UAMS INTERNAL MEDICINE RESIDENCY

Handbook and Policies 2026-2027

Welcome to Little Rock and to the Internal Medicine Residency program at the University of Arkansas for Medical Sciences. Relevant policies and guidelines for working at UAMS and the Central Arkansas Veterans Healthcare System are included in this document.

Table of Contents

Introduction

This document provides a comprehensive curriculum of the training programs in Internal Medicine at the College of Medicine of the University of Arkansas for Medical Sciences (UAMS). The College of Medicine was founded in 1879 and moved to its present location in 1954. In 1984, the John L. McClellan VA Hospital opened on this campus, replacing the older, remotely located facility. In 1998, the Harry P Ward Bed Tower was opened as part of the UAMS Medical Center.

The College of Medicine at UAMS has a long and rich history of highly successful training in Internal Medicine. Graduates from our program are well prepared for the certifying examination of the American Board of Internal Medicine. They obtain coveted subspecialty fellowships nationally and excellent positions in private practice. Most importantly, they do very well in these positions.

Our program is diverse. Over the last decade, just over half of our total complement of residents, including all three years of training, have been graduates of the University of Arkansas College of Medicine. The remainder of them have been from dozens of other fine medical schools in the United States and from around the globe.

Our residents enjoy their training at UAMS. A recent survey of our graduates for the past decade indicated a very high degree of satisfaction with the UAMS training program in Internal Medicine

Departmental Philosophy:

The philosophy for change in our training program follows directly from two considerations: to maintain the strong educational nature of our program and to modify it in keeping up with changes in Medicine and in the changing population of physicians in training.

The key elements to our philosophy are:

- There is no compelling evidence that unnecessarily arduous training programs produce better internists than the program we have introduced, which has dramatically reduced the amount of night call. Rather, the night float system which operates in our training program provides, simultaneously, three elements which we consider essential to a modern training program in Internal Medicine: the provision of constant high-quality care for patients; the transfer of patient care responsibilities from one team to another, or from one resident to another, without interruption in the continuity of patient care; and a work schedule which focuses on education instead of endurance.
- We are particularly conscious of the social and family obligations of our residents. Consequently, our training program provides time for reading, reflection, and family.
- Residents need a variety of inpatient experiences: on general medicine ward services;; on intensive care units; and on subspecialty services.
- Trainees need an in-depth and expanded exposure to ambulatory care, an exposure that emphasizes education, not service.
- Finally, a variety of training programs are necessary for residents with different career goals.

The training program must be designed to impart a body of knowledge of Internal Medicine. We are proud that our program is curriculum-driven rather than service-driven. We are a department which has a three-fold mission: patient care, teaching, and research.

Mission Statement:

The UAMS Internal Medicine Residency Program is a rigorous, comprehensive, academic program committed to training competent, collegial, and compassionate Internal Medicine physicians to improve the health, health care, and well-being of Arkansans and of others in the region, nation, and world. UAMS provides primary and tertiary care to a diverse patient population from all over Arkansas and the south-central region serving as both the safety net hospital and the apex referral center for the state. The Central Arkansas VA Healthcare System provides comprehensive care for veterans and serves as a regional referral center. Our program values diversity, teamwork, and academic curiosity. We foster lifelong learning and clinical reasoning skills and evidence-based practice to provide excellent patient care. We are focused on providing our residents with the training and tools to be successful in all the branches of Internal Medicine.

Program Leadership:

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Policies of UAMS Internal Medicine Residency Program

Code of Conduct and Professionalism

Professionalism & Code of Conduct:

Residents should strive for excellence in all aspects of their lives, personal and professional. It is expected that residents in our program conduct themselves with a professional demeanor with all interactions with patients, family members, other healthcare professionals, support staff, and the public. This implies an assurance of integrity in both a resident's professional and personal lives through a behavior that is consistent with establishing a level of trust and a professional reputation that are essential to the physician-patient relationship and the provision of high-quality patient care.

Residents are expected to act in a professional, courteous, respectful, and confidential manner. The residents shall abide by all rules, regulations, and bylaws of the program, clinical department, and institution.

Policy for Selection of Residents

The UAMS Department of Internal Medicine participates in the Electronic Residency Application System (ERAS), developed by the Association of American Medical Colleges for its Categorical Internal Medicine and combined Medicine/Pediatrics programs. To be considered for an interview to the Internal Medicine Program, an applicant must have received the degree of Doctor of Medicine or its equivalent within the past seven years. An applicant must have passed both USMLE Part I and Part II. Applicants are to submit at least three letters of recommendation. It is not required that letter from the department chair be included, but a standard Letter of Evaluation is preferred. Documents that are required for an application to be considered for review are:

- Completed ERAS Application
- Curriculum Vitae
- Medical School transcript for all medical schools attended.
- Medical Student Performance Evaluation
- Personal Statement
- Three letters of recommendation from faculty and/or preceptors who are knowledgeable of the applicant's clinical skills.
- Letters from prior residency programs where applicable
- Current ECFMG certification
- Proof of citizenship or immigration status
- USMLE transcript

When received, these materials will be reviewed by the Program Director and the Application Review Committee. Interviews are performed by various faculty in the department and the Program Director. Current residents will meet informally with applicants during the interview process. The above documents, together with the results of the interview and resident evaluation, will be reviewed by the Program Director and the Application Review Committee. A rank list will then be

created by the Program Director, Associate Program Directors, the Program Manager with review by the chair and submitted to the National Resident Matching Program.

International Graduates – To apply for a training position at UAMS Internal Medicine Program, International Medical Graduates must hold a current ECFMG certificate (issued by the Educational Commission for Foreign Medical Graduates). Sponsorship is available for both J-1 clinical and H-1B visas.

Multiple initiatives have been developed to enhance diversity and inclusion within our residency program, our institution and more broadly in the field of Internal Medicine health care. One focus area for our program is in the recruitment process. We have implemented a holistic review process for residency applicant interview offers and have standardized interview questions to increase validity and fairness while decreasing bias in the residency selection process.

For more information regarding Recruitment and Appointment, please see the UAMS COM GME policy 1.200

Policy for Resident Evaluation Promotion, and Remediation

It is the intent of this three-year training program to develop physicians clinically competent in Internal Medicine. Physicians completing the program will be eligible for certification by the American Board of Internal Medicine with an ultimate goal of 100% pass rate on this examination.

Clinical competence requires: 1) A solid fund of basic and clinical knowledge. 2) The ability to perform an adequate history and physical examination. 3) The ability to appropriately order and interpret diagnostic tests. 4) Adequate technical skills to carry our selected diagnostic procedures. 5) Clinical judgement to critically apply the above to individual patients. 6) Attitudes conducive to the practice of Internal Medicine, including appropriate interpersonal interactions with patients, professional colleagues and supervisory faculty and all paramedical personnel. These humanistic aspects of Medicine are of critical importance. 7) Personal Integrity, which includes strict avoidance of substance abuse, theft, and unexcused absences. 8) Regular, timely attendance at educational activities of the Department of Medicine.

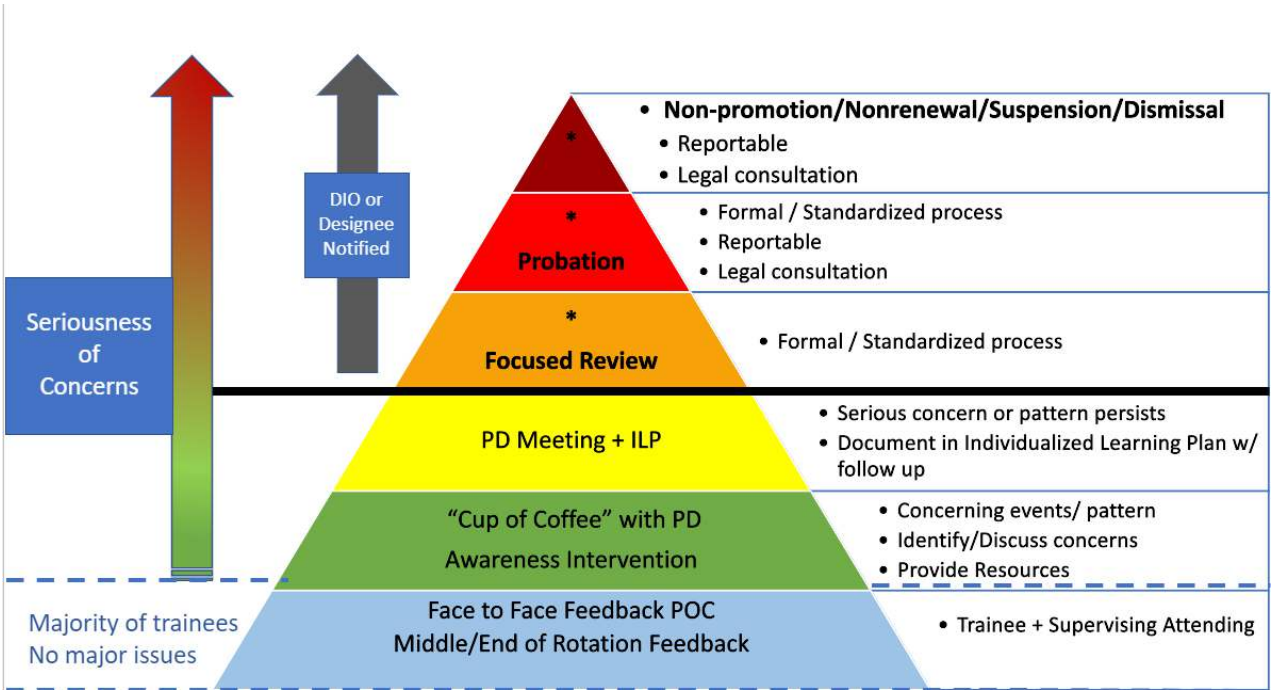
Twice a year, the program's Clinical Competency Committee (CCC) will meet to review and discuss each one of the residents and their progression within the program. The committee members include but are not limited to the leadership team, the faculty advisors, select core faculty members, current Chief Residents, and the program administrative staff. The committee will review the submitted evaluation forms, advisor meeting forms and other pertinent documents for each resident as needed. The clinical committee members will also discuss their direct interactions with each resident. The resident's progress on the ACGME milestones will be reviewed and discussed before they are submitted to the ACGME. The committee will also discuss and review any potential areas of concern and outline an action plan if appropriate.

Once the Clinical Competency Committee has met and reviewed each resident's progression, the semi-annual milestone report will be finalized in New Innovations. Milestones for Internal Medicine must be officially reported to the ACGME on a semi-annual basis. The first submission deadline is typically in early January and the second deadline is in mid-June. The milestones are simply a significant point in development. They can enable the learner and the program to determine

individual trajectories of professional development in narrative terms. The milestone 2.0 categories are: Patient Care, Medical Knowledge, Systems-Based Practice, Practice-Based Learning and Improvement, Professionalism and Interpersonal and Communication Skills.

Residents are expected to pass USMLE Step 3 (or equivalent) by the end of their first year of residency. An extension into the first six months of the second year may be granted by the Program Director for extenuating circumstances. Failure to pass may result in non-renewal of the residency contract or dismissal from the program.

During the three years of training, the above elements of clinical competence and professionalism will be assessed in writing monthly by direct faculty supervisors and by peer resident colleagues with subsequent review by the program director. Evaluations by nursing staff may be included at less frequent intervals. Reappointment and promotion to the subsequent year of training require satisfactorily ratings in monthly evaluation forms. Residents are immediately counseled by the Program Director concerning any unsatisfactory rating on monthly evaluations and what deficiencies must be corrected. Residents will also meet with their assigned faculty advisor twice a year to review evaluations, in-service scores, clinical evaluation exercises, resident wellness, learning plans, board-prep progress, and overall comments. Residents receiving more than one unsatisfactory evaluation during the year will be immediately reviewed by program leadership. Our program uses the Academic Improvement and Disciplinary Actions pyramid suggested by our institutional GME Office. Please review the diagram below:



For more information regarding Evaluation and Promotion please see the UAMS COM GME Policy 1.300

Policy for Program Review/Improvement

The Internal Medicine Residency Program continuously works to improve the quality of the program for all members. There is a Program Evaluation Committee (PEC) that meets twice annually regarding Program Review and Improvement. The PEC meeting in late June or early July to review the program's ACGME Letter of Notification, ACGME Faculty Survey results, ACGME Resident Survey results, the previous year's action plan and progress on the action plan. The committee will take all of these items to develop the following: 1) Annual Program Evaluation including the SWOT (strengths, weaknesses, opportunities, and threats) Analysis that is turned in to the UAMS GME office in early August. 2) Information for the ACGME Annual Update that must be submitted in the late part of August. 3) The Action Plan for that academic year. The Action Plan will be the guiding document for leadership on what the program will focus on during the academic year.

The ACGME Letter of Notification is the result of the continued accreditation information that is submitted on the ACGME Annual Update and a review of the ACGME Resident and Faculty Survey results. The letter is to notify the program that the programs accreditation has been extended, if there are areas for improvement and/or any official citations.

Starting in February, the ACGME will release the Resident and Faculty Surveys. There must be a participation of at least 70% of residents and faculty, per ACGME guidelines. The program expects all residents to complete the survey. These surveys are used by the ACGME to monitor GME programs and provide potential early warnings that a program is getting close to non-compliance in certain areas. These surveys will examine Clinical Experience and Education, Faculty Teaching and Supervision, Evaluation, Educational Content, Diversity and Inclusion, Resources, Patient Safety and Teamwork, Professionalism and Overall.

The Action Plan is the outlines plan for the program to work on items listed in the ACGME Letter of Notification, potential problem areas identified in the ACGME Surveys and unofficial areas of focus as identified by the PEC, residents, and/or program leadership. The plan outlines the issue, proposed actions, who is responsible for those actions and end goals.

In addition to the program improvement plans and policies listed above, there is a monthly Systems Conference where the residents discuss all aspects of the program directly with program leadership. Residents are encouraged to bring forward any aspects of the program that need improvement and ideas to better the program. Program leadership maintains an open door policy for all residents to discuss ideas or concerns at any time.

Policy Regarding Work Hours, Work Environment for Residents, Responsibilities

Work Hours

- The Program adheres to all ACGME requirements.
    - When averaged over a 4-week period, residents must not spend more than 80 hours per week in patient care duties, inclusive of all in-house, on-call activities, and all moonlighting.
    - Residents must have at least 1 day in 7 free of patient care duties averaged over a 4-week period.
    - PGY-1 Residents (Interns) must not have patient care duties more than 24 hours at a time and have 14 hours off between duty periods.

- PGY-2/3 Residents may be scheduled to a maximum of 24 hours of continuous duty (with 4 additional hours to ensure effective transitions of care, education). They should have 14 hours off between duty periods.
- Residents are encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 18:00-08:00, is strongly encouraged.
- Duty hours will be tracked by each resident in New Innovations during monitoring periods as required by the UAMS GME office.
- Please see GME COM Policy 3.200 for more information. Concerns regarding excessive service demands and/or fatigue can be raised using any of the steps found at the UAMS GME website: https://medicine.uams.edu/gme/residents/resident-resources/raising-concerns-and-addressing-problems/

Fatigue Management and Mitigation

- Training will be provided during didactic sessions regarding alertness management and fatigue mitigation processes.
- UAMS COM GME provides Educational Resources on Fatigue that can be found at https://medicine.uams.edu/gme/gme-resources/fatigue-recognition-and-mitigation/
- If a resident is experiencing excessive fatigue, the following steps should be followed:
    - Contact the Chief Resident on call. The Chief Resident will then notify the Program Director and/or Program Manager if needed. Mitigation steps may include, but are not limited to:
        - Arranging access to a call room for the resident to rest.
        - Arranging coverage for the resident including jeopardizing another resident if needed.
        - Arranging transportation for the resident.
- For more information regarding Fatigue Management and Mitigation please refer to the UAMS COM GME Policy 2.310

Extramural Rotations

The Internal Medicine Residency Program does not support any extramural rotations outside of UAMS. All Internal Medicine rotations required by the ACGME are offered at UAMS and/or CAVHS.

Work Environment

- Supervision: Staff physician supervision must be provided at all times appropriate to the skill level of the resident.
- Meals: Meal Money is provided to residents for every call rotation they are assigned to and for every night float rotation they have on the UAMS side. Lunches are provided at noon conference as the department budget allows.
- Call rooms: Call rooms are provided for all residents who take in-house call.
- Ancillary support: Adequate ancillary support for patient care will be provided for the residents at all times. Ancillary support is defined as, but not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures. Except in unusual circumstances, ancillary support should not be the resident's responsibility except for educational objectives or as necessary for patient care.

Dress Code:

All residents at the VA and UAMS are expected to always be appropriately dressed and well-groomed.

- Business attire or Scrubs are acceptable on inpatient services. Scrubs are required to be clean, wrinkle free, presentable, and not mismatched.
- On ambulatory and consult services, business attire is required. This is defined as slacks and a button up shirt for men and either dress pants with a blouse, skirt with a blouse, or dress for women.
- Open toe shoes are NOT permitted on any service.
- Residents are expected to follow the general dress code guidelines as set forth by both UAMS and VA.

If a resident is found improperly dressed or groomed, they may be sent home to change clothes and will be expected to be back in time for rounds that day.

Administrative Policies

The Department of Medicine Residency Office controls all business functions in the Department of Internal Medicine involving House Staff/residency affairs. The following information should help you identify certain areas in which the Medicine Residency Office can be of help to you.

Meal Allowance:

UAMS – You will accrue money on your badge that can be used at any of the food locations at UAMS. You accrue meal money when you are on call or on a night float rotation on the UAMS side. For each short call, you will receive $7.50, weekend call $15.00 and night float is $10.75. The ID badge is credited electronically for the upcoming month. Meal money is sent in on the 20th of the month before. If any call changes are made after that date, no meal money will be reassigned. If you encounter any difficulty when purchasing food or if you lose your ID badge, you must notify the Residency office (686-5162).

VAH-For those residents with food allergies or who may be vegetarians, the VA Nutrition and Food Service (NFS) has agreed that they will change the menu to accommodate (including the on-call boxed food), if they receive notice *within 24 hours of the need*. Mail the request to this VA mail group: VHALIT NFS Supervisors or if outside the VA e-mail: VHALITNUTRESIDENTS@va.gov.

Paychecks:

Your pay is deposited directly to your specified institution monthly. Paychecks are deposited on the last working day of the month. If you need to make changes to your bank account information you will need to do so in your employee profile in Workday. You will go to the actions button – personal data – Payment elections. On this page you can edit your bank account and direct deposit information.

Mailboxes:

Periodically, check your mailbox located in the resident lounge area. There are times that important correspondence comes to the residency office for the residents. This correspondence will be put in your mailbox. It is the responsibility of the resident to make sure to check their mailbox on a regular basis.

E-mails & Microsoft Teams:

All information important to residents will be sent electronically. You have an e-mail address at UAMS. This is on Outlook and is accessible from any internet connected computer in the world. You are responsible for any information sent to you via e-mail. Residents are expected to check UAMS e-mails daily and are expected to keep their e-mail boxes cleaned out periodically (if your mailbox is full, you cannot receive e-mail). You will also be assigned a VA e-mail address, and this account should be checked periodically. Information and announcements will also be posted in the UAMS Internal Medicine Residency Team.

Personal Information Changes:

Please notify the Medicine Residency Office when you have changes in your address, telephone number, marital status, etc. If you are on a visa, you will need to contact the immigration office with your new contact information. You will also need to update your contact information in Workday. To do that you will go to your profile in Workday – Contact – select the edit button at the top of that page and edit any information that has changed.

Book fund:

The Department of Medicine furnishes an educational book fund at each level of internship and residency. The total amount of the educational fund is $1000.00 per IM residency. It is broken down into yearly amounts as follows:

- PGY1 $400.00
- PGY2 $400.00
- PGY3 $200.00

Medicine Pediatrics receive a total of $400.00 in educational funds from the Department of Internal Medicine. They also receive funding from the Pediatrics Department. It is broken down into yearly amounts as follows:

- PGY1 $100.00
- PGY2 $100.00
- PGY3 $100.00
- PGY4 $100.00

If you would like to use this fund for any educational purposes, such as paying for USMLE exams or ABIM board exam fees, you must have it approved before the fact by the Medicine Residency Office. You may carry book fund money over from year to year. You must use your fund by the last month of your final year of residency. If you book fund is not used, the funds will revert to the department. All elective/discretionary funding is subject to review and/or suspension in exigent circumstances. The policy on reimbursement changes frequently at the University level. You must check with the IM Residency Office before any purchases are made, or we cannot guarantee reimbursement.

One-Time Educational Travel Fund:

The Department of Internal Medicine will pay up to $1000.00 for educational travel expenses during residency for Internal Medicine residents or Med-Peds residents. To qualify for this funding, the resident must be presenting at the educational conference they are attending. They must be the first author. As soon as the resident is selected to present at the conference, they must inform the Residency Office and the Chief Residents. The Chief Residents will make sure that coverage is

arranged and the Residency Office will start on the Spend Authorization (Pre-Approval) for the trip. Please make sure that you check with the Residency office before making any purchases that you would like covered by these funds. The policy on travel frequently changes at the University level and without much notice. If purchases are made before the Spend Authorization is approved or outside of the purchasing guidelines, reimbursement is not guaranteed.

Moonlighting:

Residency is a full-time educational experience, moonlighting must neither interfere with the resident's educational performance nor with the resident's opportunities for rest, relaxation, or independent study.

Moonlighting is defined as any activity, outside the requirements of the residency program, in which an individual performs duties as a fully licensed physician, receives direct financial renumeration and acts as an individual practitioner.

General Considerations regarding Moonlighting

1. Moonlighting activities are voluntary and cannot be mandated as part of the training program.
2. Only final year residents may moonlight.
3. Moonlighting is not allowed for resident's during the months that he/she is participating on a Central Arkansas Veterans Healthcare System reimbursed clinical or research experience.
4. A resident who is on formal probation is prohibited from engaging in any moonlighting activities during the probationary period.
5. Internal moonlighting must comply with all State and Federal rules and regulations; all accrediting organizations rules and regulations; state law regarding line-item salary maximums for a position's authorized compensation; UAMS's credentialing policies and procedures.
6. A resident must obtain a malpractice insurance policy that will cover the activity to be performed outside the training program.
7. The Program Director must approve/deny a resident's request to participate in moonlighting activities.
8. J1 visa holders are not permitted to participate in moonlighting.
9. H1B visa holders will need program and immigration approval to participate in moonlighting.

Prior to the start of any moonlighting activity, the program must submit a Moonlighting Activity Request Form found at https://medicine.uams.edu/gme/moonlighting-request/ and wait for final approval from the GME Office.

The institutional policies regarding moonlighting can be found on the GME office website: http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/UAMS-GME-Moonlighting-Policy_10-2-17.pdf

For more information regarding moonlighting, please see the UAMS COM GME Policy 3.300

Supplemental Clinical Activities:

The Internal Medicine Residency Program does not offer any Supplemental Clinical Activities. If a resident would like to participate in any Supplemental Clinical Activities, they must follow the policy and procedures as outlined in the UAMS COM GME Policy 3.310.

UAMS/VA Badges:

A UAMS badge will be provided to you at the GME Face-to-Face Orientation. If you need a replacement at any point during your residency, the replacement will cost you $10.00. Please note that this amount is subject to change. You will need to go to the badge office located in the Central Building on the 3rd floor, Room 3D/29. The hours of operation are 7:30am-3:30pm.

*Please note that if you have to get a new badge, you will need to update the residency office with the new badge information for meal money, the parking department for deck access, the residency office for badge access to different areas within the hospital, etc.

UAMS badges will need to be turned in when you are leaving UAMS. If you transfer to a different GME program at UAMS or accept a faculty position, you can use the same badge. You can get a new badge free of charge when there is a title change.

A VA badge will be issued to you during your VA orientation. This will require you be fingerprinted, and a background check performed. If you lose your VA badge, you will need to contact the VA for replacement procedures. Your VA badge will need to be turned in as part of your checkout procedure when leaving UAMS.

ACLS/BLS Certifications:

As an Internal Medicine Resident or Medicine Pediatrics Resident, you are required to always have a current ACLS and BLS certificate. This is a UAMS and an IM Program Policy. The resident is responsible for their initial certification. Certification renewal costs will be covered by the program once you are an active member of the program. You can be recertified on the UAMS or the VA side. If you are on a VA rotation when your certifications expired, it is expected for you to reach out to the VA contact and follow their recertification procedures.

UAMS Certification Contact: Destry Thomas DEThomas@uams.edu

VA Certification Contact: David Brown David.Brown1cf491@va.gov

Please note that it is the responsibility of the resident to keep up with their certifications and the expiration dates. The resident must provide official AHA certification copies to the Residency Office as soon as possible. If a resident allows their certification to expire and go past 30 days, the resident may be removed from clinical services without pay and be responsible for recertification charges.

Communication Policies

E-mail is the official means of transmission of information between the College of Medicine Dean's Office, the Director of Housestaff Records, UAMS Human Resources, Internal Medicine Program Leadership, and the resident. E-mail information and instructions are regarded the same as any written hard copy and will often be the only form in which this information is delivered. All residents have an electronic mail box in the UAMS e-mail system and are members of the COM HS Group distribution list maintained by the Director of Housestaff Records. Each resident is responsible for regular (e.g. daily) checks of his/her email.

The Internal Medicine Residency Program also has a Team channel established in Microsoft teams. This is the secondary mode of communication for the program. In this space you will receive updates on many different things within the program. There is a main feed that is for announcements and

reminders. There are channels set up within the team for the following: News/Info, Job Opportunities, Research and Conference Opportunities, Wellness, Program Resources, and Surveys. It is expected that the IM residents check the Residency Program Team on a regular (e.g. daily) basis.

As noted, it is expected that the resident review items sent to their UAMS email address and the Resident Team on a daily basis. The only exceptions to this would be if the resident is on leave. When a response is necessary, it is expected that the resident respond to action items within 1 week or within the time frame requested.

Addressing Resident Concerns in Internal Medicine

At times, various issues resulting from miscommunication, stress, or inappropriate behavior may arise. In compliance with the UAMS College of Medicine GME Committee Policy on Addressing Concerns in a Confidential and Protected Manner, the resident should follow these guidelines to raise and resolve issues of concern in a confidential and protected manner:

A resident should discuss the concern with either the supervising-senior level resident, attending physician, Chief Resident, or the resident's assigned faculty advisor.

If the above discussion does not resolve the concern, the resident should meet with the Program Director or his designee.

If the issue cannot be resolved by the Program Director, the resident should contact at least two members of the Resident Council (contact list found on the GME webpage) and/or the Associate Dean for Graduate Medical Education to discuss the issue confidentially. Members of the Resident Council can meet with the resident, offer advice on how to resolve or handle the problem, and decide whether further steps are necessary. Based on the discussion and advice of this meeting, the resident may resolve the problem, and no further action is necessary. Please refer to UAMS GME Policy 1.400 and the UAMS Internal Medicine policy 1.100 for more information.

If the resident desires further discussion, or for serious issues for which confidentiality is of the utmost importance, the resident may seek assistance directly from the Chair of Internal Medicine and/or the Associate Dean for GME.

UAMS also has a centralized incident reporting system, which is accessible at the following link: https://apps.uams.edu/i-safe/default.aspx This system is monitored by Employee Relations, in the Office of Human Resources, in collaboration with Academic Affairs and Faculty Affairs offices. This is an all-inclusive reporting system. The user-friendly online forms allow reporting of claims in the following categories:

- Sexual Harassment or Gender Discrimination
- Discrimination or Discriminatory Harassment
- Professional Misconduct

For general problems or concerns, any resident in the program may submit electronically to the Chief Resident Anonymous Performance Review. All submissions are completely anonymous and are sent directly to the Chief Residents of the program.

All the above resources and several others for reporting any resident issues, can be found on Teams -> IM program Resources -> Addressing Concerns Confidentially

The UAMS COM GME has developed a brochure, Raising Concerns, which outlines ways in which a resident/fellow may raise concerns or provide feedback. Residents/Fellows receive this publication at orientation.

Safety Event Reporting

- UAMS
  - On each UAMS desktop there is a "patient safety event report" icon. Click on this icon and follow the prompts.
- VA
  - Go to CAVHS SharePoint -> select the red button on the right -> select JPSR for patient safety concern, DRB for disruptive behavior concern, or QSV for facility and employee safety concern.
  - For JPSR enter facility code "598" into the VA medical center to find CAVHS. To add a veteran name, you must choose "yes" to the question, "Was a patient involved?" Also, include the Veteran SSN in the "veteran number" space.
  - Visual depictions of this process is available on Teams.

Leave Policies

ABIM Policies and Procedures of Certification

Up to 5 weeks (35 days) per academic year are cumulatively permitted over the course of the training program for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. For example, a resident could take 105 days of leave during a three-year internal medicine residency without needing to extend training. Training must be extended to make up any absences exceeding 5 weeks (35 days) per year of training unless the Deficits in Required Training Time policy is used. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM does not establish how much time per year should be used for vacation and recognizes that leave policies vary from institution to institution. Program Directors may apply their local requirements within these guidelines to ensure trainees have completed the requisite period of training with adequate vacation over the total training duration.

ACGME Leave Policy

Sponsoring Institutions must "provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report."

Professional or Educational Leave

Each resident is granted 5 days of educational leave per academic year. This leave can be used to take formal exams like the STEP 3 exam, ACLS/BLS recertification or attend an educational conference. If the resident needs more educational leave after using the 5 allotted days, the resident will need to use vacation time.

- Requests must be submitted in writing to Chief Residents and Program Manager at least 30 days in advance. (If on a VA rotation, 6 weeks advance notice is required)
- It is the resident's responsibility to arrange coverage for any duties or clinics.
- Exams should be scheduled during elective rotations or vacations only.
- Time to attend meetings is to be done while on vacation unless you are presenting a paper and have made prior arrangements with the Medicine Residency Office. Once all 5 educational days are used, vacation must be used for attendance.

Vacation Leave

Vacation leave for each house staff member consists of 21 days (three 7-day weeks/three 5-business day weeks). If the service to which you are assigned rounds on weekends or holidays, you are expected to be in attendance for work, even if you had vacation the day before or after that weekend or holiday.

- Vacation requests are submitted to the scheduling Chief Resident in May-June for the next academic year.
- Vacation changes must be submitted in writing to the Chief Residents and the Medicine Residency office at least 90 days in advance.
- Elective rotations and 1 ambulatory week are the only vacation eligible rotations. It is discouraged for PGY1s to schedule a vacation on an ambulatory week. Neurology & Geriatrics are not vacation eligible for PGY1s. ED rotations must have prior approval from the ED. General Medicine Consults are eligible if there is another intern/upper-level resident scheduled to that rotation at the same time.
- Vacation cannot be used when the resident is on an inpatient, non-consult service.
- Unused vacation time does not roll over to the next year, nor will it be paid out at the end of the academic year/residency.
- Vacation can not be used in conjunction with a virtual rotation or research elective.

International Travel - Prior to traveling out of state or abroad, you must submit a copy of your itinerary to the Residency Office. When a delay occurs, problems develop in scheduling. The delay often results in time being extended beyond the approved requested vacation dates. It will be up to the discretion of the Program Director, Associate Program Director and/or Chief Residents to decide whether you will have to pay back any extended time due to travel delays.

Sick Leave

Sick leave for unforeseen medical reasons will be granted with pay for a maximum of 12 days during each year of the residency program. Weekdays and weekend days during which the resident is assigned to work will be charged as sick leave if the resident is unable to work due to illness.

- Residents will not be charged sick leave for days on which they were not assigned to duty (i.e. scheduled days off).
- Sick leave cannot be carried over from one year to the next, nor will residents receive payment for unused sick leave at the completion of the program.
- To access sick leave a resident must notify the Chief Resident at their respective work location as well as the Residency Office as soon as possible.

Extended Sick Leave

A resident may be placed on sick leave for extended periods of time (generally in excess of one consecutive week only) with the approval of the Program Director, according to the following:

- The resident submits a written request to the Program Director stating the nature of the illness or injury and the reason for the requested extension of sick leave.
- The request is reviewed by the Program Director who determines the effect of extended leave on continued participation in the residency program and the possible need for and availability of remedial training. This information must be provided to the resident in writing. The Program Director may require a statement from the resident's treating physician to help in these determinations.
- The Program Director must notify the Assistant Dean for House Staff Affairs about the planned leave period.
- Unused vacation time must be used after the exhaustion of sick leave. When maximum sick leave and vacation time have been exhausted, the resident is placed on leave without pay.
- The Program Director shall decide whether the resident may return to full duties upon consideration of all circumstances involved. The Program Director may require a statement from the resident's treating physician to help determine if the resident is medically qualified to return to duty and if any restrictions are necessary in the resident's clinical activities because of the illness.

Under special circumstances, the resident may request permission to start and complete one year of residency program over a two-year period. Such requests must be made in writing and in advance to the Program Director. Approval will be based upon the educational curriculum of the program, the requirements of the clinical service, and the Residency Review requirements of the residency program.

Special Provisions for Pregnancy

In recognition of the physical demands of the residency program and to ensure optimum consideration for both the mother and the unborn child, the following procedures should be followed.

- When the pregnancy is confirmed, the resident should notify the Program Director and Program Manager promptly.
- The Program Director and Program Manager will be sensitive to the confidential nature of this information during the early part of pregnancy.
- By the end of the sixth month of pregnancy, the resident must provide the Program Director and Program Manager with a written statement about the expected date of delivery, and the intended dates of leave. Any subsequent change in medical condition that might alter this information should be submitted in a revised statement.
- The Program Director may request a statement from the treating physician, especially in the case of extended leave.
- See UAMS Administrative Guide No. 4.6.11, Family and Medical Leave Act (FMLA) if leave is without pay or if the resident elects to take a leave of absence without pay before exhausting their unused sick and vacation time.
- FMLA paperwork will need to be completed regardless of paid or unpaid time off taken, and it is the responsibility of the resident to ensure that this is completed. Please contact the

Program Manager for information on how to start this process. It is advised to start this process early to allow processing time.

Parental/Medical Leave

Per ACGME requirements, starting with their first day of employment, every resident and fellow in an ACGME-accredited residency program is entitled to six-weeks approved medical, parental, or caregiver paid leave at any one time during their residency or fellowship program. Medical, parental or caregiver leave may be requested in blocks or specific increments to total six weeks. During this leave period, trainees will be paid 100% of their salary. Health and disability insurance benefits for residents/fellows and their eligible dependents will continue. Medical, parental or caregiver leave must be approved by Program Director, Designated Institutional Official (DIO), and Assistant Dean for Housestaff Affairs prior to the start of this leave.

This ACGME medical, parental or caregiver leave is only available through the process outlined below. Unused weeks of medical, parental or caregiver leave are not considered part of a bank of vacation days to be used later

Some or all portions of medical, parental or caregiver leave may fall under the FMLA. Residents/fellows must follow UAMS and COM GME policies as related to FMLA.

Process to Request Medical, Parental, or Caregiver leave

1. The resident/fellow must send a request via email to their Program Director in order to use their one-time approved paid six-week medical, parental or caregiver leave. Though the trainee may share the details of their request with their Program Director, they are only required to disclose the category of their leave (medical, parental, or caregiver).
2. The Program Director must meet with the resident/fellow to:
    a. review the medical, parental or caregiver planned leave dates,
    b. discuss impact of leave (all leave used to date, proposed medical, parental or caregiver leave, future leave in current/subsequent academic years) on successful completion of program and board eligibility,
    c. draft a written plan to ensure all requirements for successful completion of program and for board eligibility will be met, and
    d. review the UAMS COM GME Medical, Parental or Caregiver Leave Request Form and obtain the resident/fellow's signature on that form.

The written plan for leave must be submitted as part of the online medical, parental or caregiver leave process and also placed in the resident/fellow's personnel file.

If written plan for leave includes the potential for extension of training, the Program Director must follow the process outlined in COM GMEC Policy 2.120.

3. Once Program Director and resident/fellow have met and a written plan has been developed, the program will complete the online medical, parental or caregiver leave process, which includes the submission of both the UAMS COM GME Medical, Parental or Caregiver Leave Request Form and the written plan for resident/fellow's successful completion of the program. This information will be reviewed by the COM GME and Housestaff Offices.

4. The Housestaff Office will provide written communication to program and the resident/fellow regarding approval of request and next steps.
5. Resident/fellow must comply with all processes outlined in this policy and their program's leave policy to include submission of FMLA paperwork and communication with Housestaff Office on a regular basis.
6. Program must ensure that leave is accurately logged in the residency management software
7. At least one week before the end of an approved leave, the resident/fellow must email their Program Director to confirm their return-to-work date and must additionally communicate with Assistant Dean for Housestaff Affairs as required to ensure their process is properly completed. The Program Director will confirm the resident/fellow's return to work with the Assistant Dean for Housestaff Affairs on their first day back in writing.

Impact of Leave on Resident Training Time:

Leave may impact a resident/fellow's ability to graduate on time or impact board eligibility in the following ways:

1. If a resident/fellow is not in good standing in their residency or fellowship and is not meeting ACGME milestones, Program Directors and Clinical Competency Committees may require additional time in program to meet milestones required for successful graduation.
2. The State of Arkansas requires 12 full months of PGY-1 for US Graduates and 36 full months (PGY-1, PGY-2, and PGY-3) of training for international graduates to receive an unrestricted license. Longer leave could impact Arkansas licensure and require additional months of training to receive an unrestricted license.
3. The resident/fellow's accrediting board will have clear guidelines on how many weeks of training are required to qualify for their board-certifying examination. If leave exceeds time or educational limits required by a particular board, it may impact the ability to take board examinations or become board certified and could require additional months of training to take certifying exams and become board certified. The impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s) must be discussed and documented by the Program Director with the resident/fellow before the resident/fellow's leave begins.
4. Resident/fellow must meet all program requirements for successful completion of training program.

Bereavement Leave

Residents may request leave of one (1) to three (3) days due to death of an immediate family member. Requests for this leave or extension of this leave beyond three days must be approved by the Program Director. Sick days will be used to cover approved bereavement leave.

Unexplained Absences

Residents must notify the Chiefs and the House Staff Office via appropriate methods for EVERY absence. To ensure communication is open, all arrangements for absence must be emailed to ALL three Chiefs and the Program Manager. Unexplained absences will be investigated, and appropriate steps taken at the discretion of the Chiefs and Program Director.

Fellowship and Job Interviews

We are excited to help support you through fellowship and job application process. When possible, residents are expected to schedule interviews during vacation time or elective rotations. Residents will be required to use leave time if they are unable to be present for any clinical duties on that day. If residents are on an essential service, they can use their day off for these activities.

All fellowship interviews and job interviews that require you to be away from an assigned duty/rotation must be reported in writing to the Chief Residents and the Residency Office.

If you are applying to a fellowship, your last week of vacation will automatically be set for the last week of June your PGY3 year. This is to ensure that you have adequate time to move and get set up to start your fellowship on July 1 of the following year. If you match to a fellowship at UAMS, you can request that vacation week be reassigned. If you plan to work in-person through the end of June, you can request that week be moved. This request must be sent in writing to the Chief Residents, Program Manager and Program Director. This can only be approved by the Program Director.

For more information regarding leave policies, please see the UAMS COM GME Policy 2.200.

Educational Policies

In-Training Examination

All residents must take the ACP's In-Training exam (ITE). The results are used to identify areas of strength, areas for improvement, and to help predict success or failure on the American Board of Internal Medicine Certifying Exam (ABIM-CE). Published data indicates that PGY-2 residents whose national percentile on the ITE is above the 30th are very likely to pass the ABIM-CE. If a resident scores below the 30th percentile on the ITE, he/she will be referred to the Education Remediation Committee for an Individualized Learning Plan. The Department assumes the cost of the ITE for all 3 years.

Step 3 Exam

Interns/residents are expected to take Step 3 during a vacation, elective or weekend. If this is not possible, residents can use a clinic day only with prior approval. It is the resident's responsibility to schedule and pay for the exam. The exam is eligible to be reimbursed/partially reimbursed using the resident's educational funds with prior approval.

Residents are expected to pass USMLE Step 3 (or equivalent) by the end of their first year of residency. An extension into the first six months of the second year may be granted by the Program Director for extenuating circumstances. Failure to pass may result in non-renewal of the residency contract or dismissal from the program.

Conferences

The National Residency Review Committee-Internal Medicine requires attendance by residents at conferences.

Noon Conference is held every day from 12:00-1:00p in the G219 lecture hall in the Rahn Building. Conference attendance is mandatory, the only exceptions are when the resident is on vacation, float rotations, and occasionally critical care rotations. Attendings on Team 1, Team 6, 3A/B, and VA Gen Med will take forwarded phone calls during this time to allow residents to attend conference. The

program's expectation is that each resident should have an attendance record greater than 60%. Repercussions at the discretion of the Chief Residents and Program Director if a resident's attendance is not satisfactory. The structure for noon conference is listed below:

- Monday – Core Curriculum
- Tuesday – Core Curriculum, 3rd Tues of the month – Systems
- Wednesday – Core Curriculum
- Thursday – Internal Medicine Grand Rounds
- Friday – Resident Presentation/Journal Club

Morbidity and Mortality Conference is held on the last Wednesday of the month at 12:00-1:00p. All medical students, interns, residents, and attending physicians working at UAMS and the VA are required to attend with few exceptions. Residents are exempt if they are carrying a code pager at VA, tending to an acutely decompensating patient, or have a patient at VA clinic at 01:00.

All cases (deaths, complications, or selected cases requested by the Chairman, Chiefs, Faculty, Adverse Events Committee (AEC) or Residents) are reviewed by the Chief Residents. Cases are selected for presentation based upon educational value and/or Department of Medicine quality and safety issues. Cases involving quality issues relevant to other departments may also be reviewed. All participants understand that medical information regarding patient health is personal and confidential and are committed to protecting the confidentiality of patient medical information. This Conference is understood by all participants to be for the improvement in the quality of care for our patients. It is not a venue for placing blame or finger-pointing. Such activities will not be tolerated.

Intern Afternoon Case Discussion (ACD) A selected intern will present a case for discussion on Thursdays at 13:00. Attendance is mandatory for interns unless they have a scheduled day off, night float, or emergent patient care responsibilities. Residents are encouraged, but not required, to attend intern ACD. Supervising residents should hold the intern team pagers during Intern ACD. The format of the conference is basic HPI with specific questions from the intern audience, differential diagnoses formulation, and the rest of the case presentation with teaching points at the end of the presentation. ACD is facilitated by the Chief and a faculty member. Attendance and participation are mandatory with few exceptions.

Afternoon Case Discussion (ACD) is presented by an upper-level resident on Tuesday and Friday at 13:00. Attendance is mandatory for residents unless they have a scheduled day off, night float, or emergent patient care responsibilities. Interns are encouraged, but not required, to attend upper-level ACD. The format is the same as the intern ACD as stated above.

Ambulatory Didactics

The program has subscribed to the Johns Hopkins online ambulatory curriculum. The online modules are available through www.hopkinsilc.org – we will provide you more information about logging in and which modules you will need to do.

During the ambulatory week, all categorical Internal Medicine Residents have simulation lab on Tuesday at 0900 and didactic sessions Wednesday at 0900. Each resident will be assigned one half day per ambulatory week dedicated to their QI project. Attendance is mandatory for both UAMS and VA clinic residents. If you must be absent, you must notify the Chief Residents and the Program Manager. There will be assigned pre-readings before the didactic sessions that will be emailed to your group.

Unexcused absences from didactic sessions and/or failure to complete assigned educational modules may result in assignment of additional clinical duties or other consequences as determined by the Program Director and Chief Residents.

Resident Teaching Policies/Responsibilities

Your choice of a University Hospital for training in Internal Medicine indicates your desire for active supervision and teaching during your training. Your choice also implies a commitment to providing supervision and teaching to those less experienced than you, and we expect this of you. Residents play a vital role in the instruction of medical students—on ward rounds, informal discussions, scheduled ward conferences, and by example. We believe your teaching responsibilities are an important part of your training. There is no better way to ensure your understanding of a subject than to prepare to teach others what you know of it.