This booklet was prepared to help give you some information that you can keep in a secure place. Hopefully it will be helpful and informative to you! If you ever have any questions, please do not hesitate to contact the residency coordinator for information! Hopefully this booklet will help you in completing the educational experience with a minimum of confusion.

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FREQUENTLY CALLED NUMBERS

Address for our department is:

Department of Orthopaedic Surgery and Rehabilitation
301 University Blvd.
Galveston, TX 77555-0165
Fax # 409-747-5715
Coordinator’s telephone: 409-747-5727 or 409-370-6462; during work hours, please call the 409.747.5727 number.

If you need to find out if one of the faculty is in town, you can sign onto the Outlook email system, and click on public folders (at the bottom of the list of folders on the left), then all public folders, then click on orthopaedics, and then Faculty Off-Duty (or either ask Kathy!).

Campus Police 21503
OR Main Desk 21245
OR Posting 23266
Tex-An to UTMB 800-392-6440
Practice Manager for Clinic 79641
South Shore Clinic 281-334-0627

Labs:

Clinical Lab 21234
X-rays Reports 21110
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Quantitative Cultures 21327
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Moonlighting:

In order to moonlight (ER at UTMB and other locations), you must have a letter in file before you can begin moonlighting. This letter has to be originated by the residency coordinator and have the proper signatures by the program director and chair in place before moonlighting can begin. The Department of Orthopaedic Surgery requirement is that you maintain an OITE percentile score > 80%. Due to the 80 hour work rule, moonlighting will definitely be assessed on an individual basis. You must also score above the average (6 month period average) on the weekly examinations. **PGY1 residents are not permitted to moonlight.**

In order to moonlight outside UTMB, you must:

Be currently licensed to practice medicine in the State of Texas.
Purchase their own professional liability insurance coverage;
Receive written permission (letter has to be in resident file) from the Chairman of the Department/Program Director specific to each employment activity; and, reports on a monthly basis on each activity to the Chairman/Program Director. If moonlighting at UTMB (such as in ER), these hours must count toward the 80 hour work rule. If this will make you exceed the limit, moonlighting will not be permitted.

Failure to Dictate:
All dictation must be done in a timely basis. Not dictating clinic dictations, operative notes, and discharge summaries in a timely manner can result in a week removal from the OR. OR notes should be dictated immediately after the case; appearance on the undicted OR list (> 24 hours) is a delinquency. Clinic notes should be dictated by the end of the clinic day; appearance on the undicted clinic note list is a delinquency. Hospital chart work should be dictated and signed within two weeks of discharge; appearance on the delinquent chart list is a delinquency. It is mandatory that the clinic note be dictated on the same day.

Professionalism:
Orthopaedic residents should maintain a professional appearance and demeanor in their contacts with patients and health care professionals. Please remain courteous with all nurses and support staff at all times. Satisfied, happy patients is our goal! Good outcomes, rapid services (minimal wait), efficient and effective care is the objective and produces the best results which means good public relations and continuity of care.

Consults:
All consults are triaged immediately during the day by our secretaries to the appropriate service (‘T’ service – Trauma). Off business hours the resident should be paged. Pages must be answered immediately. Orthopaedic emergencies must be seen and treatment begun in 20 minutes, other consults must be handled within 24 hours. Any house staff who does not respond in this manner is placed on notice, a second occurrence results in a written warning, and a third occurrence results in probation. Faculty must be informed and sign off on all consults, be present and sign off on all clinic visits, and OR procedures. Furthermore, if signature and beeper are not legible then the consult did not happen. We cannot bill medicare for consults without faculty documentation; it is the resident’s responsibility to inform the appropriate faculty.

Professional Dress:
All residents should wear clean white coats provided by the Department/House Staff Department. Men should wear dress shirts with ties and long pants. Women should dress appropriately.

Travel Issues:
During your residency, the department will send you on various orthopaedic educational sponsored trips. These are subject to change:
PGY2 – Orthopaedic Fracture Course
PGY3 – Advanced Trauma Course
PGY4 – Musculoskeletal Pathology Course, Gainesville, Florida
PGY5 – American Academy of Orthopaedic Surgeons or Miller Review Course in May

For all trips, the department will reimburse you for expenses. In cases where ground transportation is extremely expensive, a rental car may be used only if approved prior to your departure. Please keep all receipts (boarding passes, food receipts, limos/taxis, etc.). This includes airfare, hotel, meals, taxis … The airfare is purchased by a departmental American Express card through travel agents in Galveston. We still have to show documentation that this airfare was used! Please get with the residency coordinator to book these flights for you. It is highly advised that if you do not make your airplane reservations through the residency coordinator, that you purchase them through a travel agent and then submit your ticket (passenger receipt) for reimbursement. Do not purchase your tickets through Expedia.com or any other online service (excluding iflyswa.com or other airline sites). It is extremely difficult to get the documentation required for reimbursement through these agencies. Hotel arrangements should not be booked using these same online services. Please call the hotel direct to make your reservations. Sometimes the agencies add a booking fee which in turn increases the total price. Since all residents of the same level attend each session, it is best to travel as a group. However, due to travel reimbursement constraints, it is best to get separate checks for food/beverages when in a group – per diem is $50.00 (with receipts). If you are staying in Texas, a special Texas state tax exempt form must be shown at the time of check in at your hotel. Tips will not be reimbursed as well as alcoholic beverages.

For Courses in Texas
Be sure to get a hotel exemption form for state taxes on the hotel room before leaving Galveston. All Texas hotels require exemption certificates or you will not be reimbursed for the state tax portion on your hotel bill.

For the Pathology Course in Florida:
You will be staying at the Hilton in Gainesville, Florida. We get a reduction in the course fee if staying at the Hilton. It is best to fly into Jacksonville, FL. One rental car will be obtained for both residents. If the reservation number is not provided on the ticket/itinerary supplied by the travel agent, please ask the coordinator before you depart what car rental agency has a car reserved in whose name.

You must attend the MD Anderson Pathology Course in Houston to be eligible for the Florida trip. The program director must be contacted for any exceptions such as call or emergency. We try to send residents to courses in Houston when possible – the Shrine Lectureship in April (for junior residents) and the St. Luke’s Symposium (for senior residents) in April.

For the AAOS Meeting:
The department will not pay for extra curricular functions (example: banquets, excursions) offered not pertaining to educational purposes. No onsite registration will be reimbursed by the department. The department will pay for up to 4 instructional course lectures and one surgical technique course; no review courses will be reimbursed.

Please give your receipts to the coordinator upon arrival back from your trip. We have 10 working days to get these reimbursements submitted to the accounting department. Issuance of check/monies electronically wired to your account usually takes a week depending upon the time of the year.

For all other trips, if the department is to fund or either grant educational/administrative leave, a request form has to be filled out at least 60 days in advance. A copy/flier of the program must be attached to the request form and then sent to the program director for approval. If a paper or presentation has been accepted, please forward all information to the program director’s office.

Each year we participate in the MD Anderson Pathology Review Course before OITE. Please check with the residency coordinator as this has been a mandatory conference to attend.
ALL VACATION/EDUCATIONAL OR ADMINISTRATIVE LEAVE MUST HAVE AT 60 DAYS NOTICE. All clinics need at least 30 days notice of when you will be out to make the proper adjustments to your clinic. TDCJ clinics need at least 30 days – they will not reduce/cancel clinics if more than 30 days.

Refills/Patient Calls:
All triage forms, patient messages, and refill calls must be returned within 24 hours.

Certificate and License Renewals:
All house staff are required to maintain basic BCLS certification during their training at UTMB. If you need to renew your certification, please contact the coordinator or the Education Laboratory, x 22823 or email Keith Ozenberger (kaozenbe@utmb.edu) or go to the Educational Lab site, www.utmb.edu/cdlab and click on calendar to schedule classes. Each person can then pick the class they want and schedule themselves for the class. There is a good online tutorial available to help with registration.
When you receive your card, please give to the coordinator for her files. After expiration of your BCLS card, you have 30 days to get it renewed before removal from service until you have completed the course.

If you have a permanent Texas License, the House Staff Office prior to the expiration of your permanent medical license, needs to obtain a copy to attach to your permanent file. Please renew as soon as possible as it sometimes takes 4-6 weeks to receive documentation from the Licensure division. Failure to receive proper documentation in allotted time will be pulled from service.

Research:
It is mandatory that all residents attend assigned research meetings. Annually, a resident research day/Eggers Lectureship is held where the PGY2-5 residents are selected by the research committee to present their research. There is a timeline distributed at the first research meeting when you start your PGY2 level when the different phases of the resident’s research should be reported. Please refer to the letter/memorandum the research committee has sent for specific deadlines as well as number of papers that are required during your residency. The resident coordinator or Editor has a copy of the list of proposed research topics by faculty. You will not be permitted to graduate or sit for boards until the required research has been sent off for possible publication. 5th year residents must complete their projects before leaving UTMB.

A resident who fails to make satisfactory progress (as determined by your mentor or the Program Director) in research may at the discretion of the Program Director not be advanced to the next level of training or allowed to sit for the board examination until such progress is made.

Orthopaedic In-Training Examination:
OITE is held on the second Saturday in November. There are various copies of old OITE examinations available for your use. Please see the residency coordinator for information. The Biomechanics Research Lab has put some of the older tests online, so please see the residency coordinator for information. If you are a PGY1, please be sure to let your attending on your rotation know ahead of time that you will need this day/time off (at least until 3:00 pm).

Resident Incentives:
At the beginning of your residency, you should have received textbooks – varying from Rockwood and Green to Miller’s Review of Orthopaedics as well as other books distributed at the beginning of your next level of training. During your residency, you will receive incentives from your scores from the OITE as well as the yearly allotment of textbooks per level.

OITE Master: Plaque to the highest percentile scorer in program with $500.00 reward (can be either books or monetary award)

Score > 90% percentile – ortho texts of choice ($500.00 total)
Score > 80% percentile – ortho texts of choice ($250.00 total)
Score > 70% percentile – OKU
Risk Management and Managed Care Course:
During your residency, it is mandatory for you to attend a Risk Management Course (half day) and a Managed Care Course (half day). These are workshops that are presented through the House Staff Office and attendance is mandatory. You participate in these courses twice during your residency – during the PGY1 year and the PGY5 (chief) year. Also, every three years it is mandatory to take an Online Risk Management Examination. Risk Management hours can be accrued by attending mandatory M&M Conferences or reading “hot plate” articles on the UT Systems web page.

Evaluations:
Resident are evaluated every six months. The program director and/or designated faculty meet with the residents biannually to discuss their evaluations. At these biannual meetings, the residents also evaluate the program/rotation/curriculum. Part of the evaluation process will be assessment of residency operative case log. Evaluations are done through New Innovations. When the faculty has evaluated you, the form is then sent to you for review. After reviewing, hit the finalize button. You will then in turn get to evaluate the rotation/faculty physician. We now have in place a system (reverse evaluation) where the resident can then evaluate the faculty as well as the rotation (my evaluations).

You are expected to know and understand the six core competencies at all times. These competencies form the basis of your evaluation. You will meet every six months with the program director to discuss your evaluations, your progress, and your operative list. Your ACGME log book should be printed out for these semi-annual evaluations. You will be asked to list and discuss the six core competencies at your evaluation. Failure to be knowledgeable about the competencies will result in you being assigned non-clinical duties until you are knowledgeable.

Phone Cards and Beepers:
At the beginning of your residency, please obtain your beeper from the residency coordinator. Phone cards are issued through the Communications Office, 1st floor, Administration Building and can be obtained through the residency coordinator. Keys are ordered through the administrative office/orthopaedics and are picked up in the Administration Bldg., 1st Floor by the Police Department. At the orientation by the house staff office, email accounts are initially established. If further things are required, please contact your program coordinator (trusted requestor) to fill out forms and send to IS (Information Service).

Resident Operative Experience:
It is mandatory for the residents to keep their resident operative experience up to date. Information should be entered and updated on at least a monthly basis. All cases for the previous month should be entered by the first day of the next month. Reports on the previous month operative numbers are created on the 1st working day of the month. The site for entering information can be accessed through the internet, www.acgme.org. Please get with the residency coordinator for more information about how to sign on and enter procedures. Updates to your resident operative experience should be attached weekly to your Weekly Activity Sheet.

Supervisory Lines of Responsibility/Care of Patients
According to the ACGME, Orthopaedic Surgery Resident Review Committee, residents are designated as intermediate residents at the PGY2 and PGY3 level and as “in their final years of education” at the PGY4 and PGY5 level. Responsibilities exist for outpatient, inpatient, operative, and emergency care. Both Intermediate and Senior Chief Residents are involved in all aspects of care. Intermediate residents are supervised directly by their chief resident and attending faculty. Intermediate residents have a responsibility to confer with senior chief residents on any aspect of care that is not clear to them. The chief residents similarly confer with faculty. Emergencies and operative cases are all staffed with faculty but the resident continues to be intimately involved with the patient’s care. All patient care is supervised by quality faculty. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents at all times (during clinic, OR and call) are provided with rapid, reliable and continuous systems for communicating with supervising faculty via pager and phone (direct and indirect supervision). Faculty during the end of rotation evaluations will document any signs of fatigue, and adopt and apply policies to prevent and counteract the negative effects.
In the clinical learning environment, each patient must have an identifiable, appropriately credentialed attending physician or licensed practitioner who is ultimately responsible for that patient’s care. UTMB Compliance: There is a white board in patient rooms and on each ward that lists the attending physician and resident in charge of the patient. EPIC information should be kept up to date at all times showing the various faculty and residents roles.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Conditional independence (level of progression during residency) will be referenced and discussed at the semi-annual evaluation conducted by the program director.

**Outpatient:**
Outpatient clinics are generally staffed by an intermediate resident (PGY2 or PGY3), a senior chief resident (PGY4 or PGY5) and a faculty member. The faculty sees patients in the same area and also provides assistance to the residents as they see patients on their own (direct patient care). The intermediate resident is also assisted by the senior chief resident. Faculty assistance is readily available to either level resident as needed.

**Inpatient:**
Inpatient care is provided by teams including a intermediate resident, a senior chief resident, and faculty. Faculty generally round with the residents on inpatient on a regular basis.

**Operative:**
Operative care is generally provided by a team of an intermediate resident, a senior chief resident, and faculty. The faculty allows the residents to participate in the surgeries to the extent possible depending on their level of training.

**Emergency:**
Intermediate residents take first call in the Emergency Department of orthopaedic problems and consult with or defer to senior residents and faculty who visit the emergency room as needed. The faculty attends all operative cases, day and night. The orthopaedic faculty assigned to call are available to come in and help as needed (direct supervision – available).

During patient care activities, all residents are supervised by attending faculty or upper level chief residents. Oversight: The supervising physician (either faculty or upper level resident) is available to provide review of procedures/encounters with feedback provided.

Each resident is given the opportunity to be given graduated level of independence and responsibility. This will be reviewed by the program director with each resident during their semi-annual evaluation to see if the resident is proficient in certain procedures. The program director will review all patient logs at the time of the evaluation to check the amount of procedures done.

**Alertness Management/Fatigue Mitigation**
The program must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.

Through the MyUTMB system, the faculty and residents can view the UTMB GME Powerpoint presentation on Stress and Fatigue. Lectures are given during didactic conference on sleep and fatigue.

Residents are encouraged to take power naps (sometime during the timeframe - 10 pm – 8 am). The department has an area designated for the orthopaedics residents (2.302 Rebecca Sealy) to relax, study or take power naps if needed. UTMB offers 35 private secured rooms located on the 12th floor of John Sealy with phone access for residents who are too fatigued to safely return home or to use during their call.
responsibilities. The 12th floor sleep rooms can only be accessed by special elevators and only with those that have special clearance on their badges (resident access only).

If a resident is too fatigued to drive home at the end of their scheduled call/time on service, the program director should be notified (by other residents or faculty). The fatigued resident will be sent to the 12th floor area or the Rebecca Sealy area until they are safe to return home as judged by the program director/faculty attending.

**Quality Improvement and Patient Safety Programs**
Each resident on the UTMB campus attend workshops conducted by the UTMB GME House Staff Office (Risk Management and the Medical Economics Workshop) where quality improvements and patient safety conditions are discussed.

Monthly during our Orthopaedic Surgery M&M Conference (during didactic resident conference/curriculum), residents discuss patient cases and how to improve patient safety and patient care concerns. Quarterly, our department will be holding a combined Quality Management Meeting with all orthopaedic residents & faculty and Quality Management personnel. During didactic lectures, residents present case presentations where individual patient cases are discussed with involves the mechanism of how to improve patient care and safety.

**Transitions of Care:**
Programs must design clinical assignments to minimize the number of transitions in patient care. Sponsoring institutions and programs must ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety.

In the electronic medical record system (EPIC), there is a sign out portion where residents can type notes regarding patients they are following in order to provide adequate and thorough transition of care.

If there is a new admission/consult during the night while a resident is on call, at 6:30 am the on call resident will notify the TDCJ team (or appropriate chief resident of a particular service; i.e., hip/Stephenson; pedi/Carmichael & Yngve) that a patient has been admitted so the appropriate team can round on that patient. The chief resident of the particular service is responsible for notifying the attending/faculty physician.

**Teamwork:**
Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

The resident should notify and communicate to their senior chief resident or faculty attending when there is a change in vital signs of their patient (example: change in compartment pressure) and wound status. When surgery is indicated, they should contact the attending on call or the appropriate faculty supervisor of their service rotation.

**Policies on Duty Hours:**
Residents have flexible schedules. Each service has various requirements. The amount of time spent on a daily basis is dependent upon patient care needs. Regular daily activities start around 7:00 a.m. and end by 5:00 p.m. or 6:00 p.m. Special patient care circumstances may dictate early arrival or late departure. The 80 hour work rule is mandatory – if you see you have a problem, contact the program director immediately. This work rule should be enforced at all times. Each resident is responsible for managing their own time and being sure that this rule is kept in place and followed as well as entering their duty hours into New Innovations for monitoring.

Weekend rounds are shared by residents making it possible for residents to have at least 2-3 duty free weekends per month. Residents create their own call schedule and can switch with another resident to allow time for personal pursuits.
Work hours are submitted through New Innovations. This information can also be collected from the weekly activity sheet that you are required to turn in the Tuesday after the previous week (you can hand these forms to the coordinator at the weekly conference on Tuesday evening).

Time away from program duties: Residents follow institutional guidelines for vacation/personal leave. This averages out to allow one vacation week per three-month rotation. Clinical duties are suspended several times a year for visiting professorship and educational conferences which include the GWN Eggers Society Meeting. You must fill out a resident leave request in order to initiate time off (form is located at the end of the handbook) at least one month in advance. If more than 5 business days are requested at a time, special authorization has to be obtained first from Dr. Carmichael (Program Director).

Residents are permitted to attend conferences. Some conferences are selected for them but they are free to attend other conferences. Time away from service to attend conferences is arranged by approval with the service faculty attending and program director. Ample opportunity is provided for conference participation away from UTMB.

As far as reporting duty hours, please report hours worked monthly to Kathy Flesher (coordinator) on the forms provided (attached in the forms section at the back of the booklet). For PGY1’s please report your hours to the general surgery coordinator and they (surgery coordinators) fax a copy to the orthopaedic coordinator so she can track your hours. Even though you may be doing a general surgery rotation, you are considered by the ACGME as an orthopaedic resident; therefore, any duty hour violations will reflect negatively on you and our department. If you feel you are being coerced into violating duty hours or falsifying duty hour logs, please contact Dr. Carmichael immediately. Violating duty hours will not be tolerated. Vacation for the first year only is set up by the general surgery department – after that, orthopaedics is responsible for helping you schedule your vacation.

**Policy per ACGME on Resident Duty Hours (updated June 6, 2011):**

**Resident Duty Hours**

**Maximum Hours of Work Per Week**

Duty hours must be limited to 80 hours per week, averaged over a 14 week period, inclusive of all in-house call activities and all moonlighting.

**Duty Hours Exceptions**

A review committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

In preparing a request for an exception, the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

Prior to submitting the request to the Review committee, the program director must obtain approval of the institution’s GMEC and DIO.

**Moonlighting**

VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

PGY-1 residents are not permitted to moonlight.

**Mandatory Time Free of Duty:** Residents must be scheduled for a minimum of one day free of duty every week (when averaged over our four weeks). At-home call cannot be assigned on these free days.
Maximum Duty Period Length
Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:
- appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
- document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods
PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Intermediate-level residents (PGY2 and PGY3 level for the RRC for orthopaedic surgery) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education (PGY4 and PGY5) by the Review Committee must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float
Residents must not be scheduled for more than six consecutive nights of night float. The maximum number of night float may not exceed three months per year.
Maximum In-House On-Call Frequency
PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call
Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Core Competencies: Please know and understand all six competencies.

Below are the core competencies. During the program, various conferences will be held regarding these competencies.

Medical Knowledge
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations and
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

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. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
- gather essential and accurate information about their patients;
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- develop and carry out patient management plans;
- counsel and educate patients and their families;
- demonstrate the ability to practice culturally competent medicine;
- use information technology to support patient care decisions and patient education;
- perform competently all medical and invasive procedures considered essential for the area of practice;
- provide health care services aimed at preventing health problems or maintaining health; and
• work with health care professionals, including those from other disciplines, to provide patient-focused care

**Practice-Based Learning and Improvement**
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to

• analyze practice experience and perform practice-based improvement activities using a systematic methodology;

• locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

• obtain and use information about their own population of patients and the larger population from which their patients are drawn;

• apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;

• use information technology to manage information, access on-line medical information; and support their own education; and

• facilitate the learning of students and other health care professionals.

**Interpersonal and Communication Skills**
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to

• create and sustain a therapeutic and ethically sound relationship with patients;

• use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and

• work effectively with others as a member or leader of a healthcare team or other professional group.

**Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

• demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development;

• demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;

• demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities; and

• demonstrate sensitivity and responsiveness to fellow health care professionals' culture, age, gender, and disabilities.

**Systems-Based Practice**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
Residents are expected to
• understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society and how these elements of the system affect their own practice;

• know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources;

• practice cost-effective health care and resources allocation that does not compromise quality of care;

• advocate for quality patient care and assist patients in dealing with system complexities; and

• know how to partner with health care managers and healthcare procedures to assess, coordinate, and improve health care and know how these activities can affect system performance.

Core Competencies Summary:
Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and he application of this knowledge to patient care.

Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and

Systems based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources that is of optimal value.

Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.

Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
**Orthopaedic Rotations / faculty extension/beeper/Doctor #:**
Most of the services have their own orientation on the first day of rotation. Conferences are held at various times during the week. Below are beeper and doctor numbers, with extension.

<table>
<thead>
<tr>
<th>Faculty:</th>
<th>Beeper</th>
<th>Extension</th>
<th>Doctor #</th>
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<tbody>
<tr>
<td><strong>Chair/Spine Service:</strong></td>
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</tr>
<tr>
<td>Dr. Ron Lindsey</td>
<td>x75757</td>
<td></td>
<td>U8708</td>
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<tr>
<td>Dr. Thomas Jones</td>
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<tr>
<td><strong>Sports Medicine/Knee/Shoulder Service</strong></td>
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<tr>
<td>Dr. Brian Smith</td>
<td>144661/643-4032</td>
<td>x75327</td>
<td>U6530</td>
</tr>
<tr>
<td><strong>Adult Recon Service</strong></td>
<td></td>
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</tr>
<tr>
<td>Dr. E. Burke Evans</td>
<td>25827/643-9056</td>
<td>x21130</td>
<td>U0078</td>
</tr>
<tr>
<td>Dr. Kelly Stephenson</td>
<td>59744/643-4875</td>
<td>x70329</td>
<td>U6176</td>
</tr>
<tr>
<td><strong>Foot Service</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dr. Vinod Panchbhavi</td>
<td>157328/643-4411</td>
<td>x79493</td>
<td>U6830</td>
</tr>
<tr>
<td><strong>Brooks Service</strong></td>
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<tr>
<td>Dr. Kenneth Brooks</td>
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<tr>
<td><strong>Children’s Service</strong></td>
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</tr>
<tr>
<td>Dr. David Yngve</td>
<td>53249/643-2524</td>
<td>x21930</td>
<td>U4548</td>
</tr>
<tr>
<td>Dr. Kelly Carmichael</td>
<td>51249/645-5177</td>
<td>x21144</td>
<td>U5179</td>
</tr>
<tr>
<td><strong>T (Trauma)/TDCJ Service</strong></td>
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<tr>
<td>Dr. Stan Allen</td>
<td>64324/645-5297</td>
<td>x79950</td>
<td>U2277</td>
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</tbody>
</table>

**CURRICULUM/WEEKLY CONFERENCES**

The curriculum for the Tuesday Evening Conference can be obtained on the S: drive.

**Conferences**

Tuesday evening conferences are mandatory for PGY2-5 and for those PGY1 residents rotating through rehabilitation and orthopaedics; monthly we have Distinguished Lecture Series and orthopaedic journal club. Starting 7/1/2011, Didactic conference (Tuesday Evening Conference) will be from 4:00 - 7:00 pm. M&M and Journal Club are held once a month during the didactic lecture time frame and is mandatory for residents. Fracture Conference is held on Monday mornings at 6:15 a.m. Research Meetings are held prior to the Tuesday evening conference; you will be notified by the Editor or the resident coordinator when your attendance is required. Each individual service has their conference where patient care for that particular service is discussed. Please check with the faculty attending and make sure the dates have not changed or other meetings/conferences have not been added.
Dictation Transcription of Clinic Notes/OR Summaries and Discharge Notes

All notes must be dictated in a timely manner. Not dictating in a timely manner can result in a week removal from the OR or presentation at a Wednesday Conference Basic Science Lecture. Stay on top of all OR/discharge Summaries.

Clinic notes are finalized on the Clinweb system (MyUTMB) via the UTMB web page.

The telephone number for dictating is 70000; instructions will follow on how to proceed with each of the dictations. Please state the attending faculty for each dictation. Inpatient (operative reports and discharge summaries) the extension is 70000 and then follow directions as prompted.

Format for dictation of Discharge Summary:

SERVICE:

PATIENT NAME:
UH#:
DISCHARGED:
RACE, SEX, AGE:

ATTENDING PHYSICIAN:

CHIEF COMPLAINT:

SIGNIFICANT FINDINGS:

PERTINENT LABORATORY AND X-RAY FINDINGS:

TREATMENT RENDERED:

PRINCIPLE DIAGNOSES:

SURGICAL PROCEDURES:

DISPOSITION AND PROGNOSIS:

__________________________________________
ATTENDING PHYSICIAN
THE UNIVERSITY OF TEXAS MEDICAL BRANCH
GRADUATE MEDICAL EDUCATION

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

Approved by GMEC May 2005
Revised July 10, 2007
University of Texas Medical Branch at Galveston
House Staff Examination Policy Form

NOTE: This Notarized Form will satisfy original House Staff requirements of a Certified Transcript that is only issued through FSMB.

<table>
<thead>
<tr>
<th>PGY Level:</th>
<th>Estimated Completion Date MM/DD/YY:</th>
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<tbody>
<tr>
<td>Exam</td>
<td># of Attempts</td>
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<tr>
<td>COMLEX Level 1</td>
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<tr>
<td>COMLEX Level 2</td>
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<td>COMLEX Level 3</td>
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<td>NBME Part 1</td>
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<td>NBOME Part 2</td>
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<tr>
<td>USMLE Step 1</td>
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<tr>
<td>USMLE Step 2</td>
<td></td>
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<tr>
<td>USMLE Step 3</td>
<td></td>
</tr>
</tbody>
</table>

I, _______________________, hereby certify under oath that the information listed above is true and correct.

__________________________
Signature of House Staff

BEFORE ME, the undersigned Notary Public, on this day personally appeared
__________________________ known to me to be the person whose name is subscribed on this form, and who after being by me duly sworn, on oath, stated that he/she executed forms, for all purposes expressed therein.

Given under my hand and official seal and office on this ______ day of __________________, 200__.

__________________________
Signature/Notary Public

Printed or typed name of Notary Public

My Commission expires:
The University of Texas Medical Branch at Galveston (UTMB) Institutional Handbook of Operating Procedures (IHOP) contains official policies and procedures for the governance of UTMB and provides its guiding principles.

P&P Home

Institutional Handbook of Operating Procedures (IHOP)

The policies in this section have been vetted through the review and approval process in accordance with The University of Texas Medical Branch at Galveston's Institutional Handbook of Operating Procedures (IHOP), established under the guidelines of The University of Texas System, Board of Regent's Rules.

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Clinical Policies
Compliance Related
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Committee Members
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Non-IHOP Policies, Procedures and Practice Standards

The following policies and procedures describe policies, practice standards and operations for various UTMB Departments and areas of operation.

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- Blocker Burn Unit
- Care Management
- Dietary
- GCRC
- Health Information Management
- Healthcare Epidemiology Policies
- IS Policies and Practice Standards
- Medical Staff Bylaws
- Nursing Service
- NS Table of Contents
- Pathology

UTMB HANDBOOK OF OPERATING PROCEDURES

<table>
<thead>
<tr>
<th>Section 6 Compliance</th>
<th>11/01/95-Originated</th>
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<tbody>
<tr>
<td>Subject 6.1 General Compliance</td>
<td>12/21/97-Reviewed w/ changes</td>
</tr>
<tr>
<td>Policy 6.1.11 Code of Ethics</td>
<td>04/16/02-Reviewed w/o changes</td>
</tr>
<tr>
<td>Compliance-Author</td>
<td></td>
</tr>
</tbody>
</table>

Code of Ethics

Policy

This policy is designed to establish a code of ethics for all UTMB employees, contractors and students. An important part of developing a Code of Ethics is recognizing conflicts of interest. A conflict of interest exists when a person owes an obligation to UTMB that is or might be compromised by the pursuit of outside interests. Outside interests, such as professional activities, personal financial interests, or the acceptance of gifts from third parties, can create conflicts between the interest of individual employees and the interests of UTMB. These conflicts may prevent employees from making decisions that are in the best interest of UTMB. Even if outside interests do not actually impair an employee’s ability to act in the best interest of UTMB, it may appear to the public that the employee’s independence of judgment has been affected. As a result, employees, contractors and students of UTMB may not have a direct or indirect interest, financial or otherwise, of any nature that is in conflict with the proper discharge of the employee's, contractor’s or student's duties. Employees, contractors, and students shall timely furnish such written disclosures as may be required by state and federal authorities or by UT System requirement. All employees, contractors and students of UTMB shall adhere to the following standards of conduct.

Standards of Conduct

- No employee shall accept or solicit any gift, favor, or service that might reasonably tend to influence the employee in the discharge of his or her official duties or that the employee knows or should know is being offered with the intent to influence his or her official conduct.

No employee shall intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised his or her official powers or performed his or her official duties in favor of another.

- No employee shall accept employment or engage in any business or professional activity which the employee might reasonably expect would require or induce the employee to disclose confidential information acquired by reason of his/her official position.

No employee shall disclose confidential information gained by reason of his/her official position, or otherwise use such information for his/her personal gain or benefit.

- No employee shall transact any business in his/her official capacity with any business entity of which the employee is an officer, agent, or member, or in which the employee owns a substantial interest.

No employee shall make personal investments which could reasonably be expected to create a substantial conflict between the employee’s private interest and the public interest.

- No employee shall accept other employment or compensation which could reasonably be expected to impair the employee’s independence of judgment in the performance of his/her public duties.

- Sexual harassment and sexual misconduct are unacceptable behaviors. Such unacceptable behavior includes verbal or physical conduct of a sexual nature. Incidents of sexual harassment or sexual misconduct should be reported in accordance with Policy 3.2.4, Sexual Harassment.

Other Information on

Other ethical issues, such as issues related to the use of government resources, sexual harassment, political activities, legislative lobbying, and the use of confidential information, are addressed in
Ethical Behavior

other UTMB policies and are discussed in the UTMB Standards of Conduct Guide. Additional information may be found on the website of the UT System Office of General Counsel at www.utsystem.edu/ogc/ethics.

Violations

There are consequences for failing to comply with conflict of interest laws, rules, or policies. State law requires that appropriated money may not be used to compensate an employee who violates the standards of conduct. Failure to comply with the standards of conduct discussed above is grounds for disciplinary action by UTMB, including termination of employment. Additionally, civil and criminal penalties may apply under certain circumstances.

Reference

Policy 2.6.5 Acceptance and/or Solicitation of Gifts or Benefits from Vendors
Policy 6.1.12 Conflict of Interest and Commitment Policy
UTMB Standards of Conduct Guide
Texas Government Code §572.051.
UTMB’s Ethics and The University of Texas Medical Branch brochure.

This document is the property of The University of Texas Medical Branch at Galveston and, with few exceptions, may not be used, distributed, or reproduced outside of UTMB without written permission from the IHOP Coordinator.

Should you have any questions about this site, please feel free to contact Ruth Finkelstein at rinhale@utmb.edu.
GENERAL INFORMATION

This procedure is issued to establish effective guidelines for ethical practices of procurement personnel consistent with UTMB/UT System Policy and applicable laws and regulations.

AUDIENCE

Applicable to all Procurement Staff and designated Satellite Buyers.

POLICY

1. All Procurement Staff and designated Satellite Buyers will follow and adhere to the UTMB Institutional Hand book of Operating Procedures Policy 2.6.5; “Acceptance and/or Solicitation of Gifts and Benefits from Vendors”.

2. All Procurement Staff and designated Satellite Buyers will follow and adhere to the UTMB Institutional Hand book of Operating Procedures Policy 6.1.11; “Code of Ethics”.

3. All Procurement Staff and designated Satellite Buyers shall be fully informed and follow UTMB Institutional Hand book of Operating Procedures Policy 6.1.12 “Conflict of Interest Policy”.

4. All Procurement Staff and designated Satellite Buyers will follow and adhere to the UT System Ethics Policy UTS134.

5. All Procurement Staff and designated Satellite Buyers shall be fully informed of the Texas Penal Law, Title 8 “Offenses Against Public Administration”.

EXCEPTIONS

There will be no exceptions unless by formal addendum to this procedure or other formal written exception by the Chief Purchasing Agent.

REFERENCES

UTMB IHOP 2.6.5: Acceptance and/or Solicitation of Gifts and Benefits from Vendors
UTMB IHOP 6.1.11: Code of Ethics
UTMB IHOP 6.1.12: Conflict of Interest Policy
UT System Ethics Policy UTS134
Texas Penal Law, Title 8

1.10 Ethics Policy

Approved: ____________________________

Jeffery Bonnardel, C.P.M.
Chief Purchasing Agent
Acceptance and/or Solicitation of Gifts or Benefits from Vendors

Audience
This policy and applicable procedures apply to all UTMB faculty members, employees, students, departments and other UTMB entities.

Policy
To comply with all applicable federal and state laws and U.T. System guidelines, University faculty members, employees, departments, or other UTMB entities may not accept or solicit any gift or benefit that

☐ might reasonably tend to influence or be perceived as influencing his/her decision making regarding purchases, contracts, or any other official duty or that he/she knows or should know is being offered with the intent to influence/bias his/her decisions,

☐ induces his/her disclosure of confidential information acquired in his/her position, or,

☐ induces his/her exercise of official powers or duties in favor of another.

General Information
Relationships and transactions between academic medical institutions and industry are common and sometimes complex. Often, faculty and employees solicit or are offered “free” goods, gifts, benefits, or grants for teaching or research programs, honoraria, or travel expenses for participating in certain activities, actions, or projects. Many such gifts or benefits serve an important and socially beneficial function. However, proposed gifts or benefits may violate the federal Anti-Kickback Statute, the federal anti-referral laws, and similar state laws including felony criminal statutes, and may result in significant fines, possible imprisonment, and exclusion from federal and state reimbursement programs; such gifts should not be accepted.

The Federal Anti-Kickback Statute prohibits the knowing and willful solicitation or receipt, offer or payment, overtly or covertly, directly or indirectly, of any remuneration (anything of value) in cash or in kind in return for patient, product, or service referrals, or to induce such referrals. The statute has been interpreted to mean that if even one purpose of the transaction is to induce referrals it is a violation of the statute even if it is not
General Information (cont'd)

The sole purpose of the transaction. Generally, a gift may be considered improper if it is made to a person in a position to generate business for the paying party, if the payment is related to the volume of business generated, if the payment is more than nominal in value and/or exceeds fair market value of any legitimate service rendered to the payer, or if the payment is unrelated to any service at all other than referral of patients.

This policy is intended to provide guidance to faculty, employees, students, departments, and other UTMB entities concerning practices that are acceptable under the laws and practices that are clearly violations of the laws. Also, this policy provides a process for faculty, employees, students, departments, and other UTMB entities to submit proposed gift or benefit transactions with vendors for review for compliance with all applicable anti-kickback and anti-referral laws.

This general policy is in addition to various state and federal laws including Standards of Conduct and Conflict of Interest, Tex. Government code Sec. 572, Offenses Against Public Administration, Tex. Penal Code Title 8, and the UT System Ethics Policies and Guidelines, and the AMA Gifts to Physicians from Industry guidelines.

Definitions

Gift: A benefit which may include, but are not limited to, the following: cash, checks, securities, subsidies, real property, personal property, referrals, offerings, goods, honoraria, favors, prizes, services, employment, business or professional activities, membership, travel expenses, and compensation.

Benefit: Anything reasonably regarded as monetary gain or monetary advantage, including benefits to any other person in whose welfare the beneficiary has a direct and substantial interest.

Community-wide Fund Raising Effort: An institutional fund raising event sponsored and organized through the Office of University Advancement. Solicitations must be made to all
vendors in the community and not only to vendors currently serving UTMB.
Vendor: Any individual or company that sells goods and/or services to UTMB. For the purposes of this policy it includes entities that have sold, are selling, or may sell goods and/or services to UTMB.

Gifts from Industry to Underwrite Costs of Educational Conferences or Events
Gifts, benefits, or subsidies from industry to underwrite the costs of educational conferences or professional meetings may be accepted if the subsidy is accepted by a UTMB Department, Center, School, Institute or a UTMB Office of Continuing Education as the conference’s sponsor, who in turn uses the money to reduce the conference’s registration fee. The subsidy should never be accepted directly by a UTMB faculty member, employee, or student either involved with or attending the conference or meeting. Also, if a vendor subsidizes an educational conference or lecture the responsibility for and control over the selection of content, faculty, educational methods, and materials must belong to the organizer of the conference or lectures.

Gifts from Vendors to Students, Fellows, and Residents
Gifts or benefits from vendors into a special educational fund or scholarship may be accepted, if approved by the appropriate Medical Education Program Director or Dean, to support students, residents, and fellows to attend carefully selected educational conferences or permit them to take time away from training to do research if the selections of students, residents, or fellows who receive the funds are made by UTMB personnel. Carefully selected educational conferences are generally defined as the major educational, scientific or policy making meetings of national, regional, or specialty medical, nursing, or health associations or courses given by visiting professors or faculty recognized as experts in their field. Inappropriate educational conferences are conferences that address only a vendor’s product or group of products. This policy is not intended to discourage attendance at conferences or meetings that address only a vendor’s product or group of products, only to prohibit accepting gifts or benefits from the vendor to attend such conferences or meetings.
Faculty members, employees, departments, and other UTMB entities may not accept vendor gifts to attend entertainment events, sporting events, all expense paid trips to vacation resorts, etc. that serve no bona fide academic or educational purpose.

Gifts, grants, or benefits may not be accepted by any faculty member, employee, department or other UTMB entity for any reason from any UTMB vendor if the faculty member, employee, department or other UTMB entity has or may have a substantive role in the determination of vendor selection and if such a gift or benefit might be perceived as influencing the vendor selection.

Monies, Goods, or Equipment from Vendors to Specified Faculty or to Departments to Fund Faculty Research or Education

Gifts from vendors to support research or education may be accepted only if the donation is accompanied with a letter or other instrument from the vendor indicating that the specific purpose of the donation is to support UTMB research or education and is not intended to influence purchasing decisions or research outcomes. The donation must be approved by the appropriate Dean of the faculty member and must be accepted by the Office of University Advancement. This policy does not prohibit grants and/or contracts from vendors for research or clinical trials where a formal agreement exists.

Gifts or benefits given to faculty members or employees as a grant for studies of products when the studies require little or no actual scientific pursuit should not be accepted. An example is a payment given as a “research grant” to a faculty member for minimal record keeping tasks.

Gifts for Travel, Lodging, or Meal Expenses

Faculty members or employees may accept from vendors reasonable honoraria and reimbursement for travel, lodging, and meal expenses to attend conferences or meetings only if the faculty member lectures, presents posters, presents a paper, participates in a panel
Gifts from Vendors to Faculty, Employees, Departments, and Other Entities (cont'd)

- discussion, moderates a panel, or performs in other substantive educational roles at the conference or meeting. Faculty members who are only attendees at conferences cannot accept either honoraria or reimbursement for travel, lodging, and meal expenses.

- Gifts for Travel, Lodging, or Meal Expenses, continued
  - Faculty members or employees may accept vendor reimbursement to attend meetings to act as consultants or participate in panels regarding development of new clinical trial protocols, to discuss clinical trial research results, or to participate in a conference to understand requirements for future clinical trials.
  - No UTMB faculty member, employee, department, or other entity may accept reimbursement for travel from any vendor if the purpose of the travel is to view or assess a piece of equipment or other product under consideration for possible purchase by UTMB.

Gifts in Return for Prescribing or Advocating Products
- Any gift or benefit offered to a faculty member, employee, department, or other UTMB entity in exchange for, or based on, prescribing or providing specific services or products is a violation of the Anti-Kickback Statute and cannot be accepted.

Gifts Related to Marketing of Products
- Faculty members and employees should not accept gifts or benefits offered in exchange for performing marketing tasks in the course of practicing medicine or providing research and development services. An example is accepting money or gifts from a vendor to render an evaluation of a company's product after using the product by completing evaluation forms.

Gifts Valued at $50 or Less

UTMB faculty members and employees may accept gifts or
benefits from vendors if the value of the gift or benefit is

not greater than $50, per person per day; is related to a bona fide academic or educational purpose; and is not in the form of cash, checks, or negotiable instruments. This includes food provided by vendors at meetings held within the institution and to UTMB personnel. A department faculty member or appropriate UTMB agent should also be present at any meeting or luncheon hosted by a vendor if a vendor representative makes a presentation at the meeting or luncheon.

Community Fund Raising Events

- Gifts in amounts greater than $50, per person per day may be solicited from vendors only if such solicitations are for an academic or educational event sponsored by a UTMB department or UTMB entity and the solicitations are part of a community-wide fund raising effort. The vendor’s response to the solicitation must be voluntary and not motivated by an intent to induce referrals or to induce purchase of the vendor’s products or services. Solicitation must not be limited only to those vendors providing services to UTMB.

- Faculty members, employees, students, departments, and other UTMB entities should not solicit any gifts of any type greater than $50, per person per day, for any purpose except a bona fide academic or educational event.

A faculty member or employee who receives an invitation or offer of a gift or benefit from a vendor and is not sure that the offer is acceptable under this policy should disclose the situation, in writing, to his/her supervisor. The supervisor should make a decision concerning the acceptance of the gift or benefit. The faculty member or employee may appeal the supervisor’s decision to the Institutional Conflict of Interest Committee. The Institutional Conflict of Interest Committee will determine whether the offer is legal and may be accepted and will provide a written response to the faculty member or employee expeditiously.
Violations

Violations of this policy will follow disciplinary action outlined in the UTMB Institutional Handbook of Operating Procedures manual.

References


☐ 42 U.S.C. § §1320a-7b(b)(2)(B), 1395nn(h)(6)

☐ Texas Penal Code §§ 36.02, 36.10
University of Texas Medical Branch
PRINCIPLES OF ETHICAL CONDUCT

Preamble

The University of Texas Medical Branch at Galveston (UTMB) is committed to the promotion of high ethical standards in all of its operations and recognizes a fundamental responsibility to protect and promote the rights and responsibilities of its employees, staff, patients, families, and community citizens.

UTMB is a large academic medical center and serves a diverse population of patients, students, educators, scientists, healthcare providers, administrators, and community members. As a social institution concerned with the understanding and improvement of human health, UTMB is responsible for providing scholarly teaching, innovative scientific investigation, and state-of-the-art patient care in a humane, learning environment. This mission is carried out through activities generated in the professional schools of medicine, nursing, allied health, the Graduate School of Biomedical Sciences, the UTMB Hospitals and Clinics, the Marine Biomedical Institute, and the Institute for the Medical Humanities. While each of these entities has its own set of traditions, values and aims, together they embody the institution's shared commitment to preventing disease, preserving and promoting health, treating illness, and fostering humanistic and scientific knowledge. Like other health care organizations, UTMB has a responsibility to identify its basic institutional values and to express those values in all aspects of its institutional life and culture.

General Policy Statement of Ethical Principles

UTMB has a responsibility to patients, employees, and the community it serves to conduct patient care, research, education, and business operations in ethically responsible ways, consistent with professional standards and emphasizing such core values as excellence, caring, accountability, mutual respect, and professional integrity.

The commitment to ethical conduct at an individual and organizational level applies to relationships within UTMB as well as to matters which involve the general public, other health care providers or institutions, educational institutions, businesses, and other entities. Ethical conduct at each level includes not only compliance with laws and internal policy, but also a commitment to the ideals and values expressed in specific codes of professional, legal, and administration ethics.

A. Guiding Documents

Overall ethical behavior of UTMB is guided by the following organizational documents developed with institution-wide participation under the authority of the Board of Regents of the University of Texas and the UTMB Governance Board:

- Mission
- Vision and Values
- Strategic Plan
- Quality Improvement Principles of Service
- Ethics and The University of Texas Medical Branch - A Brief Practical Guide
- UT System Board of Regents Rules and Regulations: Ethics Policy 2.27.7 Code of Ethics
- UTMB Institutional Handbook of Operating Procedures
- UTMB Institutional Ethics Committee Operating Guidelines
- UTMB Principles of Ethical Conduct
- UTMB Graduate Medical Education Institutional Statement
- UTMB Patient Information Guide

B. Ethics Policy at UTMB Hospitals and Clinics incorporates two principal areas, each of which is detailed in the next section of this policy:

- Patients' Rights and Responsibilities
I. **Policy on Patient Rights and Responsibilities:**

A. **Description of General Policy:** UTMB Hospitals and Clinics uphold the rights of patients to receive respectful, competent, and appropriate care and service and to exercise their right of self-determination. UTMB employees are charged with carrying out their professional functions with compassion and respect for the human dignity of the patient.

- UTMB supports the patient's rights to autonomy, self-determination, privacy, and assists the patient in obtaining appropriate medical, surgical, rehabilitative, palliative, and/or social services.

B. **Specific Ethical Standards** pertaining to Patients' Rights include the following:

1. **Access:** UTMB staff supports the patient's right to appropriate care, treatment or service subject to its mission, capability, and applicable law and regulation including the patient's right to access protective services.

2. **Treatment (including advance directives):** UTMB staff has established policies and mechanisms to ensure the patient's involvement in all aspects of care, treatment, and service. These policies include but are not limited to the following patient needs:
   - Obtaining Informed Consent for treatment
   - Obtaining Informed Refusal for unwanted treatment
   - Documenting Advance Directives
   - Family and/or surrogate decision making about patient care and treatment decisions
   - Participation in Research, Scientific Investigation, and/or Clinical Trials
   - Organ Donation and Procurement
   - Decisions to Withhold or Withdraw Life-sustaining Treatment
   - Decisions to Withhold or Withdraw Resuscitative Treatment
   - Decisions relative to End-of-Life Care and Treatment

3. **Respect:** UTMB supports considerate care that safeguards patients' personal dignity and respects their cultural, psychological and spiritual values, as well as their moral and legal rights. This support is reflected in the following policies or institutional mechanisms which address the value of respect for patients and families.
   - Patient Information Guide
   - Informed Consent for Treatment
   - Informed Refusal of Treatment
   - Confidentiality of Information/Privacy
   - Security/Safety
   - Communication Services
   - Legal and Protective Services (guardianship, conservatorship)
   - Resolution of Conflicts
   - Anatomical Gift Act
   - Pastoral Services
   - Determination of Death
   - Surrogate Decision Making

4. **Organ/Tissue Donation and Procurement:** UTMB, with the collaborative participation of the medical staff and regional entities, has established and implemented an effective mechanism and policy for the procurement and donation of organs or tissues.
5. **Research, Scientific Investigation, Clinical Trials:** UTMB has established policies and other mechanisms to protect patients and respect their rights during research investigation and/or clinical trials.

- The UTMB Policy on the Protection of Human Subjects requires that any faculty member, staff, student or employee who proposes to engage in any research, demonstration or other activity involving the use of human subjects, tissue, or bodily fluids have prior review and approval by the Institutional Review Board (IRB). This includes Clinical Trials.
- The IRB is charged with safeguarding the rights and welfare of the subjects who participate in the research activity as set forth in the *Office for the Protection from Research Risks Multiple Project Assurance and Federal Regulations 45 CFR 46*.
- The Principal Investigator for a research project approved by the IRB at UTMB is ultimately responsible for obtaining informed consent on each and every subject approached and entered into a research protocol. The consent should be obtained prior to any procedure being performed on the subject.
- A Principal Investigator may delegate the responsibility for obtaining informed consent for research participation to an appropriately qualified assistant or colleague; however, doing so does not exempt the Principal Investigator from his/her primary ethical responsibility or accountability.
- A copy of the informed consent document should be placed in the subject’s UTMB medical record. The IRB mandates that the investigator keep a copy of each subject’s signed consent form in his/her own research files, and each subject should be given a copy of the signed consent form for his/her own personal records.
- Scientific Integrity - UTMB Scientific Misconduct Committee has published established guidelines relevant to Scientific Integrity.
- UTMB Committee to Review Research Related Financial Disclosure has produced a UTMB Conflict of Interest and Financial Disclosure Policy.

C. **Implementation of Patient Rights Policy:** The UTMB policies pertaining to Patient Rights and Responsibilities are disseminated in the following ways:

- Posting of Patient’s Bill of Rights and Responsibilities in hospital lobbies and other areas visible to patients, their families and staff, waiting areas; and/or visitation areas
- Inclusion in employee/resident/student orientation
- Periodic continuing professional education programs
- Publication in employee/staff newsletters
- Distribution of patient handbook on admission
- Presentations by UTMB patient rights advocates
- Communication through closed circuit television
- Dialogue with members of the public regarding community concerns affecting the rights of patients
- Ethics Rounds, Clerkships, In-services

D. **Conflict Resolution:** A crucial element of any effective policy on ethical conduct is a process for addressing and resolving ethical questions, conflicts, and/or dilemmas of hospital staff and patients, family members, and other decision-makers. The **UTMB Ethics Consultation Service** was established to consider, discuss and help resolve ethical and other care dilemmas that arise during the delivery of patient care and/or clinical research. A Clinical Ethicist is available, as needed, to assist caregivers and patients or their appointed representatives.

II. **Policy on UTMB Institutional Rights and Responsibilities**

A. **Description of Policy:** The University of Texas Medical Branch at Galveston is committed to the promotion of high ethical standards in all of its patient care and business operations. In addition to upholding codes of professional conduct which guide the practices of physicians, nurses, allied health professionals, social workers, and other employees, UTMB is committed to ethical conduct in the proper stewardship of its resources and activities. UTMB has established the following Principles of Service as the basis for its organizational ethic:

1. **Professionalism**
• Demonstrate competence, caring and compassion to each individual.
• Maintain confidentiality; demonstrate character, dependability, and trust-worthiness.
• Communicate and explain actions and services.
• Create a positive image of UTMB through professional behavior and dress. Understand that we represent UTMB during every contact.

2. Teamwork
• Help each other serve our patients.
• Foster constructive relationships with co-workers, managers, and others we encounter. Value differences by listening to, and appreciating, various points of view.
• Respond immediately to situations that arise. Create a therapeutic environment.

3. Improvement
• Embrace change by promoting teamwork and continuous process improvement. Safeguard and preserve the resources of the organization.
• Achieve excellence through performance and continued learning.
• Value patient and internal/external feedback.

♦ UTMB follows these ethical principles in its business relationships with other health care providers, payers, or networks.

B. Specific Ethical Standards pertaining to Institutional Rights and Responsibilities:

1. Admission, Transfer and Discharge
• Admission, transfer or discharge procedures are based on a fair and honest assessment of the patient's medical needs, available medical provider resources, and appropriate professional judgment including safety considerations of the patient. A patient should not be transferred until there is confidence that he or she will receive the needed services competently and in accordance with accepted professional standards and legal requirements.

2. Billing Practices
• UTMB recognizes the importance of conducting its billing practices in ways that promote honesty, accuracy and fairness. Patients and third party payers have the right to question bills received from UTMB, and to receive answers to their questions in a manner that is both timely and courteous. They also have the right to be informed of the formal process for review of any billing inquiries that cannot be quickly and easily resolved. Although patients and third party payers have the responsibility to avail themselves of the formal process for review, once they have done so they have the right to expeditious and respectful examination of their inquiry and should expect a good faith consideration of their questions and/or complaints. Any general credit or collection procedures should be conducted in accordance with applicable law and UTMB policy.

3. Marketing and Public Relations
• Marketing practices cover a wide scope of actions and products including but not limited to conduct (such as recruitment and public relations) and reports, brochures or other methods of disseminating information. The manner in which these endeavors are conducted is as important as the results obtained. Marketing and public relations practices should be conducted in a manner that is truthful, accurate, fair and respectful of patients, the UTMB community and the larger public. UTMB recognizes the importance of accurately representing its services, levels of licensure and accreditation, and other matters upon which patients, prospective employees, businesses, educational institutions or other individuals or organizations might rely.

4. Conflicts of Interest
• UTMB is accountable for the proper stewardship of its resources and activities. UTMB officials responsible for the UTMB mission follow a decision process which is fair, truthful, and sound. Prior to entering into a contractual agreement with any outside entity, UTMB should review the relationship proposed, approving or rejecting the contract based on prudent buying practices and the potential for real and perceived conflicts of interest. In the delivery of patient care, the conduct of business, performance of research, provision of education or any other enterprise in which UTMB is engaged, individual employees and organizational departments should be aware of the importance of identifying potential conflicts of interest and of immediately addressing and correcting avoidable conflicts when they arise. It is also important to give prompt attention to perceived conflicts of
interest, since misperceptions may harm trust relationships with patients, colleagues and the community.

5. Purchasing
   • As a recipient of federal awards and state funds, UTMB recognizes the importance of adhering to the principles of fairness, honesty, accuracy, cost-effectiveness, and prudent buying competition in its purchasing transactions. Purchasing agents and their staffs or authorized representatives are responsible for complying with the principles of purchasing ethics outlined in the Rules and Regulations of the Board of Regents, Part II, Chapter IV, Sections 1-5. Additional policies pertaining to purchasing transactions are:
     • UTMB Purchasing Policy and Procedures
     • UTMB Grant and Contract Direct Policy
     • UTMB Consistent Treatment of Costs Policy
     • UT General Administrative Policies and Services, Section 4 Fiscal Policies, 4.2.1

6. Contracting
   • UTMB recognizes the importance of adhering to applicable rules, laws, and procedures pertinent to its contractual relationships in all areas of its mission. These standards are explicated in the following official documents:
     • Rules and Regulations of the Board of Regents, Part I, Chapter III
     • Texas Government Code Section 572.005
     • Texas Government Code Section 572.051

Specific policies and resources can be located in the UTMB HANDBOOK OF OPERATING PROCEDURES and/or other institutional documents. A compendium of these is appendixed.
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