

**UCSF GASTROENTEROLOGY
FELLOWSHIP PROGRAM
POLICIES**

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UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM SELECTION POLICY – 2/2004

The GI Division selects from among eligible applicants on the basis of their preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, disability, or veteran status. Eligibility shall be determined according to the ACGME requirements as stated in the Institutional Requirements.

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM ACADEMIC DUE PROCESS AND LEAVE POLICY (DISMISSAL) – 2/2004

INTRODUCTION

Definitions

Academic Deficiency: The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Chair, including failure to achieve, progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.

Chair: The term “Chair” means the Chair of the Trainee’s specialty or subspecialty department, or his/her designee.

Clinical Competence Committee: The term “Clinical Competence Committee” means a regularly constituted committee of the School of Medicine or department that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the Committee for the purpose of reviewing the academic performance of Trainees.

Days: The term “days” means calendar days based on UCSF’s administrative calendar.

Dean: The term “Dean” means Dean of the School of Medicine or his/her Designee.

Dismiss or Dismissal: For the purposes of Part III.A.2 of this Policy, the terms “dismiss” or “dismissal” mean expulsion from a GME Training Program.

GME Training Program: The terms “graduate medical education training program” or “GME training program” refer to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of Trainees, facilitating the Trainees’ professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills

and professional competencies and the acquisition of detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, compliance with all applicable ethical standards and UCSF policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

A Trainee, as part of his or her GME training program, may have responsibilities in a hospital, other clinical setting, or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in a GME training program. Dismissal from a GME training program will result in the Trainee’s automatic dismissal from any and all related appointments such as medical staff membership.

Medical Disciplinary Cause or Reason: The term “medical disciplinary cause or reason” applies to a Trainee who holds a license from the State Medical Board of California and means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805.

Non-Renewal of Appointment: A Trainee’s appointment is for one year and is reviewed during the seventh month of the contract. If the Chair determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee’s contract.

Program Director: The term “Program Director” means the GME Training Program Director for the Trainee’s specialty or subspecialty, or his or her designee.

Trainee: The term “Trainee” refers to any individual appointed by the University’s School of Medicine to the titles of Resident Physician IIX (title codes 2708, 2724), Chief Resident Physician (title code 2725), Resident

Physician/Subspecialist IV-IX (title code 2726), Other Post-MD Trainee II-IX (title codes 2732), where specified by campus guidelines, or any other GME title assigned by UCSF.

Vice Dean: The term "Vice Dean" refers to the Vice Dean for Education in the School of Medicine.

Preamble

The procedures set forth below are designed to provide University of California San Francisco ("UCSF") resident physicians and other post-M.D. trainees (hereinafter referred to as "Trainees") with an orderly means of resolving differences. These Guidelines apply to all University-sponsored programs of Graduate Medical Education

("GME"). These Guidelines shall be the exclusive remedy for appealing reviewable academic actions at UCSF. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

Additional time in the GME training program or beyond the expiration of the Trainee's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the

original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director. Unless otherwise approved by the Program Director and Chair, academic credit will be given only for full participation in the regular program.

At UCSF, the primary responsibility for remedial academic actions relating to Trainees and clinical training programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of GME training

and evaluation are to be determined by each department and/or program at the University. There may be variances regarding these standards among the various departments and programs. Trainees and their supervisors are encouraged to discuss their concerns

with one another and, if there are any disputes or disagreements,

Trainees and their supervisors should make efforts to resolve them. The action(s) taken should be the one(s) that in the professional and/or academic judgment of the Chair best address the deficiencies and needs of the individual Trainee and/or the GME training program. These actions are at the discretion of the department and UCSF and

need not be progressive. The department and/or UCSF may select those action(s) described below which it deems appropriate.

As it pertains to any Housestaff member's personal/employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the director of the Trainee's clinical program. Within thirty (30) days of receipt of a written request to amend or delete a record, the clinical director will either make the amendment or deletion or inform the individual in writing that the request has been denied.

Within thirty (30) days of the clinical director's response, the Trainee may request that the Dean or his/her designee review the request to amend or delete the record. The Dean or his/her designee will respond to the individual in writing within thirty (30) days from the receipt of the request to review. If the Dean or his/her designee refuses to amend

or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

ADMINISTRATIVE AND ACADEMIC ACTIONS - NON-DISMISSAL

A. Administrative Actions

1. Automatic Suspension

The Trainee will automatically be suspended from the GME training program for any of the following reasons:

- a. failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations; or
- b. failure to comply with state licensing requirements of the California State Medical Board; or
- c. failure to obtain or maintain proper visa status; or
- d. unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Chair or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, and d above, the Trainee will be provided the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

2. Automatic Resignation

Automatic resignation from the GME training program will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Reasons for automatic resignation include:

Failure to Provide Visa or License Verification

Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.

Absence Without Leave

Trainees are expected to communicate directly with the program Chair in the event he or she is unable to participate in the training program for a period of time in excess of 48 hours. The Chair may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for five (5) days or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without leave. This explanation must be received by the department within ten (10) days of the first day of absence without leave. The Chairperson or designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question and he or she will notify the Trainee of his/her decision within ten (10) days.

Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Chair or designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.

3. Leaves

Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

Investigatory Leave

A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where the Trainee may pose a threat to public, patient or staff health or safety or in situations where the Trainee's own health or safety may be compromised. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the GME training program. The Chair should, as soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

Conditional Leave

Conditional leaves of absence are not intended to replace any leaves that a trainee may otherwise be entitled to under state or federal law, or UCSF policy.

A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Chair's discretion. At the end of the conditional leave, the Chair will determine whether to re-admit the Trainee conditionally, unconditionally, on probation, or to seek the Trainee's dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave.

B. Non-Appealable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially: 1) Counseling Letter, 2) Notice of Concern.

1. Counseling Letter

A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and/or the Chair and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

2. Notice of Concern

A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Letter of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to additional actions. This action need not follow a letter of concern nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

C. Academic Actions Appealable to the Department

The following actions are appealable to the Department's Clinical Competence Committee: 1) Academic Probation, 2) Suspension, 3) Adverse Annual Evaluation, 4) Requirement that Trainee Must Repeat an Academic Year, and 5) Denial of a University Certificate of Completion of Training.

1. Academic Probation

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Chair. Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

2. Suspension

The Chair may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

3. Adverse Annual Evaluation

A Trainee may request a review by the Clinical Competence Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

4. Requirement That Trainee Must Repeat an Academic Year

A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director.

5. Denial of University Certificate of Completion

If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

6. Change of Record

A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Chair or Program Director for a review by the Clinical Competence Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competence Committee will recommend to the Chair or Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. If the Chair refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

D. Clinical Competence Committee Appeal Procedures

The Trainee will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The Trainee will also be provided with the name of and manner by which to contact the Clinical Competence Committee Chair if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Clinical Competence Committee, the Trainee must, within ten (10) days from the date of the notice, provide Chair or Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Chair or Program Director will convene the Clinical Competence Committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the Clinical Competence Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Clinical Competence Committee, the Trainee may be assisted by another person of his/her choice. The Clinical Competence Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. The decision of the Clinical Competence Committee will be final.

III. ACADEMIC ACTIONS: NON-RENEWAL OF CONTRACT AND DISMISSAL

A. Grounds for Action

Trainees may request the Dean of the School of Medicine to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

1. Non-Renewal of an Annual Contract

If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee.

The Trainee's appointment is for a one-year period, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his/her appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

2. Dismissal From GME Training Program

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a. A failure to achieve or maintain programmatic standards in the GME training program;
- b. a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- c. unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- d. a material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

B. No Duplicate Hearings

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.

C. Notice of Reasons for Non-Renewal or Dismissal

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

D. Non-Renewal and Dismissal Procedures

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the Dean, as listed in Part III.A of these Guidelines. Failure to grieve within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

1. Level One - Informal Review

If the Program Director, with approval of the Chair, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with a written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the intended non-renewal or dismissal is based, and a statement that the Trainee has a right to respond in writing to the Chair within ten (10) calendar days of receipt of the notice. If the Trainee submits a written response within the ten-day period, the Chair will review it. After reviewing the Trainee's written response (if any), the Chair will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the Chair's decision by letter which shall also be copied to the Vice Dean. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the Vice Dean. The Trainee will continue to receive regular stipends until the effective date of the nonrenewal or dismissal.

2. Level Two - Formal Review

If the Trainee wishes to appeal the decision to non-renew or dismiss, the Trainee ("Complainant") must file a written appeal with the Vice Dean no later than twenty (20) days after the Chair's decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the Chair's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. The University may also be represented. If the Complainant is represented by an attorney, he/she shall notify the University ten (10) days prior to the prehearing conference or twenty (20) days prior to the hearing. The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable Committee to hear the complaint. The Committee will Housestaff Information Booklet consist of, the Vice Dean will appoint an Ad Hoc

Formal Review three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education Committee. The Vice Dean will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be from the same department as the Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice Dean will resolve all issues related to these procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the Vice Dean. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written and timely submitted response to the notice of intent to dismiss (III.D.2). If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and to cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and evidence. The hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription, plus any copy costs. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Vice Dean, or his/her designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final. Unless both the Complainant and the University agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded temporarily. However, the Complainant, his/her advocate(s) and the University's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The University will present evidence in support of the Program Director's decision. Thereafter, the Complainant will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in his/her discretion. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Complainant, the Chair, Program Director, Vice Dean, Senior Associate Dean for Graduate Medical Education and the Dean of the School of Medicine. The recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and shall prepare a recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall become final after fifteen (15) days unless appealed pursuant to part III. E.

E. Appeal

Within fifteen (15) days of receipt of the Committee's recommendation(s), either party may submit a final written appeal of the Committee's decision to the Dean of the School of Medicine. Any such response submitted to the Dean must be limited to:

- a. Whether the record presented to the Committee contained sufficient evidence to support the Committee's recommendation; or
- b. Whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommended decision, the parties' written response (if any), and the record, the Dean within sixty (60) days, or as soon as reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's recommended decision, rejecting the Committee's recommendation or remanding the matter back to the Committee with instruction for further review and recommendation. The Dean's ultimate decision will be final and will be in writing and shall be sent to the Program Director, the Chair, the Complainant, the Committee Chair, the Vice Dean for Education, the Senior Associate Dean for Graduate Medical Education and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California

F. Remedy

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM TITLES & LEVELS POLICY

Each Housestaff member is appointed to a Post-M.D. title with a duration period of not more than one (1) year. Titles for Housestaff appointments are Post-M.D. I through IX and Chief Post-M.D.

RESIDENTS/CLINICAL FELLOWS

Appointments for Post-M.D. Steps I through IX are made by the School of Medicine upon nomination by the department Chair and approval by the Senior Associate Dean for Graduate Medical Education based on the number of years of training accepted by the board in the particular specialty or subspecialty. Individual appointments are made on an annual basis. Typically, a first-year resident enters at level one and progresses a step on each anniversary of appointment until the conclusion of the training program. Credit for previous training (i.e., advanced standing) is a matter for discussion between the resident and the Program Director, with approval by the Chair, the Senior Associate Dean for Graduate Medical Education and the Specialty Board. A stipend for service as Chief resident is afforded in addition to the salary when so indicated by the home department.

REAPPOINTMENT

Reappointment to a Post-M.D. position for a subsequent year is not automatic. Contingent on mutual agreement, an annual review of satisfactory or better performance, funding availability, and program need, a trainee may be reappointed for a period of not more than one (1) year.

CHIEF RESIDENTS

Appointments are made for not more than one year by the School of Medicine after nomination by the department Chairperson. Chief residents must be graduates in medicine or osteopathy with service of one or more years in the resident program in an approved hospital, or Housestaff Information Booklet equivalent training, and registered or licensed to practice medicine in the State of California.

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM CONFLICT RESOLUTION / GRIEVANCE POLICY – 2/2004

UCSF is committed to providing the campus community with a safe, neutral process for the resolution of conflict. The Problem Resolution Center (PRC) is a supplemental resource to the university's existing formal grievance and complaint procedures. The UCSF Campus Mediation Program is one service provided by PRC. The goals:

- Expand conflict resolution alternatives available to the UCSF community
- Foster an understanding of individual differences while providing support for the diverse constituents of the UCSF community
- Develop a network of skilled and effective mediators that assist in solving conflicts at UCSF
- Assist other UCSF conflict resolution resources or efforts

For additional information call 502-1082

UCSF FELLOW GRIEVANCE POLICY GASTROENTEROLOGY FELLOWSHIP

I. Introduction

A. Definitions

Academic Deficiency: The terms "Academic Deficiency" and "Deficiencies" mean unacceptable conduct or performance, in the professional and/or academic judgment of the Chair, including failure to achieve, progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.

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Clinical Competence Committee: The term "Clinical Competence Committee" means a regularly constituted committee of the School of Medicine or department that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the Committee for the purpose of reviewing the academic performance of Trainees.

Days: The term "days" means calendar days based on UCSF's administrative calendar.

Dean: The term "Dean" means Dean of the School of Medicine or his/her Designee.

Dismiss or Dismissal: For the purposes of Part III.A.2 of this Policy, the terms "dismiss" or "dismissal" mean expulsion from a GME Training Program.

GME Training Program: The terms "graduate medical education training program" or "GME training program" refer to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of Trainees, facilitating the Trainees' professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills and professional competencies and the acquisition of detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, compliance with all applicable ethical standards and UCSF policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

A Trainee, as part of his or her GME training program, may have responsibilities in a hospital, other clinical setting, or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in a GME training program. Dismissal from a GME training program will result in the Trainee's automatic dismissal from any and all related appointments such as medical staff membership.

Medical Disciplinary Cause or Reason: The term "medical disciplinary cause or reason" applies to a Trainee who holds a license from the State Medical Board of California and means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805.

Non-Renewal of Appointment: A Trainee's appointment is for one year and is reviewed during the seventh month of the contract. If the Chair determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee's contract.

Program Director: The term "Program Director" means the GME Training Program Director for the Trainee's specialty or subspecialty, or his or her designee.

Trainee: The term "Trainee" refers to any individual appointed by the University's School of Medicine to the titles of Resident Physician I-IX (title codes 2708, 2724), Chief Resident Physician (title code 2725), Resident Physician/Subspecialist IV-IX (title code 2726), Other Post-MD Trainee II-IX (title codes 2732), where specified by campus guidelines, or any other GME title assigned by UCSF.

Vice Dean: The term "Vice Dean" refers to the Vice Dean for Education in the School of Medicine.

B. Preamble

The procedures set forth below are designed to provide University of California San Francisco ("UCSF") resident physicians and other post-M.D. trainees (hereinafter referred to as "Trainees") with an orderly means of resolving differences. These Guidelines apply to all University-sponsored programs of Graduate Medical Education ("GME"). These Guidelines shall be the exclusive remedy for appealing reviewable academic actions at UCSF. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

Additional time in the GME training program or beyond the expiration of the Trainee's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director. Unless otherwise approved by the Program Director and Chair, academic credit will be given only for full participation in the regular program.

At UCSF, the primary responsibility for remedial academic actions relating to Trainees and clinical training programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each department and/or program at the University. There may be variances regarding these standards among the various departments and programs.

Trainees and their supervisors are encouraged to discuss their concerns with one another and, if there are any disputes or disagreements, Trainees and their supervisors should make efforts to resolve them. The action(s) taken should be the one(s) that in the professional and/or academic judgment of the Chair best address the deficiencies and needs of the individual Trainee and/or the GME training program. These actions are at the discretion of the department and UCSF and need not be progressive. The department and/or UCSF may select those action(s) described below which it deems appropriate.

As it pertains to any Housestaff member's personal/employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the director of the Trainee's clinical program. Within thirty (30) days of receipt of a written request to amend or delete a record, the clinical director will either make the amendment or deletion or inform the individual in writing that the request has been denied.

Within thirty (30) days of the clinical director's response, the Trainee may request that the Dean or his/her designee review the request to amend or delete the record. The Dean or his/her designee will respond to the individual in writing within thirty (30) days from the receipt of the request to review. If the Dean or his/her designee refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

II. Administrative and Academic Actions: Non-Dismissal

A. Administrative Actions

1. Automatic Suspension: The Trainee will automatically be suspended from the GME training program for any of the following reasons:

- failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations; or
- failure to comply with state licensing requirements of the California State Medical Board; or

- failure to obtain or maintain proper visa status; or
- unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Chair or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, and d above, the Trainee will be provided the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

2. Automatic Resignation: Automatic resignation from the GME training program will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Reasons for automatic resignation include:

- **Failure to Provide Visa or License Verification:** Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.
- **Absence Without Leave:** Trainees are expected to communicate directly with the program Chair in the event he or she is unable to participate in the training program for a period of time in excess of 48 hours. The Chair may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for five (5) days or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without leave. This explanation must be received by the department within ten (10) days of the first day of absence without leave. The Chairperson or designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question and he or she will notify the Trainee of his/her decision within ten (10) days.
- **Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Chair or designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.**

3. Leaves: Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

- **Investigatory Leave:** Investigatory leaves of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where the Trainee may pose a threat to public, patient or staff health or safety or in situations where the Trainee's own health or safety may be compromised. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the GME training program. The Chair should, as soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

- **Conditional Leave:** Conditional leaves of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Chair's discretion. At the end of the conditional leave, the Chair will determine whether to re-admit the Trainee conditionally, unconditionally, on probation, or to seek the Trainee's dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave.

B. Non-Appealable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially: 1) Counseling Letter, 2) Notice of Concern.

1. Counseling Letter: A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and/or the Chair and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

2. Notice of Concern: A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Letter of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to additional actions. This action need not follow a letter of concern nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

C. Academic Actions Appealable to the Department

The following actions are appealable to the Department's Clinical Competence Committee: 1) Academic Probation, 2) Suspension, 3) Adverse Annual Evaluation, 4) Requirement that Trainee Must Repeat an Academic Year, 5) Denial of a University Certificate of Completion of Training, and 6) Change of Record.

1. Academic Probation: Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Chair. Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

2. Suspension: The Chair may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

3. Adverse Annual Evaluation: A Trainee may request a review by the Clinical Competence Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

4. Requirement That Trainee Must Repeat an Academic Year: A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director.

5. Denial of University Certificate of Completion: If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

6. Change of Record: A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Chair or Program Director for a review by the Clinical Competence Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competence Committee will recommend to the Chair or Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. If the Chair refuses to amend or delete the record, the Trainee shall have the right to

enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

D. Clinical Competence Committee Appeal Procedures

The Trainee will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The Trainee will also be provided with the name of and manner by which to contact the Clinical Competence Committee Chair if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Clinical Competence Committee, the Trainee must, within ten (10) days from the date of the notice, provide Chair or Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Chair or Program Director will convene the Clinical Competence Committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the Clinical Competence Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Clinical Competence Committee, the Trainee may be assisted by another person of his/her choice. The Clinical Competence Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. The decision of the Clinical Competence Committee will be final.

III. Academic Actions: Non-Renewal of Contract and Dismissal

A. Grounds for Action

Trainees may request the Dean of the School of Medicine to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

1. Non-Renewal of an Annual Contract: If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee.

The Trainee's appointment is for a one-year period, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his/her appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

2. Dismissal From GME Training Program: Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a failure to achieve or maintain programmatic standards in the GME training program;
- a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- a material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution

in accordance with UCSF's Corporate Compliance Program.

B. No Duplicate Hearings

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.

C. Notice of Reasons for Non-Renewal or Dismissal

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

D. Non-Renewal and Dismissal Procedures

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the Dean, as listed in Part III.A of these Guidelines. Failure to grieve within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

1. Level One - Informal Review: If the Program Director, with approval of the Chair, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with a written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the intended non-renewal or dismissal is based, and a statement that the Trainee has a right to respond in writing to the Chair within ten (10) calendar days of receipt of the notice. If the Trainee submits a written response within the ten-day period, the Chair will review it. After reviewing the Trainee's written response (if any), the Chair will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the Chair's decision by letter which shall also be copied to the Vice Dean. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the Vice Dean. The Trainee will continue to receive regular stipends until the effective date of the non-renewal or dismissal.

2. Level Two - Formal Review: If the Trainee wishes to appeal the decision to non-renew or dismiss, the Trainee ("Complainant") must file a written appeal with the Vice Dean no later than twenty (20) days after the Chair's decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the Chair's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. The University may also be represented. If the Complainant is represented by an attorney, he/she shall notify the University ten (10) days prior to the prehearing conference or twenty (20) days prior to the hearing. The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable Committee to hear the complaint. The Committee will consist of, the Vice Dean will appoint an Ad Hoc Formal Review three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education Committee. The Vice Dean will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be from the same department as the Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice Dean will resolve all issues related to these

procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the Vice Dean. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written and timely submitted response to the notice of intent to dismiss (III.D.2). If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and to cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and evidence. The hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription, plus any copy costs. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Vice Dean, or his/her designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final.

Unless both the Complainant and the University agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded temporarily. However, the Complainant, his/her advocate(s) and the University's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The University will present evidence in support of the Program Director's decision. Thereafter, the Complainant will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in his/her discretion. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Complainant, the Chair, Program Director, Vice Dean, Associate Dean for Graduate Medical Education and the Dean of the School of Medicine. The recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and shall prepare a recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall become final after fifteen (15) days unless appealed pursuant to part III. E.

E. Appeal

Within fifteen (15) days of receipt of the Committee's recommendation(s), either party may submit a final written appeal of the Committee's decision to the Dean of the School of Medicine. Any such response submitted to the Dean must be limited to:

- whether the record presented to the Committee contained sufficient evidence to support the Committee's

- recommendation; or
- whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommended decision, the parties' written response (if any), and the record, the Dean within sixty (60) days, or as soon as reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's recommended decision, rejecting the Committee's recommendation or remanding the matter back to the Committee with instruction for further review and recommendation. The Dean's ultimate decision will be final and will be in writing and shall be sent to the Program Director, the Chair, the Complainant, the Committee Chair, the Vice Dean for Education, the Associate Dean for Graduate Medical Education and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California

F. Remedy

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

EVALUATION & RECORDS POLICY

Housestaff receive written evaluations from the Program Director. Chief residents and/or other supervisory residents, typically evaluate junior housestaff at the end of each rotation. These evaluations must:

- Evaluate the knowledge, skills and professional growth of the Housestaff, using appropriate criteria and procedures;
- The Housestaff shall be notified promptly if an evaluation indicates unsatisfactory performance. The Chair, Program Director and trainee must agree to a remedial program which includes actions critical for successful performance and a timetable to achieve this goal.
- A Housestaff's advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement.
- Personal records of each* Housestaff shall be maintained as confidential. Consent of the individual is required before access is allowed to such records except where permitted or required by law, or where directly or routinely required in the administration of the training program. Housestaff may inspect their records in accordance with applicable University policy.

All new Housestaff must be evaluated with direct feedback to the trainee within the first six months of beginning their training program to identify deficiencies that require remediation before allowing them to continue. Thereafter, evaluation and feedback must occur at least twice annually.

A written final evaluation will be provided by the Program Director or his/her designee for each Housestaff who satisfactorily completes the program. This evaluation will be based on performance during the final

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM WELL-BEING AND PHYSICIAN IMPAIRMENT POLICY – 2/2004

The Department of Medicine at UCSF is committed to making every effort to support the physical and emotional well-being of its trainees. The following policy describes the infrastructure that is in place to provide early identification of and intervention in cases of physician impairment.

1. As members of the Committee on Housestaff Evaluation and Feedback (CHEF), program directors, other key faculty, and chief residents meet quarterly to review the progress of residents in the program. When concerns about well-being or physician impairment are raised, the resident's program director meets with the resident and, when necessary, gathers additional information to better assess the situation. When this process substantiates the initial concerns, the program director takes appropriate action that may include:

1. Referring the resident to the Faculty & Staff Assistance Program (FSAP), or other pertinent health resources.
2. Requiring the resident to seek a confidential assessment by a mental health professional.
3. Notifying the physician well-being committee of the UCSF Medical Staff.
4. Notifying the Physicians' Confidential Assistance Line of the California Medical Association.
5. Providing ongoing support and monitoring of the resident.

2. The CHEF, through the program director, then monitors the resident's progress, ensuring that the resident receives appropriate support and is able to safely perform his patient care duties.

3. In addition, any resident who is concerned about their own psychological well-being, or any resident, faculty member or student who has concerns about a colleague, may contact the resident's program director or Drs. Cornett and Jain, Chairs of the CHEF. Physicians are also encouraged to use any of the resources outlined below:

Sources of Support

Faculty & Staff Assistance Program (FSAP)

This group is available to any member of the campus community for confidential consultation. An appointment can be made directly (476-8279), or by referral through one's primary physician or a member of the Physician Well-Being Committee. The group's members are:

1. Andrew Parker, PhD, Coordinator
2. Yvette Guerrero, PhD

Outside the University

Psychologists, psychiatrists, and chemical dependency recovery specialists are available for consultation outside the University, again in strict confidence. Referral can be made through the Faculty Staff and Student Assistance Program, through a member of the Physician Well-Being Committee, through one's primary physician, or by oneself. Alternately, the Physicians' Confidential Assistance Line of the California Medical Association can be reached at (650) 756-7787.

Hospital Committees

The Medical Staff of each hospital has a Physician Well-Being Committee dedicated to recognizing and offering assistance to staff and physicians who have problems with substance abuse or physical and mental illness which impair their ability to practice safely and effectively. Each committee handles cases involving physicians of all departments in that hospital. The names of these committees and the corresponding contact persons are:

3. Moffitt-Long Physician Well-Being Committee; Roy L. Gordon, MD (353-1300)
4. SFGH Medical Staff Assistance Committee; Mark Leary, MD (206-5216)
5. Mt. Zion Physicians Aid Committee; Jeff Katz, MD (885-7263)
6. VAMC Employee Health; John Dekutoski, MD (750-2122, or VAMC ext 2735)

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM SUPERVISION POLICY

Supervision of GI Fellows

The Gastroenterology Fellowship Program supervision policy is consistent with the guidelines set forth by the School of Medicine and the Department of Medicine. All activities of the UCSF GI fellows are directly supervised. The fellows do not perform any inpatient or outpatient consultations, nor do they do any procedures of any kind without direct attending supervision. Fellows are allowed to see inpatient and outpatient consults first, but each case is presented to an attending immediately (outpatient consultation) or within 24 hours (inpatient consultation) and seen again together by the attending and fellow before the treatment plan is finalized. Attendings are present for all GI procedures from start to finish. Though the supervision of the GI fellows is intensive and comprehensive, during the course of the three years of fellowship, the responsibilities granted to the fellows for evaluating a patient and recommending and implementing a treatment plan is gradually increased commensurate with the fellow's abilities.

Mechanism of supervision

Each fellow is given the contact information for the site director and supervisory attending at the start of each inpatient rotation, and in the ambulatory setting, each clinic/office hours always has a supervisory attending

designated for the participating fellows. Each fellow is able to contact the program director 24 hours per day by phone or pager for additional assistance should there be any communication problems encountered with the supervising attending.

Outpatient consultation: GI residents see every patient in conjunction with a supervisory physician. Though the resident may evaluate the patient initially and formulate the treatment plan, each patient is also seen and examined by the attending physician prior to the patient's dismissal from the outpatient setting and the resident and attending physician formulate the final management plan together.

Inpatient consultation: GI residents are allowed to see inpatient consults initially but each inpatient consult is presented to the attending physician within a matter of hours and in no case greater than 24 hours, then the attending physician and resident see the patient again together to discuss the case and formulate the management plan together. **Procedures:** attending supervisory physician is present from start to finish for all inpatient and outpatient procedures.

Supervision/Interaction with Internal Medicine Residents

Internal medicine residents can be assigned to several of the clinical rotations, both inpatient and outpatient, in which GI fellows are present. All the activities of the internal medicine residents on these rotations are under direct supervision of the attending physician. The GI fellow may assist the supervising attending in providing initial supervision of the internal medicine resident, such as with initial assessment of inpatient and outpatient consultations and providing bedside teaching as well periodic didactic teaching. However, the supervision of the IM resident by the GI fellow is informal and all direct responsibility for supervision and teaching of the IM residents falls to the attending. The supervising attending meets with both the Internal medicine resident and GI fellows on at least a daily or twice daily basis. Any outpatient GI procedures performed by the Internal Medicine residents are supervised by the attending physician.

When fellows are consulting on general medicine patients, there is generally daily interaction with the primary general medicine residents as well. In addition, fellows also participate and are frequently invited speakers in Medicine Morbidity Mortality conferences at each of the hospitals.

During the second year fellows' rotation on the Liver Transplant Unit, they teach one of the three weekly didactic sessions to the Medicine and Surgery interns rotating on the service. The teaching topics are rotated so that any of the subjects covered may fall to the fellows

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM DUTY HOURS POLICY – 8/2004

In June 2002, the Accreditation Council for Graduate Medical Education (ACGME) granted preliminary approval to new duty hour standards for residency programs. In July 2003, these standards become a requirement for all residencies in all specialties to maintain accredited status. The ACGME standards emphasize the responsibilities of programs, sponsoring institutions, and the accrediting body (ACGME) relating to safe patient care and an appropriate learning environment for residents. The recommended mechanisms to achieve these goals include the following: a set of common requirements that define a minimum standard that must be met by all accredited programs; enhanced requirements for institutional oversight and support; and strengthening the system for compliance. The standards address three areas:

- (1) placing appropriate limits on duty hours;
- (2) promoting institutional oversight; and
- (3) fostering high-quality education and safe patient care.

The UCSF Resident Work Hours Improvement Project (RWHIP) was approved by vote of the Graduate Medical Education Committee (GMEC) on March 16, 2001. This followed a year - long effort which was in response to the report of a large Taskforce on Resident Work Hours. Represented on the Taskforce and on the RWHIP Committee were residents, students, faculty, program directors, program coordinators, hospital administration, and the Dean's office.

There are both practical and idealistic reasons to seek improvements in resident work hours at UCSF: 1) to ensure the highest standards for delivery of patient care; 2) to enhance the integrity of resident education; 3) to

maintain the competitiveness of UCSF with respect to other residency programs for outstanding residents; 4) to satisfy ACGME requirements regarding resident training hours.

ACGME STANDARDS FOR INSERTION INTO THE COMMON PROGRAM REQUIREMENTS FOR ALL CORE AND SUBSPECIALTY PROGRAMS BY JULY 1, 2003

Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. UCSF will ensure that the learning objectives of all residency programs are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education will have priority in the allotment of residents' time and energies. Duty hour assignments will recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Resident is defined as interns, residents, and fellows enrolled in ACGME-approved training programs at UCSF.

1. Supervision of Residents

- a. All patient care is supervised by qualified faculty. The GI Program Director will ensure, direct, and document adequate supervision of residents at all times. Residents will be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules will be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all UCSF training sites including, but not limited to, the VA, SFGH, Mt. Zion, and Moffitt-Long hospitals.
- b. Duty hours will be limited to 80 hours per week, averaged over four-week period, inclusive of all in-house call activities.
- c. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24- hour period free from all clinical, educational, and administrative activities.
- d. A-10 hour time period for rest and personal activities will be provided between all daily duty periods, and after in-house call.

3. On-Call Activities

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

- a. In-house call will occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80- hour limit.
 - 3.) The program director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

- a. Clinical Fellows may moonlight under specific guidelines and with a signed moonlighting agreement from the Chair, MSO, Program Director, the Clinical Fellow and the Senior Associate Dean for Graduate Medical Education. * ACGME Clinical Fellows may only moonlight in areas that are outside their area of training and only in outpatient or emergency departments. The Program Director will assure that this effort will not interfere with the educational experience of the fellow's training program.
- b. The Program complies with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
- c. Moonlighting that occurs within the fellowship program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, will be counted toward the 80-hour weekly limit on duty hours.

5. Methodology for Data collection

We assess the fellows duty hours at the end of each month as part of the Evaluate system (**Fellow Activity Evaluation form, sample attached**) and we also survey each fellow in real time one week per month when they are on a clinical rotation. During the week, the fellow logs in and out of the hospital each time he or she arrives and departs. The duty hour survey is then signed by both the fellow and the supervision attending (**Duty Hours Verification form, sample attached**).

The Program Director meets with each fellow bi-annually. The Program director also meets monthly with the 1st year fellows as a group. The meetings review the fellows activities in detail including adherence to the duty hours policy.

6. Stress and Fatigue

- a. Education:
 - Our fatigue education program consists of a yearly, mandatory lecture on stress and fatigue given by Dr. Lee Jones, Director for Duty hours. This lecture is attended by fellows and faculty. Attendance is taken.
 - The fellows and faculty are advised to review Dr. Dinges presentation on the GME website at <http://www.medschool.ucsf.edu/gme>.
 - Fatigue education will take place during the fellows orientation by the Program director
- b. Monitoring Methodology:
 - Fellows spend several hours each day in face to face interactions with the attending. The faculty assesses the fellows' fatigue and stress levels by observation and specific questioning.
 - The fellows are asked on a monthly basis on the Evaluate system (Fellow Activity Evaluation form online, sample attached) if their workload is excessive and/or if they are feeling fatigued. If they answer yes, they are directed to contact the Program Director.
 - The Program Director meets with each fellow bi-annually. The Program Director also meets monthly with the 1st year fellows as a group. These meetings review the fellow's activities in detail including work level and fatigue. If the workload is unusually demanding, adjustments are made in the schedule to reduce fatigue.
- c. Backup systems for Fatigue:
 - If a fellow is found to be fatigued, he/she is sent home and the attending covers the fellows' duty for at least an additional ten hour rest period. The fellow's ability to resume his or her normal schedule will be reassessed by the attending at that point in time.

UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM Moonlighting Policy

Clinical Fellows may moonlight both internal to UCSF and external to UCSF, under specific guidelines (see "Summary") and with a signed Moonlighting Approval Form, prior to the moonlighting activity.

Fellows are not required to engage in moonlighting.

Because fellowship education is a full time endeavor, ACGME fellows must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational Program.

Fellows are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. Fellows are responsible for complying with the Program's Duty Hours Policy.

UCSF malpractice insurance does not cover Clinical Fellows for any non-UCSF moonlighting activity.

Good judgment requires that each individual fully ascertain the nature and extent of the employer's malpractice coverage before commencing any moonlighting activity.

It is the responsibility of the fellows to obtain written permission to moonlight from the Program Director prior to beginning the moonlighting activity. This is true both for "internal" and "external" moonlighting (see "Definitions"). Approval forms for both internal and external follows this policy.

The Program Director will monitor resident performance in the Program to ensure that moonlighting activities are not adversely affecting patient care, learning or resident fatigue. If the Program Director determines that the resident's performance does not meet expectations, permission to moonlight will be withdrawn. Monitoring information will be reviewed periodically with the Program's Teaching Committee (GI Executive Committee).

Any fellow moonlighting without written pre-approval will be subject to disciplinary action.

Definitions:

"Internal moonlighting" is defined as extra work for extra pay performed at a site that participates in the resident's training Program. This activity must be supervised by faculty and is not to exceed the level of clinical activity currently approved for the trainee. While performing internal moonlighting services, trainees are not to perform as independent practitioners (Gastroenterologists). Internal moonlighting hours must be documented, and they must comply with the written policies regarding Duty Hours as per the training Program, UCSF and ACGME.

"External moonlighting" is defined as work for pay performed at a site that does not participate in the resident's training Program. External moonlighting hours must be documented (including days, hours, location, and brief description of type of service(s) provided) in order to comply with Medicare reimbursement requirements for GME. For external moonlighting, the trainee is not covered under the University's professional liability insurance Program as the activity is outside the scope of University employment. The trainee is responsible for his/her own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board and any other requirements for clinical privileging at the employment site.

ACGME fellows may moonlight at a UCSF School of Medicine facility if it is outside the area of training for that fellowship and if it is not in an in-patient setting (per Medicare rules). A "Professional Services Agreement for Moonlighting by ACGME Clinical Fellows" form must be completed and signed prior to moonlighting at a UCSF facility by an ACGME fellow. This would be considered Internal moonlighting because it is at a site used by the training program. Note: If the ACGME fellow is working within his/her training program, not exceeding his/her approved clinical level of activity and is supervised by faculty, the "Internal Moonlighting Form for Residents" should be used (<http://www.medschool.ucsf.edu/gme>).

Summary:

Fellow Internal Moonlighting:

Fellows may moonlight as an independent practitioner, as an internist or general practitioner but not as a gastroenterologist, at a site that participates in our training program (i.e. UCSF, VAMC, SFGH, MZ), as long as the following requirements are met:

- Program is in compliance with duty hours
- Program Moonlighting policy has been approved by GMEC
- Internal Moonlighting (Pre-)Approval Form for ACGME Fellows signed
- Moonlighting is not in an in-patient setting
- Moonlighting hours count in 80 hour duty limits
- Moonlighting hour documentation required (dates, hours, location, and brief description of type of service provided)
- UCSF Professional Services Agreement for Moonlighting by ACGME Clinical Fellows must be completed prior to moonlighting activity

Fellow Internal Moonlighting w/o need for Independent Practitioner Agreement:

Fellow may moonlight as a non-independent practitioner (as a resident or fellow) at a site that participates in his/her training program, as long as the following requirements are met:

- Program is in compliance with duty hours
- Program Moonlighting policy has been approved by GMEC
- Internal Moonlighting (Pre-)Approval form for Residents signed
- Appropriate supervision in place
- Moonlighting hours count in 80 hour duty limits
- Moonlighting hour documentation required (dates, hours, location, and brief description of type of service provided)

Fellow External Moonlighting:

Fellows may moonlight as an independent practitioner, as an internist or general practitioner but not as a gastroenterologist, at a site that does not participate in his/her training program, as long as the following requirements are met:

- Program is in compliance with duty hours
- Program Moonlighting policy has been approved by GMEC
- External Moonlighting (Pre-)Approval form signed
- Independent malpractice insurance in place
- Independent DEA in place
- Moonlighting hour documentation required (dates, hours, location, and brief description of type of service provided)

**UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM
QUALITY ASSURANCE PROCESSES POLICY – 7/2004**

GI fellows attend a Quality Assurance Conference every month they are on-service. The conferences are held at all of the hospital sites (Moffitt-Long, Mount Zion, SFGH, VAMC)

**UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM
PROMOTION POLICY – 8/2004**

The Gastroenterology Fellowship Program promotion policy is consistent with the guidelines set forth by the School of Medicine and the Department of Medicine. In order to graduate, each fellow must meet the procedural and educational requirements of the American Board of Internal Medicine Gastroenterology Boards. Fellows must complete all requirements and receive satisfactory evaluations in all categories to graduate.

Reappointment for a subsequent year is not automatic but contingent on mutual agreement, an annual review of satisfactory or better performance, funding availability, and program need, a trainee may be reappointed for a period of not more than one (1) year.

**UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM
OUTCOME MEASURES: IN-SERVICE EXAMS POLICY**

All GI fellows are required to take the AGA Gastroenterology Training Examination (GTE) held in April. The GTE identifies strengths and opportunities for improvement and the program and fellow will receive detailed score reports to measure progress over time on a national level.

In the event that a fellow misses the GTE, they will be given the “ABIM Self Test Module” exam for GI. Their exam will be scored and the results discussed with them by Program Director.

In preparation for the GI Board Exams, the fellows are encouraged to use review materials available to them in the GI Division and in addition, the fellows are expected to discuss Board preparation with their mentors and / or the Fellowship program director.

**UCSF GASTROENTEROLOGY FELLOWSHIP PROGRAM
POLICY ON ORDER-WRITING – 12/2004**

I. PURPOSE:

To specify the responsibilities of Gastroenterology Fellows for the writing of patient orders.

II. POLICY:

Our policy: Fellows provide almost exclusively consultative service to inpatients, rather than assume primary care for these patients. Therefore, the GI fellows encourage the resident housestaff with primary responsibility to write all orders on their patients after discussion/consultation with the GI service. The exception to this is with respect to orders directly related to the performance of a procedure, such as prep instructions. In this case, GI fellows may write orders, but still communicate with housestaff about these orders. In addition, there are 2 services in which GI fellows assume a primary role for patient care, liver transplant service and biliary service patients not assigned to medicine housestaff at ML hospital. When a fellow rotates on these services he/she will write orders for these patients under the supervision of the attending physician.

III. SCOPE:

The Gastroenterology Fellowship training programs complies with the ACGME program requirements for subspecialty education in Gastroenterology. This policy applies to all Fellows during their rotations at any of the 4 teaching sites (Moffitt/Long Hospital, San Francisco General Hospital, San Francisco Veterans Affairs Medical Center and Mt Zion Clinics).