

HOUSE STAFF WORK AGREEMENT
UTMB GENERAL INFORMATION FOR HOUSE STAFF AT GALVESTON
JULY 1, 2008 THROUGH JUNE 30, 2009

INTRODUCTION

The following information has been compiled by The University of Texas Medical Branch (UTMB) Graduate Medical Education Office for use by House Staff, Program Directors, and Clinical Chairs/Division Chiefs of UTMB. UTMB is committed to offering residency programs as a part of its educational mission and has established mechanisms to ensure that its various residency programs are in compliance with the Institutional and Program Requirements for Residency Training as promulgated by the Accreditation Council for Graduate Medical Education (ACGME) including house staff duty hours and the notification of house staff of any adverse accreditation action related to their specific residency programs.

SECTION I - APPOINTMENT INFORMATION

A. **APPOINTMENT/REAPPOINTMENT**

House staff and advanced subspecialty house staff (fellowship) appointments are assigned at a postgraduate year (PGY) level commensurate with the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) guidelines. House staff appointments are recommended by the Program Director and are subject to review and acceptance by the Associate Dean for Graduate Medical Education. All appointments are one year in length and are renewable annually on the recommendation of the Program Director and with the concurrence of the Associate Dean for Graduate Medical Education. Failure to reappoint may be grieved by the house staff as per Section III of this document.

B. **ORIENTATION**

The UTMB Graduate Medical Education Office holds an orientation program for all house staff newly appointed to UTMB's residency programs regardless of the training level to which they are appointed. Attendance is mandatory. The new house staff begin a week early and are paid for those days as regular workdays. The intent of the orientation is to provide general and specific information about the institution which will facilitate the new house staff's entry into UTMB's residency programs, allow completion of required Human Resources processing as a new employee, comply with health service requirements including immunization and TB testing, allow an opportunity for the new house staff to meet each other socially, and to get to know the house staff already at UTMB. The UTMB Graduate Medical Education Office provides specific details about the orientation to new house staff before their arrival.

C. **HOUSE STAFF WORKSHOPS**

All new house staff are required to attend mandatory annual house staff Risk Management and Medical Economics workshops. The workshops are held to respond to requirements of the Accreditation Council for Graduate Medical Education.

Risk Management - All physicians covered by the UT System Professional Medical Liability Plan (Plan) are required to participate in risk management education. An online course called the CCC (Clinicolegal Correlations Course) is the tool used for the risk education requirements. The course can be found at <http://ut.elmexchange.com/ccc>.

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Physicians will receive 3.5 risk management credits and 3.5 Category 1 (formal) continuing medical education credits for each unit completed, with the exception of the specialty-specific standards of care unit. Risk management courses are approved for ethics training by the Texas Medical Board.

The Standards of Care unit will provide one hour of risk management education. It is shorter than the others and does not qualify for continuing medical education credits.

The mandatory Risk Management Workshops focus on medico/legal aspects of practicing medicine including laws that physicians need to know related to risk prevention. Requirements of faculty supervision, drug prescribing, and sexual misconduct guidelines within UTMB are also discussed. A consultant teaches communication skills, particularly communicating with patients. Attorneys from UTMB and the UT System Office of General Counsel review the UT System's Medical Liability Plan and National Practitioner Data Bank. Local private attorneys present an advanced legal didactic for the senior house staff including case playing.

Each house staff is required to obtain 15 hours of risk education within the first eight months of employment at UTMB to meet requirements of the University of Texas System Professional Medical Liability Benefit Plan. Section II.G below contains additional information regarding coverage under the Plan. Attendance at the House Staff Risk Management Workshops provides additional hours of risk education credits. Any remaining hours can be obtained with documentation of attendance at risk education conferences/seminars such as M&M Conferences, Grand Rounds, or other CME courses offered at UTMB. The credits are maintained by the Risk Management Department. The 15-hour credit covers the first three years of training. If the program is longer than three years, fifteen credits will be needed for each three-year period. If house staff are here for only one year past the first three years, then only five additional credits are needed.

Medical Economics - The Medical Economics Workshops provide training to house staff physicians regarding managed care systems to enhance quality, accessible, and efficient health care. Upon completion of the program, the house staff physician should be able to identify and understand managed care concepts, understand how managed care impacts clinical practice at UTMB, understand the financial impact of clinical decisions as related to managed care companies, understand the managed care system in order to secure house staff's own health care and assist patients with their health coverage. The presentations include an ethics didactic and socioeconomic discussion.

D. EMPLOYMENT CERTIFICATION

House staff applying for mortgage loans, student loan deferments, etc., may instruct the lender to direct requests for information or certification to the UTMB Graduate Medical Education Office, Room 417, Jennie Sealy Hospital, campus route 0462.

E. VETERANS ADMINISTRATION EDUCATION BENEFITS

UTMB is fully approved by the Texas Education Agency to provide education and training to eligible persons. If house staff are veterans currently enrolled or anticipating enrollment in any of the graduate medical education programs offered by UTMB and are eligible to receive veteran's benefits, contact the UTMB Graduate Medical Education Office for any assistance needed in the application process.

F. TEXAS MEDICAL BOARD (TMB) PERMITS

The Texas Medical Board (TMB) requires an individually held Physician in Training Permit. Information about this permit is sent to all applicants of GME programs. All house staff at UTMB will be required to have an appropriate TMB issued Physician in Training Permit or a permanent Texas medical license as a condition of appointment by the first day of employment. If the training permit is not received within 30 days of initial work agreement date, the program director may void the work agreement.

To expedite the Physician in Training Permit and to ensure that all house staff hold a valid permit, UTMB requests that all information pertaining to the permits be sent to the UTMB Associate Dean for Graduate Medical Education Office. The house staff's signature on the UTMB House Staff Work Agreement gives his/her approval to use the UTMB Associate Dean for Graduate Medical Education Office's address.

Annual Physician in Training Reports

UTMB Program Directors must ensure that the TMB receives certain information annually in order to keep the TMB informed on a permit holder's progress while in the approved training program. The Office of the Associate Dean for Graduate Medical Education will support the House Staff and Program Directors in providing the required information on forms provided by the TMB. The required information shall include:

- a) Information regarding the permit holder's criminal and disciplinary history, professional character, mailing address, and place where engaged in training since the Program Director's last report;
- b) Certification of the permit holder's training;
- c) Such other information or documentation the TMB and/or the Executive Director deem necessary to ensure compliance with Chapter 171 of the TMB Rules, all other TMB Rules, and the Texas Medical Practice Act (TEX. OCC. CODE §161, *et seq.* (Vernon 2006).

The permits are valid in Texas training programs only. If house staff do an elective rotation outside of Texas, they must obtain a permit to practice medicine from the appropriate State Medical Board. Additional information can be obtained from house staff's Program Coordinator.

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It is imperative for house staff to be aware of the proper procedures and entities to contact when they are named in a claim or lawsuit and are completing an application for a license or permit. The TMB verifies every Physician in Training permit and license renewal for the correctness of these verifications of coverage with UT System insurance carriers. Erroneously answering this question is viewed as fraud by the TMB and results in severe difficulties in obtaining a permit to practice medicine. The house staff's Program Coordinator will maintain a list of house staff named in a malpractice lawsuits for future reference in completing licensure applications.

G. LICENSURE

All eligible house staff are encouraged to obtain valid medical licensure from the Texas Medical Board. It is the personal financial responsibility of the house staff to obtain or renew his/her medical license. The UTMB Graduate Medical Education Office should be notified immediately upon medical licensure/relicensure in Texas and a copy of the physician permit portion of the license should be submitted to that office. The Texas Medical Board's address is: P. O. Box 2018, Austin, TX 78768-2018.

H. LICENSURE EXAM REQUIREMENTS

To ensure that house staff complete the three steps of exams required for licensure, the UTMB Graduate Medical Education Committee adopted a policy regarding time lines to pass the three USMLE steps (APPENDIX 3). It is beneficial to the house staff if the exams are completed within the first two years of residency because the exams cover multiple disciplines. It ensures that house staff meet the exam requirements of USMLE before completion of training regardless if they remain in Texas or practice medicine in other states.

I. INSTITUTIONAL DEA NUMBER

Those house staff covered under a Physician in Training Permit will be assigned an Institutional DEA Number. This is a one to three-digit suffix number to be used in conjunction with the DEA institutional number at UTMB. This number will be assigned through the Outpatient Pharmacy and will provide the house staff's prescription writing privileges in the UTMB Hospitals.

IMPORTANT NOTE: Prescription order forms should show in addition to a legal signature:

- 1) prescribing physician's name printed in full and legally;
- 2) DEA number for controlled drugs; and
- 3) patient's name and address.

Do this for the patients. Many pharmacists will not fill prescriptions if this information is missing.

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J. DEA NUMBER

Since the UTMB Institutional DEA number cannot be used once medical licensure is obtained, all eligible house staff are responsible for obtaining their individual Texas Department of Public Safety (DPS) number and Federal Drug Enforcement Agency (DEA) number once licensed in Texas. The Federal DEA and the Texas DPS charge a fee for each of these numbers. The UTMB Graduate Medical Education Office should be provided copies of these documents when obtained.

K. LEAVES OF ABSENCE

In the event of a house staff's absence from a training assignment, other than on vacation or sick leave, a formal leave of absence (with or without pay, depending on the circumstances and at the discretion of the Program Director, under institutional guidelines) will be recognized by the UTMB Graduate Medical Education Office. The Program Director must notify the UTMB Graduate Medical Education Office of leaves of absence and conditions relative thereto. House staff should be aware that completion of residency training and eligibility for Board specialty certification depend on the completion of certain "time in training" requirements specific to the medical specialty. Extended absences from the program may require additional time and training. This can be best clarified by discussion with the Program Director.

L. MOONLIGHTING

Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the house staff's educational experience and safe patient care. Therefore, institutions and program directors must closely monitor all Moonlighting activities. This includes moonlighting within UTMB. When house staff "moonlight," it should be with the knowledge that:

1. House staff are not required to moonlight;
2. Independent licensure by the State of Texas for the practice of medicine is mandatory;
3. Within UTMB, the department to which the house staff is assigned will assure that appropriate levels of malpractice coverage retained through The University of Texas Professional Liability Plan is in place. Outside UTMB, no malpractice insurance is provided nor will any other fringe benefits ordinarily afforded to the house staff be in effect.
4. No house staff may "moonlight" during assigned duty time;
5. Permission of the residency Program Director must be obtained in writing before arranging to "moonlight." Individual Program Directors may forbid moonlighting. The Program Director shall monitor the number of moonlighting hours as required by an ACGME Institutional Requirements to ensure compliance with duty hours. The Program Director shall acknowledge in writing that she/he is aware that the house staff is moonlighting, and this information should be part of the house staff's file. The house staff's performance will be

monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

6. House Staff are required to notify the Program Director of their participation/involvement in other committees outside the institution or any involvement in the community that would impact duty hours.
7. The U.S. Code of Federal Regulations clearly prohibits exchange visitors (J1 visa holders) participating in programs of graduate medical education from pursuing work outside of their training programs. Therefore, any Graduate Medical Education Officer holding a J1 visa may not moonlight or earn extra income under any circumstances.

M. HEALTH INFORMATION MANAGEMENT

Dictation and timely completion of medical charts, signing patient orders, and general compliance with the rules and regulations of the UTMB Health Information Management Department is considered an integral component of graduate medical education. House staff will complete all medical record assignments in a timely manner and accept responsibility for familiarizing themselves with hospital medical records policy. Failure to complete medical records, as prescribed by applicable Medical Staff Bylaws, hospital rules and regulations, clinic rules and regulations, and/or departmental policy, may result in corrective action, which may include suspension without pay. A Certificate of Completion of residency training will not be issued until all medical record assignments are completed at the end of the training period.

N. DISASTER PLAN

House staff should be familiar with the Institutional http://intranet.utmb.edu/emergency_plan/plan/default.htm and Departmental Disaster Plans and understand their role and responsibilities if such an event occurs. House Staff are designated by their department as essential employees during a disaster and required to remain in the hospital until formally released at the conclusion of the disaster period.

O. HOUSE STAFF DIRECTORY

It is essential that the UTMB Graduate Medical Education Office maintain accurate and up-to-date information on House Staff including home address, telephone number, etc. Any change in this data should be reported promptly to the UTMB Graduate Medical Education Office and the Human Resources Department.

P. INTERNATIONAL MEDICAL GRADUATES

Individuals who received their medical education outside the United States must be sponsored through the Educational Commission for Foreign Medical Graduates. Any unique circumstances requiring visa definition should be brought to the attention of the UTMB Graduate Medical Education Office well in advance of arrival on campus.

UTMB accepts the J-1 visa, and although uncommon, the H1-B visa is acceptable on an individual basis with approval of the Associate Dean for Graduate Medical Education through the Office of International Affairs. For the UTMB ID badge, the International Medical Graduate who receives an MBBS may choose to use "Dr." or have their name listed only with no medical degree.

Q. SHRINERS HOSPITALS FOR CHILDREN RELATIONS

House Staff from some of the UTMB residency programs have required rotations to the Shriners Burns Hospital in Galveston for portions of their educational and clinical experience. Supervision is provided by UTMB faculty who are also members of the Shriners Burns Hospital's Medical Staff. Although formally affiliated with UTMB, the Shriners Burns Hospital is administratively independent and establishes its own rules and regulations for its medical staff and employees.

R. OFF-CAMPUS ELECTIVES

The Program Director and the Associate Dean for Graduate Medical Education must approve off-campus electives in advance. An affiliation letter must be fully processed before the elective begins to ensure that appropriate criteria are met. Electives must be in an ACGME accredited program and/or count toward residency and/or specialty board requirements. Electives outside the U.S. will generally not be allowed because of licensure and liability coverage issues. Further, the Associate Dean for Graduate Medical Education must approve them before scheduling with an off-campus facility. Procedures for off-campus electives are available in the UTMB Graduate Medical Education Office.

S. HARASSMENT (INCLUDING SEXUAL HARASSMENT)

House Staff are subject to the provisions and protection of the Institutional Handbook of Policies and Procedures related to this issue (www.utmb.edu/policy/ihop, Policy 3.2.4).

T. PHYSICIAN IMPAIRMENT

House staff physicians are subject to the provisions of the UTMB Institutional Handbook of Policies and Procedures related to this issue under the policy entitled "Evaluation and Treatment of Impaired Physicians" (www.utmb.edu/policy/ihop, Policy 8.1.7).

U. RESIDENCY CLOSURE/HOUSE STAFF COMPLEMENT REDUCTION

In the event that UTMB reaches a decision to reduce the size of a residency or to close a residency or fellowship program, all house staff in training, or applying for such programs, will be informed as soon as possible. In the event of such a reduction or closure, all house staff already in the program will be allowed to complete their GME educational program at UTMB or, where this is impossible, will be assisted in enrolling in an ACGME accredited program in which they can continue their GME educational program.

V. VENDOR INTERACTIONS

There are two UTMB policies for use by all employees who interact with vendor representatives. Both policies can be found in the UTMB Handbook of Operating Procedures. The policy "Vendor Visitation: UTMB Clinical Enterprise," Section 9, Policy 9.7.2. can be found at http://intranet.utmb.edu/PoliciesAnd_Procedures/Search_Results/PNP_005069. The policy "Acceptance and/or Solicitation of Gifts or Benefits from Vendors," Section 2, Policy 2.6.5 can be found at http://intranet.utmb.edu/Policies_And_Procedures/Search_Results/PNP_004842.

W. AMERICAN BOARD OF MEDICAL SPECIALTIES

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The ACGME requires that institutions provide information relating to access to eligibility for certification by the relevant certifying board. This information can be found at http://www.abms.org/Who_We_Help/Physicians/.

X. NOTIFICATION OF CHANGES IN THIS DOCUMENT

In the event of change in this document entitled "UTMB General Information for House Staff at Galveston," efforts will be made to notify members of the UTMB House Staff, in writing, at least six weeks prior to such a change becoming effective; however, changes may be made and become effective without notice.

SECTION II - SALARY AND FRINGE BENEFITS; VACATION AND LEAVE

A. SALARIES AND PAYROLL POLICIES

House Staff salaries are paid by UTMB on a monthly basis. The current salary schedule for various house staff appointment levels is listed in APPENDIX 2. Checks are issued once a month for a total of twelve checks per year. Payment is inclusive from the first to the last day of the current month. Checks are issued on the first working day of the following month. House staff should check with their department regarding distribution of paychecks. House staff are strongly urged to have their paychecks automatically deposited directly to their bank using a Direct Deposit Form.

B. FRINGE BENEFITS - GENERAL

As employees of UTMB, house staff participate in the premium sharing benefit. Several excellent insurance programs are available to the house staff as a UTMB employee including health, dental, accidental death and dismemberment, and life insurance. All house staff are covered under the UTMB House staff & Fellow Long Term Disability Insurance Program. It is designed to provide comprehensive coverage that is uniquely tailored to house staff physicians needs. A permanent salary increase is provided to allow House Staff to pay for this program themselves to achieve a significant IRS advantage. Specifics of each of the insurance programs can be found in the booklets provided by the Benefits Center.

C. HEALTH AND DENTAL INSURANCE

The State of Texas, through its premium-sharing program, will pay for house staff and their families' medical insurance coverage. The University of Texas Medical Branch will pay for house staff's dependent coverage through a salary adjustment.

Premiums for dental coverage will also be paid through this salary adjustment. However, house staff will pay the premiums for their dependents' dental coverage through payroll deduction.

There is an annual open enrollment period in the summer for employees to make changes in insurance benefits that become effective on September 1, which is the beginning of the fiscal year. If house staff has a qualified family status change, such as a marriage, divorce, or a newborn, they can make changes within 31 days of the change. However, if house staff add previously eligible dependents sometime after their initial enrollment as a new hire, their dependents who are required to complete an evidence of insurability form may be subject to a temporary reduction of benefits due to a pre-existing condition.

D. WORKER'S COMPENSATION

Worker's Compensation Insurance covers all house staff. Any on-the-job injury must be reported immediately to the house staff's supervisor. The supervisor must complete the necessary forms and forward them to the Capability Management Office. If the on-the-job injury is such that house staff needs to report to the Hospital Emergency Room, advise the Hospital that the injury was received on the job. Reimbursement for on-the-job injury cannot be considered unless an appropriate report has been filed. This should be done immediately following the incident.

E. COUNSELING, PSYCHOLOGICAL, AND OTHER SUPPORT SERVICES

House staff as both employees and students in a particularly stressful assignment are eligible for the counseling and support services provided by the Employee Assistance Program <http://www.utmb.edu/poem/EAP/EAP.htm>.

F. RETIREMENT BENEFITS

Each house staff, as an employee of UTMB and the State of Texas, is provided retirement benefits under either the Teacher's Retirement or an Optional Retirement Program. Specifics of these programs are provided to each employee by the Benefits Center.

G. PROFESSIONAL LIABILITY INSURANCE

Professional liability coverage for UTMB house staff is provided under the University of Texas System Professional Medical Liability Benefit Plan. Liability is limited to \$100,000 per claim. In addition, UTMB house staffs continue to have indemnity protection up to \$100,000 per claim provided by Chapter 104 of the Texas Civil Practice and Remedies Code. Any house staff who even suspects the possibility of an incident which might provoke a malpractice suit is required to simultaneously: 1) call the Risk Management Department at (409)772-4775 so that the occurrence can be reported to the U.T. System and a decision may be made regarding an investigation, and; 2) notify the department in which appointed.

Coverage as stated above shall commence on the effective date of residency training and shall be renewed annually or cease on the date that employment with or assignment to The University of Texas System is terminated, whichever occurs first. Incidents that occur during official University of Texas System employment are covered, even though a claim or lawsuit is filed subsequent to cessation of employment (thus, there is no necessity for tail coverage).

H. VACATION LEAVE

Vacations are to be arranged with the house staff's department of appointment. Advance notification guidelines will be determined by the Program Director. The amount of vacation allowed at any one time will be the decision of the Program Director. Any changes to the vacation schedule require written approval from the Program Director. General policies and procedures related to house staff vacations are the same as for other UTMB employees and can be found in the "UTMB Institutional Handbook of Operating Procedures" (www.utmb.edu/policy/ihop). House Staff shall be granted vacation as per institutional policies related to faculty and employees and are encouraged to use vacation during the fiscal year in which it was earned.

I. SICK LEAVE

The house staff shall be entitled to sick leave subject to the following conditions:

The house staff shall earn sick leave entitlement beginning on the first day of employment and terminating on the last day of duty (last day of duty defined as termination of contract or completion

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of residency program.) Sick leave entitlement shall be earned by a full-time house staff at the rate of eight hours for each month or fraction of a month of employment, and shall accumulate with the unused amount of such leave carried forward each month. Sick leave accrual shall terminate on the last day of continuous duty.

Sick leave may be taken when sickness, injury, or pregnancy and confinement prevent the house staff's performance of duty or when a member of his/her immediate family is ill and requires the house staff's attention. A house staff who must be absent from duty because of illness shall notify his/her Program Director of that fact at the earliest practical time.

J. MATERNITY/PATERNITY LEAVE

There is no separate policy or benefit for maternity and/or paternity leave. Please see Section II, paragraph K - Family and Medical Leave Act. Maternity and paternity leave are discussed in this section.

K. FAMILY AND MEDICAL LEAVE ACT

Eligible UTMB employees may take up to 12 weeks paid or unpaid leave under certain qualifying conditions based on the terms of the Family and Medical Leave Act of 1993 (FMLA).

Eligible employees are entitled to a total of 12 weeks of leave time during any 12-month period for any one or more of the following qualifying reasons: birth or adoption of a child; placement of a foster child; or a serious health condition of an employee or an employee's dependent, defined as a child, parent or spouse (excluding parent-in-law).

Employees must exhaust all sick and vacation accruals before going out on "leave without pay."

During pregnancy, a female house staff may be able to continue to work as long as she is able to carry a regular schedule and fulfill the duties and responsibilities of the position in the judgment of her Program Director. The Program Director may not require that a pregnant house staff take the full six weeks of postpartum leave as long as a doctor's release is provided. Additional time may be authorized by the program director if needed. The amount of time to be made up will be determined by the Program Director, subject to residency program and specialty board requirements.

NOTE: House Staff should be aware that graduation from residency and Board specialty certification depends on the completion of certain time in training requirements. Extended absences from the program may require additional time and training. For more information, employees should contact and discuss their FMLA options with their supervisor.

FMLA References:

29 U.S.C. §2601, et seq.

IHOP Policy Family and Medical Leave 3.9.10

IHOP Policy Sick Leave 3.9.8

IHOP Policy Parental Leave 3.9.7

SAO Leave Interpretations 97-01, 00-01

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L. EDUCATIONAL LEAVES

Absence from training to attend educational conferences must be approved by the house staff's department, and the department's administrative officer must execute an official travel request form. Failure to do so may jeopardize certain survivor and other benefits, which may be forfeited if the house staff is not on an official leave of absence. Subject to residency program requirements, such leave is granted with pay and not charged to vacation time. Travel time must not extend beyond the dates of the meeting plus the time necessary to travel (based on direct air route), usually one day to go, and one day to return. Additional days will be considered as vacation time.

M. EMPLOYEE IDENTIFICATION BADGE

Employee identification badges are provided at no charge to the house staff and are to be worn while on duty. Increasingly, these ID badges are being used to control various house staff benefits such as meals when on-call, security access, etc.

N. UNIFORMS AND LAUNDRY SERVICE

All House Staff are initially furnished three lab coats. Three additional lab coats are provided each year. The institution does not provide laundry services.

O. MEALS ON-CALL

Meals are not provided at institutional expense except for House Staff who are officially on-call in-house. They will be provided one free meal a day. Please check with the Program Coordinator as to the specific mechanics which operates on a voucher system currently utilizing the House Staff's employee ID #.

P. FIELD HOUSE MEMBERSHIP

Arrangements have been made for a discounted rate for UTMB Field House membership for house staff and their families. For further information about this, contact the Field House at (409) 772-1304. *This arrangement applies to House Staff located at the UTMB-Galveston campus only.*

Q. PARKING

Parking information and permits may be obtained from the Parking Facilities Office located in Room 1.104 of Levin Hall, ext. 24786. The house staff pays a minimal amount for parking spaces during regular work hours. Fee for the garages is \$12.00 per month and surface lots are \$7.50 per month. After-hours parking access can be obtained at no charge to house staff in the Parking Facilities Office. These are institutionally subsidized rates.

R. HOUSING

Housing is not provided as an institutional benefit.

SECTION III - DUE PROCESS; GRIEVANCE

A. GENERAL PRINCIPLES

Although UTMB's house staff are UTMB employees and render professional medical services to UTMB patients, UTMB's residency training programs are primarily educational. The entire accreditation process under the auspices of the ACGME acknowledges this academic focus, and the standards for accreditation require that: academic goals be set by the residency training programs; academic resources including appropriate faculty, facilities, equipment and clinical material be provided; and regular evaluation of the trainees related to academic achievement occur and be documented. Appropriate policies and procedures for due process also are required for ACGME accreditation, but such policies and procedures are in the context of a primarily academic educational process. In fact, the ACGME accreditation standards explicitly protect the house staff against excess service employment obligations that interfere with their training programs.

Since the UTMB residency training programs are primarily educational programs, the institution vests responsibility and authority for conducting the programs and determining the success of academic achievement of the individual trainee in the program faculty and the Program Directors with the departmental Chairs ultimately responsible for process management.

The Program Directors and faculty responsible for the training of house staff have an obligation to: provide appropriately organized educational opportunities to the trainees; convey clearly the educational objectives of the program and the performance required by the trainees for academic success (including those patterns of individual personal behavior that reasonably should positively impact patients, institutional employees and/or other trainees); and develop a regular evaluation process that alerts trainees to academic and performance deficiencies and provides direction in their correction. These requirements are integral elements of the ACGME accreditation standards.

The Program Directors and faculty responsible for training house staff additionally are obligated to apply these academic standards to each individual trainee in the program to protect both the individual patients who are the source of the trainees' opportunities to learn in a practical way and the public at large who rely on the process to protect them against unqualified practitioners claiming expertise of a specific type. This obligation includes removal from the program of (or a decision not to reappoint) those trainees who are academically unsuccessful or whose behavior creates a risk for patients, disrupts the multidisciplinary health care team, or interferes with the educational program of other trainees.

Finally, the Program Directors and faculty must attest to the satisfactory completion of the academic training program for each trainee seeking certification from the involved board to acknowledge the trainee's qualifications as a specialist or subspecialist.

In conclusion, residency training is primarily an academic and educational process and the development of institutional policies and procedures for due process and oversight of those policies must be based on this guiding principle.

B. APPOINTMENT OF HOUSE STAFF

Initial appointments of House Staff are, in general, through the applicable matching program. Appointments at UTMB are formalized through a UTMB House Staff Work Agreement and generally are for one (1) year. Annual reappointment through the conclusion of the particular house staff's program will be based on the house staff's acceptable academic and professional performance.

Exceptions to the one year appointment include a three (3) month trial appointment and the institutional permit program as worked out with the Texas Medical Board for selected International Medical Graduates being considered for regular one year appointments by UTMB's residency programs, and occasional appointments for less than one year required to address unique circumstances created by house staff illness or the need for remediation.

C. TRAINING PROGRAM OVERSIGHT

A process of regular institutional oversight and periodic internal review of each residency training program is in place through the Graduate Medical Education Committee as required by the ACGME's Institutional Requirements. It is through this process that the institution monitors training program compliance with the accreditation standards including those related to the development of educational objectives, appropriate academic structure and function, and regular evaluation of trainees.

D. HOUSE STAFF EVALUATION

An institutional electronic evaluation system in MyUTMB is used at UTMB and is mandatory for all residency programs including faculty and house staff. Each UTMB residency training program is to have a written procedure approved by the institution for regularly scheduled electronic evaluations of the performance of each house staff by such program's Program Director as required by the ACGME's Institutional Requirements. The fact that these evaluations have been reviewed with the house staff will be documented in the individual's electronic file. House Staff will be notified by e-mail when their evaluation is completed. A log of the house staff viewing the evaluation will be maintained. These electronic evaluations are intended to document the strengths and weaknesses of the house staff's knowledge and/or performance including the core competencies required by the ACGME. The training program is expected to notify the house staff at the earliest time possible of significant deficiencies in knowledge or performance, document plans for correction or improvement, and monitor success or lack thereof in doing so. Evaluations completed on each house staff will be retained in the electronic evaluation system permanently.

Each house staff will be required to evaluate his/her residency program and faculty annually using the electronic evaluation system in MyUTMB. Training is provided for MyUTMB through Information Services during house staff orientation. Additional training is offered by Information Services.

E. UNSATISFACTORY PERFORMANCE

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1. All house staff are subject to the UTMB Institutional Policies and Procedures related to discipline and discharge (www.utmb.edu/ihop, policy 3.10). If according to the guidelines established by the individual training program, a house staff's academic performance (including patterns of personal behavior that may or do negatively impact patients, institutional or affiliates' employees and/or other trainees) and overall progress in the training program is deemed unsatisfactory, a consultation shall be held between the house staff and the applicable Program Director or his/her designee to discuss all aspects of the problem and to develop appropriate remedial actions on the part of the house staff. This consultation shall not of itself constitute a Corrective Action and shall not preclude the Program Director from also recommending simultaneously a formal Corrective Action. The consultation shall be documented in the house staff's file and the expected efforts at correction and timelines for carrying them out sufficiently detailed as to allow periodic assessment of the house staff's success or lack thereof.
2. A consultation is not a prerequisite for Corrective Action when, in the opinion of the Program Director or his/her designee, a determination is made that a house staff's discharge of clinical responsibilities would expose patients to unnecessary medical risks and the hospital to unnecessary liability. In this case, a house staff may be temporarily relieved of his/her clinical responsibilities, with pay, reassigned to other duties with pay or suspended with pay pending the outcome of an investigation by the Program Director. A house staff who has been so relieved/reassigned with pay or suspended with pay pending the outcome of an investigation, shall receive, within a reasonable length of time, not to exceed ten (10) working days, a written statement from the Program Director or designee containing a description of the deficiencies in the performance of the house staff. Expected corrections and time lines for achieving them also should be sufficiently detailed in this statement and the house staff's file as to allow periodic assessment of the house staff's success or lack thereof. Action taken pursuant to this paragraph shall be deemed a Corrective Action, subject to the ten-day notice specified above and the other requirements set forth in Section III. G., and shall not preclude further action being taken.

F. PROBATION

1. The Associate Dean for Graduate Medical Education must be notified in advance and approve the placement of a house staff on probation.
2. The decision to place a house staff on probation for educational reasons such as inadequate reading or lack of adequate knowledge base generally evolves over time and is supported by evaluations of the house staff which reflect inadequate performance. Interactions between the Program Director and the house staff concerning inadequate performance should be documented and reflect that lack of improvement led to the decision for probation.
3. The decision to place a house staff on probation may occur abruptly because of problems in the delivery of clinical care. These problems may be of such acuity as to require modification of clinical assignment along with probation. In such cases, it is possible that previous documentation of inadequate performance may not exist.
4. After appropriate discussion, advice, and recommendation by the Department's Residency Advisory Committee, if such a committee exists, the recommendation to place a house staff on probation may be made by the Program Director or Chairman of the department. The ultimate

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responsibility for the decision to place a house staff on probation rests with the Chairman of the department.

5. The nature of the deficiencies of the house staff should be listed and it should be stated whether these deficiencies might impact clinical performance. The terms of the probation must be delineated in writing by the Program Director based on identified problems. If a limitation of clinical duties is deemed necessary or if there is any obligation of the house staff to obtain extra supervision during clinical duties, these terms must be delineated.
6. The Program Director must notify the Office of Associate Dean for Graduate Medical Education of the probationary status of a house staff.
7. The Program Director must notify all faculty who will be working in a clinical setting with the house staff of the probation status of a house staff. The decision to inform other personnel who have a need to know will be at the discretion of the Program Director.
8. The house staff may challenge the decision for probation using the standard policies for grievance for house staff. If a house staff appeals probation, probation will be delayed until the final appeal decision is reached. Any modification in clinical assignment or privileges that was instituted in the probation will remain in effect until final disposition of the appeal. If the probation is upheld after appeal, the Texas Medical Board will be notified of the probationary status (TMB Rule 171.1.(e).)
9. At the end of the probationary period, documentation should be made of satisfactory or unsatisfactory remediation by the house staff. The Institutional Graduate Medical Education Committee and all faculty working with the house staff should be informed of his/her return to regular working status.

G. CORRECTIVE ACTIONS IN GENERAL

1. If the time periods specified in a consultation or a Corrective Action have lapsed without correction of the house staff's performance deficiencies, he or she will be subject to initial or further Corrective Action, as the case may be, including without limitation reprimand, probation, suspension or termination for insufficient/unsatisfactory knowledge and/or performance by recommendation of the Program Director. Any recommendation for Corrective Action shall be in writing, delivered to the house staff by certified mail, (return receipt requested); shall describe the deficiencies in performance and/or knowledge; the reasons why the specific Corrective Action is being taken; and (unless the Corrective Action is termination), expected corrections and timelines for achieving them.
2. Corrective Actions, except termination, will be final on receipt of the Program Director's written notice unless the house staff successfully grieves the action. The Corrective Action of termination will be final on receipt of the Program Director's written notice unless the house staff successfully appeals the action pursuant to Section III.H.

H. APPEAL RIGHTS AND PROCEDURES FOR TERMINATION

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1. The house staff subject to the Corrective Action of termination shall have the option to appeal the action in writing to the Associate Dean for Graduate Medical Education (Associate Dean) within ten (10) working days of receiving notice of the action. Failure to appeal within the prescribed ten working days shall constitute waiver of the option of appeal.
2. Upon timely receipt of the house staff's written appeal of termination, the house staff may elect to meet personally with the Associate Dean to discuss the reasons for the recommended termination and to present the house staff's response. Regardless whether the house staff elects to meet with the Associate Dean, the Associate Dean shall, within ten (10) working days of receiving the appeal, conduct a thorough review of the process that led to the recommended termination, including the documentation in the house staff's file.
3. After such review, the Associate Dean shall notify the house staff in writing by certified mail, return receipt requested, whether he/she shall either uphold or rescind the termination, with a copy to the applicable Program Director and Chair/Division Chief.
4. The house staff may appeal further in writing to the Dean of the School of Medicine (Dean) and finally to the house staff if not satisfied at the Associate Dean. The timelines to initiate a written appeal and to deliver written decisions by certified mail, return receipt requested, at the next two (2) steps of an appeal are the same as listed above in Section III.H1.
5. No compensation, whether salary or other benefit, may be withheld from a house staff appealing his/her termination in accordance with this Section III.H., until a written decision at the final level appealed to is rendered upholding the termination. A final decision to uphold a house staff's termination shall also preclude any reappointment of the house staff to any subsequent year of training at UTMB.
6. No specialty or sub-specialty certifying board or national state or local medical organization shall be notified of a Corrective Action until a final determination has been made.

I. GRIEVANCE PROCEDURE FOR CORRECTIVE ACTIONS OTHER THAN TERMINATION

1. If a house staff has a grievance related to his/her training program or has been subject to any Corrective Action other than termination, the house staff should first attempt to resolve the matter informally by consulting with the applicable Chief House Staff, Program Director, and/or Chair/Division Chief.
2. If the house staff is unable to resolve the matter informally or wishes to grieve a Corrective Action other than termination, he/she should present his/her grievance in writing to the Associate Dean within 10 (ten) working days of the date the matter arose or recommendation for Corrective Action other than termination was made. The Associate Dean shall notify the house staff in writing of his decision regarding the matter, or to uphold or rescind the Corrective Action, other than termination, within 20 (twenty) working days of receiving the written grievance, unless extended by the Associate Dean's and house staff's mutual agreement.

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3. Subject to the UTMB Grievance Policy (Institutional Handbook of Policies 3.10.3, the Associate Dean's level shall be the final level of grievance.

J. REAPPOINTMENT

1. A decision not to reappoint a house staff does not constitute Corrective Action. If a house staff is not to be reappointed to the next year of training, he/she should receive written notice (by certified mail, return receipt requested, or hand delivered with written acknowledgment of receipt) from the Program Director by March 1 of the current contract year, or four (4) months prior to the last date of the current contract if the house staff was appointed other than in the late June or early July time frame.
2. House Staff who plan not to continue in the succeeding year of their training program should notify the Program Director in writing by March 1 of the current year, or four (4) months prior to the last date of the current contract.
3. The Associate Dean is to be copied on the notifications of intent not to reappoint or intent not to accept reappointment referenced above.
4. If grieved in writing by the house staff, the Associate Dean will review a decision not to reappoint a house staff. Such grievance will be subject to the grievance procedures stated in Section III.I., except that the Associate Dean level shall be sole and final level of grievance.

APPENDIX 1A

UTMB POSITION DESCRIPTION OF HOUSE STAFF

1. As the position of the house staff involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the house staff is evaluated on a regular basis. The program maintains a confidential record of the evaluations.
2. The position of the house staff entails provision of care commensurate with the house staff's level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. This includes:
 - participation in safe, effective, and compassionate patient care;
 - developing an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care;
 - participation in the educational activities of the training program and, as appropriate, assumption of responsibility for teaching and supervising other house staff and students, and participation in institutional orientation and education programs and other activities involving the clinical staff;
 - participation in institutional committees and councils to which the house staff is appointed or invited; and
 - performance of these duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the house staff is assigned; including among others, state licensure requirements for physicians in training, where these exist.

APPENDIX 1 B

ACGME COMPETENCIES - COMMON PROGRAM REQUIREMENTS (IV.5.) **http://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf**

The program must integrate the following ACGME competencies into the curriculum:

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- (2) set learning and improvement goals;
- (3) identify and perform appropriate learning activities;
- (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- (5) incorporate formative evaluation feedback into daily practice;
- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- (7) use information technology to optimize learning; and,
- (8) participate in the education of patients, families, students, residents and other health professionals.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- (2) communicate effectively with physicians, other health professionals, and health related agencies;
- (3) work effectively as a member or leader of a health care team or other professional group;
- (4) act in a consultative role to other physicians and health professionals; and,
- (5) maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;
- (2) responsiveness to patient needs that supersedes self-interest;
- (3) respect for patient privacy and autonomy;
- (4) accountability to patients, society and the profession; and,

(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Residents are expected to:

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- (2) coordinate patient care within the health care system relevant to their clinical specialty;
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- (4) advocate for quality patient care and optimal patient care systems;
- (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- (6) participate in identifying system errors and implementing potential systems solutions.

ACGME Common Program Requirements Effective July 1, 2007

APPENDIX 1C

ACGME House staff Duty Hours and the Working Environment

A. Principles

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of residents' time and energy.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

B. Supervision of Residents

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

C. Fatigue

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

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

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. ACGME may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
3. 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.

E. On-call Activities

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. 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.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call)

- a. The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- b. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
- c. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

ACGME Common Program Requirements
Effective July 1, 2007

APPENDIX 2

UTMB HOUSE STAFF BASE SALARIES Effective 9/1/2007

<u>House Staff Level</u>	<u>Monthly/Annual Salary</u>
PGY-1	\$3,463/\$41,550
PGY-2	\$3,577/\$42,925
PGY-3	\$3,711/ \$44,526
PGY-4	\$3,862/\$46,338
PGY-5	\$4,003/\$48,030
PGY-6	\$4,124/\$49,482
PGY-7	\$4,124/\$49,482
PGY-8	\$4,124/\$49,482

APPENDIX 3

UTMB Policy on Passage of United States Medical Licensing Exams (USMLE)

Approved by: UTMB Graduate Medical Education Committee

Approval Date: February 3, 2004

Effective Date: July 1, 2004

Revised Date: July 10, 2007

Purpose: To ensure that residents and fellows complete the three steps of exams required for licensure by the Texas State Board of Medical Examiners. It is beneficial to the resident if the exams are completed within the first two years of residency because the exams cover multiple disciplines. It ensures that residents meet the exam requirements of USMLE before completion of training regardless if they remain in Texas or practice medicine in other states.

This policy does not apply to residents and fellows who hold an unrestricted Texas medical license. They have met all exam requirements.

Guidelines for Residents/Fellows:

Prior to acceptance of a residency/fellowship applicant, the Program Director shall assure that the applicant has passed USMLE Step 1, or its equivalent, within the number of attempts required for Texas licensure.

If Residents/Fellows lack USMLE Step 2 and Step 3 at the time of employment:

1. At the end of the first year of residency/fellowship training, each resident/fellow will be required to present proof to the GME Office of passage of Step 2 Clinical Knowledge and Clinical Skills, or its equivalent, within the number of attempts required for Texas licensure.
2. At the end of the second year of residency/fellowship training, each resident/fellow will be required to present proof to the GME Office of passage of USMLE Step 3, or its equivalent, within the number of attempts required for Texas licensure.

If Residents/Fellows lack USMLE Step 3 at the time of employment:

At the end of the second year of residency/fellowship training, each resident/fellow will be required to present proof to the GME Office of passage of Step 3, or its equivalent, within the number of attempts required for Texas licensure.

Educational Leave will be granted during the time required to take the exams.

Residents/Fellows who do not complete the Steps in accordance with the above time frames will not proceed to the next postgraduate year until the applicable step exam is successfully completed. Following completion of the first two years of employment, such residents/fellows will be placed on leave with pay using accrued vacation time. Once accrued time is depleted, residents/fellows will be placed on leave without pay. This combined form of leave will not exceed three months after which they will be dismissed from the program if the step exams are not successfully completed. Residents/Fellows who are dismissed are eligible to appeal the dismissal.

THE USMLE WEB SITE PROVIDES TUTORIAL AND SAMPLE TEST MATERIALS AT <http://www.usmle.org/applicationmaterials/default.htm#usmlecd>. Sources: www.tsbme.state.tx.us