

**Texas A&M
Health Science Center
College of Medicine
Scott & White Memorial Hospital**

Graduate Medical Education

**HOUSE STAFF
HANDBOOK
2009-2010**

This handbook serves as a general reference for information pertaining to Texas A&M Health Science Center-
College of Medicine Scott & White (TAMHSC-COM/S&W) Graduate Medical Education (GME) Programs

Revised March 2009: This edition of the House Staff Handbook supersedes any and all previous editions.

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GME STAFF & PROGRAMS

Administrative and educational support for Graduate Medical Education programs is provided by the Scott & White Division of Research and Education (R&E) and, more specifically, the Graduate Medical Education Administration Office under the supervision of the Director of Graduate Medical Education (GME). GME Administration provides training and support to Program Coordinators necessary to function as department coordinators. These Program Coordinators are located in various areas of the Clinic and Hospital (see page 1). GME Administration is housed in the TAMHSC-COM Education Building at Scott & White, Office Suite 407.

<u>Office</u>	<u>Name</u>	<u>Position</u>	<u>EXT</u>	<u>Location</u>
GME Administration	Ruth Bush, M.D.,M.P.H.	Director, GME	44505	407D
GME Administration	Sandra Oliver, PhD	Director,Medical Education Operations	42886	407I
GME Administration	Greggory S. Wright, BS	Administrative Assistant	42232	407N
GME Administration	Dolores Todaro	Financial Analyst III	42485	407P
GME Administration	Jane DeBord	Housestaff HR	43919	407Q
GME Administration	Tammy Northrup, MS	Technical Support	49290	407O
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Anesthesia	Russell McAllister, M.D.	Dee'D Ferman	45306	D304
CT Anesthesia				
Cardiovascular Disease	D. Scott Gantt, D.O.	Mylessa Wheeler	40108	404C
Child & Adolescent Psychiatry	Amanda Holmes, M.D. Kyle Morrow, M.D.	Dorothy Winkler	43874	MHC 114C
Clinical Cardiac Electrophysiology Fellowship	Shoei K. Stephen Huang, M.D.	Mylessa Wheeler	40108	404C
Cytopathology	Lubna Sayage-Rabie, M.D.	Cheryl Dixon	47354	Hosp/295
Dermatology	David Butler, M.D.	Lynn Botts	742-3775	NS Cl. #184
Diagnostic Radiology	James. B. Schnitker, M.D.	Pauline Marek	44507	213A
Emergency Medicine	Tim Stallard, M.D.	Cindy Rush	45815	AG62J
Endocrine	Veronica Piziak, M.D.	Bob Amerman	45817	404D
Family Medicine	John Manning, M.D.	Linda Teer	771-8401	Cent Sq #203
Gastroenterology	Dawn Sears, M.D.	Bob Amerman	45817	404D
General Surgery	Mohsen Shabahang, M.D.	Linda Billingsley	42366	C410A
Hematopathology	Willie Koss, M.D.	Cheryl Dixon	47354	Hosp/295
Infectious Disease	John Carpenter, M.D.	Barbara Culp	47633	404E
Internal Medicine	John David Myers, M.D. Curtis Mirkes, M.D. Christian Cable, M.D.	Barbara Edwards Carol Bandas	42364 48797	161B 161B
Interventional Cardiology	Scott Gantt, D.O.	Mylessa Wheeler	40108	404C
Interventional Radiology	Bradley Dollar, M.D.	Jeremy Mueck	42608	C230
Medical Oncology	Frank Mott, M.D.	Mylessa Wheeler	40108	404C
Nephrology	A. Nickel, M.D.	Barbara Culp	47633	404E
Neuroradiology	Kenneth Williams, M.D.	Jeremy Mueck	42608	C230
Ob/GYN	Steve Allen, M.D.	Helen Beitman	47588	382
Ophthalmology	Kyle Smith, M.D.	Tammy Stallings	41058	P1194
Orthopedics	Mark Rahm, M.D.	Mary Ann McKeown	45455	404G
Pathology	V.O. Speights, D.O.	Cheryl Dixon	47354	Hosp/295
Pediatrics	Lisa Warren, D.O.	Pepper Wedgewood	45092	CW402
Pharmacy	Barry Browne, Pharm.D.	Rosemary Sims	42232	303F
Plastic Surgery	Robert Weber, M.D.	Dee Ann Gillam	41695	404A
Podiatry	Douglas Murdoch, D.P.M.	Beth Hilligoss	771-8491	Cent Sq
Psychiatry	V. Maxanne Flores, M.D.	Dorothy Winkler	41768	MHC 114C
Pulmonary Disease/Critical Care	Dennis Myers, M.D.	Barbara Culp	47633	404E
Urology	Scott Coffield, M.D.	Elaine Stone	41695	404A

HOUSE STAFF ASSOCIATION

President	Alan Trumbly, M.D.	Pager: 0997
Vice President	Sophia Koen, M.D.	Pager: 762-2909
Ombudsman	Dr. John Hodges, M.D.	Pager: 2191

INSTITUTIONAL POLICIES**RESIDENT SELECTION/RECRUITMENT (GME-I01)**

TAMHSC-COM/ Scott & White graduate medical education programs shall select applicants who meet the qualifications for eligibility set forth by the Accreditation Council for Graduate Medical Education (ACGME). Applicants with one of the following qualifications are eligible for appointment.

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical schools outside the United States and Canada who have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Residents must have passed the USMLE Step II CK and Step II CSA, or equivalent, prior to beginning in a TAMHSC-COM/Scott & White Graduate Medical Education program. Any exceptions to this policy must be obtained in writing from the Director of GME.

Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

In selecting from among qualified applicants, programs are encouraged to participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.

SUPERVISION (GME-I02)

Following are the procedural requirements for graduate medical education pertaining to the supervision of Resident/Fellows. The provisions are applicable to all patient care services including, but not limited to: inpatient care, outpatient care, community and long-term care facilities, and the performance and interpretation of all diagnostic and therapeutic procedures.

- a. All TAMHSC-COM/Scott & White programs follow the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) which state that, "All patient care must be supervised by qualified faculty. The Program Director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty." The requirements further state, "Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects."
- b. If there is a discrepancy between policies of TAMHSC-COM/Scott & White and affiliated schools and universities, Scott & White policy takes precedent over policies of affiliates.

BACKGROUND:

- a. The intent of this policy is to ensure that patients in all Scott & White facilities will be cared for by clinicians who are qualified to deliver that care and that this care will be documented appropriately and accurately in the patient record.

- b. The principles of good training and educational supervision are not likely to change radically over time.

Rules governing billing and documentation, however, will inevitably evolve. Third party payers may define standards of documentation to qualify for reimbursement.

SCOPE:

- a. It is the responsibility of senior staff to provide care to each patient, and they must be familiar with each patient for whom he/she is responsible. Fulfillment of that responsibility requires personal involvement with each patient and each Resident/Fellow who is participating in the care of that patient. Each patient must have a senior staff whose name is recorded in the patient record. Other senior staff may at times be delegated responsibility for the care of the patient and supervision of the Resident/Fellow involved. It is the responsibility of the senior staff to be sure that the Resident/Fellow involved in the care of the patient is informed of such delegation and can readily access a senior staff at all times. It is the responsibility of senior staff to ensure the coordination of care for patients.

Within the scope of the training program, all Residents/Fellows must function under the supervision of senior staff and training programs must ensure adequate supervision. Each service must provide "call schedules" that indicate the responsible senior staff and the method to contact those practitioners.

- b. Each training program must adhere to current accreditation requirements as set forth by appropriate accrediting bodies for all matters pertaining to the Resident/Fellow training program, including the level of supervision provided.

ROLES AND RESPONSIBILITIES:

- a. The Designated Institutional Official is responsible for defining policies pertinent to the provision of graduate medical education to Residents/Fellows at TAMHSC-COM/Scott & White. Summary reports are reviewed annually to ensure consistency across the system and to provide assurance to various oversight agencies that TAMHSC-COM/Scott & White is appropriately discharging its responsibility to provide safe patient care, and providing excellent educational opportunities for the nation's future health care practitioners.
- b. The Residency Program Director is responsible for the quality of the overall education and training program in a given discipline (e.g., Internal Medicine) and for ensuring that the program is in compliance with the policies of the respective accrediting body. The Residency Program Director is responsible for ensuring that senior staff are appropriately fulfilling their responsibilities to provide supervision to Residents/Fellows and that ongoing evaluations of those supervisors and their Residents/Fellows are conducted. The Residency Program Director defines the levels of responsibilities for each year of training by preparing a description of the types of clinical activities Residents/Fellows may perform and those for which Residents/Fellows may act in a teaching capacity. The Residency Program Director is responsible for ensuring that Residents/Fellows function within their assigned graduated level of responsibility. The Program Director will assess the senior staff's discharge of supervisory responsibilities.
- c. The senior staff is responsible for, and must be involved in, the care provided to individual patients in inpatient and outpatient settings as well as long-term care and community settings. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- d. The Residents/Fellows, as individuals, must not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside of that scope of service. Each Resident/Fellow is responsible for communicating significant patient care issues to the senior staff. Such communication must be documented in the record. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible senior staff may result in the removal of the Resident/Fellow from patient care activities.

GRADUATED LEVELS OF RESPONSIBILITY:

- a. As part of their training program, Residents/Fellows should be given progressive responsibility for the care of the patient. The determination of a Resident's/Fellow's ability to provide care to patients without a senior staff present, or to act in a teaching capacity, is based on the documented evaluation of the Resident's/Fellow's clinical experience, judgment, knowledge, and technical skill. It is the decision of

the senior staff as to which activities the Resident/Fellow be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the senior staff.

- b. The Residency Program Director defines the levels of responsibilities for each year of training by preparing a description of the types of clinical activities Residents/Fellows may perform and those for which Residents/Fellows may act in a teaching capacity. The documentation of the assignment of graduated levels of responsibility is made available to other staff as appropriate.

DOCUMENTATION OF SUPERVISION OF RESIDENT/FELLOWS:

- a. Although gaining experience in procedures is an integral part of the education of the Resident/Fellow, such procedures may be performed only by Resident/Fellows with the required knowledge, skill, and judgment and under an appropriate level of supervision by senior staff.
- b. If a situation arises where the nursing staff is unsure of Resident's/Fellow's appropriate level of supervision, the nursing staff should contact the supervising senior staff directly.

EMERGENCY SITUATIONS:

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of a patient. In such situations, any Resident/Fellow, assisted by medical personnel, will, consistent with the informed consent, be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate senior staff must be contacted and apprised of the situation as soon as possible. The Resident/Fellow must document the nature of that discussion in the patient's record.

MEDICAL OFFICER OF THE DAY (MOD):

1. Physician Residents/Fellows who are board-certified or board certifiable may be privileged as independent practitioners for purposes of MOD coverage. Privileges sought and granted may only be those delineated within the general category for which the Resident/Fellow is board certified or board certifiable.
2. Resident/Fellows who are appointed as such, outside the scope of their training program, must be fully licensed, credentialed, and privileged for the duties they are expected to perform. In this capacity, they are not working under the auspices of a training program and must meet the requirements for appointment. Specialty privileges, which are within the scope of the Resident/Fellow's training program, may not be granted.

MONITORING PROCEDURES:

The Designated Institutional Official is responsible for ensuring that each Residency Program Director participates in the monitoring process. Periodic review of this monitoring procedure is included in institutional oversight of each residency training program. Additionally, incidents and risk events with complications involving resident care are reviewed by supervising staff.

DUTY HOURS (GME-103)

Each TAMHSC-COM Scott & White Graduate Medical Education program will comply with ACGME, Institutional, and Program Requirements regarding duty hours, and duty hour compliance will be examined during the internal review of each program. These formal policies must apply to all institutions to which a Resident/Fellow rotates.

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

All programs must monitor work hours on an ongoing basis. The GMEC will review program data at each internal review and at other times as determined by the Director of GME. The GME Administrative Office will assist programs in data collection and analysis. Failure by House Staff to comply with duty hours reporting may result in disciplinary action.

DUTY HOURS:

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- b. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- c. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

ON-CALL ACTIVITIES:

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

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

MOONLIGHTING: (see pg. 17)

- a. Because residency education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Common Program Requirements http://www.acgme.org/acWebsite/navPages/commonpr_documents/VIFG_DutyHours_MoonlightingandExceptions_Explanation.pdf
- c. Moonlighting that occurs within the residency program, the sponsoring institution, a Major Participating Institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

OVERSIGHT:

- a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- c. Faculty and residents must be educated to recognize the signs of fatigue and to adopt and apply policies to prevent and counteract its potential negative effects.

DUTY HOURS EXCEPTION :

A Resident Review Committee may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

EVALUATION (GME-I04)

Each TAMHSC-COM/Scott & White residency/fellowship program must implement a mechanism to evaluate the House Staff, the faculty and the residency/fellowship program.

HOUSE STAFF EVALUATION:

Resident/Fellow performance should be evaluated in a timely manner by supervising faculty, patients, peers, self, and other professional staff, using methods to assess resident competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Each Resident/Fellow must be evaluated at least twice a year; evaluations should be communicated to each resident in a timely manner, and maintained in a record accessible to each resident.

If a Resident/Fellow performs unsatisfactorily, notification must be timely. The Program Director must provide the Resident/Fellow with written documentation of the deficiencies and outline a program to correct the deficiencies. It is the responsibility of the Resident/Fellow to follow up with any questions that he/she may have regarding the evaluation.

A final evaluation for each resident who completes the program, including a review of the resident's performance and verifying that the resident has demonstrated sufficient professional ability to practice competently and independently, must be provided by the Program Director. This evaluation will be included in the resident's permanent record which is maintained by the Institution.

FACULTY:

Faculty performance must be evaluated annually by the Program Director and Department Chair, and should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual confidential written evaluations of the faculty by residents must be included in the review of faculty performance.

RESIDENCY/FELLOWSHIP PROGRAM:

The educational effectiveness of each program must be evaluated annually at a formal, documented meeting that includes at a minimum, the Program Director, representative faculty and one resident. The group must take into consideration:

- Program goals & objectives
- Written comments from the faculty
- The most recent GMEC internal review report
- Annual confidential evaluations of the program by residents
- Resident performance and outcome assessment
- Performance of program graduates on certification examinations
- Curriculum and competencies

PROFESSIONAL CONDUCT/ACADEMIC PERFORMANCE EVALUATIONS (GME-I05)

As required in the Graduate Medical Education Directory Common Program Requirements, House Staff are expected to demonstrate "professionalism, as manifested through a commitment to carrying out professional responsibilities,

adherence to ethical principles, and sensitivity to a diverse patient populations.”

http://www.acgme.org/acWebsite/dutyHours/dh_dutyHoursCommonPR.pdf

Professional responsibilities include diligent patient care, as well as compliance with institutional and program requirements, including but not limited to duty hours reporting, life support certification and licensure. Failure to comply may result in disciplinary action.

As a part of the resident’s/fellow’s professional conduct or academic performance evaluation, a Program Director may request testing appropriate to the area of concern to assist in determining the course of action to be taken. The goal of the testing is to identify strengths and weaknesses for effective remediation. Before testing is undertaken, the involved Resident/Fellow must agree to this testing. The Resident/Fellow will be provided with the results. The results will become part of the program’s confidential file in the office of the Designated Institutional Official, and may be available to the Program Director, with consent of the trainee. Graduate Medical Education Administration (GME) will arrange for these tests and cover the costs of the testing. Once the testing and analysis is complete, GME is under no obligation to provide support for treatment, ongoing therapy or remedial education that might be recommended by the testing and analysis.

The Americans with Disabilities Act may be applicable if specific requirements are met.

PROFESSIONAL COMPETENCE/CONDUCT (GME-I06)

TAMHSC-COM/Scott & White residents and fellows will conduct themselves professionally and perform their assigned duties with integrity, commitment, skill and efficiency consistent with the highest principles of medicine.

Professional Competence

Professional competence will be questioned if the house officer demonstrates academic deficiencies in knowledge, skills, and attitudes or clinical performance.

Professional Conduct

Conduct of the house officer will be questioned for commitments of unlawful acts, violations of institutional codes of conduct, breach of professional ethics or otherwise endangering patient health or safety. Examples include, but are not limited to the following.

- Violation of state or federal law
- Forgery, alteration or misuse of hospital documents or records
- Conduct that significantly interferes with hospital teaching, research, or administration of Resident/Fellow’s education
- Illegal use, possession and/or illegal sale of drug, narcotic, or other controlled substances as defined in the Texas Controlled Substance Act
- Inappropriate or unprofessional behavior toward colleagues, hospital staff, students, patients, or families of patients

DISCIPLINARY ACTION/DUE PROCESS (GME-I07)

1) Process

Residents/fellows whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the Program Director and endorsed by the Division Director and/or Department Chairman.

The Resident/Fellow in question will meet with at least two senior staff members of the department responsible for his/her training. One of the departmental representatives should be the Program Director, unless prohibited by extenuating circumstances. During the meeting, a written document including a detailed, itemized description of the issues regarding professional conduct and any prior evaluations of the Resident/Fellow will be supplied to the Resident/Fellow. If the issues of concern predate the last scheduled written evaluation, those issues should be documented in that evaluation. The written material(s) should describe:

- a. Nature of concern about either professional competence or conduct
- b. Disciplinary action taken which could include:
 - Remediation
 - Probation
 - Non-advancement in academic year
 - Suspension
 - Dismissal
- c. The duration of disciplinary action if other than dismissal or effective date if dismissal

- d. Required remediation (see below) by the Resident/Fellow, if other than suspension or dismissal
- e. Description of methods and conditions of enhanced monitoring of the resident's/fellow's clinical and/or academic activities if his/her performance suggests inability to render an appropriate level of patient care or and/or exhibit appropriate personal or professional conduct. By definition, "enhanced monitoring" should include (1) specific goals/objectives developed for the Resident/Fellow and (2) periodic, written assessments of the Resident/Fellow during the specified time period.

Discussions and written documents pertaining to the issues regarding professional conduct should center on specific behaviors.

A copy of documentation supplied to the Resident/Fellow shall be marked "CONFIDENTIAL" and forwarded to the Scott & White Chief Academic Officer and the Director of Graduate Medical Education. The Chief Academic Officer and/or the Director of Graduate Medical Education may initiate a review process of the disciplinary action if the action is felt to be inappropriate. For the review, the Chief Academic Officer and/or Director of Graduate Medical Education may appoint a committee that consists of a Program Director from another program, a department head from a different department, a chief resident from another program, and the GME Ombudsperson to review both the merit and the procedures and make recommendations. The role of the Ombudsperson is to ensure fair treatment for the Resident/Fellow. The committee may request that the Resident/Fellow, the Program Director or others involved in the case meet with the committee to discuss the issues before a recommendation is made. The decision of the involved program and the committee recommendations will be reported to the Director of GME and the Chief Academic Officer for final approval.

Suspension of the Resident/Fellow from program activities for the duration of the disciplinary process may be initiated by the Program Director. Suspension may also be reviewed by the committee described above. If a Resident/Fellow is dismissed, he/she will not be eligible for unused vacation upon termination. (See Policy GME L02)

2) Appeal

At the request of the named Resident/Fellow, an ad hoc review committee, composed of the membership of the committee described above, will be appointed by the Chief Academic Officer, who will coordinate the appeal process and function as a non-voting member of the various committees or councils involved. The ad hoc committee will be charged with reviewing the circumstances of the disciplinary action to assess both the merits and the procedures (i.e., the extent to which the action followed appropriate procedures and whether the house officer was treated in a fair manner). The review committee may request related documentation and invite testimony from the Resident/Fellow and Program Director involved. The ad hoc review committee will make recommendations to the Director of Graduate Medical Education who will review the recommendations of the ad hoc committee and with agreement from the Chief Academic Officer take action if necessary. The Chief Academic Officer will serve as the final authority.

PARKING (GME-I08)

See map of S&W campus parking: http://www.sw.org/web/iwcontent/public/common/pdf/parking_map_revised.pdf.

Parking Lot 12: is reserved parking for residents. If Lot 12 is full, residents may park in any unassigned employee parking lots with blue signs. Residents will be issued red parking stickers. Residents and Fellows at program level 4 and above will be issued green parking stickers for lots 5 and 5B, Senior Medical Staff parking lots.

All Resident/Fellow vehicles must be registered with the Security Department within five (5) calendar days of employment and changes in vehicle status (new license tags, additions, deletions) must be reported to the Security Department within five (5) calendar days. The parking sticker must be displayed on the exterior of the rear window, lower left corner. Only one parking space per resident is to be used in the resident lot. If a spouse works at Scott & White, he/she must park in the lot appropriate for that employee.

When utilizing the services of Scott & White as a patient, a resident or fellow may park in patient parking spaces. An Exception to Parking Policy Card must be placed on the dashboard visible to a security officer indicating he/she is at Scott & White as a patient.

Vehicles must be parked in clearly marked/designated parking spaces. Curbside parking is not allowed unless spaces have been marked for that type of parking. Fire Lane or Handicapped Parking violations are under the jurisdiction of the Temple Fire Department and the Temple Police Department and will be enforced by them respectively.

The Security Department Intranet site is available for required forms, maps and institutional parking policies. Any questions, problems, or concerns regarding parking or the parking policy may be referred to the Security Department at extension 4-2344.

MEDICAL LICENSURE (GME-I09)

To participate in a Texas A&M-Scott & White graduate medical education program, a resident or fellow is required to hold either a Texas Medical Board (TMB) Physician-In-Training Permit, or a Texas Medical License.

A Physician-In-Training Permit:

- Must be applied for on-line by each Resident/Fellow at least sixty days prior to the anticipated start of the Resident/Fellow's postgraduate training.
- Is issued with effective dates corresponding with the beginning and ending dates of the postgraduate resident's training program as reported to the board by the Program Director.
- Is relative to the program by which the House Staff was hired; must be changed when Resident/Fellow transfers between programs.

To participate in a Scott & White program beyond the first 12 months, House Staff must be eligible for licensure by virtue of having passed a U.S. licensure examination (USMLE III or equivalent), although licensure in Texas, is not mandated. There will be no extensions of this time period.

The Director of each TAMHC-COM/Scott & White postgraduate training program shall report in writing to the Executive Director of the TMB the following circumstances within seven days of the Director's knowledge for any physician-in-training permit holder:

- 1) if a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);
- 2) if a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave) and the reason(s) why;
- 3) if a physician has been arrested after the permit holder begins training in the program;
- 4) if a physician poses a continuing threat to the public welfare as defined under Tex. Occ. Code§ 151.002(a)(2), as amended;
- 5) if the program has taken final action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;
- 6) if the program has suspended the physician from the program;
- 7) if the program has requested termination or terminated the physician from the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program and the action is final.

A copy of the medical license or current basic permit must be provided to the GME education coordinator. Any resident allowing his/her license to expire or who fails to provide a current copy of his/her license to the GME education coordinator will be suspended without pay and not allowed to return to work until a current license is provided. Residents who are no longer licensable or who fail to take appropriate action to renew their license will be discharged.

A release form signed by the resident/fellow is required in order for the TAMHSC-COM/Scott & White Graduate Medical Education Administrative Office to assist residents/fellows with the physician in training process.

ROTATION CHANGE DAY (GME-I10)

It is the policy of the Department of Graduate Medical Education to change rotations on the first workday of the month. Weekends and holidays are not considered workdays. This policy is applicable to all Departments except those with rotations to be a specific number of weeks. However, when the new academic year begins, the start date will always be July 1.

LONG RANGE PAGER (GME-I11)

Programs that schedule rotations that are outside normal pager ranges and require residents to be available by pager, will be provided a pager for residents on those rotations. Examples of these rotations would include Killeen, Waco, Georgetown, or College Station. Long Range pagers are not provided for those living outside normal pager range.

LIFE SUPPORT CERTIFICATION (GME-I12)

In order to participate in Texas A&M-Scott & White Graduate Medical Education programs in patient care areas, House Staff must acquire and maintain appropriate life support certifications, including but not limited to Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) as directed by the American Heart Association. Documentation of current certification is required for GME resident personnel files.

REQUIRED CERTIFICATIONS BY SPECIALTY

SPECIALTY	BLS	ACLS	PALS	ATLS	NEONATAL RESUSCITATION	FCCS
Anesthesiology	X	X	X	X	X	X
CT Anesthesiology	X	X	X	X	X	X
Cardiovascular Disease	X	X				X
Child&Adolescent Psychiatry	X	X				
Cytopathology						
Dermatology	X	X				
Diagnostic Radiology	X	X				
Interventional Radiology	X	X				
Neuroradiology	X	X				
Emergency Medicine	X	X	X	X	X	X
Family Medicine	X	X	X	X	X	X
Gastroenterology	X	X				
Endocrine	X	X				
General Surgery	X	X	X	X		X
Hematopathology						
Infectious Disease	X	X				
Internal Medicine	X	X				X
Interventional Cardiology	X	X				
Medical Oncology	X	X				
Nephrology	X	X				
OB/Gynecology	X	X			X	X
Ophthalmology	X	X				
Orthopaedic Surgery	X	X		X		X
Pathology						
Pediatrics	X		X		X	
Plastic Surgery	X	X		X		X
Podiatric Surgery	X	X				
Psychiatry	X	X				
Pulmonary/Critical Care	X	X				X
Urology	X	X	X			X

Texas A&M-Scott & White Graduate Medical Education will pay the **INITIAL** fees for life support certification, if life support certification lapses, House Staff are required to attend, at their own expense, the next available course to be recertified, regardless of clinical duties or assignments. House Staff who fail to recertify in the first available course will be placed on administrative leave.

PROGRAM COMPLETION (GME-I13)

A postgraduate medical education program is not considered completed by a house officer until he/she has fulfilled all the days specified in his/her appointment letter and he/she has completed all steps of program and institutional requirements, including clearance protocol.

Failure to do so will jeopardize eligibility for Specialty Board Examination, the discretion resting with the Program Director. Upon the satisfactory completion of a resident's/fellow's training, a certificate attesting the type and length of training shall be awarded to each house officer.

RISK MANAGEMENT SEMINARS (GME-I14)

House Staff are required to complete two (2) Risk Management Education modules per academic year, and 6 modules by the time they have completed their residency or fellowship program. For programs less than 3 years, House Staff will be required to complete 2 modules for each year of the program.

RELIGIOUS ACCOMMODATIONS (GME-I15)

It is the policy of TAMHSC-COM/Scott & White residency and fellowship programs to accommodate, whenever possible, requests from residents to honor religious requirements.

Requests should be made well in advance, and all efforts will be made to structure call schedules to accommodate those requests. However, to ensure high-quality patient care and patient safety, such accommodations cannot be guaranteed.

Residents, with the approval of their Chief Resident and/or Program Director, may elect to make arrangements with their peers to schedule observances of religious holy days. Residents should use vacation for time away from patient care duties in excess of the number of holidays observed by the institution.

Residents requesting any accommodation for religious requirements should work through their Chief Resident and/or Program Director. If such accommodations cannot be agreed upon, the resident should contact the GME Administrative Office, the House Staff Ombudsman or Scott & White Human Resources.

RESIDENT POLICIES

RESIDENT RESPONSIBILITIES (GME-R01)

The goal of the residency program is to provide residents with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve this goal, the resident agrees to do the following:

1. Under the supervision of the Program Director, assume responsibilities for the safe, effective and compassionate care of patients, consistent with the resident's level of education and experience.
2. Participate fully in the educational and scholarly activities of the residency program and, as required, assume responsibility for teaching and supervising other residents and medical students.
3. Develop and participate in a personal program of learning to foster continued professional growth with guidance from the teaching staff.
4. Participate in institutional programs, committees, councils, and activities which actions affect his/her education and/or patient care involving the medical staff as assigned by the Program Director, and adhere to the established policies, procedures, and practices of Scott & White Memorial Hospital and its affiliated institutions.
5. Annually participate in the confidential and written evaluation of the program and its faculty.
6. Comply with Duty Hours reporting procedures as established by the institution.
7. Develop competency in patient care, medical knowledge, practice based learning, interpersonal and communication skills, professionalism and systems based practice.
8. Apply cost containment measures in the provision of patient care.
9. Keep charts, records, and reports up to date and signed at all times.
10. Adhere to ACGME institutional and program requirements.
11. Participate in an educational program regarding physician impairment including substance abuse and receive instruction in quality assurance/performance improvement and patient safety.
12. Participate in autopsies whenever appropriate

APPOINTMENT LETTERS/AGREEMENTS (GME-R02)

The association of the house officer and TAMHSC-COM/Scott & White Memorial Hospital, Scott, Sherwood and Brindley Foundation is formalized by a written agreement of appointment (see sample appointment letter on pg. 27).

Applicants who are invited for interview are given a copy of the appointment letter that includes financial support. A copy of the sample letter, resident handbook, salaries and benefits are available on the Scott & White Graduate Medical Education website at <http://gme.sw.org>.

Continuation of appointment is subject to satisfactory performance of training expectations and adherence to institutional policies. Satisfactory results of substance abuse testing are a condition of employment for all Scott & White senior medical staff, House Staff and employees.

STIPENDS/PAYROLL (GME-R03)

House Staff are paid by Scott & White Memorial Hospital, Scott, Sherwood, and Brindley Foundation at two-week intervals. The gross amount of each biweekly paycheck is calculated by dividing the annual stipend stated in a resident's/fellow's appointment letter into 26 pay periods.

There is an increase for each additional level of training. Any increase in base rate granted by the hospital during an academic year will be allocated to House Staff on the effective date regardless of stipend quoted in his/her current appointment letter.

Pay levels are determined by the following guidelines:

- Resident or Fellow stipends are defined by the level of training in their current program (their functional level of their current training).
- Benefits and privileges are defined by the stipend level.
- An exception of up to one year's credit is possible for service performed as chief resident in the TAMHSC-COM/Scott & White graduate education training system.
- The pay schedule increases to a PGY-7 level. Any training beyond PGY-7 is paid at the PGY-7 level.
- Pay scales are reviewed annually by the Educational Advisory Committee and GMEC by way of its Benefits Committee.

Direct deposit is utilized for distribution of payroll. Direct deposit is implemented upon employment and terminated with employment termination. Payroll information may be accessed electronically on the Scott & White Intranet ("BUZZ").

NOTE: For IRS purposes, the remuneration to a Resident/Fellow is considered salary.

CALL QUARTERS (GME-R04)

Scott & White Memorial Hospital provides adequate and appropriate sleeping quarters for all residents/fellows required by their medical training program to remain overnight in the hospital. If in-house call is required by TAMHSC-COM/Scott & White House Staff at affiliated training institutions, sleeping quarters are provided by and at that institution.

CALL MEALS (GME-R05)

Meals are provided by Scott & White in the hospital cafeteria for Residents/Fellows when on 24 hour hospital duty. Each month, based on the call assignment, an amount is credited to the call meal account of each Resident/Fellow assigned. The amount allowed is a maximum of \$6.00 for each meal. Two meals are allowed per weekday call, three for weekend in-house call, and one meal for home call. Credit will be based on the weekly call schedule.

All meal accounts become valid the first call meal the first workday of the month (rotation change day). Call meal accounts are closed at 12:00 midnight on the last day of the month.

To obtain a Scott & White supplied meal while on duty, the house officer must present his/her debit card to the cafeteria cashier. Usage results in a declining balance of the call meal account. Utilization of call meal account must comply with terms agreed upon by House Staff Association and Food & Nutrition. Noncompliance with the system will be reported to GME Administration for appropriate action.

Lost or stolen identification cards should be reported to the GME Administration Office, extension 42485 . Replacement cards are \$5 and will be ordered by the GME Administration Office. Once ordered cards will be obtained through the cashier in the Cafeteria.

HOUSE STAFF ATTIRE (GME-R06)

Residents and Fellows should dress and behave as a member of the professional team. General attire will be neat, clean, moderate in style, and appropriate for the professional type work performed. Extremely casual styles such as blue denim jeans should be avoided at all times. Hair must be maintained in a clean and neat manner. Hairstyles will be appropriately controlled so as not to interfere in work or patient care. Facial hair should be well trimmed and neat. Jewelry will be conservative and worn in a manner that will not interfere with work activities.

While on duty, a clean laboratory coat displaying house officer's name badge will be worn at all times. No nonprofessional pins, insignias, buttons, tags, etc., are to be worn on the laboratory coat in patient care areas.

S&W GME will reimburse up to \$38.00 toward the cost of 2 lab coats for each new Resident/Fellow.

Scrubs may be worn for call duty or on units or services determined by the program as appropriate for scrub attire.

Operating Room, Pavilion, and Labor and Delivery scrubs are available in designated dispensing machines for all House Staff working within these areas. These institutionally provided scrubs are not to be worn off premises. All residents/fellows are expected to return the institutionally owned scrubs into the designated return units. Any Resident/Fellow seen off campus wearing institutionally owned scrubs will be reported to their Department Chairperson or Department Director. It will be considered theft of Scott & White property for any Resident/Fellow to wear institutionally owned scrubs off campus. Individuals caught in such a situation will be billed for the scrubs and/or fined. Failure to pay, or make the appropriate restitution, will lead to disciplinary actions. Upon each entry to the surgical suite, all residents are expected to be properly dressed in freshly laundered clean and neat scrubs, including pants and shirt, clean cap or hood, which contains and covers all hair. Surgical cap may be homemade if it fully covers the hair.

GRIEVANCE/ PROBLEM-SOLVING PROCEDURE (GME-R07)

TAMHSC-COM/Scott & White encourages residents/fellows to bring to the attention of Program Directors concerns or complaints about work-related conditions. In order to aid in prompt and constructive problem solving, residents/fellows shall be provided with the opportunity to present such information through a formal procedure.

Many problems result from misunderstandings or lack of information and can generally be solved by discussing them with the Program Director. If formal discussion with the Program Director does not result in a satisfactory solution to the issue, the Resident/Fellow should submit the problem in written form to the Program Director as soon as possible. The Program Director will meet again with the Resident/Fellow to discuss the issue and will present a written reply to the Resident/Fellow as soon as possible.

If the Resident/Fellow is not satisfied after receiving the Program Director's reply, the Resident/Fellow should request a meeting with the Department Chairman and provide (1) the original description of the issue, (2) the Program Director's reply, and (3) a written explanation as to why the Program Director's reply was not satisfactory. This process must be accomplished within two weeks from the date of the written Program Director's reply. The Chairman will respond in writing after interviewing the Resident/Fellow. The Chairman may choose to interview other individuals including the Program Director. If the Program Director and the Chairman of the Department is the same individual, then the Resident/Fellow may pursue further action as described below.

If the issue is not satisfactorily resolved at this point, the Resident/Fellow may pursue further action by providing copies of all written material and a written response to the Chairman's letter to the Director of Graduate Medical Education within two weeks of the Chairman's reply. The Director will further evaluate the complaint and, if he so chooses, forms an ad hoc committee of the GMEC. The committee membership should include the Resident/Fellow Ombudsperson. The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee's recommendations will be forwarded to the Director of GME and the Chief Academic Officer for final resolution.

There will be no unfavorable action on the part of Scott & White against any Resident/Fellow as a result of the submission of a complaint or problem. All information concerning a Resident/Fellow's problem/complaint should be received in confidence, and the issue should be discussed only with those involved in the process or who can provide necessary information.

Complaints of discrimination or harassment may be addressed through this procedure or by contacting the Director of Employee Relations section of Human Resources.

CONFIDENTIAL GRIEVANCE PROCEDURE

At times, the Resident/Fellow may have concerns that are outside the Program Director's jurisdiction or for which the Resident/Fellow wishes to not include the Program Director or Department Chairperson. The Resident/Fellow may communicate these concerns to the Ombudsperson who may take the problem directly to the Director of GME. The Director of GME may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a solution.

NON-DISCRIMINATION AND SEXUAL HARASSMENT (GME-R08)

Staff members and their work environment should be free from all forms of unlawful harassment and intimidation. Scott & White does not and will not permit staff members to engage in unlawful discriminatory practices, sexual harassment, or harassment based on race, color, religion, sex (gender), national origin, age, disability or status as a

veteran. Unlawful harassment by any staff member, supervisor, department head or person doing business with Scott & White is strictly prohibited.

Harassment is verbal or physical conduct that denigrates or shows hostility toward an individual because of their race, color, religion, gender, national origin, age, disability, or status as a veteran. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature that creates an offensive or hostile work atmosphere.

Staff members who believe that they are being sexually harassed, or harassed on the basis of race, color, religion, gender, national origin, age, disability, or status as a veteran should immediately report their concerns to their Program Director, the Director of Graduate Medical Education, the Vice Dean, Temple Campus, TAMHSC-COM Scott & White, or the Assistant Administrator of Human Resources at Scott & White. The complaint will be promptly investigated and, if it is determined that harassment has occurred, Scott & White will take appropriate disciplinary action, up to and including discharge of the offending staff member. No staff member will suffer retaliation for filing a complaint. All complaints will be handled in confidence.

MOONLIGHTING (GME-R09)

Program Directors must be made aware in writing in advance of any employment undertaken outside of the training program by any Resident/Fellow so that the Program Director may determine the intensity of the activity and its impact on sleep and fatigue which may impact Resident/Fellow learning. If the Program Director grants permission for the House Staff member to engage in moonlighting, he must do so in writing, and this information will be made part of the resident's folder.

If, in the judgment of the Program Director or the Graduate Medical Education Committee, outside employment interferes with, or, otherwise detrimentally affects a Resident/Fellow's completion of assigned duties or responsibilities, academic performance or professional conduct, curtailment or discontinuance of outside employment may be made a condition for continuation in his/her training program.

All pre-approved moonlighting hours in a Scott & White facility or in a Major Participating Institution would be accounted for and counted toward the 80 hour weekly work limit. Residents/fellows who contemplate moonlighting should be aware that Scott & White's professional liability insurance only covers incidents which occur within the scope of an approved TAMHSC-COM/Scott & White GME program, or which are undertaken on behalf of Scott & White. Therefore, residents/fellows who moonlight are advised to obtain professional liability insurance individually and/or through their outside employers.

NOTE: Residents/fellows participating in "in-house" moonlighting activities at Scott & White facilities or in a Major Participating Institution will be credentialed by the facility in which they are moonlighting, and may be covered under Scott & White's professional liability insurance policy subject to the prior approval of the GME Director and the Scott & White Department of Risk Management.

Individual specialty training programs must have their own policies as a supplement to this GME policy; each policy should be consistent with ACGME guidelines for duty hours. These policies must be distributed to residents and faculty.

PROMOTION/REAPPOINTMENT/ADVANCEMENT (GME-R10)

The determination to reappoint or not to reappoint a resident is made by the Program Director and is based on successful completion of the current year and evaluation of readiness for advancement to higher responsibility. Beyond the first 12 months House Staff must be eligible for licensure by virtue of having passed a U.S. licensure examination (USMLE III or equivalent), although licensure in Texas, is not mandated. There will be no extension of this time period.

If a Resident/Fellow is not to be reappointed to the next year of training, he/she should be notified in writing by the Program Director four (4) months prior to the ending date of the current agreement of appointment. If the primary reason for the non-renewal occurs within the four months prior to the end of the agreement of appointment, programs must provide the residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement of appointment. Written notification of disciplinary or remedial action constitutes compliance with this policy. Residents must be allowed to implement the institution's grievance procedures if they have received a written notice of intent not to renew the agreements of appointment. Residents who do not plan to continue in the succeeding year of their training program should notify the Program Director in

writing four (4) months prior to the ending date of their current appointment or as early as the decision to not continue is made.

PHYSICIAN IMPAIRMENT/SUBSTANCE ABUSE (GME-R11)

The abuse of controlled substances by physicians and especially House Staff in training looms as a major concern for Graduate Medical Education Programs as this problem leads to the destruction of professional careers, personal and family life and even to the loss of life itself.

It is the responsibility of TAMHSC-COM/Scott & White Graduate Medical Education programs to inform House Staff:

- about the facts and problems associated with chemical dependency,
- about programs of intervention, support and treatment for the individual and their families suffering from this problem
- about follow-up support after the acute treatment program has been completed.

Chemical dependency is a disease that can be treated and from which the chemically dependent professional can recover. Re-entry of these highly trained medical professionals into the active practice of medicine may be in the best interest of the physicians as well as society as a whole.

Scott & White perform routine drug screening at the beginning of residency training. As part of the orientation process at the beginning of training, information about the Scott & White substance abuse policy and the Employee Assistance Program is presented to residents.

A resident with a substance abuse problem who wants help can contact his/her Program Director, Department Chairman, Coordinator or the GME office. The individual who is contacted will notify both the Program Director and Department Chairman and will also directly notify the Employee Assistance Coordinator. An appropriate referral for examination and treatment will be made according to Scott & White procedures.

Alternatively, a resident may be identified as or suspected of performing professional duties under the influence of legally or illegally obtained stimulant or sedative or other psychoactive drugs through the gathering and submission of evidence to the Program Director. The Program Director may then consult the Employee Assistance Coordinator and the Director of Human Resources regarding the best plan of action. If sufficient evidence has been obtained to justify an intervention, the Program Director, Department Chairman, representative from Human Resources and the Employee Assistance Coordinator will determine the evaluations that should take place according to guidelines outlined in the Scott & White Supervisory Guide. Should a substance abuse problem be proven, the resident may be referred to the most appropriate level of treatment.

After the acute treatment program is completed, depending upon the recommendations of the treating clinician, the resident may or may not be reinstated as an active member in the residency program. Should a decision be made to reinstate the resident, reintroduction into the clinical work place will be done in a controlled fashion. It is recognized that the greatest chance for successful treatment and rehabilitation occurs when the recovering resident returns to a warm and supportive environment. The Employee Assistance Program will assist in the continuing care and follow-up with a specific rehabilitative discharge plan. This process will be specified by a written agreement involving the resident, the treating clinician, the involved GME Program Director and the Director of GME. The contract will include such details as access to controlled substances, random drug testing and regular attendance at self-help programs such as Alcoholics Anonymous. Any failure on the part of the resident to adhere to the contract may result in disciplinary action up to and including discharge.

Any GME Program's specific policy on substance abuse or the impaired professional will be more relevant to the unique program and will supersede this policy. Also the Americans with Disabilities Act (<http://www.usdoj.gov/crt/ada>) may be applicable if specific requirements are met.

Additional references: Scott & White Employee Handbook (2004) Drug Free Workplace (pg. 36).

COUNSELING SUPPORT SERVICES (GME-R12)

Scott & White recognizes that increasing responsibilities of residents require sustained intellectual and physical effort. On occasion, these responsibilities result in stresses on the individual or family requiring extra support. This support is provided through multiple resources. The Health Plan Psychiatric coverage includes acute and situational evaluation and therapy, as well as long-term care by psychiatrists, psychologists and social workers. Comprehensive

medical care is provided by the Scott & White Health Plan. Referral for services not connected with Scott & White (for confidentiality reasons) can be obtained through the Designated Institutional Official in the Graduate Medical Education Administrative Office. Neuropsychological testing can be offered when professional conduct or academic performance has resulted in consideration of Disciplinary Action. The Physician Impairment Policy (GME R11) deals specifically with support for physicians who are identified as being compromised due to substance abuse. If psychological testing/counseling is deemed advisable, it is provided at no cost to the resident.

PROGRAM CLOSURE/REDUCTION (GME-R13)

In the event of the closure or reduction in the size of a residency or fellowship program, every effort will be made to allow residents/fellows currently in the program to complete training. Should completion of training not be possible, Scott & White will make every effort to assist residents/fellows in identifying a program in which they can continue their education.

LEAVE POLICIES

LEAVE (GME-L01)

All leave must be documented with a completed Absence Request Form. Absence Request forms is available from all GME Program Coordinators or the GME Administrative office. For completion, Absence Request Forms require signatures of the Program Director and attending physician, if applicable, to provide verification of approval of leave. When applicable, Clinic appointment desks are to be notified of leave request and appropriate desk personnel should sign Absence Request Forms as indicated. Completed forms should be returned to the GME Program Coordinators as far in advance of leave as possible. Forms may be submitted after occurrences of sick leave or bereavement leave, but the GME Program Coordinator and the service affected should be notified as soon as possible (see L03). Additional forms may be required by the program (see the program resident manual).

Absence request forms are used for preparation of schedules and payroll and are maintained by the Department of Graduate Medical Education as part of the house officer personnel file. GME Administration will notify Scott & White Human Resources in cases of leave without pay or FMLA.

Prolonged leave from the graduate medical education program may result in inadequate time in the program to fulfill education requirements. Absence from the program for more than 21 days must be reported to the TMB (171.6). These issues must be discussed and approved by the individual Program Director. When additional time is needed to fulfill Board requirements, a new appointment letter must be issued with the new dates.

Other insurance premiums may not continue during intervals of leave without pay. Consultation with Human Resources is necessary to delineate these issues and address other benefits.

VACATION (GME-L02)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Three weeks (15 week days) per academic year are granted to all residents and fellows. Vacation allotments on external rotations at institutions other than Scott & White are included. Vacation leave is discouraged during the months of June and July and in some programs is prohibited. If vacation is necessary during this period, request should be made a minimum of six weeks in advance.

Paid vacation leave for House Staff is available from the start date of a training program. Vacation unused during one year may be carried forward to the next year upon approval of the Program Director. The number of days carried forward may not exceed the number of days allotted for the academic year. Paid vacation leave may not be "borrowed" from subsequent years. House Staff are not eligible for the PTO (Paid Time Off) Cash-In program or pay for unused vacation upon termination.

SICK LEAVE (GME-L03)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

House Staff are granted 13 days paid sick leave per year for personal illness, illness of immediate family members (spouse, children, and parent), non-employment related injuries, pregnancy or other disabilities. Justification from a health care provider may be required in these circumstances. During an approved absence to care for an immediate family member, sick leave hours may be used for five (5) consecutive workdays. If additional time off beyond five (5) consecutive workdays is required, House Staff must use PTO hours.

Paid sick leave may not be “borrowed” from subsequent years. House Staff that are ill and/or cannot work due to circumstances described above are to notify their GME Program Coordinator and the service on which they are scheduled as soon as possible.

Upon exhausting available paid leave, sick and vacation, residents needing additional leave time will be placed on leave without pay and may be required to make up training time lost at the end of the medical training program if so determined by his/her Program Director.

Unused sick leave will automatically be carried over to subsequent training years. House Staff will not be compensated for unused sick leave upon termination.

MATERNITY LEAVE (GME-L04)

All leave must be approved by the house officer’s Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Maternity leave is to be arranged with the Program Director and the GME office. Paid maternity leave will be a combination of accrued sick and vacation leave. All available sick leave and vacation benefits must be used before a resident takes leave without pay.

Leave without pay may necessitate payment by the Resident/Fellow for medical insurance coverage during the stipulated period of leave. Arrangements should be made with the Human Resources Benefits office prior to beginning the leave, if necessary, for the Resident/Fellow to pay premiums.

The Family Medical Leave Act (refer to L06) may be applicable if specific requirements are met. Prolonged leave from the graduate medical education program may result in inadequate time in the program to fulfill Education requirements. These issues must be discussed and approved by the individual Program Director.

PATERNITY LEAVE (GME-L05)

All leave must be approved by the house officer’s Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

After childbirth or adoption, it is anticipated that House Staff may request up to three days of sick leave. Further sick leave days may be approved by a Program Director for medical complications requiring the presence of the House Staff employee (up to the maximal annual sick leave of 13 days). Vacation days may also be used. Should additional time off be needed or requested, the Family Medical Leave Act (refer to L06), may be applicable if specific requirements are met.

FAMILY MEDICAL LEAVE ACT (GME-L06)

All leave must be approved by the house officer’s Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

According to the Family Medical Leave Act of 1993, employees who have worked at least 12 months and have completed at least 1250 hours of work during the 12 months preceding the effective leave of absence date are entitled to 12 weeks of “job protected” leave per year for qualified medical leave (birth/adoption of a child; spouse, child or parent with serious health condition; or serious health condition of employee). Notice should be provided to employer in writing 30 days in advance for foreseeable leave to avoid undue disruption of operations and as soon as practical for unforeseeable leave. The written notice includes the GME Absence Request Form and the Scott & White FMLA Medical Certification Form. Married employees with both husband and wife working for Scott & White, are eligible for a combined total of 12 weeks of FMLA leave for Parental Leave.

An employee must use all available sick leave and vacation benefits before being placed on unpaid leave status. Vacation (PTO) and sick leave do not accrue during leave of absence.

Health insurance benefits remain in effect if employee pays his/her share of premium; if employee fails to return to work, premiums paid by employer during the leave of absence may be charged to the employee for reimbursement to Scott & White.

The employee is entitled to the same or an equivalent position when returning from leave. House Staff should, however, be aware that leave in excess of that allowed by the Accreditation Council for Graduate Medical Education Residency Review Committee and/or the specialty board for their training program may result in extension of training time beyond the projected completion date.

BEREAVEMENT LEAVE (GME –L07)

In the event of a death in the immediate family, up to three (3) days leave may be paid from a resident's sick leave balance. Immediate family members for bereavement purposes include: spouse, parent, child(ren), brother, sister, stepchild(ren), stepparent, father-in-law, mother-in-law, grandparent, grandparent-in-law, and grandchild(ren). Time off for bereavement of other family members and friends granted by the Program Director or time off in excess of three (3) days for immediate family will be paid from vacation leave or will be leave without pay.

INTERVIEW LEAVE (GME-L08)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Each upper level house officer is allowed ten (10) total days of leave with pay during the course of training at Scott & White for the purpose of interviewing for fellowships or practice opportunities. Interview leave is available only during the "junior" and "senior" years of training and must have prior approval of the Program Director. Additional interview leave may be granted at the discretion of the Program Director.

This leave is expressly intended for only fellowship or job interviews. Other related activities are not applicable to this leave.

EDUCATIONAL LEAVE (GME-L09)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Five (5) days of educational leave are granted to all House Staff annually to attend educational conferences or meetings of their choice. Additional time may be granted by Program Director for attendance at meetings of professional organizations in which residents occupy official positions as officers or representatives.(i.e. official representative to the TMA resident section). Attendance must have prior approval of the Program Director and be supported by documentation describing the meeting/conference, i.e., brochure, registration, etc.

Unused educational leave may not be carried forward to the next year except by special request from the Program Director

MISCELLANEOUS TIME (GME-L10)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported with a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Absences for the following types of requests are not charged to vacation or educational leave but must be requested on the GME Absence Request Form for appropriate approval:

- Presenting papers at professional conferences/meetings*
- Presenting poster exhibits at professional conferences/meetings*
- Time off to take a licensure examination
- Participation in non-required conferences provided at Scott & White**
- Attendance at courses required by training program

- Attendance at meetings of professional organizations in which residents occupy official positions as officers or representatives (e.g. official representative to the TMA resident section).

Such leave must have documentation of acceptance of presentation, Program Director letter of support, and date(s) of required attendance. This documentation must be provided to the GME Office 21 days in advance of the meeting.

PERSONAL LEAVE OF ABSENCE (GME-L11)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Requests for leaves of absence will be evaluated on the merits of the request and will be granted or denied in accordance with applicable state and federal laws and accreditation requirements.

A leave of absence may be comprised of paid leave and/or leave without pay. When the leave of absence is requested for medical reasons (including pregnancy), the leave must be compliant with L06, as applicable. Paid sick leave may be utilized only if the leave is for medical reasons.

The total length of a leave of absence must be consistent with satisfactory completion of training (credit toward specialty board qualification) which will be determined by the individual programs.

Leave without pay may necessitate payment by the Resident/Fellow for medical insurance coverage during the stipulated period of leave. Arrangements should be made with the Human Resources Benefits office prior to beginning the leave, if necessary, for the Resident/Fellow to pay premiums.

PROFESSIONAL LEAVE OF ABSENCE (GME-L12)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Occasionally unique educational opportunities arise for which a Resident/Fellow may wish to interrupt the usual course of graduate medical education training; for example, a year of research training. Although this concept is supported by The TAMHSC-COM/Scott & White Graduate Medical Education in general, the decision to grant extended leave from a training program rests with the individual program and department with which the resident or fellow is associated. Program Directors should consider the long-range effects of such leave on educational and budgetary planning.

Professional leave of absence may be comprised of vacation and/or leave without pay. Before any leave without pay may begin, all accumulated vacation leave must be exhausted.

The total length of a leave of absence must be consistent with satisfactory completion of training (credit toward specialty board qualification) which will be determined by the individual programs.

Leave without pay may necessitate payment by the Resident/Fellow for medical insurance coverage during the stipulated period of leave. Arrangements should be made with the Human Resources Benefits office prior to beginning the leave, if necessary, for the Resident/Fellow to pay premiums.

MILITARY LEAVE (GME-L13)

All leave must be approved by the house officer's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported by a completed Graduate Medical Education Absence Request Form. All leave procedures must follow GME Policy, L01.

Participation in the National Guard or military reserve activities is allowed but must be coordinated with and approved by the house officer's Program Director. Absences for participation in this activity are charged to leave without pay or may be charged to vacation leave, if desired. When benefit time is depleted, they will be placed in a leave without pay status.

A house officer inducted, ordered, or enlisted into active service will be placed on leave of absence status effective the date of written orders to report. When released from military obligations, house officer has 90 days to notify Program Director to request reinstatement into training program.

During the leave of absence, medical and dental coverage may be continued. When in an unpaid status, house officer is responsible for full payment of premium.

INSURANCE POLICIES/EMPLOYEE BENEFITS

HEALTH AND DENTAL INSURANCE (GME-B01)

Health insurance coverage is provided for the House Staff employees at no cost to the Resident/Fellow. The plan is a self-insured, comprehensive, medical plan called the Scott & White Employees Medical Plan (SWEMP) administered through the Scott & White Health Plan, Inc. Dependent coverage (parent/child(ren)), couple, family) is available at reduced rates. An opportunity to enroll in the SWEMP is available during New House Staff Orientation. Coverage commences the first day of employment; there is no waiting period. In addition, coverage for House Staff has no 'pre-existing conditions' clause.

Eligibility for enrollment extends through the first thirty (30) days of employment. If a house officer does not enroll during the first thirty (30) days of employment, the house officer may be a late enrollee and the coverage would not commence until the first day of the month following 90 days from the date the application/enrollment form was received in Human Resources. Otherwise, enrollment will not be allowed until the open enrollment period in the fall each year. No coverage is provided before that enrollment period.

New dependents (spouses and/or children, step-children, etc) may be added to Health Plan coverage by notifying the Employee Benefits office in the Scott & White Human Resource department no later than 30 days after the legal date of the event (marriage, adoption, etc.). Coverage will begin on the first day of the next month. Sixty (60) days are allowed to add newborn children to your Health Plan coverage.

Group Accident Income Plan coverage is provided to House Staff covered by the SWEMP through Scott & White at no additional cost. Coverage is for the House Staff employee only. Claim is filed with the Scott & White Health Plan after discharge from the inpatient stay.

A Prescription Drug benefit is included in the SWEMP coverage.

Dental insurance is an optional benefit in which you may enroll. In-Network and Out-of-Network benefits are available. Detailed information on health benefits coverage and premium rates is available through the Scott & White Human Resources Department.

ACCIDENTAL DEATH AND DISMEMBERMENT (GME-B02)

Optional ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) coverage may be purchased on a voluntary basis with amounts of coverage ranging from \$25,000 to a maximum of \$400,000. Coverage may include spouse and children. Amounts in excess of \$150,000 cannot exceed ten times annual salary. Details on AD&D benefits coverage and premium rates are available through Human Resources.

TERM LIFE (GME-B03)

Term life insurance coverage through Texas Medical Association Insurance Trust (TMAIT) in the amount of \$50,000 is provided for all physician House Staff by Scott & White and for non-physician residents in the amount of their annual salary. Coverage is effective on the start date of a training program. Benefits are described in certificates/policies provided to insured individuals by TMAIT. Additional term life coverage up to \$500,000, as well as spouse and dependent coverage up to \$50,000, is available through TMAIT. Benefits may be continued or increased upon completion of training, without evidence of insurability, as long as membership in the TMA and Texas licensure are maintained.

PAYFLEX (GME-B04)

The Scott & White Pay Flex Plan is an employee benefit that allows payment of health and dental insurance premiums, out-of-pocket medical/dental care, and dependent child care expenses with tax-free dollars, i.e., these expenses are deducted from gross pay before federal income and Social Security taxes are paid. Participation is voluntary. An opportunity to enroll in the plan is initially presented at orientation. Pre-tax deductions for health and

dental premiums are automatic after the initial year of enrollment, however, enrollment in the medical/dental and child care reimbursement account must be renewed annually. Elections made at the time of enrollment cannot be changed during the year except in the event of change in employment or family status. Additional information is available from Human Resources.

LONG-TERM DISABILITY (GME-B05)

Long-term disability insurance is provided by Scott & White to physician and non-physician House Staff at no cost through Texas Medical Association Insurance Trust (TMAIT). The benefit will pay \$3,000 per month maximum in the event of total disability with a 180-day waiting period. Scott & White provides salary continuation for disabled House Staff for 150 days, reducing the Resident/Fellow encumbrance to 30 days. House Staff must enroll within 60 days from date of employment or be required to submit evidence of insurability. Benefits are described more fully in certificates/policies provided to insured individuals by TMAIT. Benefits may be continued or increased upon completion of training by medical residents, without evidence of insurability, as long as membership in TMA is maintained.

PROFESSIONAL ORGANIZATION MEMBERSHIPS (GME-B06)

Scott & White provides membership in American Medical Association for residents and fellows. House Staff membership in the Texas Medical Association and the Bell County Medical Society is paid in conjunction with TMAIT disability and life insurance coverage. A membership application must be completed at orientation for TMAIT coverage.

PROFESSIONAL LIABILITY (GME-B07)

Scott & White fully provides professional liability insurance for House Staff which covers their activities at Scott & White and when on educational assignment in affiliated hospitals and clinics. The program of self-insurance covers up to \$1,000,000 for each occurrence/\$3,000,000 aggregate per annum.

Coverage for training activities will continue upon program completion on condition that the physician shall cooperate fully, return to Temple for conferences, depositions and trial, and be available in Temple as needed in the judgment of Scott & White defense counsel. Failure to cooperate as set forth above shall be grounds for denying defense and for denying coverage on the claim, at the sole options of Scott & White.

STUDENT LOAN DEFERMENT (GME-B08)

Certain undergraduate and medical school loans can be deferred for part or all of a resident's training period. The Education Coordinator of the residency program or The Office of Graduate Medical Education is authorized to sign deferment and forbearance forms. Copies of the forms will be kept within the resident's permanent GME file.

EDUCATION ENHANCEMENT BENEFITS

EDUCATION MATERIAL ALLOWANCE

An educational allowance of \$500 is made available to all House Staff upon employment. Upon submission of original **itemized** receipts, house officers may receive reimbursement for purchases of medical texts, resource materials, and certain medical equipment (must be approved by Program Director). If the allowance is not used for materials, it may be credited to the professional organizational activities or research presentations trip allowance.

PROFESSIONAL ORGANIZATION ACTIVITIES (R&E TRAVEL POLICY)

House Staff may be allowed to attend one national or one state meeting per year at Scott & White expense to fulfill obligations of official positions as officers or committee members of a professional organization.

The time away is charged to miscellaneous time, not vacation or education leave. All allowable receipted expenses will be reimbursed up to \$1,500. (rev. September 08) (see pg. 22 regarding documentation policy)

An absence request form must be submitted for all travel indicating Program Director's approval of leave and be supported by documentation describing the meeting and officer status for official positions as officers or committee members. Reimbursement will be paid as outlined in the GME Travel Policy. Allowed days are described in the "House Staff Leave" section of this handbook.

RESEARCH PRESENTATIONS (R&E TRAVEL POLICY)

House Staff may be allowed to attend national and state meetings, at Scott & White expense to present research papers for which they have had a significant contribution. Requests for approval shall be accompanied by a copy of the abstract to be presented, a copy of the letter of acceptance by the review committee, and letter of support for the travel to present by the Department Chairperson or Program Director. The amount reimbursed is not to exceed \$1,500 per each approved travel. In the event of co-authorship, funding through GME will be provided for one house officer. The time away is charged to miscellaneous time, not vacation or education leave. (rev. September 08) (see pg. 22 regarding documentation policy)

REQUIRED EXTERNAL ROTATIONS

For required courses of one month or longer, an established monthly housing allowance will be paid in lieu of per diem expenses (lodging and meals). Travel and registration will be funded per travel policy.

RESIDENT PROCEDURES

EXIT CLEARANCE

Each house officer is required to complete an Exit Clearance protocol upon separation from the Scott & White Graduate Medical Education Program for any reason. Exit Clearance forms can be obtained from the GME Program Coordinator and must be returned to Program Coordinator when completed.

GME TRAVEL POLICY http://www5.sw.org/sw/iwcontent/private/manuals/admin_administrative/pdf/sw-013.pdf

- All House Staff travel funded by Scott & White must comply with Scott & White Memorial Hospital policy #.013. Scott & White Hospital uses an "accountable" travel expense plan; employees are reimbursed for actual substantiated (receipted) travel expenses.
- Copies of itemized receipts are required for all lodging, meals, commercial transportation, airport parking, taxi service, and any other incidental costs over \$25.

LECTURE PROGRAM

In addition to the didactic program for individual training programs, a number of general or special lectures are presented throughout the year by Scott & White staff and guest lecturers. House Staff are encouraged to attend as their schedules permit. A conference schedule is distributed weekly.

PERSONNEL FILE

A permanent file for each Scott & White Resident/Fellow is maintained by the Department of Graduate Medical Education. This file contains evaluations prepared by the supervisory staff, as well as other employment, academic, professional, and biographical information, and becomes the property of Scott & White upon the house officer's separation from the Scott & White GME program.

PHOTOGRAPH

Each house officer will have his/her photograph on file with the Scott & White Biomedical Communications Department (Photography). Photographs will be taken in conjunction with Orientation or at the time the Resident/Fellow begins training, should it be off cycle from the annual June orientation session.

PROGRAM COMPLETION

A postgraduate medical education program is not considered completed by a house officer until he/she has fulfilled all the days specified in his/her appointment letter and he/she has completed all steps of the clearance protocol. Failure to do so will jeopardize eligibility for Specialty Board Examination, the discretion resting with the Program Director. Upon the satisfactory completion of a resident's/fellow's training, a certificate attesting the type and length of training is awarded to each house officer.

PUBLICATIONS

Scholarly investigations by House Staff are encouraged. To be eligible for publication, manuscripts prepared by House Staff must be reviewed and approved by the Division Director and the Department Chairman or their designees. The Publications Office in the Research and Education Division is available to assist authors in preparing manuscripts for submission to journals. Services available include manuscript formatting and editing, acting as

liaison with Biomedical Communications/Illustrations to prepare figures, and corresponding with editors/publishers. When an article is accepted for publication, the Publications Office will order and maintain reprints for distribution.

SCHEDULES

Service and call schedules are maintained in the Department of Graduate Medical Education. Changes in those schedules should be confirmed by the Program Director and reported to the GME Program Coordinator as promptly as possible.

LONG DISTANCE TELEPHONE CALLS

House Staff utilization of long distance telephone services is available for calls relating to patient care only. Authorization for those calls is obtained from the attending physician or Program Director. When you call the Scott & White Operator to request a WATS line, you must have the staff physician's WATS line number. Contact the senior staff involved to get a code.

VOLUNTARY TERMINATION

Termination of training is to be discussed with and approved by the Program Director. House Staff is not eligible for pay for unused vacation.

SAMPLE APPOINTMENT LETTER

Dear Doctor _____:

We are very pleased to have you join us to begin your graduate medical education training at Texas A&M Health Science Center College of Medicine – Scott & White. This letter serves as a contingent offer of first-year (Pay Level 1) appointment in Texas A&M Health Science Center College of Medicine/Scott & White _____ Residency Program for the academic year beginning July 1, 2009, and extending through June 30, 2010. Please be advised that your appointment to this medical training program is contingent upon your obtaining a physician-in-training permit from the Texas Medical Board, and is subject to continuous satisfactory completion of training expectations and adherence to institutional policies. Satisfactory results of criminal background check and substance abuse testing is also a condition of employment for all Scott & White employees, House Staff, and senior medical staff. Finally, passage of USMLE II and Step II CSA, or equivalent, is a condition of employment for all House Staff.

The current annual stipend for the position is \$44,799.83. Salaries and benefits commence on your training start date.

The following items are requirements from the ACGME to be listed in your appointment letter. Please see the specific policy for each of these items in your House Staff Handbook at <http://gme.sw.org>.

- | | |
|---|---|
| 1. Financial Support for the Resident | 11. Conditions for Living Quarters, Meals, Laundry |
| 2. Vacation Policies | 12. Counseling, Medical, Psychological Support Services |
| 3. Professional Liability Insurance | 13. Policy on Physician Impairment and Substance Abuse |
| 4. Professional Liability Insurance (Tail Coverage) | 14. Residents' Responsibilities |
| 5. Disability and Health Insurance | 15. Duration of Appointment |
| 6. Professional Leave of Absence Benefits | 16. Conditions for Reappointment |
| 7. Parental Leave of Absence Benefits | 17. Policy on Moonlighting |
| 8. Sick Leave Benefits | 18. Grievance Procedures |
| 9. Leave of Absence Policy | 19. Policies on Gender or Other Forms of Harassment |
| 10. Policy on Effect of Leave for Satisfying
Completion of Program | 20. Residency Closure/Reduction Policy |
| | 21. Duty Hours |

We look forward to having you join us to begin your graduate medical education training at Texas A&M Health Science Center College of Medicine/Scott & White.

(Signature of institutional official) (date)

VISA STATEMENT

Institutional Policy regarding visas: Texas A&M Health Science Center College of Medicine/Scott & White accepts J-1 visas only.

GME POLICY REGARDING SELECTION OF APPLICANTS

See Resident Selection Policy @ www.sw.org
(http://www.sw.org/sw/iwcontent/public/gmeadmin/en_us/pdf/gme_institutional_policy.pdf)

By my signature below, I hereby acknowledge receipt of the *sample* appointment letter, visa statement and Resident Selection Policy of the Texas A&M Health Science Center College of Medicine - Scott & White Residency/Fellowship program for which I am applying.

Signature/Date

L:\GME\Recruit\Sample Appt Ltr\SAMPLE APPOINTMENT LETTER 2008 Prgm Yr 1-rev 9-18-07.doc Rev.
09/18/07; 02/04/08;

DUTY HOURS AGREEMENT

I understand that duty hours reporting is a mandatory, essential part of ACGME rules.

I understand I must be honest and truthful in the reports; I must complete the monthly six question evaluation, as well as the twice yearly audits by the 10th of the month following the month being surveyed.

Since all residency programs in the institution can be punished for failure to monitor duty hours or for incorrect reporting, I understand the following actions may occur if I fail to report or am dishonest in my reporting:

- 1) Failure to Report:
 - a. No vacation or leave will be allowed until reporting is current.
 - b. More than one failure to report will result in an unsatisfactory "Professionalism" evaluation

- 2) Falsified Information: Termination from program.

I HAVE READ AND UNDERSTAND THE DUTY HOURS AGREEMENT.

Please print name

Signature

Date