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I. ABOUT THIS HANDBOOK

1. This handbook is compiled by The University of Texas Medical Branch (UTMB) and its Graduate Medical Education Committee (GMEC) as a guide and resource for all Residents and Fellows, Program Directors, and Clinical Chairs/Division Chiefs of UTMB. UTMB is committed to offering residency and fellowship programs as a part of its educational mission, and established mechanisms to ensure that its various residency and fellowship programs comply with the Institutional and Common Program Requirements for Residency Training as promulgated by the Accreditation Council for Graduate Medical Education (ACGME). The Handbook outlines what a Resident/Fellow needs to know about Graduate Medical Education including the ACGME six general competencies (ANNEX A), resident development, duty hours, and the notification of any adverse accreditation action related to their specific residency and fellowship programs.

2. These policies and procedures pertain to training requirements in all residency/fellowship programs. They are not intended to replace non-training related policies and procedures of individual participating sites and clinical departments. If areas of conflict develop, such conflicts are to be evaluated by the GMEC for resolution. In addition, the individual residency/fellowship programs have specific program requirements, policies, and procedures.

3. This Handbook will be updated as necessary with the latest version posted on the UTMB GME website http://www.utmb.edu/gme/default.htm. When additions, changes or revisions are made to this Handbook, notice will be sent to the Program Director (PD), Program Coordinator (PC), and Residents/Fellows. Updated policies will become effective upon posting. Residents/Fellows are expected to be familiar with and comply with all policies set forth in this Handbook. The Graduate Medical Education Committee approves all revisions to the Institutional Handbook.

II. ABOUT RESIDENCY/FELLOWSHIP

1. With the mission to develop medical professionals who are competent, compassionate, team-focused and committed to life-long learning, UTMB is committed to providing excellent graduate medical education for future generations of doctors.

2. UTMB sponsors the following residency/fellowship programs that are accredited by the Accreditation Council for Graduate Medical Education except as noted:
   i) Allergy/Immunology
   ii) Anesthesiology
   iii) Anesthesiology – Cardiothoracic
   iv) Anesthesiology – Critical Care
   v) Anesthesiology – Pain Medicine
   vi) Anesthesiology – Pediatrics (Corpus Christi)
   vii) Dermatology
   viii) Dermatopathology
   ix) Family Medicine
   x) Internal Medicine
   xi) Internal Medicine – Advanced Heart Failure (TMB approved)
   xii) Internal Medicine-Cardiology
   xiii) Internal Medicine-Cardiology/Interventional
3. Other Major Participating sites for UTMB residency and fellowship programs include:
   i) Bay Area Surgicare Center, Houston, Texas
   ii) Bayshore Medical Center, Pasadena, Texas
   iii) Christus St. John Hospital, Nassau Bay, Texas
   iv) Colorado-Fayette Medical Center, LaGrange, Texas
   v) Mainland Medical Center, Texas City, Texas
   vi) NASA Johnson Space Center, Webster, Texas
   vii) Shriner’s Burns Hospital – Galveston, Texas
   viii) St. Joseph Medical Center – Houston, Texas
   ix) St. Luke’s Episcopal Hospital – Houston, Texas
   x) Texas Children’s Hospital, Houston, Texas
   xi) Texas Orthopedic Hospital, Houston, Texas
III. Institutional Statement of Commitment to Graduate Medical Education

As a sponsoring institution for graduate medical education, UTMB is committed to support graduate medical education, and to provide the necessary educational, financial, and human resources, to ensure compliance to the prevailing training and educational standards. UTMB will provide continued support towards quality graduate medical training, in an environment that is conducive, encouraging and safe, while committed to quality care for our patients. The UTMB Institutional Statement of Commitment to GME is found in Annex B.

IV. UTMB Graduate Medical Education Organization

V. UTMB Graduate Medical Education Committee (GMEC)

GMEC Membership:

GMEC membership includes all residency/fellowship program directors; 10 peer selected residents and fellows (4 of whom are nominated by the UTMB House Officers Association and 6 of whom are nominated by the UTMB Chief Resident Committee); representative from hospital administration; representative from the Institute for Medical Humanities; Ad Hoc members including Junior and Senior Medical School Class Presidents, a lay member, and the Dean of Medicine.

1. All UTMB Residency/Fellowship programs are overseen by the GMEC. The functions of the GMEC include:
a. Complying with the existing UTMB policies and procedures that ensure quality education and conducive work environment for Residents/Fellows in all programs; and where such policies and procedures are absent, establish and implement them to ensure quality education and conducive work environment for the Residents/Fellows in all programs, including:

i) Perform annual review and make recommendations to Executive Vice President and Provost/Dean of Medicine and Executive Vice President and CEO UTMB Health System and other relevant departments/services regarding Resident/Fellow stipends, benefits, and funding for Resident/Fellow positions.

ii) Establish and maintain effective communication mechanisms between GMEC and all Program Directors within UTMB.

iii) Ensure that Program Directors:

- Maintain effective communication mechanisms with Site Directors at each participating site for their respective programs;
- Maintain proper oversight at all clinical sites

iv) Develop and implement written policies and procedures regarding Resident/Fellow duty hours to ensure compliance with the ACGME Institutional, Common, and Specialty/Subspecialty Specific Program Requirements.

v) Consider for approval requests from Program Directors prior to submission to a Residency Review Committee (RRC) for exceptions in the weekly limit on duty hours in compliance with ACGME Policies and Procedures for duty hour expectations applicable to UTMB.

vi) Monitor programs’ supervision of Residents/Fellows and ensure that supervision is consistent with:

- Provision of safe and effective patient care;
- Educational needs of Residents/Fellows;
- Progressive responsibility appropriate to Residents/Fellows’ level of education and competence, and experience; and
- Other applicable Common and Specialty/Subspecialty Program Requirements.

vii) Communicate between leadership of the medical staff regarding the safety and quality of patient care that includes:

- The GMEC Annual Report to the Medical Staff;
- Description of Residents/Fellows’ participation in patient safety and quality of care education;
- Accreditation status of programs and any citations regarding patient care issues.

viii) Ensure that each program provides a curriculum and an evaluation system that enables Residents/Fellows to demonstrate achievement of the ACGME general competencies as defined in the Common and Specialty/Subspecialty Program Requirements.

ix) Select, evaluate, promote, transfer, discipline and/or dismiss Residents/Fellows in compliance with the ACGME Institutional and Common Program Requirements.

x) Review all ACGME program accreditation letters of notification and monitor action plans for correction of citations and area of non-compliance.

xi) Review institutional letter of notification from the ACGME Institutional Review Committee (IRC) and monitor of action plans for correction of citations and areas of non-compliance.

xii) Review the following for approval by the GMEC prior to submission by Program Directors to ACGME:
• All applications for ACGME accreditation of new programs;
• Changes in Resident/Fellow complement;
• Major changes in program structure or length of training;
• Additions and deletions of participating sites;
• Appointments of new Program Directors
• Progress reports requested by any Internal Review Committee;
• Responses to all proposed adverse action;
• Requests for an appeal of an adverse action;
• Appeal presentations to a Board of Appeal or the ACGME;
• Requests for exceptions of Resident/Fellow duty hours;
• Voluntary withdrawal of program accreditation.

xiii) Oversee all phases of educational experiments and innovations that may deviate from ACGME Institutional, Common, and Specialty/Subspecialty Specific Program Requirements including:
• Granting approval prior to submission to the ACGME and/or respective Review Committee;
• Ensuring adherence to Procedures for “Approving Proposals for Experimentation or Innovation Projects” in ACGME Policies and Procedures; and
• Monitor the quality of education provided to Residents/Fellows for the duration of such a project.

xiv) Oversee all processes related to reductions and/or closures of:
• Individual programs; and
• Major participating sites

xv) Provide a statement or institutional policy that addresses interactions between vendor representatives/corporations and Residents/Fellows of UTMB GME programs.

b. Exercising authority and responsibility for the oversight and administration of UTMB Graduate Medical Education programs and responsibility for assuring compliance with ACGME Common, Specialty/Subspecialty Specific Program Requirements.

c. Preparing an annual report henceforth known as UTMB Graduate Medical Education Committee Annual Report to the UTMB Medical Staff and
   i) Present the annual report which describes activities of the GMEC during the past year with attention to:
      • Resident/Fellow supervision;
      • Resident/Fellow responsibilities;
      • Resident/Fellow evaluation;
      • Compliance with duty-hour standards;
      • Resident/Fellow participation in patient safety and quality of care education.
   ii) Deliver the UTMB GMEC Annual Report to the Medical Staff or equivalent Organized Medical Staff of major participating sites that do not sponsor GME programs.

d. Developing, implementing, and overseeing an internal review process by:
   i) Appointing an Internal Review Committee for each program by:
      • Must include at least one faculty member;
      • Must include at least one Resident/Fellow from the team chair’s program but not from within the program being reviewed;
      • If necessary, include additional internal or external reviewers;
• If necessary, include additional administrators from outside the program.

ii) Establishing the policy “UTMB Graduate Medical Education Internal Review Policy” that incorporates the items detailed in the ACGME Institutional Requirements and ensuring compliance by the programs (see ANNEX C).

iii) Documenting in GMEC minutes of meetings, in the internal review process at the approximate midpoint of the accreditation cycle for each program.

iv) Demonstrating continued oversight of program(s) with no Resident/Fellow through a modified internal review to ensure maintenance of adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common, and Specialty/Subspecialty Specific Program Requirements prior to the program(s) enrolling a Resident/Fellow.

v) Monitoring the response by the program to actions recommended by the GMEC and internal review process.

vi) Submitting the most recent internal review report for each training program as part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review report(s) for the/those program(s) will not be shared with the site visitor.

e. Meetings are held quarterly and written minutes are maintained.

f. Executive Committee and Standing Subcommittees: To assist the decision making process, the regular discharge of mandated accreditation responsibilities and the general effectiveness of the relatively large GME Committee of the whole, an Executive Committee, and three standing subcommittees are established.

Executive Committee: Chaired by the Associate Dean for Graduate Medical Education and including the chairs of the three standing subcommittees and three other program directors selected by the GME Committee as a whole from a group of nominees provided by the Associate Dean for Graduate Medical Education. The program directors of the Internal Medicine core residency, Pediatrics core residency, and the General Surgery core residency must be included in the above group. In addition, there will be a resident member selected by the UTMB House Officers Association and the Chair of Chief Resident Committee to serve on this Executive Committee.

Meeting Frequency: Every three months prior to the quarterly meetings of the Graduate Medical Education Committee and additionally on call as necessary.

Responsibilities:
• Primary liaison with senior administration on a day-by-day basis on behalf of the GMEC
• Preparation of the agenda for the GMEC including regular subcommittee reports, internal review scheduling and presentations, and review of ACGME actions related to UTMB residency programs since the prior meeting
• Oversight and direction to the subcommittees including assignment of specific tasks, timelines and planned reports
• Initial review of all ACGME actions affecting UTMB residency programs
• Periodic internal review of the GMEC and the subcommittees on behalf of the institution
• Review quarterly duty hour summaries and responses to violations reported from the 800 telephone number or email

**Standing Subcommittees:** Each of the following will be responsible for the initial and ongoing efforts required to address a portion of the eight specific responsibilities assigned to the GMEC in the ACGME’s Institutional Requirements. The chair of the subcommittees will be selected as previously indicated and its function oversee by the Executive Committee. The Associate Dean for Graduate Medical Education will name required additional members of these subcommittees with the input of the Executive Committee. There will be at least one resident member on each subcommittee selected from a list of nominees provided by the UTMB House Officers Association. The subcommittees will meet every three months (or more often as required) prior to the meeting of the Executive Committee. The following are the specific responsibilities of each of these subcommittees.

**Education Subcommittee:**

• Establishment and implementation of institutional guidelines and policies for the selection, evaluation, promotion, and dismissal of residents.

• Assurance that the resident’s curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost containment issues that affect GME and medical practice. The curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements.

**Working Environment and Operations Subcommittee:**

• Establishment and implementation of institutional policies and procedures for both discipline and the adjudication of resident complaints and grievances relevant to the GME programs. These policies and procedures must satisfy the requirements of fair procedures and apply to residents in the sponsoring and participating institutions.

• Collecting of intrainstitutional information and making recommendations on the appropriate funding for resident positions, including benefits and support services.

• Monitoring of the programs in establishing an appropriate work environment and the duty hours of residents.

• Establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program.

• Establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institutions.

• Review and selection of the annual Outstanding Resident Awards
Internal Review Subcommittee:

- Regular review of all residency programs to assess their compliance with both the Institutional Requirements and Program Requirements of the relevant ACGME review committee.
- Current concepts of internal review process at UTMB includes annual questionnaire, mid-cycle internal review, and consultative review, if requested by the program director, at time of RRC site visit. All would be responsibility of this subcommittee.

External Training Site Review Subcommittee (Non UTMB Rotations)

- Review and approve all non-UTMB off campus rotations deemed necessary for accreditation purposes that cannot be provided at UTMB
- Review continued accreditation requirements of external training sites at non-UTMB facilities
- Adverse decisions by Subcommittee may be appealed to the Associate Dean for Graduate Medical Education

VI. Institutional Program Letters of Agreement

1. To ensure quality and consistency of graduate medical education for UTMB Residents/Fellows provided at all participating sites, all UTMB resident/fellowship programs sign Program Letters of Agreement (PLA) with each agreement outlining the responsibilities of the Sponsoring Institution UTMB and of the participating site toward ensuring the quality of graduate medical education for UTMB Residents/Fellows at that site.

The DIO reviews all program letters of agreement when a participating site is added. By this, the DIO ensures that all PLA’s for new participating sites contain the four key components as outlined in the ACGME Institutional Requirements of:

a. Identify faculty who will assume both educational and supervisory responsibilities for Residents/Fellows.

b. Specify faculty’s responsibilities for teaching, supervision, and formal evaluation of Residents/Fellows, as specified later in this document.

c. Specify the duration and content of the educational experience; and,

d. State the policies and procedures that will govern Resident/Fellow education during the assignment.

2. Each of these agreements is signed by the Program Director, /DIO, as well as, by the Site Director (SD) and his/her/her DIO/Chair of Medical Staff or his/her designee for the participating site in order to ensure that both parties agree to the content of the agreement.
VII. Office of the Associate Dean for Graduate Medical Education:
The ADGME Office is located at Room 5.138, Rebecca Sealy Hospital, Campus Route 0175.

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VIII. APPOINTMENT TO UTMB RESIDENCY/FELLOWSHIP PROGRAMS

Eligibility of Appointment
All programs sponsored by UTMB:
- Will select Residents/Fellows from among eligible applicants on the basis of preparedness, ability, aptitude, academic credentials, communication skills and person qualities such as motivation and integrity; the Essential Functions for GME programs are outlined on the GME website at http://www.utmb.edu/gme/PDF/EssentialFunctions100907.pdf and include Observation/Sensory Modalities, Communication, Psychomotor Skills, Intellectual and Cognitive Abilities, and Professional Behavioral and Social Attributes; Will not discriminate with regards to sex, race, age, religion, ancestry, color, national origin, disability or any other applicable legally protected status;
- Will participate in and abide by the rules and regulations established by the National Resident/Fellow Matching Programs.

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.
PRE-EMPLOYMENT DRUG TESTING
Any person who applies for employment with UTMB including without salary employees (WOS). Drug tests are not required for volunteers. Residents and Fellows must have drug testing completed before employment.

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 begins 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, provide training for the electronic medical record system, 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 - The mandatory Risk Management Workshops focus on medico/legal aspects of practicing medicine including laws and institutional policies 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. All physicians and dentists (faculty, fellows, and residents) covered by the UT System Professional Medical Liability Benefit Plan (Plan) are required to complete five (5) hours of Risk Management Education (RME) each year as a condition of coverage. To meet this requirement, physicians may take online courses provided by UT or faculty physicians may participate in other risk management events and activities. Department coordinators provide information about these additional activities as well as other institution-specific requirements. About the on-line course:

• Education in Legal Medicine (ELM) Exchange, Inc., is the vendor selected by UT System to offer this course.
• ELM’s editorial board members are primarily physicians who are also attorneys.
• Courses use actual cases to teach physicians to identify and manage medical-legal risk.
• Each course is worth 1.75 hours credit.
• New users must complete a specialty-specific Standard of Care unit worth 1 hour. Any excess credit earned will not roll over into the new year.
• Once the specialty-specific Standard of Care course has been taken, physicians may select courses from the menu offered in subsequent years.
• Credits earned through the on-line courses qualify for continuing medical education (CME) credit.
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 5.138, Rebecca Sealy Hospital, campus route 0175.

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, he/she contact the UTMB Graduate Medical Education Office for 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 the 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.

Physician in Training Reports

UTMB Program Directors may be asked to submit information regarding any adverse action taken on a resident such as academic probation or arrests 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.

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.

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 (ANNEX D). 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 your patients. Many pharmacists will not fill prescriptions if this information is missing.

Department of Public Safety /Physicians-in-Training Identification Number
All Physician-in-Training (PIT) Permit Holders are required to have a personal DPS PIT ID. This is a state requirement and all prescriptions written must include a DPS PIT ID number in addition to your Institutional DEA number.

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. Residents/Fellows are not required to moonlight;
2. PGY-1 residents are not permitted to moonlight.
3. Moonlighting must not interfere with the ability of the resident to achieve the goals/objectives of the educational program.
4. Time spent by residents/fellows in internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit.
5. Independent licensure by the State of Texas for the practice of medicine is mandatory;
6. 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.
7. No house staff may "moonlight" during assigned duty time;
8. Permission of the residency Program Director must be obtained in writing before arranging to "moonlight." Individual Program Directors may forbid moonlighting. The Program Director must monitor the number of moonlighting hours as required by an ACGME Institutional Requirements to ensure compliance with duty hours. The Program Director must 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.

9. 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.

10. 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](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 by the residency program director.

If UTMB cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it will:

a) arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or

b) assist the residents/fellows in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME accredited programs in which they can continue their education.

Programs will make transfer decision expeditiously so as to ensure that each resident/fellow will complete the year in a timely fashion.

At the outset of a temporary resident/fellow transfer, the residency program director will inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer must continue to and/or through the end of a residency/fellowship year, it will so inform each such transferred resident/fellow.
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 Clinical Department through the Office of International Affairs. The UTMB ID badge is the only area in which the International Medical Graduate who receives an MBBS may choose to use “MD.” All other references will reflect the “MBBS.”

Q. **UTMB RELATIONSHIP WITH SHRINERS HOSPITALS FOR CHILDREN AT GALVESTON**

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. UTMB faculty who are also members of the Shriners Burns Hospital’s Medical Staff provides supervision. 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 GMEC External Training Site Review Subcommittee 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). Residents/Fellows must complete a mandatory educational module on anxiety and depression. They must also complete the institutional annual compliance training.
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/Clinical/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/General-Administrative/PNP_004842.

W. AMERICAN BOARD OF MEDICAL SPECIALTIES

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. GUIDELINES FOR APPROPRIATE USE OF THE INTERNET, ELECTRONIC NETWORKING AND OTHER MEDIA

Guidelines for the appropriate use of the Internet, Electronic Networking, and other media apply to all pre and postgraduate trainees registered at the School of Medicine at the University of Texas Medical Branch, including medical students, residents in training, postdoctoral fellows, graduate students, clinical and research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites. Residents/Fellows are required to complete an online compliance module. The details of the guidelines are found in ANNEX E.

Y. AMERICAN MEDICAL ASSOCIATION PRINCIPLES OF MEDICAL ETHICS

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first, as well as to society, to other health professionals, and to self. The Principles adopted by the American Medical Association are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician. The Principles can be found at www.ama-assn.org/ama/pub/physician resources/medical-ethics.

Z. NATIONAL PRACTITIONER DATA BANK (NPDB)

The NPDB is primarily an alert or flagging system intended to facilitate a review of health care practitioner’s professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner’s licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. NPDB information is not available to the general public. However, information in a form that does not identify any particular entity or practitioner is available. Information reported to the NPDB is
considered confidential and shall not be disclosed except as specified in the NPDB regulations. This information about NPDB can be found at http://www.npdbhrsa.gov/npdb.html.

IX. SALARY AND FRINGE BENEFITS; VACATION AND LEAVE

UTMB administers the Resident/Fellow’s employment contracts and other relevant Human Resources matters including leave, medical benefits, salary, insurance coverage, etc. Residents/Fellows shall abide and receive salary, annual leave, medical benefits, insurance coverage and other benefits set out in UTMB employment contract. The Leave Categories specific to House Staff are found in ANNEX F. A detailed description of benefits can be found at http://hr.utmb.edu/benefits/.

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 ANNEX G. 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 at http://hr.utmb.edu/benefits/.

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 at http://www.utmb.edu/poem/EAP/EAP.htm. Residents/Fellows must complete mandatory online compliance training on anxiety and depression as stated in Section IX.T Physician Impairment.

F. **RETIEMENT BENEFITS**

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

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 staff 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) notify the program director/department in which appointed), (2) call the Risk Management Department at (409)772-6897 so that the occurrence can be reported to the U.T. System and a decision may be made regarding an investigation.

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 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 K below, 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:
- HOP 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

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. Replacement of a lost badge will require a fee paid by the resident.

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 and embroidery services for the lab coats.

O. **ACCESS TO FOOD SERVICE/MEALS ON CALL**

Residents/Fellows on regular assignment have access to adequate and appropriate food services 24 hours a day in all institutions. Each site has its own policies regarding the provision of food for Residents/Fellows. Residents/Fellows should check with the relevant site information regarding meal benefit and charging policies.

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.

Q. **PARKING**

Parking information and permits may be obtained from the Parking Facilities Office located in Room 2.206 at the Administration Building, ext. 21581. The house staff pays a minimal amount for parking spaces during regular work hours. Fee for the garages is $20.00 per month and surface lots are $12.50 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**

While housing is not provided as an institutional benefit, information about local housing is available at the GME home-finder web page.

X. **DUE PROCESS; GRIEVANCE**

A. **GENERAL PRINCIPLES**

Although 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. 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 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. Occasional appointments for less than one year may be 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**

The institutional electronic evaluation system in New Innovations 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 systems. Training is offered by online training simulations.

E. **UNSATISFACTORY PERFORMANCE**

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 G below, 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, the recommendation to place a house staff on probation may be made by the Program Director and Chair of the Department. The ultimate responsibility for the decision to place a resident/fellow on probation rests with the Chair 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.

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 H below.

H. **APPEAL RIGHTS AND PROCEDURES FOR TERMINATION**

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). 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 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 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 Resident, 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.

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. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Program Director will provide the resident/fellow with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow prior to the end of the agreement.

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 I., except that the Associate Dean level shall be sole and final level of grievance.

XI. **Residency/Fellowship Responsibilities**

1. Residents/Fellows shall:
   a. Provide patient care, under appropriate supervision, as assigned by the Program Director (PD) and his/her designee, consistent with the educational goals of the Program and the highest standards of patient care (“patient care” includes responsibility for associated documentation in the medical record, which should be completed in a timely fashion, and attendance at patient care rounds as assigned);
   b. Make appropriate use of the available supervisory and support systems , seeking advice and input from faculty as and when appropriate, and in accordance with the GME Policy on Resident/Fellow Supervision;
c. Participate fully in the educational and scholarly activities of the program as specified by the Program Director, including attendance at didactic conferences, and other responsibilities which may include a research project, completion of examinations, maintenance of procedure logs, or other items;

d. Develop a personal program of learning to foster continued professional growth, with guidance from the faculty;

e. Assume responsibility, as called upon, in teaching more junior trainees and medical students, within the scope of the program;

f. Participate in improving the quality of education provided by the program, in part by submitting at least annually confidential written evaluations of the faculty, the program and the overall educational experience;

g. Adhere to established practices, procedures and policies of the Sponsoring Institution, the Sponsoring Institution’s Medical/Professional Staff, the Department and affiliated training sites;

h. Participate in institutional programs, councils or committees and other medical staff activities, as appropriate;

i. Abide by the institutional and program-specific Resident/Fellow policies on duty hours and, as scheduled by the Program Director, accurately report his/her duty hours;

j. Comply with institutional requirements for health and safety training, vaccinations and tuberculosis testing, if applicable;

k. Complete medical records in a timely manner.

2. The Program Director is responsible for overseeing the Resident/Fellow’s training and rotations throughout the period of residency. The Resident/Fellow should check with the UTMB GME Office prior to beginning rotations at an affiliated site to obtain the necessary procedures for reporting to the rotation site. Upon arrival for a rotation in an affiliated hospital, Residents/Fellows must report to the appropriate office to complete necessary paperwork. Residents/Fellows are responsible for adhering to the policies and procedures established by the GMEC, the institutions in which they function, and their individual programs.

3. While on rotations, Residents/Fellows shall also be:

a. Responsible to the Program Director to whom they have been assigned for all matters pertaining to the professional care of patients. They are responsible to the Site Director and Chairperson of the Medical Board at each facility to which they are assigned for matters of administrative policy and procedure;

b. Responsible for checking with the relevant Program Director regarding any response time requirements while taking call from home.

XII. ACADEMIC RECORDS

1. The UTMB GMEC upholds the highest standards regarding the management of Resident/Fellow academic records and confidentiality. Faculty and administrative staff may have access to Resident/Fellow records on a need-to-know basis in the course of training, performance improvement, research, or education/training. Misuse of medical data and/or inappropriate releases or disclosure of information may result in penalties for violation of medical privacy.

2. Disclosure of Resident/Fellow information and requests from outside parties shall require an appropriate signed release from the Resident/Fellow specifying what information UTMB shall disclose. Exceptions to this policy may apply for requests from governmental agencies where UTMB is required to respond to requests for information, inspections, or investigations.

3. UTMB does not typically release evaluations of residents/fellows past three years after completion of training. The program director may provide a copy of a final summative evaluation if the resident/fellow completed training during the past three years. If there has been no contact with the resident/fellow since completion of the program, only verification of the training program and completion date will be provided.
XIII. RESIDENT/FELLOW SUPERVISION AND DUTY HOURS

1. UTMB and all residency programs it sponsors are committed to abiding by Duty Hour Standards set by ACGME and responsible for:
   a. Promoting patient safety and Resident/Fellow well-being and to providing a supportive educational environment;
   b. Ensuring that the learning objectives of the programs are not compromised by excessive reliance on Residents/Fellows to fulfill service obligations;
   c. Ensuring that Residents/Fellows’ education and clinical training have priority in the allotment of Resident/Fellow’s time and energy;
   d. Ensuring that duty hour assignments recognize that faculty and Residents/Fellows collectively have responsibility for the safety and welfare of patients
   e. Providing guidelines for sleep deprivation and fatigue to all residents/fellows at the annual house staff orientation and located also on the GME web site.

2. The House Staff Sleep Rooms are available at all times for residents/fellows too fatigued to drive home after in-house call. If they choose to use the sleep rooms after completion of duty, it will not count towards their duty hours.

The ACGME Policy on Resident/Fellow Supervision and Duty Hours is attached as Annex H for reference. Residents/Fellows are also to refer to the program specific policies on Resident/Fellow supervision and duty hours, where applicable.

XIV. E-MAIL ACCESS

All Residents/Fellows will be assigned a UTMB e-mail account. Communications to Residents/Fellows will be done via this e-mail. Residents/Fellows are expected to check their UTMB email accounts on a regular basis. Residents/Fellows must abide by the institutional policies and procedures related to use of the UTMB e-mail system.

XV. INSTITUTIONAL RESIDENT FORUMS

a. THE HOUSE OFFICERS ASSOCIATION

The House Officers Association is an advisory group on matters affecting graduate medical education from the Residents/Fellows’ perspective. Membership includes all Residents/Fellows from each training program. Members of the HOA are in a unique position to share information with their peers and bring questions/concerns to the attention of the DIO and GMEC. As part of their membership, they are encouraged to disseminate information to and bring forth issues from their colleagues to the DIO and GMEC. The four officers of the HOA serve as voting members on the GMEC. The HOA Bylaws are found in Annex I.

b. CHIEF RESIDENTS COMMITTEE

The Chief Residents Committee is an advisory group on matters affecting graduate medical education at the Chief Resident’s level. Membership includes Chief Residents from all programs. There are six Chief Residents selected by the committee to serve as voting members on the GMEC.

XVI. OUTSTANDING RESIDENT AWARDS

The GMEC Work Environment/Operations Subcommittee selects annually an Overall First Year Resident and Overall Resident Fellow. The resident/fellow is nominated by the Program Director and the selection
criteria includes performance during residency based on the ACGME six core competencies and service to the university and community. The awards are presented to the recipients at a quarterly meeting of the GMEC. Certificates are also presented to the residents/fellows nominated for the awards.

XVII. OTHER IMPORTANT POLICIES AND PROCEDURES

1. Release of Information
   All Residents/Fellows are to note that should another institution, organization or individual to which the Resident/Fellow has applied for a position request for a reference from UTMB, UTMB may share all appropriate information that it possesses concerning the Resident/Fellow, including information relating to disciplinary proceedings, suspension or termination from the program or perceived inability to practice within commonly accepted standards of care. The Resident/Fellow acknowledges that UTMB will release such information in good faith and without any malice whatsoever.

2. Other Important UTMB Institutional Policies:
   Residents/Fellows are to note that the UTMB GMEC requires all UTMB Residents/Fellows to comply with the following institutional policies as well. Relevant policies will apply when Residents/Fellows rotate to other participating sites.

   a. General Conduct
   b. Personal Appearance/Dress Code
   c. Attendance and Punctuality
   d. Confidentiality
   e. External Communication
   f. Secondary Employment
   g. Breach of EMR Usage
   h. Disciplinary P&P
   i. Ethical Code & Guidelines
   j. Staff Grievance
   k. UTMB Medical Staff Bylaws
   l. Adherence to Clinic and Inpatient Unit Policies
ANNEX A

ACGME COMPETENCIES

The residency/fellowship program must integrate the following ACGME competencies into the curriculum:

Patient Care

Residents/Fellows 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/Fellows 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/Fellows 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/Fellows 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/Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents/Fellows 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/Fellows 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/Fellows 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, 2011
ANNEX B

GRADUATE MEDICAL EDUCATION

INSTITUTIONAL STATEMENT

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

I. Preamble

The University of Texas Medical Branch consists of the School of Medicine, the School of Nursing, the School of Allied Health Sciences, the Graduate School of Biomedical Sciences, the Institute for the Medical Humanities, and the Marine Biomedical Institute, the Institute for Human Infections and Immunity, as well as The University of Texas Medical Branch Hospitals and Clinics. The University of Texas Medical Branch at Galveston exists under the authority of The University of Texas Board of Regents and was established by the State of Texas by Constitutional Amendment. It has existed in Galveston since 1891 and represents the oldest of The University of Texas medical schools. Its teaching hospitals are operated under the authority of The University of Texas System and funded by the State of Texas. These hospitals and clinics represent the only general categorical referral hospitals operated by the State of Texas. The State of Texas, operating through the Regents of The University of Texas System and its Chancellor and Vice Chancellor for Health Affairs, establishes local authority for operations with the President of The University of Texas Medical Branch at Galveston. Through the President, the Executive Vice President and Provost/Dean of the School of Medicine, and the Executive Vice President and CEO for UTMB Health System, authority is vested in the area of Graduate Medical Education to the Associate Dean for Graduate Medical Education who is the Designated Institutional Official for the Galveston residency programs.

II. General Institutional Mission Statement

The University of Texas Medical Branch at Galveston is established and operated to discover new medical knowledge through basic and clinical research, apply such through patient care, and extend its utilization through educational programs conducted by its various faculties and employees under the authority, directives, and restrictions of the Board of Regents of The University of Texas System. A formal mission statement has been developed as a part of the institutional strategic planning process as follows:

The mission of The University of Texas Medical Branch at Galveston is to provide scholarly teaching, innovative scientific investigation, and state-of-the-art patient care in a learning environment to better the health of society.

UTMB’s education programs enable the state’s talented individuals to become outstanding practitioners, teachers, and investigators in the health care sciences, thereby meeting the needs of the people of Texas and its national and international neighbors.

UTMB’s comprehensive primary, specialty, and sub-specialty care clinical programs support the educational mission and are committed to the health and well-being of all Texans through the delivery of state-of-the-art preventive, diagnostic, and treatment services.
III. Specific Mission Related to Graduate Medical Education

At the completion of medical school, the student is prepared only for a career of further learning. Extended education and clinical experience is required for the student to function effectively in the practice of medicine. The University of Texas Medical Branch has, as a component of its educational mission, the preparation of graduates of medical schools approved by the LCME (or students from non-LCME approved medical schools satisfying ACGME requirements) for entry into graduate medical education for such a career of effective medical practice through its graduate medical education residency programs.

These GME programs provide both training in the primary care disciplines and also in those medical specialties providing consultation to them and specialty care for these patients. This mission in graduate medical education not only assists in providing adequate numbers and diversity of medical practitioners for the State of Texas, but also provides role models for the various students enrolled in the professional schools at The University of Texas Medical Branch and assists in the undergraduate medical education programs. In addition, the graduate medical education programs provide an educational and training site for future faculties of both this health science center and others. The mission in graduate medical education at The University of Texas Medical Branch at Galveston is therefore seen as more than the clinical training of practitioners. It is, in fact, the development of future faculty and researchers as well.

IV. Process of Institutional Resource Distribution

A. Academic

The Executive Vice President and Provost/Dean of Medicine utilizing funds provided to the School of Medicine by the State of Texas provides resources for the operation of the clinical academic departments. These resources are provided on the basis of budget hearings and are related to the educational, research, and service missions of those departments and the role that the departments play in the overall institutional mission. This provides a framework of support for the graduate medical education programs. The Executive Vice President and Provost/Dean of Medicine and the Executive Vice President & CEO for UTMB Health Systems, through the Associate Dean for Graduate Medical Education, each provide a portion of the resources for the maintenance of an Office of Graduate Medical Education which includes secretarial and clerical support to satisfy the needs for the recruitment and maintenance of house staff and institutional participation in accreditation processes required for graduate education programs. This funding also addresses the resident capitation costs of participation in the accreditation process, the accreditation costs of program review, the maintenance of a residency profile database and its further extension and development, and some travel.
B. **Hospital**

The University of Texas Medical Branch Hospitals, through their legislative appropriation and earned income, provide the salaries and benefits for the great majority of house staff receiving their training and education in The University of Texas Medical Branch Hospitals and Clinics. The Executive Vice President and CEO for UTMB Health System, through the Associate Dean for Graduate Medical Education, allocates these positions to the various residency programs. They are granted on a yearly basis with understood long term commitments related to the number and length of each residency program. All residents appointed at The University of Texas Medical Branch are salaried and are appointed for one-year terms, renewable with progression, on the recommendation of the program directors. Funding is granted to programs only to the extent that they are in an ACGME approved status and only for the Residency Review Committee approved number of residents and length of programs. Petitions for additional positions or additional length of program must be supported by documents indicating the approval of the appropriate Residency Review Committee. Certain programs may be funded based on equivalent specialty Board or Texas Medical Board accreditation if approved by the UTMB House Staff Office. The Hospitals also provide the clerical and secretarial staff and operating budget to maintain the house officers as employees of the institution, process their records as such, participate as an institution in the National Residency Matching Program, and satisfy institutional permit and other licensure and visa requirements for their legal function in the State of Texas. Various other operational requirements of the residency program, including personnel matters, are carried out through this hospital office. The Associate Dean for Graduate Medical Education operates this office directly and is advised by the Graduate Medical Education Committee. This assures regular (at least quarterly) meetings with the program directors and representatives from the house staff as a group to facilitate communication and address problems or opportunities.

C. **Departmental**

The departmental authorities and responsibilities related to graduate medical education are vested in the various clinical departments through the Associate Dean for Graduate Medical Education. Each department provides a framework for selection, review, curriculum development and implementation, as well as periodic evaluation and final certification of expected levels of proficiency of its various house officers. Each program is managed departmentally by a program director appointed by the departmental Chair. The final authority in each clinical department is the clinical Chair of that department who functions also as the academic department head in the School of Medicine. Larger departments may utilize residency committees to assist the program director in dealing with these issues.

V. **Operational System**

A. **Appointment of Teaching Staff**

All teaching staff are full-time or part-time members of the Faculty of the School of Medicine, and are appointed by the Board of Regents upon the recommendation of the President of UTMB. The Executive Vice President and Provost/Dean of Medicine initiates this appointment process on petition from the academic departmental Chair and on the advice of the Appointment, Promotion, and Tenure Committee of the School of Medicine.

B. **Selection of Residents**

Selection of residents rests with the department/division through its program director if it is in conformance with ACGME standards and is endorsed by the institution through the
Associate Dean for Graduate Medical Education. Except in very unusual circumstances requiring approval by the Associate Dean for Graduate Medical Education, residents enter the first postgraduate year through the National Residency Matching Program by institutional commitment. Residents enter at subsequent years either through the matching programs appropriate for those specialties or by appointment recommended by the program director. Each program director has a graduate medical education advisory group for the ranking for selection of applicants to its graduate medical programs.

Residency programs select from among eligible applicants based on their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. They do not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

C. Appointment of Resident Physicians

The formal appointment of resident physicians is made at an institutional level by the Associate Dean for Graduate Medical Education on petition from the various program directors and as appropriate to the program status and the number of positions and length of training authorized by the involved Residency Review Committee. Resident appointments are one year in length and are renewable annually on the recommendation of the program director and concurrence by the Associate Dean for Graduate Medical Education. Residents are employees of The University of Texas Medical Branch and are, therefore, entitled to the usual employee benefits and assistance programs and are covered by institutional personnel policies.

D. Supervision of Residents

Day-to-day supervision of residents rests with the program director based on the mechanism established in that particular discipline and with institutional oversight and monitoring by the Associate Dean for Graduate Medical Education and the Graduate Medical Education Committee.

All patient care must be supervised by qualified faculty. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

Certification of completion of residency training is granted institutionally on the recommendation of the program director.

E. Evaluation of Residents by Faculty

This responsibility is assigned by the institution to the program director. All residency programs are required to use the MyUTMB and New Innovations electronic evaluation systems. There are six required measures to ensure compliance of the ACGME core competencies. Each residency program can add performance measures specific to its rotations. The intent of the evaluation is to assist the resident in realizing the educational goals established by his/her program including required technical proficiency and to identify problems so that an effective course of corrective action can be planned. Formal evaluations of house staff are to be conducted at intervals considered optimal by the program director, but must be at least as frequently as required in the ACGME's
Institutional Requirements and/or Program Requirements for that specific medical discipline. The Associate Dean provides institutional oversight of the evaluation of residents for Graduate Medical Education and the Graduate Medical Education Committee.

F. Evaluation of Program and Faculty by Residents

This responsibility is also assigned by the institution to the program director. Residents are required to evaluate the faculty and rotations anonymously using the electronic evaluation systems. The evaluations are completed after each rotation. The resident also completes an annual evaluation of the program and faculty. The residents evaluate the faculty using the ACGME’s core competencies, and there are specific questions on each rotation regarding duty hours and faculty supervision. This process satisfies the ACGME program requirement and its effectiveness will be reviewed as a component of the internal review process or as necessary between such reviews.

The residents completing training are required to complete an evaluation of the program before leaving UTMB. Questions include the overall educational experience of the residency/fellowship, interactions with the faculty and staff, and hospital operations.

G. Evaluation of Program by Supervising Faculty

The Program Faculty are required to complete annual evaluations of the residency program using the MyUTMB evaluation system. The evaluation monitors whether there is sufficient time to teach, are there appropriate facilities available to teach, does the department foster “spirit of inquiry” for residents/fellows, is there appropriate number of patients and surgical cases (if applicable) to teach the residents/fellows, does the program recruit high quality residents/fellows, and does the program director provide effective leadership for the program? It also asks about major strengths and improvements needed.

H. Dismissal of Residents

Dismissal of residents for cause is implemented institutionally based on recommendations received from the program director indicating the reasons for such dismissal. Any action that would be considered adverse to the resident has established mechanisms for appeal as noted.

I. Assurance of Due Process

House staff are unique among UTMB employees in that they are not only students/trainees, but also themselves teachers and medical service deliverers. A specific due process procedure has been developed at UTMB to address such concerns as they apply to house staff and is contained in the “UTMB Hospitals—General Information for House Staff.”

VI. Periodic Review

Each academic department is required to conduct periodic academic review including, for the clinical academic departments, the status of its residency program. The Faculty of Medicine formally adopted this policy in 1978. In addition, periodic review of its residency program is carried out at regular intervals by the Graduate Medical Education Committee as required in the ACGME's Institutional Requirements and Program Requirements for that discipline. Institutional oversight to assure compliance with accreditation standards and periodically review individual programs is a function of the Graduate Medical Education Committee.
VII. Resident Agreements

Formal Work Agreement acceptance of the residency position and appointment as an employee is signed by the institution and the resident. As employees of The University of Texas Medical Branch, residents are entitled to the same vacation, sick leave, maternity leave, and institutional fringe benefits as other employees. In addition, residents are provided liability protection under the University of Texas System Professional Medical Liability Benefit Plan to a level of $100,000. Residents will also have liability protection by statute under Chapter 104, Civil Practice, and Remedies Code up to $100,000 per claim. The resident is protected for issues that occurred during the residency, even though the resident has completed the program. All residents appointed at The University of Texas Medical Branch are salaried and are appointed for one-year terms, renewable with progression, on the recommendation of the program directors. Programs have agreed that the resident will be informed no later than March 1st (or four months prior to the completion of their resident level if appointed other than on July 1st) if the program does not plan to reappoint them with progression to the next level of training. If non-renewal of work agreement occurs within four months prior to end of the agreement, the resident will be provided with as much written notice of the intent not to renew as circumstances reasonably allow. Residents are asked to extend the same courtesy to programs if they plan not to accept a reappointment at the next level of training.
ANNEX C

UTMB GRADUATE MEDICAL EDUCATION COMMITTEE POLICIES
AND PROCEDURES FOR PERIODIC INTERNAL REVIEW OF GME PROGRAMS

Goal: To develop a comprehensive pragmatic process for GME program oversight by the Graduate Medical Education Committee. The review process is intended to regularly monitor program compliance with both ACGME standards and UTMB institutional policies and procedures, to recognize significant changes in either the training programs or the ACGME standards with which they must comply, and to secure other information necessary for the GME Committee to discharge its institutional responsibilities. This internal review process obviously cannot replace ACGME/RRC site surveys and reviews, but is intended to complement that process.

Objectives – ACGME General Competency Requirements

1. The internal review is to assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.

2. The internal review is to provide evidence of the program’s use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas.

3. The internal review is to appraise the development and use of dependable outcome measures by the program for each of the general competencies.

4. The internal review is to appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

Policy:

1. The Graduate Medical Education Committee (GMEC) will review each residency training program midpoint between ACGME/RRC external reviews utilizing the procedure outlined later in this document. All internal review team members must attend interviews as required by ACGME. A formal final report will be prepared by the Chair of the Internal Review Team using the ACGME guide and provided to the program director and senior institutional administration. The original report will be retained in the UTMB House Staff Office.

2. In addition, the GMEC will provide a consultative review on request to each individual residency program director approximately two months prior to any ACGME/RRC on-site survey utilizing the procedure outlined later.

3. The GMEC will request a progress report within three months after the mid-cycle internal review. The progress report will address responses to recommendations from the internal review and any substantive changes that have occurred since internal review in program leadership or case material.

4. The GMEC will also request a progress report within three months after the formal RRC review of the program. The progress report will address responses to citations from the formal review and will be presented to the GMEC.
Procedures:

1. The internal review function will be primarily the responsibility of the standing Internal Review Subcommittee of the GMEC from an operational standpoint. Schedules for periodic internal review, consultative reviews, and the progress reports after internal reviews rest with the GMEC as a whole. So also does the formal final review of their outcome and the development of recommendations to the individual residency programs and to senior administration.

2. The periodic institutional internal review will be conducted midpoint between ACGME/RRC external reviews. The tentative date will be scheduled by the GMEC as a part of its final recommendations when an individual residency program is externally reviewed and its final ACGME Letter of Recommendation (LOR) received by UTMB. This schedule may be altered subsequently by the GMEC if there are significant changes in the program’s leadership or case material, in the ACGME standards with which it must comply, or significant citations after formal RRC review. The internal review team will consist of two residency program directors and one resident member from GME programs other than that being reviewed. The Internal Review Subcommittee of the GMEC will name specific membership and an internal review team chair identified. With the assistance of the House Staff Office, the program director of the program to be reviewed will provide the review team chair with the following information:
   a. Last ACGME action on program (earlier actions if pertinent),
   b. Program’s planned response to ACGME citations, if any, and copy of progress report after ACGME formal review,
   c. A copy of the last internal review
   d. A listing of changes in the program since that time in leadership, faculty, goals and objectives, curriculum or teaching format/conferences, patient care facilities, resident complement, participating institutions, and patient material availability,
   e. Compilation of resident procedural numbers if appropriate and if annual submission of this data is required by their RRC,
   f. A succinct summary of outcome data such as resident performance on in-service exams, Board exams, and practice placement for the four years immediately preceding this, and
   g. Specific problems/opportunities for which additional institutional resources will be required to maintain accreditation and/or program quality. The review team will interview the program director, program faculty, and a minimum of one resident (peer selected) from each training level in the program to verify the above information and assess:
      1. the degree of compliance with ACGME standards and institutional policies/procedures;
      2. major changes in the program in terms of case material, faculty, facilities, quality of recruited residents, etc. and
      3. specific institutional and program requirements as specified on the internal review checklist
      4. opportunities or problems anticipated prior to its next external review. Additional interviews or data may be required and will be at the judgment of the review team chair. A summary and set of recommendations will be developed by the review team and submitted to the Internal Review Committee within approximately two weeks of the completion of interviews. The internal review checklist will also be completed and attached to the report. This report will subsequently be discussed and endorsed/modified by the Executive Committee initially and then by the GMEC as a whole. Preparation of the final report will be the responsibility of the Associate Dean for GME in collaboration with the review team chair and copies will be provided to the program director, the House Staff Office for the official files, and the senior administration.
   h. ACGME Data Summaries and Program Director Response
3. The consultative review will be at the discretion of the program director and scheduled for approximately two months prior to an ACGME/RRC on-site survey. Tentative scheduling will be done at the time the mid-cycle survey (#2 above) and finalized at formal notification of an on-site survey date by the involved RRC. Team composition and mechanism of appointment will in general be the same as the mid-cycle internal review team. The PIF (in draft is acceptable) prepared by the program for the external on-site surveyor will be used to provide the needed data for the internal consultative review team. Interviews will be comparable to the mid-cycle internal review approach. On conclusion of this consultative internal review, an oral report and recommendations related to both the PIF and the on-site external review interviews will be given to the program director by the review team chair. This will be followed by a relatively brief written final report to the program director copied to the Associate Dean for GME for his/her review and inclusion in the program files. No formal report of these reviews will normally be brought to the GMEC as a whole since they are consultative, but such presentation may be recommended by the Associate Dean for GME if circumstances warrant.

4. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

   a) The GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.

   b) After enrolling a resident, an internal review must be completed within the second six-month period of the resident’s first year in the program.

5. The progress reports after internal review and the progress reports after formal ACGME review will be reviewed by the Chair of the Internal Review Committee and by the Associate Dean for GME. They will be distributed to members of the GMEC.
ANNEX D

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.tmb.state.tx.us
ANNEX E

Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media

These Guidelines apply to all pre and postgraduate trainees registered at the School of Medicine at the University of Texas Medical Branch, including medical students, residents in training, postdoctoral fellows, graduate students, clinical and research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video sites.

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but trainees need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for postgraduate trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The University of Texas Medical Branch is committed to maintaining respect for the core values of freedom of speech and academic freedom. Trainees are reminded that they must meet multiple obligations in their capacity as students, residents, fellows and as members of the medical profession and as employees of hospitals and other institutions. These obligations extend to the use of the Internet at any time—whether in a private or public forum.

Postgraduate trainees and students are also subject to all HIPAA rules and regulations.

General Guidelines for Responsible Internet Use:

These Guidelines are based on several foundational principles as follows:

- Privacy and confidentiality are important to the development of trust between physician and patient,
- Respect for colleagues and co-workers is an integral part of maintaining an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Individuals must be responsible for the content they contribute to blogs.
- Published/posted material on the Web must be regarded as permanent
- All involved in health care have an obligation to maintain the privacy and security of patient records under Health Insurance Portability and Accountability Act (HIPAA) http://www.utmb.edu/compliance/hipaa/hipaa-policies.htm
- Any time an individual identifies himself or herself as being affiliated with UTMB, he or she should make it clear that the views expressed do not necessarily represent the views of UTMB and may not be used for advertising or product endorsement purposes

a) Posting Information About Patients

Never post personal health information about an individual patient. The Institutional Handbook of Operating Procedures (IHOP) Policy 6.2.0 General Policy on the Use and Disclosure of Protected Health Information (PHI) defines PHI as individually identifiable health information transmitted or maintained in any form or medium, including oral, written and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is
considered PHI where there is a reasonable basis to believe the information can be used to identify an individual. Demographic information on patients is also considered PHI. These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Trainees must ensure that anonymous descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.

**Exceptions** that would be considered appropriate use of the Internet:

1. Within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution.
2. Within specific secure course-based environments that have been set up by The University of Texas Medical Branch and that are password-protected or have otherwise been made secure.
3. Even within these course-based environments, participants should
   a. Adopt practices to make individuals “anonymous”;
   b. Ensure there are no patient identifiers associated with presentation materials; and
   c. Use objective rather than subjective language to describe patient behavior. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
4. Entirely fictionalized accounts that are so labeled.

**b) Posting Information About Colleagues and Co-Workers**

Respect for the privacy rights of colleagues and co-workers is important in an interprofessional working environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission—preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behavior.

Such comments may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Nondiscrimination Policy.

**c) Professional Communication with Colleagues and Co-Workers**

Respect for colleagues and co-workers is important in an inter-professional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive, or demeaning is unprofessional behavior. Such communication may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Nondiscrimination Policy.

**d) Posting Information Concerning Hospitals or Other Institutions**

Comply with the current hospital or institutional polices with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

Postgraduate trainees must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution and the University to maintain the public trust. Consult with the appropriate resources such as the Public Affairs Department of the
hospital, Postgraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

Include a disclaimer that the views expressed do not necessarily represent those of UTMB.

Adhere to compliance policies, including those pertaining to disclosure of copyrighted or proprietary information

e) Offering Medical Advice

Do not misrepresent your qualifications.

Postgraduate trainees are reminded that their institutional permit only allows the practice of medicine in UTMB approved rotations. Medical advice outside of this limitation is not protected by our malpractice plan.

Penalties for inappropriate use of the Internet:

The penalties for inappropriate use of the Internet could include:

- Remediation, suspension, failure to promote, or dismissal
- Discipline for breach of hospital or institutional policy
- Prosecution or a lawsuit for damages for HIPAA violation
- A finding of professional misconduct by the Texas Medical Board
- Civil liability, including but not limited to defamation, intentional infliction of emotional distress, and copyright infringement
ANNEX F
LEAVE CATEGORIES FOR HOUSE STAFF

PURPOSE: Define institutional leave categories for house staff

NOTE: Residency programs may have individual adjustments to these leave policies.

CRITERIA: House staff leave requests:

- regular vacation/sick leave
- requests not utilizing earned vacation time

INSTRUCTIONS:

I. Categories simply listed as a regular work day (with covering travel request as appropriate)
   a. Educational leave for medical meeting without a resident presentation - maximum of five (5) days per year
   b. Additional educational leave for medical meetings at which resident presents - maximum of five (5) additional days per year
   c. USMLE Exam - maximum of three (3) days during program for first-time takers only
   d. Specialty certification or recertification exam - maximum of three (3) days each for oral and written components for first-time takers only
   e. Job interviews - maximum of six (6) days total during residency
   f. Departmental recruitment trips at Program Director’s request - maximum of five (5) days per year

II. Categories Requiring Specific Identification
   a. Paternity Leave - to be handled under earned time utilizing institutional guidelines
   b. Other institutional formally designated leave days (e.g. hurricane leave days)

III. Regular Vacation/Sick Leave Requests
   Leave requests for regular vacation and sick leave should be approved by the residency program director and a copy retained in the residency program’s personnel file as the official file copy.

IV. Advancing Vacation Accruals

   Programs are allowed to advance vacation accruals to the residents. This is for the sole purpose of assisting the programs with scheduling the new residents’ vacations and ensuring that there is sufficient service coverage during the second half of their resident year. The resident can be advanced vacation accruals, but must not have a negative balance by the end of the same resident year. If there is a negative balance in the final year of residency (employment at UTMB), the department will need to do
corrected HRMS FLEA forms to change the recorded time using a different type of leave or use LWOP (leave without pay) for the number of negative hours.

If a resident is allowed to have negative leave accruals, it is on a temporary basis and his/her leave request form should denote the reason a negative accrual is approved.
## ANNEX G

**UTMB HOUSE STAFF BASE SALARIES**  
Effective 9/1/2010

<table>
<thead>
<tr>
<th>House Staff Level</th>
<th>Annual Salary</th>
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ANNEX H
ACGME House staff Duty Hours and the Working Environment

VI. Resident Duty Hours in the Learning and Working Environment

VI.A. Professionalism, Personal Responsibility, and Patient Safety

VI.A.1. Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

VI.A.2. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

VI.A.3. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

VI.A.4. The learning objectives of the program must:

VI.A.4.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,

VI.A.4.b) not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

VI.A.5. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

VI.A.5.a) assurance of the safety and welfare of patients entrusted to their care;

VI.A.5.b) provision of patient- and family-centered care;

VI.A.5.c) assurance of their fitness for duty;

VI.A.5.d) management of their time before, during, and after clinical assignments;

VI.A.5.e) recognition of impairment, including illness and fatigue, in themselves and in their peers;

VI.A.5.f) attention to lifelong learning;

VI.A.5.g) the monitoring of their patient care performance improvement indicators; and,

VI.A.5.h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

VI.A.6. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.
VI.B. **Transitions of Care**

VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care.

VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

VI.B.4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.

VI.C. **Alertness Management/Fatigue Mitigation**

VI.C.1. The program must:

VI.C.1.a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;

VI.C.1.b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and,

VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

VI.C.3. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

VI.D. **Supervision of Residents**

VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

VI.D.1.a) This information should be available to residents, faculty members, and patients.

VI.D.1.b) Residents and faculty members should inform patients of their respective roles in each patient’s care.

VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.
Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

VI.D.3. Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(1) With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b).(2) With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

VI.D.4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

VI.D.4.a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

VI.D.4.c) 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.

VI.D.5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

VI.D.5.a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

VI.E. **Clinical Responsibilities**

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

[Optimal clinical workload will be further specified by each Review Committee.]

VI.F. **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.

[Each Review Committee will define the elements that must be present in each specialty.]

VI.G. **Resident Duty Hours**

VI.G.1. **Maximum Hours of Work per Week**

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

VI.G.1.a) **Duty Hour 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.

VI.G.1.a).(1) 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.

VI.G.1.a).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution’s GMEC and DIO.

VI.G.2. **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.
VI.G.2.b) 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.

VI.G.2.c) PGY-1 residents are not permitted to moonlight.

VI.G.3. Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

VI.G.4. Maximum Duty Period Length

VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.

VI.G.4.b) 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.

VI.G.4.b).(1) 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 must be no longer than an additional four hours.

VI.G.4.b).(2) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

VI.G.4.b).(3) 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.

VI.G.4.b).(3).(a) Under those circumstances, the resident must:

VI.G.4.b).(3).(a).(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

VI.G.4.b).(3).(a).(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

VI.G.4.b).(3).(b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

VI.G.5. Minimum Time Off between Scheduled Duty Periods
VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

VI.G.5.b) Intermediate-level residents [as defined by the Review Committee] 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.

VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

VI.G.5.c).(1) 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.

VI.G.5.c).(1).(a) 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.

VI.G.6. 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 consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

VI.G.7. 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).

VI.G.8. At-Home Call

VI.G.8.a) 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.
VI.G.8.a). (1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

VI.G.8.b) 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”.

ACGME Common Program Requirements Effective July 1, 2011
ANNEX I

Bylaws of the UTMB House Officers Association (HOA)

Article I – Membership

A. Active membership shall be required of all persons holding residency appointments at UTMB, up to and including chief residents and fellows.

B. Active and emeritus members in good standing shall be entitled to all privileges of membership as provided in the Constitution and Bylaws of the Association, including the duty to vote and the right to hold office.

C. Good standing shall be evidenced by paid-up dues and assessments authorized by members’ dues “check–off” from salary to the Association through UTMB.

Article II – Officers & Council

The Officers of the Association shall be a President, Vice President immediate past-President, Treasurer, Secretary and Public Relations Officer. The Vice President, Treasurer, Secretary and Public Relations Officer shall be elected annually from among the members of the Association by a secret ballot election and shall hold office until their successors have been elected and installed. The President of HOA must have been previously an active HOA Officer.

A. The President, or in his/her absence, the Vice President, shall preside over all meetings of the association and the council. In the absence of both, a temporary presiding officer shall be elected from among all members present. The president shall appoint all committees of the association, unless it is specifically provided or ordered otherwise. He/she shall exercise general supervision over all the affairs of the association. The president shall be a member of all committees, but he/she shall not be counted in determining a quorum.

B. The Secretary shall keep a complete record of all proceedings and correspondence of the association and council. He/she shall send notices of meetings by mail or by contact to members of the association or council as may be required. He/she shall keep a roll of the members and shall perform all other duties usually assigned pertaining to a secretary.

C. The Treasurer shall perform the duties usually pertaining to a treasurer. He/she shall make payments only for bills properly approved, and all checks shall bear the signature of the president or president-elect in addition to that of the treasurer. In the absence or incapacity of the Treasurer, his/her power to sign checks may be delegated by the Council to one of its members.

D. Contracts and formal documents shall be signed by the president and the treasurer, or in the absence of either, by one of two members of the council who it shall designate. No contract shall be entered into or debt incurred on behalf of the Association over the amount $50 (fifty-dollars), except for approval of the council or officers. The officers or council shall not incur or authorize any debt or liability exceeding the net assets of the Association.

E. An officer may be removed from office for cause and with due process by the council at any regular or special meeting. Any officer, who shall become a disqualified person, shall immediately, on the effective date of disqualification cease to be an officer. Any officer may resign at any time by giving written notice to the council. Any such resignation shall take effect at the date of the receipt of this notice or at any
later specified time, and unless otherwise specified, the acceptance of this resignation shall not be necessary to make it effective.

F. Members of the Council shall be elected annually from among the members of the residency programs as specified in the constitution. They shall hold office until their successors have been elected and installed. Any member of the council, who shall absent herself/himself from three (3) consecutive regular meetings thereof, unless he/she shall present satisfactory reasons for such absences, shall cease to be a member thereof. He/she may be reinstated by a majority vote of the council.

The council shall act as a nominating committee for officers and shall advise the Secretary of its nominations of candidates for officers for the succeeding year and the elections to be held in order for the membership to be apprised of its choices. Nominations will also be taken from the floor. Any member in good standing may nominate herself/himself or another member in good standing for any position.

Article II: Committees

The regular (standing) Committees of the Association shall be:

1. Committee on Organization - This committee shall have the major responsibility for enrolling, maintaining contact with, and coordinating the unified efforts of the membership.

2. Committee for Outside Relations - This committee shall be the main contact with the hospital administration for the handling of negotiations and the processing of members grievances. The Officers shall be standing members of this committee.

3. Program Committee - This committee shall be responsible for the format, appropriate subjects and presenters of the regular or special meetings, in coordination with the duties and requirements of the President and Council, and for informal programs to foster the goodwill and interest of the members.

4. Special Committees shall be appointed from time to time by the President to consider and report to the Officers and the Council on the subjects requiring investigation and/or action.

Articles IV – Dues and Assessments

Dues shall be kept to a minimal level as possible. Money collected for dues shall be sufficient to maintain the association for the current year, with not more than 10% of the total collected being retained over from the previous year. Dues or assessments may be increased only by the majority vote of the membership at a regular or special meeting and after due notice.

Article V – Meetings of the Association, Council

A. The annual meeting of the association for the elections of officers and members of the council shall be on the third (3rd) Thursday of September in each year. Regular meetings shall be held at least quarterly throughout the year, with such meeting times to be established by the council. Special meetings may be called at any time by the President or on the written request of a majority of the council or the membership. Seven (7) days written notice must be given to all members of the association, and such notice must state the objective and reason for the reason for such meetings. Fifty-one percent (51%) of the officers and members of the council or 10% of the members in good standing shall constitute a quorum for meetings of the membership.
B. The council and officers shall meet regularly, at least monthly, on a date and time agreed by the council at its first meeting after installation. Special meetings may be called at any time on not less than three (3) days notice. Fifty-one percent (51%) shall constitute a quorum at meetings of the council.

Article VI – Order of Business

A. Annual meetings. At annual meetings, the following shall be the order of business:

2. Elections
4. Reports of the outgoing President, Secretary, and Treasurer.
5. (Optional) Presentation of and address of guest speaker and discussion.
6. New and/or old business

B. Regular Meetings. At regular meetings the following shall be the order of business:

1. Call to order; reading of minutes of previous meeting
2. Receiving communications
3. Reports of Officers and Committee Chairpersons
4. Unfinished Business
5. New Business
6. Adjournment

Article VIII – Amendments

These Bylaws may be amended by the affirmative votes of a majority of the members voting at any regular or special meeting of the Association, provided a quorum is present, and provided further that notice of such amendment or amendments shall be given to the members of the Association at least one month prior to the date of the meeting at which said amendment or amendments are to be presented for consideration. Members not present may vote by letter addressed to the Secretary prior to the meeting, provided further that such letter is opened only at time of counting the votes at said meeting.