary action.
6. Non-disciplinary actions will be reviewed and considered by the Program Director and the CCC when making a determination on recommended disciplinary action.

III. Disciplinary Action

1. Notice of Proposed Action and Opportunity to Respond
 - a. Disciplinary action falls within the sole discretion of the Program Director, subject to the Trainee's right to appeal as outlined below.
 - b. Disciplinary action is warranted when a Trainee fails to meet the academic requirements of the Training Program. Academic requirements are guided by the ACGME Core Competencies; the policies and procedures of Banner Health, Banner – University Medical Group, and the University of Arizona; and the codes, rules, and regulation of licensing agencies, including the Arizona Medical Board and the Arizona Board of Osteopathic Examiners.
 - c. If a Program Director concludes that a Trainee's performance warrants disciplinary action, the Program Director will consult with the GME Office to discuss disciplinary options and determine the appropriate next steps.
 - d. Disciplinary action includes the following: 1) Probation; 2) Retention or repeat of post-graduate (PG) year; or 3) Dismissal.
 - e. If a Trainee resigns at any time after the Program Director proposes disciplinary action, the Trainee waives all procedural and appeal rights set forth in this manual. The resignation may be noted as "pending disciplinary action" at the discretion of the Program Director.

- f. Whenever possible, the Program Director will meet with the Trainee to discuss the proposed disciplinary action. The Program Director will notify the Trainee of the proposed disciplinary action in writing. The Notice of Proposed Disciplinary Action will include:
 - i. The disciplinary action being considered;
 - ii. A summary of the basis for the disciplinary action, with documentation or information in support of the decision included as attachments;
 - iii. The core competencies, rules, policies, or standards the Trainee is failing to meet;
 - iv. The Trainee's opportunity to respond to the proposed disciplinary action at the next Clinical Competency Committee (CCC) meeting.
- g. The Trainee has seven (7) days from the date of the Notice of Proposed Disciplinary Action to submit a written request to the Program Director for an opportunity to respond to the proposed disciplinary action.
 - i. Failure to timely request an opportunity to respond results in a waiver of the opportunity and a waiver of all remaining procedural and appeal rights set forth in this manual.
 - ii. If the Trainee waives the opportunity to respond, the Program Director will confirm the disciplinary action in writing to the Trainee. The Program Director will note that the Trainee waived all remaining due process rights and that the disciplinary action is effective immediately.
- h. If the Trainee requests an opportunity to respond at a CCC meeting, the meeting will take place no more than fourteen (14) days from the date of the Trainee's request to respond unless the Trainee agrees to an alternate timeframe.
- i. The Trainee will receive at least seven (7) days' notice prior to the CCC meeting. CCC meetings are an internal, academic process. The CCC meeting is the Trainee's opportunity to respond to the proposed disciplinary action.
- j. Only the CCC members (or alternate faculty members when needed), the Program Director, the Trainee, and a support person of the Trainee's choosing may attend the CCC's discussion of the proposed discipline.
 - i. If the Trainee chooses to bring a support person, that person may not speak on the Trainee's behalf or participate in the meeting in any manner.
 - ii. The Trainee must provide the name of the support person at the time of the request for a CCC meeting and must indicate whether the support person is an attorney.
 - iii. The CCC may request the presence of University legal counsel at its discretion.
- k. No less than three (3) days before the scheduled CCC meeting:
 - i. The Trainee will provide the Program Director a copy of all documents and information the Trainee will rely on to support the Trainee's position at the CCC meeting.

- ii. The Program Director will provide the CCC with a copy of any documents provided by the Trainee, the Notice of Proposed Disciplinary Action, and supporting documents.
 - iii. The Trainee must be provided with a copy of any document provided to the CCC not previously included with the Notice of Proposed Disciplinary Action.
 - l. At the CCC meeting, the Trainee may make a statement and ask questions.
 - i. If the CCC decides additional information is necessary, the meeting will be postponed and reconvened at a later date.
 - ii. All relevant, additional information will be exchanged no less than three (3) days in advance of the reconvened meeting to allow for adequate time to review.
 - m. After presenting and responding to any questions, the Trainee will be excused from the CCC meeting. The Program Director and CCC members will consider the information presented at the meeting and discuss the proposed action. With the guidance of the CCC, the Program Director will make a decision regarding the proposed disciplinary action.
 - n. The Program Director will inform the Trainee of the decision in writing. If the Program Director decides to impose disciplinary action, the Notice of Disciplinary Action letter will include:
 - i. Confirmation that the Trainee appeared before the CCC and exercised the right to respond to the proposed disciplinary action;
 - ii. The disciplinary action imposed;
 - iii. A summary of the basis for the disciplinary action, incorporating by reference the supporting documentation or information relied on in making the decision;
 - iv. A summary of the CCC's conclusions and recommendations;
 - v. When imposing dismissal, a statement as to whether opportunities for remediation were available, provided, or appropriate under the circumstances;
 - vi. The Trainee's right to appeal the decision to the DIO within seven (7) days of the date of the Notice of Disciplinary Action, in accordance with these procedures.
 - o. The DIO (or designee) will receive a copy of the Notice of Disciplinary Action, including all documents considered by the CCC.
 - p. If the Trainee does not timely appeal the Notice of Disciplinary Action, the disciplinary action is immediately in effect and the Trainee waives all remaining due process rights.
 - q. The disciplinary action may be immediately implemented pending appeal to the DIO. If the decision is to dismiss the Trainee, the Trainee will be assigned to non-clinical duties and will continue to receive pay while the matter is pending on appeal.
2. Appeal of Disciplinary Action to the DIO
- a. A Trainee may appeal a Notice of Disciplinary Action to the DIO within seven (7) days of receiving the notice imposing disciplinary action. The basis for the appeal is limited to the

following grounds:

- i. A material deviation from written procedures;
 - ii. The discovery of new, material information that was unavailable to the Trainee and Program Director at the time of the Program Director's decision; or
 - iii. Evidence that the disciplinary action is overly severe or unwarranted under the circumstances.
- b. To appeal, the Trainee must submit a written statement to the DIO outlining the basis for the appeal and attaching all documentation the Trainee believes supports the appeal.
- c. The DIO will review the Notice of Disciplinary Action letter and supporting documents as well as the Trainee's request for appeal and supporting documents. If the DIO determines that the Trainee's written statement does not identify one of the required grounds for appeal, the DIO may deny the appeal without undertaking a substantive review.
- d. If the DIO agrees that the basis for the appeal accurately identifies: (i) a material deviation from written procedures, or (ii) the discovery of new, material information that was unavailable to the Trainee and Program Director at the time of the Program Director's decision, the DIO may return the matter to the Program Director or the CCC to correct that circumstance without undertaking a substantive review of the disciplinary action.
- i. The DIO's decision will set forth the basis for returning the matter and the specific stage of due process the matter will return to in order to address the circumstances identified in the Trainee's appeal statement.
 - ii. After addressing the error or reviewing the new material, the Program Director must reissue a new or revised Notice of Disciplinary Action.
 - iii. If the Trainee still wishes to appeal the decision, the Trainee must submit a new appeal to the DIO.
- e. When the recommended disciplinary action is dismissal, the DIO may request an advisory opinion from the GMEC. The GMEC Chair will appoint a three-member panel to review the appeal. No member of the panel may have prior involvement with the disciplinary action.
- i. The panel will review the Notice of Disciplinary Action, the supporting documents, and all information submitted by the Trainee.
 - ii. Within seven (7) days of appointment, the panel will meet, discuss, and provide an advisory opinion to the DIO addressing whether the substantial evidence supports the decision.
 - iii. The DIO will consider the GMEC's advisory opinion before making a final decision.
- f. The DIO may uphold, modify, or reverse the Program Director's decision to impose disciplinary action. The DIO can reduce the disciplinary action but cannot increase the

sanction.

- g. If the disciplinary action is modified or reversed, the DIO will provide a basis for that decision and outline any additional or revised expectations.
 - h. The DIO will communicate the decision in writing to the Trainee, the Program Director, and Banner Human Resources.
 - i. The DIO's decision is final and not subject to further appeal. The decision is immediately effective unless otherwise stated.
- 3. If disciplinary action is imposed, the GME Office may notify the appropriate medical board, the ACGME, the ECFMG, and/or Banner Human Resources if required.
 - 4. If the disciplinary action is retention or probation, the Program Director will provide the Trainee with written confirmation when that period is complete.
 - a. The written confirmation will detail any continued areas of concern. Any documented areas of concern are considered non-disciplinary action.
 - 5. Dismissal from a Training Program will result in termination of employment from Banner – University Medical Group.

Impairment

When a Trainee suspects they or another Trainee may be impaired, the Trainee must contact the Trainee's Program Director and provide the details of the behavior or information leading to this concern. When information suggests that a Trainee may be impaired, the Program Director will take necessary steps to determine whether credible evidence of impairment exists. If, in the judgment of the Program Director, no such evidence exists, no further action is necessary.

If, in the judgment of the Program Director, credible evidence exists to suggest impairment, the Program Director will institute the Drug Testing Policy protocol (below) and one or several of the following:

- 1. Testing of bodily fluids for misuse of chemical substances according to the section on Drug Testing described below;
- 2. Referral to an appropriate health professional including a psychiatrist or other mental health professional;
- 3. Periodic sessions with the Trainee's faculty advisor, Program Director or both;and/or
- 4. Disciplinary action in accordance with the section on Procedures for DisciplinaryAction previously described.

Drug and Alcohol Testing Policy

Because chemical substance abuse (including alcohol, marijuana, illicit and licit drugs) may impair a Trainee's performance, tests for alcohol, marijuana, and chemical substances will be required at the time of the initial B-UMG employment physical. Refusal to submit to testing will result in the Trainee being deemed ineligible for employment with B-UMG and a withdrawal of the GME Program Acceptance

Letter.

In accordance with the Banner Employee Drug and Alcohol Testing Policy, a test is required whenever Reasonable Suspicion/Cause exists to conduct a test. Trainees who are on stipulation with AMB/OBEX or have signed a Banner Health Stipulated Conditions of Re-entry Agreement (“Re-entry Agreement”) will also be subject to random testing.

The Program Director or designee may require a Trainee to undergo Reasonable Suspicion/Cause testing for drugs and/or alcohol. The basis for Reasonable Suspicion/Cause testing includes without limitation:

1. Difficulty standing, walking or maintaining balance;
2. Stumbling, trembling, exaggerated gestures or movements;
3. Loud or nonsensical speech, exaggerated enunciation, slurred or incoherent speech;
4. Lack of response when spoken to; appearance of confusion in response to the speech of others;
5. Sleepiness or lethargy;
6. Sweaty or flushed appearance, bloodshot eyes;
7. Marked deterioration in appearance, or disheveled clothing or hair;
8. Odor of alcohol or marijuana
9. Hostile or aggressive behavior
10. Report from a reliable source that Trainee is abusing drugs or alcohol, including verbal, written, or photographic admission of drug or alcohol use;
11. Circumstances that indicate the Training may be diverting drugs.

The Program Director and the GME Office will review all matters in which drug testing is required and will be privy to the results.

Trainees will be placed on administrative leave pending the results of the test. Any Trainee who refuses to submit to testing or otherwise delays a test will be placed on administrative leave. The refusal or delay in testing is considered the same as a positive test.

Any Trainee who has a positive drug test will be immediately dismissed from the Training Program without the opportunity to utilize any of the procedural or appeal rights set forth in this manual. If, in the sole discretion of the Program Director, the Trainee is permitted to remain in the Training Program, the Trainee will be notified of the terms on which the Training is permitted to remain, including retention, probation, random drug testing, and other performance management criteria. These terms are not subject to review under the disciplinary action appeal rights.

All positive tests will be reported to AMB/OBEX. Actions taken by AMB/OBEX may be in addition to or concurrent with disciplinary action taken by the Program Director.

A Trainee with a positive drug test will not be permitted to return to work until: (1) the Trainee is cleared to return by AMB/OBEX; (2) the Trainee is cleared to return by Occupational Health; (3) the Trainee signs a Re-entry Agreement; and (4) the Program Director and the DIO agree that the Trainee may return to the Training Program. The Re-entry Agreement will include the conditions imposed by AMB/OBEX as well as any additional conditions set by Occupation Health and the Training Program. Continuation in the Training Program is conditional upon compliance with the terms of the Re-entry

Agreement. Refusal to sign a Re-entry Agreement will result in immediate termination from the Training Program, without the opportunity to utilize any of the procedural or appeal rights set forth in this manual.

Performance and/or conduct issues suggesting evidence of impairment will be investigated and disciplinary action may be initiated as set forth above.

Administrative Leave Procedure

The DIO and the Program Director (or designee) have the discretion and authority to place a Trainee on administrative leave from the Training Program or summarily impose limitations on Training Program participation.

Administrative leave is effective immediately upon notification to the affected Trainee, whether verbal or written. Once placed on administrative leave, the Program Director will inform the Trainee in writing of the parameters of the leave. The administrative leave will remain in effect until lifted at the discretion of the DIO or Program Director.

The status of administrative leave only affects the Trainee's ability to participate in the Training Program and is unrelated to pay or benefits through B-UMG.

Suspension

Trainees will be immediately suspended from their Training Program if a Trainee is unable to meet program requirements or is otherwise deemed ineligible to participate in the program, including, but not limited to: (a) loss or disruption of eligibility to work in the United States; (b) loss of fingerprint clearance; (c) suspension of medical license; (d) suspension by B-UMG in the best interest of patient care; (e) suspension or exclusion from any clinical facility; or (f) inability to meet the essential qualifications of the Trainee position. Suspension is automatic with no opportunity to utilize any of the procedural or appeal rights set forth in this manual.

Suspension from program participation automatically results in suspension without pay from B-UMG.

The suspension will remain in effect for no more than three months to allow the Trainee to regain eligibility. The Program Director may, at their discretion and in consultation with GME, extend this period of time for good cause shown. Extensions must be documented in writing with a specific end date, not to exceed an additional three months.

If, at the end of three months or the granted extension, the Trainee is unable to regain eligibility, the Trainee will be dismissed from the Training Program and will not be entitled to any of the procedural or appeal rights set forth in this manual.

Revocation of Medical License

Action by ABM/OBEX revoking a Trainee's license/permit to practice medicine will result in the Trainee's automatic dismissal from the Training Program without any of the procedural or appeal rights

set forth in this manual.

Section III: Banner University Medical Group (BUMG) Policies

This section contains links to the current version of each of the policies listed below. If you have trouble accessing a policy, please contact Banner's IT Service Desk at (602) 747-4444 or submit a service request on the Banner IT Department's intranet page.

[Arizona Paid Sick Time Policy](#)

[Banner Employee Drug and Alcohol Testing](#)

[Banner Employee Marijuana Policy](#)

[Compliance: Mandatory Compliance Training and Education](#)

[Conflict of Interest](#)

[COVID-19 Vaccination of Healthcare Personnel](#)

[Delinquent Records](#)

[Employee Health Immunization and Vaccination Policy](#)

[Equal Employment Opportunity and Affirmative Action Policy](#)

[Family and Medical Leave Act \(FMLA\) Policy](#)

[General Infection Prevention Policy](#)

[HIPAA: Patient Photography, Videotaping, and Other Visual Imaging in the Clinical Setting for Treatment or Training](#)

[Leave of Absence Policy](#)

[Photo Identification Badges and Access Provisioning](#)

[Professional Conduct](#)

[Prohibition Against Retaliation for Protected Activities](#)

[Return to Work Examinations](#)

[Social Media Policy](#)

[Standard and Transmission Based Precautions](#)

[Stipulated Re-Entry](#)

[Tuberculosis \(TB\) Prevention and Control Plan](#)