

DEFINITIONS OF COMMON TERMS FOR GME POLICIES AND PROCEDURES

Academic Deficiency: Each Program's CCC determines when the Academic Performance of a Resident does not meet academic expectations as identified through review of the Resident's Performance Feedback such that the Resident is identified as having Academic Deficiency.

Academic Performance: The knowledge, skills, and attitudes necessary to achieve competence in the core areas of medical knowledge, patient care, inter-communication skills, professionalism, practice-based learning, and systems-based practice. For ACGME accredited Programs, progression with specialty level Milestones is part of Academic Performance expectations.

Accreditation Council for Graduate Medical Education (ACGME): (<https://www.acgme.org/>) The ACGME accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education. The ACGME is committed to improving the patient care delivered by Residents today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.

The **ACGME** is a private, 501(c)(3), not-for-profit organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsor them and renders accreditation decisions based on compliance with these standards.

Advisor: A faculty member or other advisor, including an attorney, who can serve in an advisory capacity for a Resident when meeting with the CCC related to an Academic Deficiency, Misconduct, or Reportable Action.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty of a Program that is advisory to the Program Director and reviews the progress of all Residents in the Program. The ultimate purpose is to demonstrate accountability as medical educators to the public: that Residents will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice. The CCC must review all Residents at least semiannually. The CCC must determine each Resident's progress on the specialty specific Milestones. The CCC will advise the PD regarding Resident progress, including recommendations for promotion, remediation, and Reportable Actions.

CLER Site Visit: A visit conducted by CLER Field Representatives that includes interviews with

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faculty members, Program Directors and Residents, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of GME in the six CLER Focus Areas.

Clinical and Educational Work Hours: All clinical and academic activities related to the Program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

Complement: The maximum number of Residents approved by a Review Committee per year and/or per Program based upon availability of adequate resources.

Core Competencies: Specific knowledge, skills, behaviors, and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Designated Institutional Official (DIO): The individual at the SOM as the Sponsoring Institution who has the authority and responsibility for all the SOM's ACGME-accredited Programs.

Faculty Advisor: A faculty member which may be the PD and may be requested by the Resident to provide guidance during Academic Deficiency remediation. Many Programs have Faculty Advisors for each Resident regardless of the need for remediation.

Fatigue Mitigation: Methods and strategies for learning to recognize and manage fatigue to support the well-being of Residents and safe patient care (e.g., strategic napping; judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

Final Evaluation: The required overall evaluation to be completed by the Program for every Resident upon completion of a Program.

Fitness for Work: The condition of being mentally and physically able to effectively perform required clinical responsibilities and promote patient safety (see Fatigue Mitigation).

Graduate Medical Education Committee (GMEC): The Graduate Medical Education Committee is responsible for establishing and implementing policies and procedures, overseeing Program compliance with ACGME Program guidelines, and reviewing all Program changes.

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Health Insurance Portability and Accountability Act (HIPAA): The Federal legislation that provides data privacy and security provisions for safeguarding protected health information (PHI) <https://www.hhs.gov/hipaa/index.html>.

In-House Call: Clinical and Educational Work Hours beyond the scheduled workday, when Residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-House Call does not include night float, being on call from home, or regularly scheduled overnight duties.

Interprofessional Team: The physicians and other health care professionals, including nurses, pharmacists, case workers, and physical therapists, as appropriate, assigned to the delivery of care for an individual patient.

In-Training Examination: A formative examination used to evaluate Resident progress in meeting the educational objectives of a Program, including those offered by certification boards or specialty societies.

Misconduct: Conduct that includes but is not limited to: improper behavior; intentional wrongdoing; violation of a law or standard of practice; or violation of a **Program**, clinical affiliate, UMKC, or University Policy. Examples include dishonesty, plagiarism, false documentation, discriminatory or harassing behavior, or medication diversion or theft.

Milestones: Description of performance levels expected for Residents to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains.

Moonlighting: Voluntary, compensated, medically related work performed beyond a Resident's Clinical and Educational Work Hours and are additional to the work required for successful completion of the Program.

External Moonlighting: Voluntary, compensated, medically related work performed outside the site where the Resident is in training and any of its related participating sites.

Internal Moonlighting: Voluntary, compensated, medically related work performed within the site where the Resident is in training or at any of its related participating sites.

Near Miss: An event or situation that did not produce patient injury, but only because of chance.

Night Float: A rotation or other structured educational experience designed either to eliminate In-House Call or to assist other Residents during the night. Residents assigned to night float on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

Notice: Information provided to a Resident shall be considered delivered when sent to the Resident's University email address.

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Notice of Academic Deficiency: A Program CCC shall issue a Notice of Academic Deficiency to a Resident who has failed to achieve Academic Performance.

Notice of Successful Remediation: The CCC issues a Notice of Successful Remediation to a Resident when the CCC determines that the Remediation Plan was successful, and thereby terminates the Remediation Plan.

Notice of Failure to Remediate: The CCC issues a Notice of Failure to Remediate to a Resident when the CCC determines that the Remediation Plan was unsuccessful. This Notice is provided when a Reportable Action is not being considered by the CCC and a new Remediation Plan will be developed.

Notice of Proposed Reportable Action: The CCC issues a Notice of Proposed Reportable Action to a Resident who has failed to meet the expectations outlined in the Notice of Academic Deficiency.

Notice of Reportable Action: The CCC issues a Notice of Reportable Action to a Resident when the CCC has determined that a Reportable Action needs to be taken. This Notice must occur after a Notice of Proposed Reportable Action as described above has been issued.

Patient Safety Event: An adverse event, near miss, or other event resulting from unsafe conditions in the clinical care setting.

Performance Feedback: Feedback about a Resident's performance in a Program is required to be routine and structured for each Resident during the Program.

Program: The training program for Residents sponsored by the SOM.

One Day Off: One continuous 24-hour period free from all administrative, clinical, and educational activities.

Post-Graduate Year (PGY): The denotation of a Resident's progress in his or her Program; used to stratify responsibility in most Programs. The PGY does not necessarily correspond to the Resident's year in an individual Program.

Primary Clinical Site: The primary facility designated for clinical instruction for a Resident in the Program.

Program Coordinator (PC): The lead administrative person who assists the Program Director in accreditation efforts, educational programming, and support of Residents.

Program Director (PD): The individual designated with authority and accountability for the operation of a Program.

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Program Evaluation Committee (PEC): The Committee appointed by the Program Director to conduct the review of the Program as needed and the Annual Program Evaluation.

Remediation Plan: The document to be developed if the **CCC** determines that a Resident is not meeting Academic Performance expectations to guide performance improvement for the Resident.

Reportable Action: An action that must be disclosed to any third party upon request including, but not limited to, future employers, hospitals, and licensing and specialty boards and which affords a Resident with due process before becoming effective. An action that results in non-promotion, suspension, or dismissal from a Program is considered a Reportable Action.

Request for Review of Reportable Action: A Resident has the right to request a review of any recommended Reportable Action.

Resident: A resident or fellow enrolled in a Program at the SOM.

Review Committee (RC): The function of a Review Committee is to set accreditation standards and to provide a peer evaluation of Programs, or, in the case of the SOM Review Committee, to set accreditation standards and to provide a peer evaluation of the SOM.

Sponsoring Institution: The entity that assumes the ultimate financial and academic responsibility for a Program consistent with the ACGME Institutional Requirements.

Summative Evaluation: The PD is required to prepare a Summative Evaluation for each Resident upon completion of the Program, which must become part of the Resident's permanent record maintained by the SOM and must be accessible for review by the Resident. It must document the Resident's performance at the end of the Program and verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision.

Transitions In Care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

Written Warning may be issued by the CCC to a Resident when the CCC determines that Misconduct has occurred, but no Notice of Proposed Reportable Action has been recommended. It shall include the findings of the investigation, outline expectations of future conduct, and explain that further Misconduct may result in other discipline, including a Proposed Reportable Action.

Administered By:

A handwritten signature in black ink that reads 'Phil Byrne'.

Phil Byrne, PhD
Associate Dean of Graduate Medical Education