

RESIDENT AGREEMENT OF APPOINTMENT DAVID GEFFEN SCHOOL OF MEDICINE at UCLA Academic Year 2022-2023

DEFINITION: The term "Residents" refers to all postgraduate medical residents (interns, residents and fellows) enrolled in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs).

The UCLA Graduate Medical Education (GME) website contains links to, and information on, policies that pertain to Residents: medschool.ucla.edu/gme

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

1. DURATION OF APPOINTMENT

The initial appointment is for a one-year period commencing 7/1/2022 and ending on 6/30/2023. Reappointment, advancement and completion of the academic year is contingent upon maintenance of academic good standing and satisfactory performance of assigned rotations, exams and duties as determined by evaluations by the director of the Program ("Program Director") and faculty.

2. FINANCIAL SUPPORT & BENEFITS

School shall provide appropriate financial support and benefits (including vacation, paid and unpaid leave) to ensure that Appointee is able to fulfill the responsibilities of the Residency Program. Appointee's financial support and benefits for the PGY-level described herein are set forth in the collective bargaining agreement (hereafter "CBA") between UCLA Health and Committee of Interns and Residents/SEIU (CIR-SEIU), and summarized and located on the UCLA GME website. No payment or compensation of any kind or nature shall be paid to or accepted by Appointee from patients, third parties, or any other sources for performance or any services rendered pursuant to this Agreement. Residents are paid monthly on the first of every month. PGY 1's will be compensated effective the first day of employment, to include assigned orientation.

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

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

B. Residents who graduated from United States, Canadian, or international medical schools must have a license to practice medicine in the State of California in accordance with laws governed by the Medical Board of California. Failure to comply with California State law regarding physician licensure at the time of appointment or reappointment will result in non-appointment and automatic resignation.

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

D. All Residents responsible for providing direct patient care must complete and maintain Advanced Clinical Life Support and/or Pediatric Advanced Life Support and Neonatal Resuscitation Program certified, as appropriate to specialty of the training program.

E. At the start of the appointment as identified in Section 1 herein, Residents must be eligible and available to commence active participation in the Program. Residents cannot have an appointment in another residency program which conflicts with the Program. Residents must adhere to the policies of the ACGME and National Resident Matching Program (NRMP) or specialty matches as pertains to their selection and appointment.

F. United States Medical Licensing Examination (USMLE) and COMLEX (-Comprehensive Osteopathic Medical Licensing Exam) REQUIREMENTS

All Residents must comply with the UCLA GME policy on the USMLE and COMLEX (located on the GME website medschool.ucla.edu/gme).

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

A. House Staff Sleep Quarters and Resident Lounge: House staff sleep quarters are provided in accordance with

ACGME requirements and the CBA. 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 is available 24 hours/day in the Resident Lounge.

B. Meals: Meals will be provided as described in the CBA and in compliance with ACGME requirements.

C. Uniforms: Uniforms and laundering services will be provided as defined in the CBA.

D. Work Hours: Program requirements relating to Clinical and Educational Work Hours and on call schedules are based on educational rationale and patient care needs including continuity of care. Assigned work hours will comply with ACGME, specific RRC and University of California guidelines (see Exhibit I.). Each Program establishes and publishes its on call and work hours schedules for Residents 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 fatigue for Residents sufficient to jeopardize patient care. Residents are required to enter their work hours in MedHub.

E. Communications:

Appropriate portable communication devices will be supplied for the year of appointment in compliance with the CBA. Ownership of such devices remains with the Medical Center. The UCLA Hospital System will provide to Appointee an email address which Residents are expected to monitor and utilize for all UCLA business. Residents are provided access to the Internet in all areas of the Medical Center and Clinics.

F. Libraries

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

G. OSHA and CDC Recommendations:

1. Residents must comply with Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) guidelines, 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.

2. Prior to the beginning of training, all Residents must comply with Occupational Health Pre-placement evaluations for all institutions in which they will be rotating. These evaluations include providing proof of immunity (and/or proof of completed vaccination series) to infectious agents such as COVID, measles, mumps, rubella, varicella and hepatitis B. All Residents must participate in annual TB screening. Annual vaccination against influenza is highly encouraged and may be required as per hospital institutional policies.

5. RESIDENT RESPONSIBILITIES

The goals of the Program are to provide Residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve these goals, Appointee 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. Each Appointee must immediately report any concerns about quality or safety of the provision of patient care by the Appointee or any other person to the attending physicians, Program Director, or Department Chair.

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

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

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

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

- G. Adhere to the call schedule and schedule of assignment in a prompt and timely fashion.
- H. Attend and participate in the standing committees of the Graduate Medical Education Committee (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 Residents.
- I. Keep charts, records and reports signed and up to date as per Medical Staff Policy (MS110) Medical Record Suspension ("MS110"). All notes and orders should be appropriately authenticated as required by MS110.
- J. Adhere to ACGME, Program, and California Medical Board requirements, including meeting the work hour policy and appropriately addressing rest and fatigue issues. The GME website (medschool.ucla.edu/gme) contains information on and links to the ACGME, ABMS, California Medical Board, USMLE, and the Department of Justice (Drug Enforcement Administration).
- K. Participate in the evaluation of the Program and its faculty using the mechanisms provided by the Program in a timely manner.
- L. Comply with Program, School and ACGME policies regarding moonlighting. Obtain permission of the Program Director prior to any moonlighting activities. Each UCLA Program is required to have a Moonlighting Policy for its Residents. Please refer to the CBA and the UCLA Policy on Moonlighting ([www.gme.medsch.ucla.edu/-select "Resident Policies"](http://www.gme.medsch.ucla.edu/-select%20Resident%20Policies)).
- M. The special nature of residency programs requires ongoing communication between Residents, training programs, administrators and others at UCLA Medical Center, and affiliated institutions. The general policy of the School of Medicine requires Residents to be responsible for the content of their email and to check their email at least every three days unless on approved leave. The UCLA Policy on email (Policy HS-9453-A).
- N. Identify in themselves and others impairment from fatigue, drugs, depression, or other causes, and seek help for themselves or others so identified.
- O. Comply with specific/special requirements of affiliated institutions to which Residents may rotate as part of his/her training. These may include, but are not limited to, background checks, substance abuse testing, health screenings, and providing additional paperwork/information.
- P. Notify Program and GME Office of conviction for any misdemeanor or felony. This reporting obligation is ongoing and applies to events occurring prior to the period of appointment and during Residents' appointment for Program participation. Residents shall also report to the Program any felony charges that are required to be reported to the Medical Board.

6. BENEFITS/LEAVE

- A. Leave: All leaves, including vacation, medical, sick, parental, or family leave are described in the CBA. 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 Residents to satisfy requirements for Program completion.
- B. Liability Insurance: The Medical Center shall include Residents under the University's self-insurance program with limits of up to \$7.5 million per occurrence for the liability of the Resident while acting in the performance of his/her duties or in the course and scope of his/her assignment. Claims made after termination of training will be covered if based on acts or omissions of the Resident within the course and scope of her/her assignments during training. Residents must agree to comply with Medical Center policies and cooperate as requested by UCLA Health. Liability coverage will be provided for the Resident on rotations outside UCLA Healthcare System provided such rotation or activity has been approved or mandated by the program. Liability coverage is not provided by the University with respect to a Resident's acts or omissions outside the course and scope of the Resident's employment and assigned Program duties, for example coverage would not apply if a Resident moonlighted at a non-UCLA facility. Please refer to the CBA for further information.
- C. Health Insurance and Disability Insurance: The Residents and eligible members of their immediate family are provided with health, dental, life, and vision care insurance in accordance with the CBA. In addition, Residents are provided life and disability insurance. UCLA offers a Mental Health Program for Physicians in Training. Impaired physician services and evaluations are offered through the UCLA Medical Staff Health Committee. Information on these plans can be found on the GME website medschool.ucla.edu/gme.
- D. Parking: The University provides parking access and sets monthly parking fees as described in the CBA. If parking is purchased, pre-tax deductions will be made from the monthly paychecks.

7. PROFESSIONAL ACTIVITIES BEYOND THE SCOPE OF THE RESIDENCY

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

8. EVALUATION, COUNSELING AND ADVANCEMENT

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

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

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

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

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

F. Program appointment, advancement, completion, and eligibility for specialty board examinations are not assured or guaranteed to the Resident but are contingent upon the Resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory Resident performance can result in required remedial activities (including but not limited to letters of counseling, notices of concern, and/or probation) temporary suspension from duties, termination of appointment or non-renewal of residency education. These actions and any periods of absence may also result in the extension of the training appointment.

9. ACADEMIC DUE PROCESS and APPEAL PROCESS

Under the terms of the Academic Due Process Policy ("Due Process Policy"), Residents have the right to appeal adverse actions, as that term is defined in the Due Process Policy (see medschool.ucla.edu/gme). Residents may initiate this process either through contact with their Program Director or the GME Office.

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

10. COMMITTEE PARTICIPATION

The following committees address Resident issues:

A. 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. The GMEC members perform oversight of all residency programs as mandated by the ACGME. All Programs must be approved by the GMEC. The GMEC also works closely with individual programs to assist them with their RRC accreditation site visits. This Committee meets monthly and is composed of Residency Program Directors, administration, faculty and Residents. Residents who are interested in serving on the GMEC may contact the GME Office for details.

B. Medical Staff Committees

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

11. NONDISCRIMINATION

The University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, religion, marital status, national origin, ancestry, sex (including gender, pregnancy and childbirth, including medical conditions related to pregnancy, childbirth, and/or breastfeeding), sexual orientation, gender identity or expression, physical or mental disability, medical condition (cancer-related or genetic characteristics or genetic information including family medical history), service in the uniformed services, status as a covered veteran, age, citizenship, political affiliation/opinion or union activity/affiliation.

For more information, please refer to the CBA between UCLA Health and CIR-SEIU.

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 Violence and 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. 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

The School will inform Residents within a reasonable period of time after adverse accreditation actions are taken by the ACGME. The School will comply with ACGME policy about program closure.

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

Jane Smith Doe
Resident Signature

George Sarantopoulos
George Sarantopoulos
Program Training Director Signature

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

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

DEFINITIONS

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

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

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

1. UCLA programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities (CPR VI. F) All must adhere to the following:
2. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all patient care activities, inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call cannot be assigned on these free days.
4. Programs must schedule residents for fewer than 80 hours weekly in order to accommodate need for flexibility for responding to patient care and to ensure compliance with the 80-hour maximum.
5. Adequate time for rest and personal activities must be provided. Residents should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
6. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

7. Maximum Clinical Work and Education Period Length

Clinical and education work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

8. Clinical and Educational Work Hour Exceptions In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours will all be counted toward the 80-hour weekly limit.

9. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled within work hours (CPR VI.C.1.d.1).

10. In addition to specific work hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Nap rooms are provided in the House Staff Sleep Quarters during normal day hours and prior to driving home. App-based transportation service is available in extreme cases of fatigue. Please refer to the collective bargaining agreement for additional information.

11. Programs must pay attention to scheduling, work intensity, and work compression that impacts resident well-being (CPR VI.C.1.b).

12. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by

transitioning that patient's care to another qualified and rested provider (CPR VI.B.5).

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

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

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

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

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

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

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

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

The collective bargaining agreement can be accessed at
<https://ucnet.universityofcalifornia.edu/labor/bargaining-units/m4/index.html>.

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

Jane Smith Doe
Resident Signature