

INSTITUTIONAL COMMITMENT STATEMENT
On
GRADUATE MEDICAL AND DENTAL EDUCATION

The University of Iowa Hospitals and Clinics (UIHC) sponsors graduate medical and dental educational training programs in ACGME-accredited specialties and subspecialties, as well as fellowships across the departments. Education is a critical UIHC mission, which works in concert with the missions of patient care and research.

Graduate medical and dental education programs are intended to:

- Educate the physicians and dentists needed by Iowa and beyond;
- Improve the level of medical and dental services which citizens expect; and
- Provide the academic medical and dental leaders of the future.

The UIHC serves as Iowa's only comprehensive quaternary care center, the prime clinical training base for the University of Iowa's health sciences educational programs, and Iowa's principal base for the development of technological advances in patient care. Faculty members from the Colleges of Medicine and Dentistry at the University of Iowa comprise the faculty at UIHC. Accordingly, University of Iowa Hospitals and Clinics is the natural locus to fulfill these goals.

INSTITUTIONAL COMMITMENT AND RESOURCES

The UIHC is committed to providing outstanding graduate medical and dental education to residents across a broad spectrum of specialties and subspecialties. Structured programs, aimed at fully developing the professional, scholarly, and personal attributes of each resident, focus on achieving excellence in education for both medical and dental house staff members. State-of-the-art facilities, technology, expert clinical faculty, a diverse patient base, and research opportunities are all complementary to the effective development and implementation of residencies and fellowships at UIHC.

The responsibility for the organization and distribution of institutional resources for all purposes, including educational purposes, rests with the CEO/Director of UIHC and the Iowa State Board of Regents. One of the CEO/Director's responsibilities, as defined by the University of Iowa President and Board of Regents, is to maintain the financial integrity and optimal utilization of physical resources of the hospital. After consultation with and endorsement by the Hospital Advisory Committee, the CEO/Director submits to the State Board of Regents an annual graduate medical education stipend schedule and corollary budget cost as an element of the total UIHC operating budget. Funding to support graduate medical and dental educational purposes is disbursed from UIHC through the departments and is distributed in accord with broad institutional objectives for meeting the hospital's commitments for patient care and education. (Bylaws, Article II, Section 2, Part B(5)).

A Graduate Medical Education Committee (GMEC) oversees the training programs sponsored by UIHC. The GMEC reports as a Subcommittee to the Hospital Advisory Committee. The GMEC is the body authorized by the HAC to be responsible for monitoring, evaluating, and advising on all aspects of residency education. The GMEC meets monthly; minutes are taken

and filed in the Graduate Medical Education Office. Membership is comprised of voting members who are representative of the residents and program directors, as well as UIHC and College of Medicine administration. The Director of GME, who is also the Designated Institutional Official for GME, is a member of the GMEC. The GMEC members recommend a Chair for the GMEC to the CEO/Director of UIHC, who has the capacity to officially appoint the Chair.

Duties of the GMEC include, but are not limited to:

- Oversight of each program's development and operations, as they recruit, orient and schedule house staff members and as they create new programs or modify existing ones;
- Oversight of and liaison with program directors and assurance that they maintain oversight of and liaison with the appropriate personnel who are involved in the supervision and training of house staff members in external rotations;
- Review of all ACGME correspondence and letters of accreditation, including the monitoring of plans for required corrective actions;
- The establishment of written policies to guide the training programs, including but not limited to:
 - Establishing a written protocol for conducting internal reviews (see the Policy and Procedure for the Internal Review of Residency and Fellowship Programs) and ensuring that those reviews are conducted pursuant to the standards of the programs, the UIHC and applicable accrediting bodies;
 - Oversight of each program's establishment of a written curriculum, goals and objectives and written criteria and processes for selection, evaluation, promotion and dismissal of residents, in compliance with both program and institutional requirements;
 - Creation of a duty hour policy consistent with external mandates and monitoring of compliance across the programs;
 - Creation of other policies as required by the greater University, UIHC Bylaws, and/or applicable accrediting bodies to ensure an acceptable training environment that is conducive to education, including but not limited to the provision of clinical support services, access to adequate and appropriate food services and on-call quarters and the creation of a secure and safe environment.
- To serve as a forum for house staff member concerns, through the elected house staff members of the GMEC, who also serve as officers of the Residents Council, and to ensure broad house staff representation, as appropriate, on other HAC Subcommittees;
- Assurance that quality assurance programs, including a review of complications and deaths, and performance improvement standards apply across the programs, as consistent with ACGME and JCAHO requirements, and communication across the house of pertinent information regarding the quality of care, treatment and services provided by house staff members;
- Review, approval, and recommendations on funding, including recommendations on stipend levels on an annual basis, benefits and fellow recipients of Patient Care Enrichment Funds;

- The provision of an ethical, professional and educational environment that is free of intimidation or retaliation, and provides the necessary support for curricular requirements as well as the applicable requirements for scholarly activity, the general competencies and the assessment of outcomes.

Reporting to the UIHC CEO/Director, a physician Director of GME, in concert with an Administrator of GME, serves as a centralized base for GME administration. They are responsible for coordinating the activities of the GMEC, ensuring that review and supervision are adequate throughout the programs, and overseeing that GME programming complies with accreditation standards. In the absence of the GME Director, the GME Administrator may sign on his behalf as necessary for accreditation and other institutional purposes. A Director of the House Staff Affairs Office oversees management of staff who coordinate all of the information necessary to ensure that the house staff members are functional in our system; at the same time, this office serves as a clearinghouse of information and support for residents and fellows. An Internal Review Coordinator manages the process of internal reviews across the programs, providing feedback to the Program Directors and assisting with compliance questions. In addition to the GME Director serving on GMEC, the GME Administrator, Director of House Staff Affairs and Internal Review Coordinator all serve as members of the GMEC. Salary support and office space for these centralized GME positions, and the clerical and technical support (secretaries, clerks, computers, data system, etc), are provided by UIHC.

UIHC recognizes that its oversight duties continue even when an affiliated institution provides GME. In that regard, inter-institutional agreements, between UIHC and other participating institutions that provide graduate medical or dental education to our residents, are maintained, and administrative support is provided centrally toward managing those agreements and that process.

The entire active clinical staff of the University of Iowa Hospitals and Clinics is involved in graduate medical and dental teaching. All clinical staff, except temporary and house staff, must first receive appointment in The University of Iowa Colleges of Medicine or Dentistry before becoming members of the hospital clinical staff.

HOUSE STAFF APPOINTMENT, ORIENTATION, SUPERVISION, EVALUATION AND DUE PROCESS

All residents and fellows are selected by the head of the appropriate clinical service with the advice of review committees within the clinical service. The UIHC participates in the National Resident Matching Program (NRMP) for the selection of the first year residents and is guided in its first year recruitment by NRMP policies. The GMEC maintains a “Policy on the Eligibility and Selection of House Staff.” Upon nomination by the head, the selected residents and fellows receive an offer of an appointment from the GME Director.

Orientation occurs at the beginning of every academic year. The agenda is evaluated each year with instruction given on the impaired physician and substance abuse policies, on resident stress and helpful resources available, duty hours, performance improvement, mandatory reporting requirements, professionalism and teamwork, service leadership and cultural diversity, patient safety, costs and testing, as well as policies specific to residents, such as on-call dining, parking, benefits and moonlighting.

The GMEC reviews requests for new programs and modifications to existing programs via the “Policy and Procedures for Adding New Programs and Program Modification.” After review by the GMEC and GME Director/DIO, and upon agreement of the Clinical Service Head and Dean,

residency positions are apportioned among programs by the CEO/Director of UIHC, consistent with ACGME/RRC guidelines and approval. Rotations within the house staff member's department are then scheduled by that department. Rotations to other departments are based on available rotations and the experiences the residents need in order to satisfy training program requirements.

Residents and fellows are supervised by attending physicians or dentists who have responsibility for the care of the patient. House staff members are also supervised by other clinical staff members who have responsibility for particular procedures the house staff members are performing. (Bylaws, Article IV, Section 4, C).

The evaluation and advancement of residents and fellows is the responsibility of the Program Director. Upon the Program Director's certification of satisfactory performance and recommendation of reappointment to fill a funded residency or fellowship position, a renewal contract is issued. (Bylaws, Article II, Section 3, B(2)(e) and Article IV, Section 3, C(5)). The evaluation and advancement is conducted in accordance with the "Policy and Procedures for the Evaluation and Advancement of House Staff."

Residents and fellows may be suspended or discharged by the Program Director for the reasons set forth in the Bylaws. The resident or fellow is then entitled to a hearing upon request. (Bylaws, Article IV, Section 7). A decision not to renew a contract made within 4 months of expiration or a decision to cancel a renewed contract before the beginning of the contract period is considered a discharge. Other concerns of house staff members are addressed in accord with the "Statement on House Staff Member Concerns."

House staff members are elected to the GMEC and also appointed to serve on other subcommittees of the Hospital Advisory Committee each year, which allows them to actively participate on committees whose actions affect their education and patient care.

INTERNAL REVIEWS OF MEDICAL AND DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS

Each residency and fellowship program within the University Hospitals undergoes periodic internal analysis through the mechanisms set forth in the "Policy and Procedure for the Internal Review of Residency and Fellowship Programs." Program reviews are conducted at the midpoint between ACGME program surveys or at least once every five years by an independent committee appointed by the Chair of the Graduate Medical Education Committee. The Internal Review Coordinator develops a structured process for each Internal Review Committee to follow and uses standard tools for the evaluation of each program. Each Internal Review Committee is composed of at least five members, including two residency or fellowship program directors, a member of the clinical staff with experience in graduate medical education, a member of the house staff, and a representative of Hospital Administration. The reports from the Internal Review Committee are reviewed and approved by the GMEC and then provided to the Program Director, the Clinical Department Head, the Dean of the COM, the Director of GME/DIO, and the Administrator of GME. The final reports are discussed by the GMEC, which works with the GME administration to create institutional actions to resolve identified deficiencies.

The internal review process assures that the training programs are organized in ways that give house staff members the opportunity to develop personal, clinical, academic and professional competence under supervision. The process ensures that residents evaluate their programs and faculty at least on an annual basis, that the house staff members participate fully in the educational and scholarly activities of their programs, and, as required, assume responsibility for

teaching and supervising other residents and students. The programs are designed to ensure that house staff:

- Are able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
- Have the requisite medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and can apply this knowledge to patient care;
- Establish and improve learning skills that involve investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement of patient care;
- Develop interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
- Incorporate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
- Demonstrate an awareness of and responsiveness to the larger context and system for health and the ability to effectively call on system resources to provide care that is of optimal value.

The University of Iowa Hospitals and Clinics works collaboratively with the University of Iowa Carver College of Medicine and the University of Iowa College of Dentistry to ensure that its standards, and those of the relevant accrediting bodies, are met or surpassed for those training in its many graduate medical and dental training programs. In accordance with its educational mission, UIHC is dedicated to pursuing and achieving the highest quality graduate medical and dental education possible, and has committed the required resources, personnel, facilities, and finances toward that end.

Signatures:

Director/CEO, UIHC	Date		
Dean, UI Carver College of Medicine	Date	Dean, UI College of Dentistry	Date
Chair, Graduate Medical Education Committee	Date	Director, Graduate Medical Education and Designated Institutional Official	Date

Approved by the Graduate Medical Education Committee	3/26/02
Approved by the University Hospital Advisory Committee	5/1/02
Revision Approved by the Graduate Medical Education Committee	10/5/04
Revision Approved by the University Hospital Education Committee	11/17/04