Graduate Medical Education Administration and Program Support during a Disaster
Policy and Procedure

October 15, 2012

Purpose: To insure continued, high quality educational experiences for our residents and fellows during a time of disaster affecting UMKC School of Medicine or one of its affiliated hospitals or training sites.

Scope: This policy and procedure applies to all residents and fellows in ACGME accredited programs sponsored by UMKC School of Medicine.

Definitions:
Disaster: An event that causes significant alteration in the educational experience in one or more GME training programs.

Procedures:
1. Individual Communication. It will be the responsibility of the GME Office to maintain accurate, complete contact information for all program directors and housestaff. This contact information, as often as possible, should include multiple potential lines of communication (residential phone, cell phone, mobile pager, university and personal e-mail addresses). The program coordinators will be responsible for reviewing this information on a scheduled basis and confirming its accuracy. Reports detailing the contact data will be electronically distributed to the program directors on a regular basis, for use in an emergency situation.
2. Group Communication. Campus-wide communication regarding disasters will occur through the UMKC Alert! mass notification system, as outlined in the UMKC Business Interruption Policy (December 10, 2007), as well as through the School of Medicine, Campus and System web pages.
3. ACGME Communication. It will be the responsibility of the DIO (Designated Institutional Official, in most instances the Associate Dean for Graduate Medical Education) to notify the ACGME of a disaster potentially affecting the course of training of residents or fellows in one or more UMKC School of Medicine sponsored programs.
4. Institutional Impact Assessment. The affiliated hospital Associate Deans will be responsible for assessing the impact of the disaster on their individual organization's ability to provide uninterrupted and ongoing graduate medical education. The assessment will include determination of general capacity (common facilities and services), as well as individual program capacity for ongoing training. If at all possible, this assessment should be completed within 72 hours of the occurrence of the disaster. If the disaster limits the capacity of an affiliated institution to provide GME training, it will also be the affiliated hospital Associate Dean's responsibility to determine if and when the full, pre-disaster training experience can be resumed at their institution.
5. Individual Impact Assessment. The program directors will be responsible for contact with each of their housestaff. The program directors will ascertain the health and safety of the residents or fellows and determine their capacity and desire to
continue training. If at all possible, this assessment should be completed within 72 hours of the occurrence of the disaster.

6. **Training Capacity Determination.** Upon receipt of reports from the hospital Associate Deans and the Program Directors and with their input and guidance, the Associate Dean for Graduate Medical Education will determine the capacity of each individual training program to provide ongoing, high quality graduate medical education to each of its residents or fellows. The Dean of the School of Medicine will be informed of these decisions by the Associate Dean for Graduate Medical Education.

7. **Transfer of Training Experience.** If one or more training programs cannot provide an adequate educational experience for some or all of its residents or fellows, it will be the responsibility of the Program Director and the Associate Dean for Graduate Medical Education to either: a) Arrange for temporary transfers to other programs or institutions until such time as the UMKC program can provide an adequate educational experience for each of its residents or fellows, or b) Assist the resident in permanent transfer to another training program. If more than one training opportunity is available, every effort will be made to follow the preference of the trainee in the location of the temporary or permanent transfer. It will be the responsibility of the hospital Associate Deans to assist in the transfer of Medicare cap reimbursement to the temporary or permanent training site.

8. **ACGME Requirements.** Within ten days of disaster declaration by the ACGME, the DIO or Associate Dean for Graduate Medical Education will contact the ACGME to discuss due dates that the ACGME will establish for the programs to: a) Submit program reconfigurations to the ACGME, and b) To inform each program’s residents or fellows of transfer decisions. The due dates for these submissions are expected to be no later than thirty days after declaration of the disaster, unless extensions are approved by the ACGME.

9. **Ongoing Communication.** It is the responsibility of the program director to notify each transferring resident of the expected minimum and actual duration of any temporary transfer. The program director must also maintain ongoing contact with all temporarily transferred residents, keeping them informed of expected times of transfer back to the UMKC campus. The program director is also expected to provide any information reasonably expected to be necessary to the accepting program director, including individual resident educational experiences, performance and expected needs. Finally, it is the program director’s responsibility to obtain, from the accepting institution, a report of the academic progress for each resident that has been temporarily transferred. This report should be of sufficient detail to allow the UMKC program director to determine if the resident has met the training requirements of the appropriate specialty board and the RRC for the specialty.

10. **Program Oversight.** The Associate Dean for Graduate Medical Education will be responsible for regular reporting to the GME Committee on the status of each program affected by the disaster. Upon review of the impact of the disaster, the GME Committee may recommend an increase in the intensity of program oversight for affected programs, including additional internal reviews.

**Revision Data:** October 2016

[Signature]

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