



Graduate Medical Education Institutional Handbook

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I. ABOUT THIS INSTITUTIONAL HANDBOOK

1. This handbook is compiled by The University of Texas Medical Branch at Galveston (UTMB) and its Graduate Medical Education Committee (GMEC) as a guide and resource for all Residents/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 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 will 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 and the UTMB Institutional Handbook of Operating Procedures (IHOP). The Graduate Medical Education Committee approves all revisions to the 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 otherwise noted):

Allergy/Immunology – Internal Medicine-Pediatrics
Anesthesiology
Anesthesiology – Adult Cardiothoracic
Anesthesiology – Clinical (TMB Approved)
Anesthesiology – Critical Care Medicine
Anesthesiology – Obstetrics (TMB Approved)
Anesthesiology – Pain Medicine
Dermatology
Dermatopathology
Family Medicine
Family Medicine – Integrated & Behavioral Medicine

Internal Medicine
 Internal Medicine – Advanced Heart Failure (TMB approved)
 Internal Medicine-Cardiology
 Internal Medicine-Cardiology/Interventional
 Internal Medicine – Endocrinology
 Internal Medicine – Gastroenterology
 Internal Medicine – Geriatrics
 Internal Medicine – Infectious Diseases
 Internal Medicine – Nephrology
 Internal Medicine – Oncology
 Internal Medicine – Pulmonary/Critical Care
 Internal Medicine- Rheumatology
 Internal Medicine-Preventive Medicine/General
 Internal Medicine-Preventive Medicine/Aerospace
 Neurology
 Neurology – Clinical Neurophysiology
 Obstetrics and Gynecology
 OB-Gyn – Maternal/Fetal Medicine (ABOG approved)
 Ophthalmology
 Ophthalmology-Methodist
 Orthopaedic Surgery
 Orthopaedic Surgery – Foot & Ankle
 Otolaryngology
 Pathology
 Pathology-Cytopathology
 Pathology-Surgical
 Pediatrics
 Pediatrics – Neonatal/Perinatal
 Preventive Medicine/Aerospace
 Preventive Medicine/General
 Psychiatry
 Psychiatry-Child & Adolescent
 Radiation Oncology
 Radiology-Diagnostic
 Radiology-Breast Imaging (TMB Approved)
 Radiology-Vascular/Interventional
 Radiology-Neuro
 Surgery – Burn Research and Clinical Fellowship (TMB Approved)
 Surgery-General
 Surgery-Neuro
 Surgery-Plastic /Integrated
 Surgery-Plastic Surgery/Craniofacial
 Surgery-Critical Care
 Surgery-Oral (ADA approved)
 Surgery-Urology
 Surgery-Vascular-Integrated

3. Other Major Participating sites for UTMB residency and Fellowship programs include:

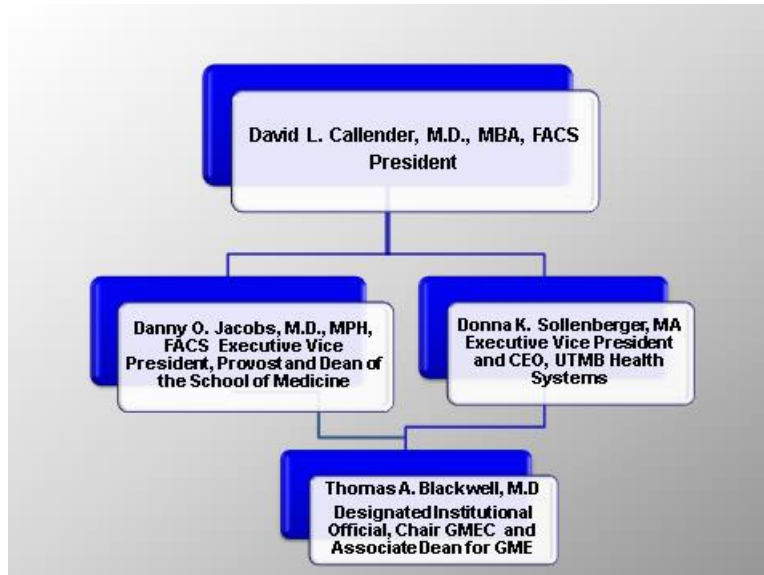
Columbus Community Hospital
 DaVita Healthcare Partners, Inc.
 Mainland Medical Center, Texas City, Texas
 NASA Johnson Space Center, Webster, Texas

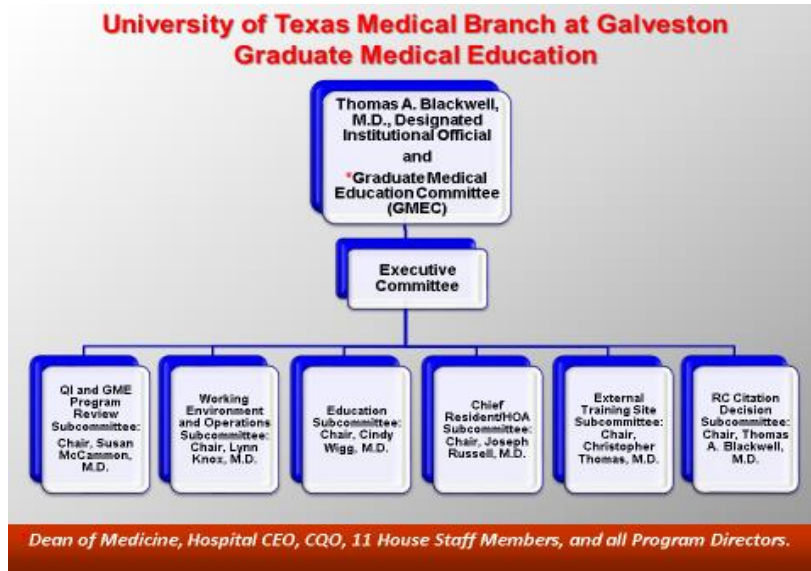
Orlando VA
Shriner's Burns Hospital – Galveston, Texas
St. Joseph Medical Center – Houston, Texas
St. Luke's Medical Center – Houston, Texas
Texas Children's Hospital, Houston, Texas
Houston Methodist Hospital – Houston, Texas
UT M.D. Anderson Cancer Center – Houston, Texas
West Oaks Hospital – Houston, Texas
Wyle Integrated Science and Engineering

III. INSTITUTIONAL STATEMENT OF COMMITMENT TO GME

As a sponsoring institution for graduate medical education, UTMB is committed to supporting graduate medical education, and to providing the necessary educational, financial, and human resources to ensure compliance with 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 remaining committed to providing 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. 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) 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 program agreements must be fully signed before the rotations begin.

The GMEC External Training Site Subcommittee must approve all rotations at participating sites. 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, Site Director (SD) and his/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. The program director must submit any additions or deletions of participating sites required for all Resident/Fellows of one month full-time equivalent (FTE) or more through the ACGME Accreditation Data System (ADS).

VI. CONTACTS: OFFICE OF ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION

The ADGME Office is located at Room 5.138, Rebecca Sealy Hospital, Campus Route 0175.

Full Name	Title	Email	Campus Phone #
Thomas A. Blackwell, MD	Designated Institutional Official and Associate Dean for GME	tblackwe@utmb.edu	22652
Christopher Thomas, MD	Assistant Dean for GME	crthomas@utmb.edu	25284
Virginia Simmons	Administrative Director for GME	vsimmons@utmb.edu	25284
Kimberly Pandanell	Program Manager	kpandane@utmb.edu	24196
Lynn Schultz	Coordinator	lschultz@utmb.edu	25285
Colleen Capoy	Coordinator	lccapoy@utmb.edu	20798
Roshanda Courville	Administrative Secretary	rcourvi@utmb.edu	25284
LaVerne Douglas	Senior Administrative Secretary	lgdougl@utmb.edu	22652

VII. APPOINTMENT TO UTMB RESIDENCY/FELLOWSHIP PROGRAMS

A. ELIGIBILITY FOR 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 personal qualities such as motivation and integrity

The Essential Functions for GME programs are outlined on the GME web site 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.

UTMB will not discriminate with regards to sex, race, age, religion, ancestry, color, national origin, disability or any other applicable legally protected status;

B. APPOINTMENT/REAPPOINTMENT

Resident/Fellow 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. Resident/Fellow 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 be reappointed may be grieved by the Resident/Fellow as per Section III of this document.

Pre-Employment Drug Testing

Any person who applies for employment with UTMB including without salary employees (WOS) must comply with UTMB's drug testing policy. Drug tests are not required for volunteers. Residents and Fellows must have drug testing completed before employment.

Americans with Disabilities Act Policy

UTMB provides equal employment opportunities, with reasonable accommodations when appropriate, to qualified applicants and employees with disabilities. UTMB also provides to employees, students, and members of the general public who have disabilities equal access, with reasonable accommodations when appropriate, to the services, programs, and activities of UTMB.

UTMB, in compliance with applicable federal laws and regulations, strives to maintain an environment free from discrimination against individuals on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, genetic information, or veteran status. The UTMB Policy for Americans with Disabilities Act Policy can be found at http://www.utmb.edu/policies_and_procedures/IHOP/Employee/Regulatory_Compliance/IHOP%20-%2003.02.02%20-20Americans%20with%20Disabilities%20Act%20Policy.pdf.

RESIDENT/FELLOW ORIENTATION

The UTMB Graduate Medical Education Office holds an orientation program for all Residents/Fellows newly appointed to UTMB's residency/fellowship programs regardless of the training level to which they are appointed. Attendance is mandatory. New Residents/Fellows begin a week early and are paid for those days as regular workdays. The intent of the orientation is to provide general and specific information about the institution which will facilitate the new Resident/Fellow'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, and allow an opportunity for the new Resident/Fellow to meet each other socially and get to know the Residents/Fellows already at UTMB. The UTMB Graduate Medical Education Office provides specific details about the orientation to new Resident/Fellow before their arrival. Residents/Fellows who have disabilities requiring reasonable accommodations should notify the GME Office. This allows the GME Office to make appropriate arrangements for orientation and employment.

D. RESIDENT/FELLOW WORKSHOPS

All new Residents/Fellows are required to attend annual Resident/Fellow workshops to improve competence.

Risk Management - The Risk Management Workshop is required for all new Residents/Fellows to UTMB and completing Residents/Fellows. The workshop focuses 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 Benefit Plan and National Practitioner Data Bank. Local private attorneys present an advanced legal didactic for the senior Residents/Fellows 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 online 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 online courses qualify for continuing medical education (CME) credit.

Medical Economics, Ethics and Professionalism - The Medical Economics Workshops is required for all new Residents/Fellows. The workshop provides training to Resident/Fellow physicians regarding managed care systems to enhance quality, accessible, and efficient health care. Upon completion of the program, the Resident/Fellow 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 Resident/Fellow's own health care and assist patients with their health coverage. The presentations include an ethics didactic and socioeconomic discussion.

Improving Communications through Empathy - This workshop is done in small groups throughout the course of the year. Each trainee is required to attend one workshop per year.

E. **EMPLOYMENT CERTIFICATION**

Residents/Fellows 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.

F. **VETERANS ADMINISTRATION EDUCATION BENEFITS**

UTMB is fully approved by the Texas Education Agency to provide education and training to eligible physicians. If Residents/Fellows are veteran's 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 may contact the UTMB Graduate Medical Education Office for assistance needed in the application process.

G. **TEXAS MEDICAL BOARD (TMB) PERMITS**

The Texas Medical Board (TMB) requires an individually held Physician-in-Training Permit (PIT). Information about this permit is sent to all applicants of GME programs. All Residents/Fellows at UTMB are 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 Residents/Fellows 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 liaison with the Texas Medical Board on all Resident/Fellow matters. The Resident/Fellow's signature on the Texas Medical Board Credentialing waiver gives his/her approval to communication by the GME Office with the Texas Medical Board on the Resident/Fellow's behalf.

Physician-in-Training Reports

UTMB Program Directors and Residents/Fellows may be asked to submit information regarding any adverse action taken against a Resident/Fellow, 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 Residents/Fellows 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 a Resident/Fellow does 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 Resident/Fellow's Program Coordinator.

It is imperative for the Resident/Fellow 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.

H. **LICENSURE**

All eligible Residents/Fellows are encouraged to obtain valid medical licensure from the Texas Medical Board. It is the personal financial responsibility of the Resident/Fellow to obtain or renew his/her medical license. The UTMB Graduate Medical Education Office

should be notified immediately upon medical licensure/re-licensure in Texas and a copy of the physician permit portion of the license should be submitted to that office.

I. **LICENSURE EXAM REQUIREMENTS**

To ensure that the Resident/Fellow completes the three steps of exams required for licensure, the UTMB Graduate Medical Education Committee adopted a policy regarding timelines to pass the three USMLE steps (ANNEX E). It is beneficial to the Resident/Fellow when the exams are completed within the first two years of residency because the exams cover multiple disciplines. It ensures that the Resident/Fellow meets the exam requirements of USMLE before completion of training regardless if remaining in Texas or practicing medicine in other states.

J. **INSTITUTIONAL DEA NUMBER**

Those Resident/Fellow 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 Resident/Fellow's prescription writing privileges in the UTMB Hospitals and Clinics. Contacts in Outpatient Pharmacy regarding the Institutional DEA numbers are Sharon Metyko, ext. 73051

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.

K. **DEA NUMBER**

Since the UTMB Institutional DEA number cannot be used once medical licensure is obtained, all eligible Residents/Fellows are responsible for obtaining their individual Texas Department of Public Safety (DPS) number and Federal Drug Enforcement Agency (DEA) number once licensed in Texas. There are no fees for these numbers because Residents/Fellows are state employees. The UTMB Graduate Medical Education Office should be provided copies of these documents when obtained.

L. **NATIONAL PROVIDER IDENTIFICATION**

All Residents/Fellows must update their National Provider Identification (NPI) address within 30 days of employment. Failure to update the NPI address within 30 days of employment will result in removal of clinical duties.

M. **LEAVES OF ABSENCE**

In the event of a Resident/Fellow'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. The Resident/Fellow 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.

N. **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 Resident/Fellow's educational experience and safe patient care. Therefore, UTMB and its program directors must closely monitor all moonlighting activities. This includes moonlighting within UTMB. When Residents/Fellows "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/Fellow 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 is mandatory for practice of medicine outside of the approved program. The Texas Medical Board rules state that a physician-in-training permit holder is restricted to the supervised practice of medicine that is part of and approved by the training program. The permit does not allow for the practice of medicine that is outside of the approved program. Internal moonlighting shall be considered additional optional training within the scope of a training program, provided the internal moonlighting:
 - (i) occurs under the direction of a faculty member that is associated with the training program;
 - (ii) is in compliance with the training requirements established by an approved accrediting body, including but not limited to requirements for faculty supervision and work hour limitations; and (iii) is in the same specialty as the training program or approved by the program director as a training area related to the specialty.
6. Within UTMB, the department to which the Resident/Fellow is assigned will assure that appropriate levels of malpractice coverage provided by the Plan is in place. Outside UTMB, UT System malpractice insurance is not provided nor will any other fringe benefits ordinarily afforded to the Resident/Fellow be in effect.

7. No Resident/Fellow 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 Resident/Fellow is moonlighting, and this information should be part of the Resident/Fellow's file. The Resident/Fellow's performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.
9. The Residents/Fellows are required to notify the Program Director of their participation/involvement in other committees outside UTMB 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) from pursuing work outside of their training programs. Therefore, any Resident/Fellow holding a J1 visa may not moonlight or earn extra income under any circumstances.
11. Per UTMB IHOP 6.5.3. Individual Conflicts of Interests, all Residents/Fellows are required to request prior approval in UT System's Outside Activity Portal for their outside activities, including moonlighting. This requirement is in addition to the requirements of this form. The link to the Outside Activity Portal and further explanation of the requirement can be found at www.utmb.edu/coi.

O. **HEALTH INFORMATION MANAGEMENT**

Timely completion of medical records, signing patient orders, and general compliance with the rules and regulations of the UTMB Health Information Management Department are considered an integral component of graduate medical education. Residents/Fellows will complete all medical record assignments in a timely manner and accept responsibility for familiarizing themselves with the 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.

P. **DISASTER PLAN**

The Resident/Fellow should be familiar with the UTMB http://www.utmb.edu/emergency_plan/ and Departmental Disaster Plans and understand the role and responsibilities if such an event occurs. Residents/Fellows 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 the UTMB Hospitals and Clinics are no longer open following a disaster, and Residents/Fellows must be transferred to other programs/institutions, their salary and benefits will continue as UTMB employees (I.R.IV.M.1).

If UTMB cannot provide 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 ACGME accredited programs/institutions to 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/Fellow of the estimated duration of his/her temporary transfer, and continue to keep each Resident/Fellow informed of such durations. If a program decides that a temporary transfer must continue through the end of a residency/fellowship year, it will so inform each transferred Resident/Fellow.

Q. **RESIDENT/FELLOW DIRECTORY**

It is essential that the UTMB Graduate Medical Education Office maintain accurate information on the Resident/Fellow including home address, cell phone number, and email address. Any change in this data should be reported promptly to the UTMB Graduate Medical Education Office and the UTMB Human Resources Department.

R. **INTERNATIONAL MEDICAL GRADUATES**

Residents/Fellows receiving 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 only the J-1 visa. The H1-B visa is not accepted by GME programs. The UTMB ID badge is the only area in which the International Medical Graduate obtaining an MBBS may choose to use "MD." All other references will reflect the "MBBS."

S. **SHRINERS HOSPITALS FOR CHILDREN**

Residents/Fellows from some of the UTMB residency programs have required rotations to the Shriners Hospitals for Children at Galveston for portions of their educational and clinical experience. UTMB faculty are also members of the Shriners Hospitals for Children's Medical Staff and provide supervision. Although formally affiliated with UTMB, the Shriners Hospitals for Children is administratively independent and establishes its own rules and regulations for its medical staff and employees.

T. **OFF-CAMPUS ELECTIVES**

The GMEC External Training Site Review Subcommittee must approve off-campus electives in advance. A Program Agreement or 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 towards residency and/or specialty board requirements.

Electives outside the U.S. are generally not allowed because of licensure and liability coverage issues. The Associate Dean for Graduate Medical Education must approve them before scheduling with an international facility. Procedures for off-campus electives are available in the UTMB Graduate Medical Education Office.

U. **HARASSMENT (INCLUDING SEXUAL HARASSMENT)**

Residents/Fellows are subject to the provisions and protection of UTMB IHOP Policy 3.2.4, available online at http://www.utmb.edu/Policies_And_Procedures/toc.aspx.

V. **PHYSICIAN IMPAIRMENT/ SUBSTANCE ABUSE**

Resident/Fellow physicians are subject to the GME Institutional Procedures for House Staff Drug Screening for Probable Cause and Post-Rehabilitation, referenced in **Appendices K and L**. Residents/Fellows must complete a mandatory educational lecture on anxiety and depression as well as institutional annual compliance training.

W. **RESIDENCY CLOSURE/RESIDENT/FELLOW COMPLEMENT REDUCTION**

In the event that UTMB elects to reduce the size of a residency or to close a residency or fellowship program, all Residents/Fellows in training or applying to these programs and the GMEC and DIO must be informed as soon as possible. In the event of a reduction or closure, all Residents/Fellows already in the program will be allowed to complete their GME educational program at UTMB or, if doing so would be impossible, will be assisted in enrolling in an ACGME accredited program in which they can continue their GME educational program.

X. **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://www.utmb.edu/policies_and_procedures/IHOP/Supporting_Documents/IHOP%20-%2009.07.02%20-%20Vendor%20Visitation%20UTMB%20Clinical%20Enterprise%20\(Vendor%20Procedures\).pdf](http://www.utmb.edu/policies_and_procedures/IHOP/Supporting_Documents/IHOP%20-%2009.07.02%20-%20Vendor%20Visitation%20UTMB%20Clinical%20Enterprise%20(Vendor%20Procedures).pdf)

The policy "Acceptance and/or Solicitation of Gifts or Benefits from Vendors," Section 2, Policy 2.6.5 can be found at

http://www.utmb.edu/policies_and_procedures/IHOP/Compliance/Conflicts_of_Interest_and_Ethics/IHOP%20-%2006.05.03%20-%20Individual%20Conflicts%20of%20Interest,%20Conflicts%20of%20Commitment,%20and%20Outside%20Activities.pdf

Y. **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/verify-certification/board-eligibility-and-moc-information-for-credentialing-professionals/>.

Z. **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 UTMB School of Medicine, including medical students, residents/fellows 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, email, posting to public media sites, mailing lists and video-sites. The details of the guidelines are found in ANNEX F.

AA. **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 <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics.page>.

BB. **NATIONAL PRACTITIONER DATA BANK (NPDB)**

The NPDB is primarily an alert intended to facilitate a review of a 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. 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.npdb-hipdb.hrsa.gov/npdb.html>.

CC. **COMMUNICABLE DISEASE CONTROL FOR HEALTHCARE WORKERS**

The UTMB Employee Health Center (EHC) provides preventive and healthcare services to UTMB employees for occupationally-related diseases and injuries. The EHC interacts closely with the Department of Healthcare Epidemiology to decrease the risk of communicable diseases to UTMB employees.

New Residents/Fellows must receive a health clearance from the Employee Health Center within thirty days of employment. Residents/Fellows will be evaluated for administration of the following vaccines: Influenza, MMR, Varicella, and Hepatitis B. Each new Resident/Fellow must complete a screening survey related to communicable diseases. An immunization history is taken. Additional information can be found in the Healthcare Epidemiology Policy 01.09.

The EHC provides employee screening, surveillance and exposure follow-up for tuberculosis. An initial two-step tuberculin skin test or serum testing is performed at the time of employment. An annual repeat screening is required. Residents/Fellows will be notified when it is appropriate for this annual testing.

Residents/Fellows may be removed from clinical duties if these health clearances are not met.

DD. Life Support Education for Healthcare Providers

All Residents and Fellows must hold current Basic Life Support (BLS) certification by the American Heart Association. The certification is valid for two years. New U.S. Residents and Fellows must provide a current BLS certificate by the first day of employment. Residents and Fellows coming from outside the U.S. must provide BLS certification within thirty days of employment. Each Resident/Fellow must renew their certification within 30 days of their expiration date.

Some residency programs require Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications. Residents/Fellows are required to have BLS certification even if they have ACLS and/or PALS certification. If additional certifications are required by a program, those programs will be responsible for tracking compliance.

Residents/Fellows must renew BLS certification and provide a copy to the GME Office. Failure to provide proof of renewal within thirty days after the certification's expiration date will result in removal from clinical duties. If there is an unusual circumstance for delay in renewing certification, the Resident/Fellow must provide the reason to the GME Office to prevent removal from clinical duties.

VIII. SALARY AND FRINGE BENEFITS; VACATION AND LEAVE

UTMB administers the Resident/Fellows' employment contracts and other matters including leave, medical benefits, salary, insurance coverage, etc. The Leave Categories specific to Residents/Fellows are found in ANNEX G. A detailed description of benefits can be found at <http://hr.utmb.edu/benefits/>.

A. SALARIES AND PAYROLL POLICIES

Residents/Fellows' salaries are paid by UTMB on a monthly basis. The current base salary schedule for Resident/Fellow appointment levels is listed in ANNEX H. 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. Residents/Fellows should check with their department regarding distribution of paychecks. Residents/Fellows are strongly urged to use direct deposit. Funds can be deposited into as many as four different accounts through the Employee Self Service function in PeopleSoft. Additional information and forms may be found online at <http://www.utmb.edu/finance/payrollservices/dirdeposit/default.asp>.

B. FRINGE BENEFITS - GENERAL

As employees of UTMB, Residents/Fellows participate in the premium sharing benefit. Several insurance programs are available to the Resident/Fellow as a UTMB employee including health, dental, accidental death and dismemberment, and life insurance. Residents/Fellows are covered under the UTMB Resident/Fellow Long Term Disability Insurance Program. It is designed to provide comprehensive coverage that is uniquely tailored to Resident/Fellow's needs. A permanent salary increase is provided to allow the Resident/Fellow to pay for this program 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 Resident/Fellows dental and vision and their families in addition to medical insurance coverage. Residents/Fellows may pay the premium for dependents for dental and vision coverage through payroll deduction by signing up for dental and vision. UTMB pays for Resident/Fellow's dependent coverage through a salary adjustment. The Resident/Fellow may add eligible dependents to their health plans coverage effective either

- (a) the first day of the Employee's active employment as a benefits-eligible employee or
- (b) the first of the month following the first day of such employment.

However, if the newly benefits-eligible employee completes the enrollment form within 31 days of employment but after the month of hire, the effective date of dependent coverage will be either:

- (a) the first of the month following the first day of active employment or
- (b) the first of the month following completion of the enrollment form.

Monthly premiums are not pro-rated. A full month's premium will be due for the first month of coverage if the effective date of coverage for the dependent begins on any day of the month.

The Resident/Fellow pays the premiums for their dependent's dental coverage through payroll deduction.

There is an annual open enrollment period each July for employees to make changes in insurance benefits that become effective on September 1, which is the beginning of the fiscal year. If a Resident/Fellow has a qualified family status change, such as marriage, divorce, or a newborn, changes can be made within 31 days of the event. If a Resident/Fellow adds 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 Residents/Fellows. Any on-the-job injury must be reported immediately to the Resident/Fellow's supervisor. The supervisor must complete the necessary forms and forward them to the Employee Injury/Illness Management Office. If the on-the-job injury is such that the Resident/Fellow needs to report to the UTMB Emergency Room, the Resident/Fellow should advise the ER 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**

- . Residents/Fellows, 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 <https://hr.utmb.edu/eap/>. Residents/Fellows must complete mandatory online

compliance training on anxiety and depression as stated in Section VII.V Physician Impairment above.

F. **RETIREMENT BENEFITS**

Each Resident/Fellow, 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 the Resident/Fellow is provided under the University of Texas System Professional Medical Liability Benefit Plan. Liability is limited to \$100,000 per claim. In addition, UTMB Residents/Fellows continue to have indemnity protection up to \$100,000 per claim provided by Chapter 104 of the Texas Civil Practice and Remedies Code. Any Resident/Fellow who 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, and (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/fellowship training and shall be renewed annually or cease on the date that employment 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. Tail coverage is not required.

H. **VACATION LEAVE**

Vacations are to be arranged with the Resident/Fellow's residency program office. 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 Residents/Fellows' vacations are the same as for other UTMB employees and can be found in the UTMB Institutional Handbook of Operating Procedures, available online at http://intranet.utmb.edu/policies_and_procedures/toc.aspx. Residents/Fellows will be granted vacation in accordance with institutional policies, and are encouraged to use vacation during the fiscal year in which it was earned.

I. **SICK LEAVE**

Residents/Fellows are entitled to sick leave subject to the following conditions. The Resident/Fellow 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 Resident/Fellow 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 Resident/Fellow's performance of duty or when a member of his/her immediate family is ill and requires the Resident/Fellow's attention. A Resident/Fellow who must be absent from

duty because of illness must notify his/her Program Director of the illness at the earliest practical time.

J. **MATERNITY/PATERNITY LEAVE**

Maternity and paternity leave are discussed in Section K below.

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 on "leave without pay." During pregnancy, a female Resident/Fellow 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 Resident/Fellow 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: The Resident/Fellow should be aware that graduation from residency and Board specialty certification depends on the completion of certain length of training requirements. Extended absences from the program may require additional time and training. For more information, the Residents/Fellows should discuss their FMLA options with their supervisor.

FMLA References:

29 U.S.C. §2601, et seq.

IHOP Policy Family and Medical Leave 3.6.9

IHOP Policy Sick Leave 3.6.10

IHOP Policy Parental Leave 3.6.8

L. **EDUCATIONAL LEAVES**

Absence from training to attend educational conferences must be approved by the Resident/Fellow'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 Resident/Fellow is not on 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. **TERMINAL LEAVE**

Terminal Leave is approved at the sole discretion of the Program Director. This terminal leave approval is based on patient care coverage and service needs. The resident/fellow

must have vacation leave accruals to take terminal leave. If approved by the Program Director, a Terminal Leave Form must be completed. The Terminal Leave form must be fully signed by the Program Coordinator, KRONOS timekeeper, Program Director and the Associate Dean for Graduate Medical Education.

IX. INSTITUTIONAL SERVICES

A. EMPLOYEE IDENTIFICATION BADGE

Employee identification badges are provided at no charge to the Residents/Fellows and must be worn while on duty. The ID badges are used to control various Resident/Fellow benefits such as meals on-call, security access, etc. Replacement of a lost badge requires a fee paid by the Resident/Fellow.

B. UNIFORMS AND LAUNDRY SERVICE

All Residents/Fellows are initially furnished two lab coats. One additional lab coat is provided each year. The institution does not provide laundry and embroidery services for lab coats.

C. ACCESS TO FOOD SERVICES-MEAL STIPEND

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 the relevant site information regarding meal benefit and charging policies. The budget is set in advance and once monies are exhausted for the year, there are no further payments.

The GMEC Chief Resident/Fellow & HOA Officers Subcommittee developed guidelines for determining on-call in-house meal eligibility.

Meals will be provided for Resident/Fellow assigned to clinical duties for 14 hours or greater in a 24 hour period. Examples outlining when Resident/Fellows can be provided meals on call stipends are:

- 1). If a Resident works his/her regularly scheduled shift and documents 14 hours or greater they are eligible for the stipend.
- 2). If a Resident works his/her normal daytime shift and then works home call where they spend 14 hours or greater in the hospital or clinic, cumulative in a 24 hour period, they are eligible for the stipend. This still allows Residents to leave and return to the hospital for home call as long as they spent over 14 hours or greater at work in a 24 hour period.
- 3). If a Resident works his/her regularly scheduled shift and then goes on to work in house call overnight, which is 14 hours or greater in a 24 hour period, they will be eligible for the stipend.

The following process will be used for obtaining the meal stipend:

1). A Resident/Fellow will correctly document work hours in New Innovations for the specified 24 hour period worked.

2). The Resident/Fellow will then validate work hours with the Program Coordinator within 5 days of the eligible day worked.

3). The coordinator will contact the GME Office within those same five days regarding the eligible stipend so that the Resident is credited.

D. **FIELD HOUSE MEMBERSHIP**

Arrangements have been made for a discounted rate for UTMB Field House membership for Residents/Fellows and their families. Field House for an individual is \$202.50 yearly, and \$352.50 yearly for a family. For further information about this, contact the Field House at (409) 772-1304. These fees are subject to change.

E. **PARKING**

Parking information and permits may be obtained from the Parking Facilities Office located in Room 2.756 at the Rebecca Sealy Building, ext. 21581. The Resident/Fellow 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 Resident/Fellow in the Parking Facilities Office. These are institutionally subsidized rates and are subject to change.

F. **HOUSING**

While housing is not provided as an institutional benefit, information about local housing is available at the GME home-finder web page (www.utmb.edu/gme).

X. **DUE PROCESS; GRIEVANCE**

A. **GENERAL PRINCIPLES**

Although Residents/Fellows are UTMB employees and render professional medical services to UTMB patients, UTMB's 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 are required for ACGME accreditation, but such policies and procedures are in the context of a primarily academic educational process. The ACGME accreditation standards explicitly protect the Resident/Fellow against excess service employment obligations that interfere with their training programs.

Since UTMB training programs are primarily educational, 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.

Program Directors and faculty responsible for the training of Residents/Fellows 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 Residents/Fellows are obligated to apply these academic standards to each individual trainee to protect both the individual patients 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 board certification to acknowledge the trainee's qualifications as a specialist or subspecialist.

Residency and Fellowship 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 RESIDENT/FELLOW

Initial appointments of Residents/Fellows are, in general, through the applicable matching program. Appointments at UTMB are formalized through a UTMB Resident/Fellow Work Agreement and are for one (1) year. Annual reappointment through the conclusion of the Resident/Fellow's program will be based on the Resident/Fellow's acceptable academic and professional performance.

Exceptions to the one year appointment include a three (3) month trial appointment and the Physician-In-Training Permit issued by the Texas Medical Board for International Medical Graduates being considered for one year appointments by UTMB's residency and fellowship programs. Occasional appointments for less than one year may be required to address unique circumstances created by a Resident/Fellow's illness or the need for remediation.

C. TRAINING PROGRAM OVERSIGHT

A process of regular institutional oversight and periodic 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 the training program's 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. **RESIDENT/FELLOW EVALUATION**

The New Innovations evaluation system is mandatory for all UTMB residency and fellowship programs including faculty and Residents/Fellows. Each UTMB residency/fellowship training program must have a written procedure approved by the GMEC for regularly scheduled evaluations of the performance of each Resident/Fellow by the Program Director as required by the ACGME's Institutional Requirements. The evaluations reviewed with the Resident/Fellow will be documented in the Resident/Fellow's electronic file. The Residents/Fellows are notified by e-mail when their evaluation is completed. A log of the Resident/Fellow viewing the evaluations is maintained. These electronic evaluations are intended to document the strengths and weaknesses of the Resident/Fellow's knowledge and/or performance including the core competencies required by the ACGME. The training program will notify the Resident/Fellow at the earliest time possible of significant deficiencies in knowledge or performance, document plans for correction or improvement, and monitor success. Evaluations completed on each Resident/Fellow are retained in the electronic evaluation system permanently.

The Resident/Fellow will also be required to evaluate the program and faculty using New Innovations.

The Clinical Competency Committee (CCC) will meet at least semi-annually, is appointed by the Program Director, and must include most core or key faculty. The duties of the Clinical Competency Committee include:

1. Reviewing all training evaluations of Resident/Fellow's performance;
2. Preparing the semiannual report of Resident/Fellow's Milestones progress; and
3. Making recommendations on Resident/Fellow's progress including promotion, remediation and dismissal.

If clinical performance concerns arise, the Program Director may call a special CCC meeting to review performance and to develop a coaching or remediation plan with follow-up.

E. **UNSATISFACTORY PERFORMANCE**

1. All Residents/Fellows may be 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 Resident/Fellow's academic performance (including patterns of personal behavior that negatively impact patients, institutional or affiliates' employees and/or other trainees), and overall progress in the training program is deemed unsatisfactory, a meeting will be held between the Resident/Fellow and the Program Director, or his/her designee, to discuss the problem and develop appropriate remedial actions. This meeting 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 will be documented in the Resident/Fellow's file and the expected efforts at correction and timelines for carrying them out sufficiently detailed as to allow periodic assessment of the Resident/Fellow's success or lack thereof.
2. Residents/Fellows may be removed from clinical duties when, in the opinion of the Program Director or his/her designee, a determination is made that a Resident/Fellow's discharge of clinical responsibilities would expose patients to medical risks and the hospital to liability. In this case, a Resident/Fellow 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 Resident/Fellow who has been relieved/reassigned with pay or suspended with pay pending the outcome of an investigation, will 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 Resident/Fellow. Expected corrections and timelines for achieving them also should be sufficiently detailed in this statement and the Resident/Fellow's file as allow periodic assessment of the Resident/Fellow's compliance and progress. 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 Resident/Fellow on probation.
2. The decision to place a Resident/Fellow 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 Resident/Fellow, which reflect inadequate performance. Interactions between the Program Director and the Resident/Fellow concerning inadequate performance should be documented and reflect that lack of improvement led to the decision for probation.
3. The decision to place a Resident/Fellow 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. The Resident/Fellow maybe relieved of clinical duties over concern for patient safety during process of investigating probation.
4. After appropriate discussion, advice, and recommendation by the Clinical Competency Committee (CCC), the recommendation to place a Resident/Fellow 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 Program Director and advised by the Associate Dean for Graduate Medical Education.
5. The nature of the deficiencies of the Resident/Fellow 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 Resident/Fellow to obtain extra supervision during clinical duties, these terms must be delineated.
6. The Program Director must notify all faculty who will be working in a clinical setting with the Resident/Fellow of the probation status of a Resident/Fellow. The decision to inform other personnel who have a need to know will be at the discretion of the Program Director.
7. The Resident/Fellow may challenge the decision for probation using the standard policies for grievance for Resident/Fellow. If a Resident/Fellow 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.

8. At the end of the probationary period, documentation should be made of the satisfactory or unsatisfactory remediation by the Resident/Fellow. The faculty supervising the Resident/Fellow will be informed.

G. **CORRECTIVE ACTIONS IN GENERAL**

1. If the time periods specified in a consultation or a Corrective Action have lapsed without correction of the Resident/Fellow'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 Resident/Fellow in writing in time of the face to face meeting with Program Director or designee. This meeting will be documented.
2. Corrective Actions, except termination, will be final on receipt of the Program Director's written notice unless the Resident/Fellow successfully grieves the action. The Corrective Action of termination will be final on receipt of the Program Director's written notice unless the Resident/Fellow successfully appeals the action pursuant to Section H below.

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

1. The Resident/Fellow 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 Resident/Fellow's written appeal of termination, the Resident/Fellow may elect to meet personally with the Associate Dean for GME to discuss the reasons for the recommended termination and to present the Resident/Fellow's response. Regardless of whether the Resident/Fellow elects to meet with the Associate Dean for GME, the Associate Dean for GME 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 Resident/Fellow's file.
3. After such review, the Associate Dean for GME shall notify the Resident/Fellow of their findings in writing by certified mail, return receipt requested, or during a face to face meeting with Associate Dean for Graduate Medical Education, with copy to the Program Director and Chair.
4. The Resident/Fellow 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 Resident/Fellow 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 Resident/Fellow's termination shall also preclude any reappointment of the Resident/Fellow 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 Resident/Fellow has a grievance related to his/her training program or has been subject to any Corrective Action other than termination, the Resident/Fellow 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 Resident/Fellow 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 for GME within 10 (ten) working days of the date the matter arose or recommendation for Corrective Action other than termination was made, whichever is later. The Associate Dean for GME shall notify the Resident/Fellow 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 for GME and Resident/Fellow's mutual agreement.
3. Subject to the UTMB Grievance Policy (Institutional Handbook of Policies 3.1.10 the Associate Dean for GME's shall be the final level of grievance.

J. **REAPPOINTMENT**

1. A decision not to reappoint a Resident/Fellow does not constitute Corrective Action. If a Resident/Fellow 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 Resident/Fellow 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.

Please refer to Section **X.D. Resident/Fellow Evaluation** for Clinical Competency Committee function regarding non-renewal of Resident/Fellow.

2. Residents/Fellows 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 for GME 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 Resident/Fellow, the Associate Dean for GME will review a decision not to reappoint a Resident/Fellow. Such grievance will be subject to the grievance procedures stated in Section I., except that the Associate Dean for GME's 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 Program Coordinator 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 Chair of the Medical Staff 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. Transitions of Care and Hand-Offs

A. Introduction

The Accreditation Council for Graduate Medical Education (ACGME) requires that each training program must have a program-specific policy addressing transitions of care that is consistent with ACGME and UTMB Policies. With heightened awareness of the effects of hand-offs (hand-overs) on patient safety and education, the ACGME Common Program Requirements include specific mandates to design systems, ensure competency for Resident and Fellows, and monitor efficacy of hand-offs. These, along with the Joint Commission's patient safety goals regarding hand-offs, affect all programs, departments, and clinical settings.

B. Design Clinical Assignments to Minimize Number of Transitions in Patient Care

Programs and their faculty must be aware of new regulations, best practices, and the hazards of discontinuity to ensure patient safety and to role-model effective hand-offs. Duty hour requirements shorten the length of shifts for many trainees, particularly PGY-1 Residents, and this will require careful attention to clinical assignments. Examples of strategies which have successfully minimized transitions include day/night teams, staggering of Resident/Fellow/attending switch times and/or days to maintain continuity, outpatient clinic "pods" or teams. As there is currently no single standard for clinical scheduling assignments, all training programs must design call and shift schedules to minimize transitions in patient care. Schedule overlaps should include time to allow for face-to-face hand-offs to ensure availability of information and an opportunity to clarify issues.

C. UTMB and Each Program Must Ensure and Monitor Effective, Structured Hand-over Processes

1. The hand-over processes of each program must facilitate continuity of care and patient safety. Hand-offs vary considerably across programs and clinical settings. These processes may include temporary transitions of direct patient care (e.g., day and night teams on inpatient services, scrubbing out of a procedure), complete transitions of direct patient care (e.g., emergency department shifts, end-of-rotation, end-of-training in outpatient and inpatient services), or transitions of indirect patient care (e.g., laboratory and radiology settings).
2. Each training program must develop hand-off procedures that are structured and reflect best practices (in-person whenever possible, and occur at a time and place with minimal interruptions).
3. Hand-offs should include at least:
 - a. Patient summary (exam findings, laboratory data, any clinical changes)
 - b. Assessment of illness severity
 - c. Active issues (including pending studies)
 - d. Contingency plans ("if/then" statements)

- e. Synthesis of information (e.g. “read-back” by receiver to verify)
 - f. Family contacts
 - g. Any changes in responsible attending physician
 - h. An opportunity to ask questions and review historical information
4. Faculty oversight of the hand-off process may occur directly or indirectly, depending on trainee level and experience. All programs should use the applicable tools (written or computerized) to assist them in this structured process.

D. Each Program Must Ensure that Residents and Clinical Fellows are Competent in Communicating with Team Members in the Hand-off Process

Each training program must assess the Interpersonal and Communication Skills competency. Hand-off skills are a specific skill within this competency. Programs must deliver focused and relevant training to build these skills, use clear assessment strategies, and document this competency.

E. UTMB Must Ensure the Availability of Schedules

UTMB must ensure the availability of schedules that inform all members of the health care team of attending physicians and Residents/Fellows currently responsible for each patient’s care. All clinical staff should have a mechanism to know which trainee and supervising physicians are responsible for patients and their contact information. Programs should utilize the pager forwarding system (as applicable and relevant) and EPIC hand-off tools or equivalent specialty-specific tools.

XIII. ACADEMIC RECORDS

1. The Institutional GMEC upholds the highest standards regarding the management of Residents/Fellows’ academic records and confidentiality in accordance with applicable federal and state law. Faculty and administrative staff may have access to Residents/Fellows’ records on a need-to-know basis during 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 Residents/Fellows’ information and requests from outside parties shall require an appropriate signed release from the Resident/Fellow specifying what information UTMB will 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.

XIV. SUPERVISION, DUTY HOURS, AND ALERTNESS MANAGEMENT & FATIGUE MITIGATION

1. UTMB and its residency programs are committed to abiding by Duty Hour Standards set by ACGME and responsible for:
 - a. Promoting patient safety, Resident/Fellow well-being, and 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 Residents/Fellows' 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 Alertness Management and Fatigue Mitigation to all Residents/Fellows at the annual Resident/Fellow orientation and also on the GME web site.
2. The Resident/Fellow 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 I for reference. Residents/Fellows are also to refer to the program specific policies on Resident/Fellow Supervision, Duty Hours, and Alertness Management and Fatigue Mitigation, where applicable.

XV. E-MAIL ACCESS

All Residents/Fellows are 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.

XVI. INSTITUTIONAL RESIDENT/FELLOW ASSOCIATIONS

a. HOUSE OFFICERS ASSOCIATION

HOA membership includes all Residents and Fellows. 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 five officers of the HOA are voting members on the GMEC. The HOA Bylaws are found in Annex J.

b. GMEC CHIEF RESIDENT/FELLOW/HOA OFFICERS SUBCOMMITTEE

This subcommittee is an advisory group on matters affecting graduate medical education and the Residents/Fellows. It is comprised of all Chief Residents, five peer selected HOA Officers, Associate and Assistant Deans of Graduate Medical Education, and Hospital Administration. Duties of this subcommittee include participation of six officers as voting members of the GMEC. The Chair, Chief Resident and President, HOA participate as voting members of the GME Executive Committee, review and selection of Residents/Fellows for GMEC and Hospital Subcommittees. The GMEC Chief Resident/HOA Officers Subcommittee meets quarterly or as needed.

XVII. OUTSTANDING RESIDENT/FELLOW AWARDS

The GMEC Work Environment/Operations Subcommittee selects annually an Overall PGY1 Resident, an Overall Resident, and an Overall Fellow. The Residents/Fellows are 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 recipients receive a plaque; certificates and monetary award at an annual awards ceremony.

XVIII. OTHER IMPORTANT POLICIES AND PROCEDURES

1. Release of Information

All Residents/Fellows note that should another institution, organization or individual Resident/Fellow requests 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. 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
- m. Use of Social Media

3. Quality Improvement Education for Healthcare Providers Policy

To ensure a standardized curriculum in Quality Improvement, the GMEC requires all residency programs to complete six core modules of the Institute for Healthcare Improvement (IHI) Curriculum.

All new Residents/Fellows within the first three months of employment must complete the required IHI six modules listed below. If an incoming Resident/Fellow has completed the IHI training prior to his/her residency, they do not have to complete the modules and must provide a copy of certification to their program coordinator.

The modules are:

- QI 101: Fundamentals of Improvement**
- QI 102: The Model for Improvement: Your Engine for Change**
- QI 103: Measuring for Improvement**
- QI 104: The Life Cycle of a Quality Improvement Project**
- QI 105: The Human Side of Quality Improvement**
- QI 106: Mastering PDSA Cycles and Run Charts**

Failure to complete the modules will result in Resident/Fellow removed from clinical service until the training requirement is satisfied. At least one faculty from each program will complete the six modules, preferably the Program Director or Quality Improvement Faculty for the Department.

4. **Resident/Fellow as Teacher**

Introduction:

- Teaching is an important skill addressed as a core competency within the framework of the ACGME. Residents/Fellows are integral to the instruction of UTMB medical students, junior residents, other health professionals and their patients. The Liaison Committee for Medical Education (LCME), as well as the ACGME, encourages residency/fellowship programs to provide teaching skills programs within the residency/fellowship curriculum to prepare Residents/Fellows for their roles in teaching and assessment.
- Many benefits of Resident teaching programs are suggested in the literature, including enhancement of the Resident/Fellow's knowledge base, interactive communication skills, leadership skills, and self-directed learning skills. Training Residents/Fellows to teach facilitates effective information exchange among the medical team, Residents, Fellows, patients, and families.

Resident/Fellow as Teacher Curriculum:

- Each training program must incorporate "teaching skills" into their curriculum.
- At least one hour should be incorporated into each program's orientation sessions within first three months.
- All programs should incorporate at least one additional hour into the overall curriculum.
- This is a minimum requirement and not meant to replace or interfere with programs that already have a more robust "teaching skills" curriculum in place.
- Programs should include teaching skills as a facet of Resident/Fellow assessment.

ANNEX A
RESIDENT/FELLOW 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, 2015***

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 Health Professions, the Graduate School of Biomedical Sciences, the Institute for the Medical Humanities, the Marine Biomedical Institute, the Institute for Human Infections and Immunity, and UTMB Health comprised of the hospitals and clinics. UTMB 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 UTMB. Through the President, Executive Vice President, Provost and 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 UTMB residency and fellowship programs.

II. General Institutional Mission Statement

The University of Texas Medical Branch at Galveston's mission is to improve health for the people of Texas and around the world. UTMB is an inclusive, collaborative community of forward thinking educators, scientists, clinicians, staff and students dedicated to a single purpose of improving health. UTMB prepares future health professionals for practice, public service and lifelong learning through innovative curricula, and individualized educational experiences. It advances understanding and treatment of illnesses and injuries through groundbreaking research, in the lab and at the bedside, including commercialization of such research as appropriate. It delivers skilled and patient-centered health care. UTMB continues to shape the future of health sciences education research and clinical care by always asking, "What's next?"

Mission

UTMB's mission is to improve health for the people of Texas and around the world.

Vision

We work together to work wonders as we define the future of health care and strive to be the best in all of our endeavors.

Values

We work together to work wonders as we define the future of health care and strive to be the best in all of our endeavors.

We demonstrate **compassion**.

We always act with **integrity**.

We show **respect** to all.

We embrace **diversity**.

We promote **lifelong learning**.

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/Fellowship programs.

These GME programs provide training in the primary care disciplines and the medical specialties providing consultation and specialty care for the 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 UTMB, and assists in the undergraduate medical education programs. 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 UTMB is therefore seen as more than the clinical training of practitioners. It is the development of future faculty and researchers as well.

IV. Process of Institutional Resource Distribution

A. Academic

The 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 and other services, including institutional support. 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 Dean of Medicine and the Executive Vice President & CEO for UTMB Health Systems, through the Associate Dean for Graduate Medical Education, provides a portion of the resources for the maintenance of an Office of Graduate Medical Education, which includes secretarial support to satisfy the needs for the recruitment and maintenance of Residents/Fellows and institutional participation in accreditation processes. This funding also addresses the Resident/Fellow 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 UTMB Health System, through its legislative appropriation and earned income, provides the salaries and benefits for the majority of Residents/Fellows receiving their training and education at UTMB. The Executive Vice President & Provost and Dean of Medicine, 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/Fellows appointed at UTMB are salaried and 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/Fellows 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 Office of Graduate Medical Education. UTMB Health provides the administrative support and operating budget to maintain the residents/fellows as employees of the institution, process their records, 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 programs, including personnel matters, are carried out through the Office of Graduate Medical Education. 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 Residents/Fellows 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 residents/fellows. Each program is managed by a program director recommended by the department Chair and approved by the GMEC. The final authority in each clinical department is the Clinical Chair who functions 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 UT System Board of Regents upon the recommendation of the Residents/Fellows at UTMB. The 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/Fellows

Selection of Residents/Fellows rests with the department/division through its program director in conformance with ACGME standards, and is endorsed by the institution through the Associate Dean for Graduate Medical Education. Except in unusual circumstances requiring approval of the Associate Dean for Graduate Medical Education, Residents/Fellows enter the first postgraduate year through the National Residency Matching Program by institutional commitment. Residents/Fellows 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 committee 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 must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

C. Appointment of Residents/Fellows

The formal appointments of Residents/Fellows are 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 ACGME Residency Review Committees. Resident/Fellow 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/Fellows are employees of UTMB and are entitled to employee benefits and assistance programs, and they are covered by institutional personnel policies.

D. Supervision of Residents/Fellows

Day-to-day supervision of Residents/Fellows 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/Fellows at all times. Residents/Fellows are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide Residents/Fellows with continuous supervision and consultation. Faculty and Residents/Fellows 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/fellowship training is granted institutionally on the recommendation of the program director.

E. Evaluation of Residents/Fellows by Faculty

This responsibility is assigned by the institution to the program director. All residency/fellowship programs are required to use the New Innovations evaluation system. There are six required measures to ensure compliance of the ACGME core competencies. ACGME specialty groups developed outcome-based milestones as a framework for determining Resident and Fellow performance within the six ACGME Core Competencies. The Milestones are competency-based developmental outcomes (knowledge, skills, attitudes, and performance) that can be demonstrated progressively by Residents and Fellows from the beginning of their education through graduation to the unsupervised practice of their specialties. Each residency/fellowship program can add performance measures specific to its rotations. The intent of the evaluation is to assist the Resident/Fellow 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 is planned. Formal evaluations of Residents/Fellows are 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 for GME provides institutional oversight of the evaluation of Residents/Fellows through the Graduate Medical Education Committee.

F. Evaluation of Program and Faculty by Residents/Fellows

This responsibility is also assigned by the institution to the program director. Residents/Fellows are required to evaluate the faculty and rotations anonymously using New Innovations. The evaluations are completed after each rotation. The Residents/Fellows 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 is reviewed as a component of the GMEC Special Review process or as necessary between such reviews.

The Residents/Fellows 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 clinical operations.

G. Evaluation of Program by Supervising Faculty

Faculty evaluates program at least three ways:

- Annual ACGME Faculty Surveys
- Participation in the Program Evaluation Committee (PEC)
- Participation in Departmental Meetings

H. Dismissal of Residents/Fellows

Dismissal of Residents/Fellows for cause is implemented based on recommendations received from the program director indicating the reasons for such dismissal. Any action that would be considered adverse to the Resident/Fellow has established mechanisms for appeal as noted in the Resident/Fellow Work Agreement.

I. Assurance of Due Process

Residents/Fellows are unique among UTMB employees in that they are not only students/trainees, but they are also teachers and deliver medical care. A specific due process procedure has been developed at UTMB to address such concerns as they apply to Residents/Fellows and is contained in the "Graduate Medical Education Institutional Handbook."

VI. Annual Review of Program

The GMEC will annually review programs' ACGME Web Ads, ACGME Citations and Annual Program Evaluation (APE).

VII. Resident/Fellow Agreements

The Resident/Fellow Work Agreement is signed by the Program Director and the Resident/Fellow. As employees of UTMB, the Residents/Fellows are entitled to vacation, sick leave, maternity leave, and institutional fringe benefits as other employees. Residents/Fellows are provided liability protection under the University of Texas System Professional Medical Liability Benefit Plan to a level of \$100,000. Residents/Fellows have liability protection by statute under Chapter 104, Civil Practice, and Remedies Code up to \$100,000 per claim. The Resident/Fellow is protected for issues that occurred during the residency, even though the Resident/Fellow completed the program. All Residents/Fellows appointed at UTMB are salaried and appointed for one-year terms, renewable with progression, on the recommendations of the program directors. Programs agree that the

Resident/Fellow should be informed no later than March 1st (or four months prior to the completion of their Resident/Fellow 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 the end of the agreement, the Resident/Fellow is provided with as much written notice of the intent not to renew as circumstances reasonably allow. Residents/Fellows are asked to extend the same courtesy to programs if they do not plan to accept reappointment at the next level of training.

APPROVED BY:

David L. Callender
David L. Callender, M.D., MBA, FACS
President

2/5/16
Date

Danny O. Jacobs
Danny O. Jacobs, M.D., MPH
Executive Vice President and Provost
and Dean, School of Medicine

2/5/16
Date

Donna K. Sollenberger
Donna K. Sollenberger
Executive Vice President and CEO Health System

Selwyn O. Rogers, M.D.
Selwyn O. Rogers, M.D.
Chief Medical Officer

Donna K. Sollenberger
Date

2/1/16
Date

Thomas A. Blackwell
Thomas A. Blackwell, M.D.
Associate Dean for Graduate Medical Education
Designated Institutional Official

Christopher Thomas
Christopher Thomas, M.D.
Assistant Dean for Graduate Medical Education

2/1/2016
Date

Donald S. Prough
Donald S. Prough, M.D.
Chair, Anesthesiology

2/1/2016
Date

Sharon S. Raimer
Sharon S. Raimer, M.D.
Chair, Dermatology

1/20/15
Date

Barbara Thompson, M.D.
Barbara Thompson, M.D.
Chair, Family Medicine

1/25/16
Date

Randall J. Urban, M.D.
Randall J. Urban, M.D.
Chair, Internal Medicine

1-27-16
Date

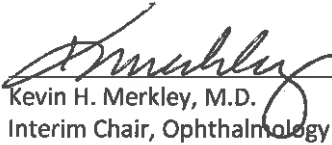
1/22/16
Date



Anish Bhardwaj, M.D.
Chair, Neurology

12/11/2015

Date



Kevin H. Merkley, M.D.
Interim Chair, Ophthalmology

1/19/16

Date



Vicente A. Resto, M.D., Ph.D.
Chair, Otolaryngology

1/19/16

Date



C. Joan Richardson, M.D.
Chair, Pediatrics

12-10-15

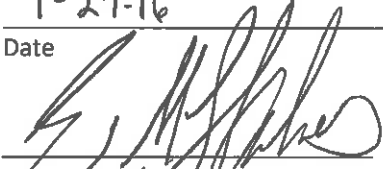
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Laura L. Rudkin, Ph.D.
Chair, Preventive Medicine
and Community Health

1-27-16

Date



Eric M. Walsér, M.D.
Chair, Radiology

12/11/15

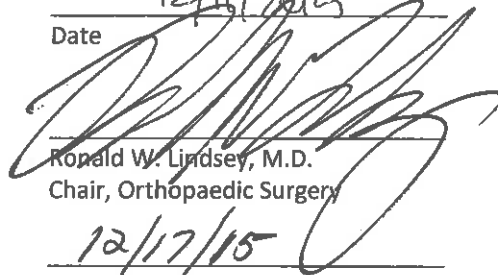
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Gary D.V. Hankins, M.D.
Chair, OB-Gyn

12/11/2015

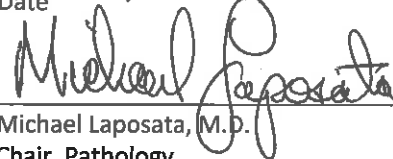
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Ronald W. Lindsey, M.D.
Chair, Orthopaedic Surgery

12/17/15

Date



Michael Laposata, M.D.
Chair, Pathology

1/28/16

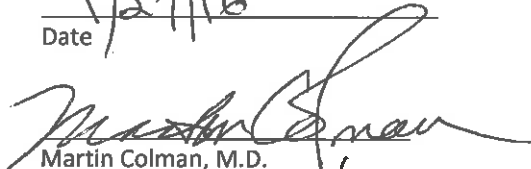
Date



Karen D. Wagner, M.D.
Chair, Psychiatry and Behavioral Sciences

1/27/16

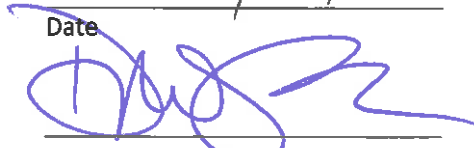
Date



Martin Colman, M.D.
Chair, Radiation Oncology

1/27/16

Date



Douglas S. Tyler, M.D.
Chair, Surgery

12/11/15

Date

ANNEX C

UTMB GRADUATE MEDICAL EDUCATION COMMITTEE POLICY AND PROCEDURES

I. Purpose:

The Graduate Medical Education Committee is advisory to the Associate Dean for Graduate Medical Education/Designated Institutional Official in matters related to the residency and fellowship programs sponsored by the University of Texas Medical Branch. The GMEC is charged with institutional oversight of graduate medical education at UTMB including the development and implementation of GME policies and procedures.

II. Membership:

A. Associate Dean for GME/DIO and Chair GMEC

B. Program Directors:

Allergy/Immunology
Anesthesiology
Anesthesiology/Advanced Clinical (TMB approved)
Anesthesiology- Cardiothoracic
Anesthesiology-Critical Care
Anesthesiology/Obstetrics (TMB approved)
Anesthesiology-Pain Medicine
Dermatology
Dermatology-Dermatopathology
Family Medicine
Internal Medicine
Internal Medicine/Advanced Heart (TMB approved)
Internal Medicine/Cardiology
Internal Medicine/Cardiology/Interventional
Internal Medicine/Endocrinology
Internal Medicine/Gastroenterology
Internal Medicine/Geriatrics
Internal Medicine/Infectious Disease
Internal Medicine/Nephrology
Internal Medicine-Oncology
Internal Medicine/Preventive Medicine (Aerospace)
Internal Medicine/Preventive Medicine (General)
Internal Medicine-Pulmonary/Critical Care
Internal Medicine-Rheumatology
Neurology
Neurology – Clinical Neurophysiology
OB-Gyn
OB-Gyn/Maternal Fetal (ABOG approved)
Ophthalmology
Ophthalmology/Vitroretinal (TMB approved)
Orthopaedic Surgery
Orthopaedic Surgery – Foot & Ankle

Otolaryngology
 Pathology
 Pathology/Cytopathology
 Pathology/Surgical (TMB approved)
 Pediatrics
 Pediatrics - Neonatology
 Preventive Medicine - Aerospace
 Preventive Medicine - General
 Psychiatry
 Psychiatry – Child & Adolescent
 Radiation Oncology
 Radiology
 Radiology/Breast Imaging (TMB approved)
 Radiology-Neuro
 Radiology - Vascular/Interventional
 Surgery/Burn Research & Clinical Fellowship - Acute Burn (TMB approved)
 Surgery/Burn Research & Clinical Fellowship- Burn Reconstruction (TMB approved)
 Surgery - Critical Care
 Surgery - General
 Surgery - Neuro
 Surgery - Oral
 Surgery - Plastic Integrated
 Surgery - Plastic Surgery/Craniofacial
 Surgery - Urology
 Surgery - Vascular Intergrated

- C. Resident/Fellows (11 total – 5 nominated by the UTMB House Officers Association and 6 nominated by the GMEC Chief Resident/Fellow & HOA Officers Subcommittee)
- D. Chief Quality Improvement/Safety Officer (Hospital Administration)
- E. Representative from the Institute for the Medical Humanities
- F. Ad Hoc members: Executive Vice President and Provost/Dean of Medicine, Executive Vice President/CEO UTMB Health System, Lay Member from the community, Junior and Senior Medical School Class Presidents.

III. GMEC Meeting Frequency and Format:

Meets at least quarterly with a formal agenda developed by the GMEC Executive Committee (described in ACGME IR. IB.3). The program directors are voting members and must attend 50% of the GMEC meetings (four meetings per year). Voting members must have a faculty alternate (Associate Program Director or Designated Faculty) if unable to attend. At least two Resident/Fellow members must attend at all times. Residents must send a proxy if unable to attend. If a Program Director is attending for another program, they must sign in for both programs. The Chair of the GMEC communicates regularly with senior institutional administration addressing major problems/opportunities including recommendations for additional resource assignment to specific programs or GME in its entirety.

IV. GMEC Executive Committee and Standing Subcommittees:

To assist the decision making process, the regular discharge of mandated accreditation responsibilities, and the general effectiveness of the GME Committee, a GMEC Executive Committee and six standing subcommittees are established.

A. GMEC Executive Committee: Chaired by the DIO/Associate Dean for Graduate Medical Education and includes the chairs of the six standing subcommittees and three other program directors selected by the DIO/Associate Dean for Graduate Medical Education. The Program Directors of the Internal Medicine, Pediatrics, and the General Surgery core residencies must be included in the above group. The HOA President and Chair of the Chief Resident Committee serve on the Executive Committee as Resident/Fellow members.

1. Meeting Frequency: Every three months prior to the quarterly meetings of the Graduate Medical Education Committee and additionally as necessary.
2. Preparation of the agenda for the GMEC meetings including regular subcommittee reports and review of ACGME actions related to UTMB residency programs since the prior meeting.
3. Oversight and direction to the subcommittees including assignment of specific tasks, timelines, and planned reports.
4. Prepare the Sponsoring Institution's Annual Institutional Review (AIR) regarding educational quality and accreditation performance utilizing key indicators.
5. Review credentials and approve/disapprove nominations of all new Program Directors.
6. At the Annual Institutional Review, the GMEC Executive Committee reviews the subcommittee's membership for participation, length of service, and makes membership changes as necessary.

B. GMEC Standing Subcommittees: The following subcommittees are responsible for the ongoing efforts required to address the responsibilities assigned to the GMEC in the ACGME's Institutional Requirements (ACGME IR-B). The chairs of the subcommittees are selected as previously indicated and their functions overseen by the GMEC Executive Committee. The DIO/Associate Dean for Graduate Medical Education appoints additional members of these subcommittees with the input of the GMEC Executive Committee. Peer-selected Resident/Fellows are appointed to each subcommittee except the RC Citation Subcommittee. The subcommittees will meet every three months (or more often as required) prior to the meeting of the GMEC Executive Committee. The following are the specific responsibilities of each of these subcommittees.

1. GMEC Education Subcommittee:
 - a. Establishment and implementation of institutional guidelines and policies for the selection, evaluation, promotion, and dismissal of Resident/Fellows (ACGME IV.A.B. and C.).

- b. Assurance that the Resident/Fellows' curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost containment issues that affect GME and medical practice. The curriculum must provide an appropriate introduction to communication skills, research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate Resident/Fellow participation in departmental scholarly activity, as set forth in the applicable Program Requirements (ACGME IR-III.).
 - c. Review the annual ACGME Resident/Fellow survey results & responses to non-compliant areas (ACGME IR.B.5.a. [2].)
 - d. Review the annual ACGME Faculty survey results & responses to non-compliant areas. (ACGME IR.B.5.a. [2])
 - e. Ensure compliance and quality of the 6 Month and Final Summative Evaluations of all trainees.
 - f. Ensure compliance of Evaluation Completion by Faculty within two-weeks after the end of each rotation assigned as per ACGME requirement.
 - g. Review ACGME Milestone Evaluations
 - h. Review annual teaching skills of "Resident/Fellows as Teacher"
2. GMEC Working Environment and Operations Subcommittee
- a. Implementation of institutional policies and procedures for discipline and the resolution of Resident complaints and grievances. These policies and procedures must satisfy the requirements of fair procedures and apply to Resident/Fellows in the UTMB residency programs (ACGME IR-IV.D).
 - b. Annual Review of Resident/Fellow Salary & Benefits (ACGME IR-II.D).
 - c. Monitoring and enforcement of Duty Hours (ACGME R.4IIIb.B.5. and IV.J).
 - d. Implementation of policies that affect all residency programs regarding the quality of the work environment for trainees (ACGME IR-III.)
 - e. Review Duty Hours Quarterly Summary Reports for all programs in addition to any other reports from Resident/Fellow. Programs with non-compliance issues are required to provide a detailed response that is also presented to the GMEC. (ACGME IR.III.B.5 and IV.J).
 - f. Selects annually an Outstanding First Year Resident, Outstanding Overall Resident, and Outstanding Overall Fellow.

- g. Review and make recommendations regarding USMLE Policy
3. GMEC Quality Improvement & GME Program Review Subcommittee
- a. Review Annual Program Evaluations (APE). Review and follow-up to verify all action plans are implemented and deficiencies resolved.
 - b. Review program's curriculum for quality improvement education. Monitor Resident/Fellows' participation in Quality Improvement and review outcomes. (ACGME IR-I.B.4.a. [2] and [3]).
 - c. This GMEC Subcommittee must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the Annual Program Evaluations (APE). The GMEC Special Review protocol must outline a reporting structure, monitoring procedures and timeline, including written recommendations and procedures for follow-up to improve ACGME accredited program performance in specified areas.
 - d. Monitor completion of IHI Modules as designated by GMEC.
 - e. Review Program's Annual Web ADS prior to ACGME deadline.
4. GMEC External Training Site Subcommittee
- a. Oversight of all Resident/Fellow education at non-UTMB sites.
 - b. Approval/Disapproval of all external sites are evaluated on the following:
 - 1. The experience is necessary for accreditation as set forth by the RC Program Requirements.
 - 2. The experience cannot be obtained at a UTMB site or within a private clinic.
 - 3. The overall quality of training at the site
 - 4. Electives are reviewed on a case-by-case basis.
 - c. Meetings are held monthly or as needed.
5. GMEC RC Citations Subcommittee
- a. Review all RC Citations in ACGME program letters of notification and monitor action plans for correction of citations and areas of noncompliance (ACGME IR-III.B.8).
 - b. Track action plans of RC citations to determine whether resolved or unresolved. If unresolved, track citation until resolved.
 - c. Meetings are held on an ad hoc basis.

6. GMEC Chief Resident/Fellow & HOA Officers Subcommittee
 - a. Membership:
 1. All Chief Resident/Fellows
 2. Five selected HOA Officers
 3. Associate Dean for GME and Assistant Dean for GME
 4. Hospital Administration
 - b. Duties:
 1. Eleven voting members on GMEC
 2. Selection of Resident/Fellows to GMEC Subcommittees, Hospital Committees, and Medical Staff Committees
 3. Chair of Chief Resident/Fellow Committee and President of HOA attends GMEC Executive Committee
 4. Address any issues raised by a Resident/Fellow
 - c. Meetings:
 1. At least quarterly meetings or as needed

ANNEX D

UTMB GRADUATE MEDICAL EDUCATION COMMITTEE POLICIES QUALITY IMPROVEMENT AND GME PROGRAM REVIEW SUBCOMMITTEE

GME SPECIAL REVIEWS

According to the Institutional Program Requirements section I.B.6:

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

The Special Review process must include a protocol that:

(1) Establishes criteria for identifying underperformance; and,

(2) Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

At UTMB, the Special Review process is developed and maintained by the GMEC Subcommittee on Quality Improvement and GME Program Review. The subcommittee continuously assesses the performance of all GME training programs with the goal of optimizing the quality of education for the trainees and the support and development of their educators. The subcommittee performs direct evaluation of program performance by reviewing every Annual Program Evaluation and every Accreditation Data System update for quality, parity and internal consistency. The subcommittee receives recommendations and referrals from the other GMEC Subcommittees that collectively provide direct oversight of graduate medical education at UTMB.

Indication

Underperformance by a program may be identified by a wide range of mechanisms. The criteria for identifying underperformance include, but are not limited to:

- Resident/Fellow or Faculty survey responses demonstrating noncompliance or significant variance;
- program attrition in faculty or Resident/Fellows;
- decreased board passage rate;
- external citations or warnings from the Residency Review Committee;
- internal expressions of concern from the UTMB GMEC subcommittees;
- Insufficient scholarly activity of Resident/Fellows or faculty;
- Major changes in the curriculum or participating sites;
- Insufficient or disparate clinical experience or volume;
- Duty hour violations;
- Failure to implement or document outcomes in milestones or competencies;
- Any indication of noncompliance with ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or UTMB institutional policy

A consultative special review may be requested by a Program Director or Department Chair for any reason. This may be done without implying underperformance by the program, but rather in the spirit of continuous quality improvement.

Process

The special review process is designed to be responsive, flexible, and nimble in providing evaluation, feedback, and oversight to GME programs. The special review may be comprehensive, addressing the effectiveness of the program as a whole, or it may be very specific, addressing a single area of concern. The special review team and process is designed to respond optimally to the identified concerns, but will comply generally with the following format.

The GMEC develops, implements, and oversees a special review process as follows:

The special review committee should include at least one faculty member chair and at least one Resident/Fellow from within UTMB but not from within GME program being reviewed. In some instances, Resident/Fellow involvement will not be indicated, but generally every effort is made to ensure Resident/Fellow participation and input in educational quality improvement. Additional internal or external reviewers may be included on the special review committee as determined by the subcommittee or the GMEC or DIO. Administrators from outside the program may also be included.

The members of the GMEC Quality Improvement and GME Program Review Subcommittee serve as the chairs of the special review committee. When the need for a special review is identified, the subcommittee discusses the indication for the special review and, in consultation with the DIO, will specify the charge for the special review committee and make recommendations about the composition of the committee and the documentation to be requested and reviewed. Based on the specific area of interest, the program being reviewed may be asked to provide information and documentation prior to the review.

A written protocol approved by the GMEC incorporates the following elements as a guideline for assessing quality and compliance. Each special review will focus on the elements most relevant to the specified area of concern.

The special review may assess the programs:

- Compliance with the Common, Specialty/Subspecialty-Specific Program, and Institutional Requirements, including:
 - Professionalism, Personal Responsibility, and Patient Safety;
 - Transitions of Care;
 - Alertness Management/Fatigue Mitigation;
 - Supervision of Resident/Fellows;
 - Clinical Responsibilities;
 - Teamwork; and
 - Resident/Fellows Duty Hours.

- Educational objectives and effectiveness in meeting those objectives;
- Educational and financial resources;
- Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal and/or special reviews;
- Effectiveness of educational outcomes in the ACGME general competencies;
- Effectiveness in using evaluation tools and outcome measures to assess a Resident/Fellow's level of competence in each of the ACGME general competencies; and
- Annual program improvement efforts in:
 - Resident/Fellow performance using aggregated Resident/Fellow data;
 - Faculty development;
 - Graduate performance including performance of program graduates on the certification examination; and
 - Quality improvement and patient safety.

Materials and data to be used in the special review process may include:

- The ACGME Common, Specialty/Subspecialty-Specific Program, and Institutional Requirements in effect at the time of the review;
- Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;

- Reports from previous internal or special reviews of the program;
- Previous annual program evaluations;
- Previous and current Accreditation Data System information;
- Results from internal or external Resident/Fellow and Faculty surveys;
- Evaluations of Resident/Fellow and faculty performance;
- Materials from the program's Clinical Competency Committee or Program Evaluation Committee; and
- Any other materials the special review committee considers necessary and appropriate.

The special review committee may conduct interviews with the program director and key faculty members. If Resident/Fellows are interviewed, at least one peer-selected Resident/Fellow from each level of training in the program will be interviewed, and other individuals deemed appropriate by the committee.

If a program has no Resident/Fellows enrolled, the following circumstances apply:

GMEC demonstrates continued oversight of those programs and may do this through a modified special 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/Fellow. After enrolling a Resident/Fellow, a special review should be completed within the second six-month period of the Resident/Fellow's first year in the program.

Special Review Report

The written report of the special review for a program must contain, at a minimum:

- The name of the program reviewed;
- The date of the special review;
- The names and titles of the special review committee members;
- The indication for the special review;
- A brief description of how the special review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's special review protocol and that a focused review utilized appropriate resources;
- Recommendations of the special review committee including
 - description of the quality improvement goals;
 - any corrective actions designed to address the identified concerns; and
 - The process for GMEC monitoring of outcomes.

The GMEC Quality Improvement and GME Program Review Subcommittee may, at its discretion, choose to modify the special review report before accepting a final version to be submitted to the GMEC and DIO.

The special review process at UTMB strives to incorporate the values and methodology of quality improvement into the recommendations made by each special review committee. Each reviewed program is asked to respond to the special review report with a proposed action plan including an educational quality improvement project that substantially includes Resident/Fellows in its conception and execution.

The DIO and the GMEC monitors the response by the program to actions recommended by the GMEC in the special review process. Outcomes of the special review process and associated educational quality improvement projects may be assessed by:

- Redeployment of internal Resident/Fellows and Faculty survey instruments;
- Repeat interviews with Resident/Fellows and faculty;
- Data submitted on subsequent Annual Program Evaluations or Accreditation Data System updates;

- Written progress reports submitted by the Program Director on a timeline specified by the special review committee or Quality Improvement and Program Evaluation subcommittee;
- Outcomes of educational quality improvement projects; and
- Subsequent ACGME Resident/Fellows and Faculty surveys.

The special review process is intended to ensure that every GME program at UTMB reaches its fullest potential in delivering the highest quality educational experience to its trainees and its educators. Its goal is not mere compliance, but rather excellence.

ANNEX E

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

Approved by: UTMB Graduate Medical Education Committee

Approval Date: February 18, 2015

Effective Date: July 1, 2015

Revised Date: September 4, 2015

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/Fellow if the exams are completed within the first two years of residency because the exams cover multiple disciplines. It ensures that Residents/Fellow 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.

Residents/Fellows-Lacking USMLE Step 2 for employment:

1. At the end of the first year of residency/fellowship training, each resident/fellow will be required to present proof using an original notarized House Resident/Fellow Examination Verification Form accompanied with a copy of their examination results. The required document should be sent to the GME Office reflecting the passage of USMLE Step 2 Clinical Knowledge and Clinical Skills or its equivalent, within the number of attempts required for Texas Licensure.

Residents/Fellows – Lacking USMLE Step 3 for employment:

2. Resident/Fellows must register for USMLE Step 3 within the first 18 months of employment and pass within 24 months of employment. Each resident/fellow will be required to present proof using an original Resident/Fellow Examination Verification Form accompanied with a copy of their examination results. The required document should be sent to the GME Office reflecting the passage of USMLE Step 3, or its equivalent, within the number of attempts required for Texas Licensure.

Notification of Attempts and Instructions

1. If the resident/fellow fail their first attempt during the year they are in (first or second year), they must notify the Program Director and Institutional GME Office in writing immediately following notification of score.
2. If the resident/fellow fails a second time, the resident/fellow will be removed from service for one month prior to the next earliest scheduled exam date. The resident/fellows must notify the Program Director and Institutional GME Office of the new scheduled exam date.

3. If resident/fellow fail greater than the number of attempts allowed for Texas Medical Board licensure, they may be dismissed.

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 may be placed on leave with pay using accrued vacation time. Once accrued time is depleted, residents/fellows may 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 do not complete the Steps within the number of attempts required for Texas Licensure may be dismissed from the program.

Residents/Fellows who are dismissed are eligible to appeal the dismissal.

<http://www.usmle.org/applicationmaterials/default.htm#usmlecd>. Sources: www.tmb.state.tx.us

ANNEX F

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 policies 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 G

LEAVE CATEGORIES FOR RESIDENT/FELLOW

PURPOSE: Define institutional leave categories for Resident/Fellow

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

CRITERIA: Resident/Fellow 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/Fellow presentation - maximum of five (5) days per year
 - b. Additional educational leave for medical meetings at which Resident/Fellow 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 Resident/Fellows. This is for the sole purpose of assisting the programs with scheduling the new Resident/Fellows' vacations and ensuring that there is sufficient service coverage during the second half of their Resident/Fellow year. The Resident/Fellow can be advanced vacation accruals, but must not have a negative balance by the end of **the same Resident/Fellow 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/Fellow 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.

V. Terminal Leave

Terminal Leave is approved at the sole discretion of the Program Director. This terminal leave approval is based on patient care coverage and service needs. The resident/fellow must have vacation leave accruals to take terminal leave. If approved by the Program Director, a Terminal Leave Form must be completed. The Terminal Leave form must be fully signed by the Program Coordinator, KRONOS timekeeper, Program Director and the Associate Dean for Graduate Medical Education.

ANNEX H

UTMB RESIDENT/FELLOW BASE SALARIES

Approved Effective 7/1/2016

PGY1 50,176

PGY2 51,876

PGY3 53,483

PGY4 55,994

PGY5 58,538

PGY6 60,697

PGY7 62,998

PGY8 66,697

ANNEX I

Supervision, ACGME Duty Hours and the Working Environment

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. (Core)
- 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. (Detail)
- 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. (Detail)
- 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. (Detail)
- 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. (Core)

- 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. (Core)
- VI.G.2.c) PGY-1 residents are not permitted to moonlight. (Core)
- 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. (Core)
- VI.G.4. Maximum Duty Period Length
- VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration. (Core)
- 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. (Core)
- VI.G.4.b). (1) 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. (Detail)
- VI.G.4.b). (2) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)
- VI.G.4.b). (3) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (Core)
- VI.G.4.b). (4) 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. (Detail)
- VI.G.4.b). (4). (a) Under those circumstances, the resident must:
- VI.G.4.b). (4). (a). (i) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and, (Detail)
- VI.G.4.b). (4). (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. (Detail)
- VI.G.4.b). (4). (b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty. (Detail)
- 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. (Core)
- 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. (Core)
- VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised Common Program Requirements NAS 20 practice of medicine and care for patients over irregular or extended periods. (Outcome)
- 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. (Detail)
- 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. (Detail)
- VI.G.6. Maximum Frequency of In-House Night Float
- Residents must not be scheduled for more than six consecutive nights of night float. (Core)
[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). (Core)
- 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. (Core)
- 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. (Core)
- 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". (Detail)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of Residents or Fellows at key stages of their graduate medical education.

****ACGME Common Program Requirements NAS Effective July 1, 2015***

ANNEX J

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
 - 1. Consistently paid dues on time.
 - 2. Assessments authorized by members' dues "check-off" from salary to the Associate through UTMB.
 - 3. No outstanding issues with the member's respective

Article II – Officers & Council

The Officers of the Association shall be a President, Vice 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 democratic 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 and is also elected annually during the same democratic ballot election as the other aforementioned officers.

- 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 alternative 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 budgeting tasks and provide a financial summary for the incoming year, as well as a complete summary of finances from the previous year to be given to the incoming elected 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 by 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. The majority council at any regular or special meeting may be removed from office for cause and with due process. Any officer, who shall become a disqualified person, shall immediately, on the effective date of disqualifications cease to be an officer. Any officer may resign at any time by giving written notice to the council. Any such 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:

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

- C. Annual meetings. At annual meetings, the following shall be the order of business:
 - 1. Roll call. Establish quorum.
 - 2. Elections
 - 3. Report of tellers on election of new Council members, Officers, and any amendments.
 - 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
- D. 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 VII – 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.

ANNEX J

Graduate Medical Education Institutional Procedure for House Staff Drug Screening for Probable Cause Effective April 8, 2016 Approved by Department of Legal Affairs and Human Resources

Step 1 - Program Director contacts the Associate Dean for Graduate Medical Education (ADGME):

- ADGME will notify Employee Health Clinic during regular business hours (Kathleen O'Neill, Director of Employee Health and Wellness or Robert M. White, Clinic Manager)
- ADGME will notify the Emergency Department after business hours (Christine Wade, Director of Patient Services and Assistant CNO)
- Program Director, or faculty designee, will escort house staff member to Employee Health Clinic or the Emergency Department depending on time of event
- Assessment related to safety concerns (possible harm to self or others) may occur in the Employee Health Clinic, Emergency Department, or Department of Psychiatry when warranted
- House Staff will be placed on paid administrative leave until drug screening results become available
- House Staff who refuse drug screening will be placed on leave of absence and may result in disciplinary action up to and including termination

Step 2 - Notifications:

- Physician Health and Rehabilitation Committee (PHRC) is not required for initial step of drug screening
- HR will notify ADGME of any house staff issues that are brought to their attention
- ADGME will notify HR when this protocol is activated

Step 3 - Completion of Drug Screening:

- Negative result - House Staff returns to work and recommendations will be made for additional evaluations or assistance as necessary
- Positive result – House Staff placed on the appropriate leave status and PHRC becomes involved:
 - PHRC evaluates and makes recommendations
 - Recommendations for substance abuse treatment is arranged by PHRC with facility, insurance, and submits house staff's history to facility
 - PHRC protects reporting to the Texas Medical Board in some instances through partnership with the Texas Physician Health Program
 - PHRC defers to EAP for Post Rehabilitation Agreement

ANNEX K

**Graduate Medical Education
Institutional Procedure for Post Rehabilitation Program
Effective April 8, 2016
Approved by Department of Legal Affairs and Human Resources**

Step 1 – Completion of House Staff Rehabilitation Program

- Treatment facility communicates completion status to Physician Health and Rehabilitation Committee (PHRC)
- PHRC notifies Human Resources (HR), Associate Dean for Graduate Medical Education (ADGME), and Program Director (PD)
- EAP will establish a rehabilitation agreement with the house staff which will outline the drug/alcohol monitoring process
- PHRC will assist in designing an individual therapy plan for the house staff

Step 2 – Post Rehabilitation Drug Screening:

- Positive result – EAP notifies ADGME and PHRC
 - ADGME notifies PD and HR
 - House staff is removed from services until final determination is made which will likely result in termination and immediate notification to the Texas Medical Board