

# **Austin Medical Education Programs**

Institutional Resident Manual

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# Section One

## Introduction

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## INTRODUCTION

This *Resident Manual* has been prepared to inform residents about the Seton Family of Hospital's and Austin Medical Education Programs' workplace policies and practices, expected conduct, and the benefits provided to our valued residents.

The Seton Family of Hospitals is the Sponsoring Institution for Austin Medical Education Programs (AMEP) and is AMEP's sole corporate member.

Included in this handbook are selected ACGME Institutional required policies as referenced in the Resident Agreement as well as other important and helpful information.

Seton/AMEP's policies and guidelines are based on the belief that Seton/AMEP's success is largely dependent upon the contributions and commitment of our residents. Seton/AMEP's goal is to provide residents with opportunities to promote their professional development within the context of Seton/AMEP's organizational objectives, thereby providing a basis for all residents to contribute to the overall success of the organization. The residency training program is an educational experience designed to provide an ethical, professional and education environment in which curricular requirements as well as the applicable requirements for scholarly activity and the six general competencies as enumerated by the Accreditation Council for Graduate Medical Education (ACGME) can be met. Residents will be provided with opportunities to acquire clinical judgment and proficiency for the practice of medicine through the progressive assumption of personal responsibility for patient care in a supervised, educational environment which meets the Institutional, Common, and Program requirements of the ACGME.

Seton promotes a worklife community that supports open communication between residents, faculty, and administration, recognizes the value and dignity of every person, and treats residents fairly and with respect. As a resident in a Seton facility, you are expected to act with integrity and professionalism in accordance with the organization's values, policies and procedures, to comply with all laws, and to contribute fully to the attainment of Seton/AMEP's mission.

No resident handbook can anticipate every question, nor would we want to restrict communication between residents. It is in our conversations with one another that we may better know each other, express our views, and work together to achieve the mission and values of Seton/AMEP. Please do not hesitate to ask questions or express opinions. Your Program Director or Human Resources representative will gladly answer your questions or direct you to where you may obtain the answer. We believe you will find Seton/AMEP an excellent place to work.

These policies and procedures are intended as a guide. The language used should not be construed as creating a contract of employment between Seton/AMEP and any of its residents. Seton/AMEP retains the right to modify or withdraw these policies and procedures at any time, at Seton/AMEP's sole discretion, with or without prior notice to Seton/AMEP residents. Seton/AMEP will inform residents of

any substantive changes in the electronic version of the Resident Handbook as they occur. Refer to Seton HR Policies and Procedures available on the Seton Intranet for additional information.

If you have any questions regarding this handbook, please contact your Program Director or Program Coordinator.

## **GENERAL ORIENTATION**

The Graduate Medical Education Office has developed a general orientation program for all residents newly appointed to residency programs hosted by Seton/AMEP regardless of the training level to which appointed. Attendance is mandatory and the resident is paid for the orientation time. The intent of the orientation is to provide general and specific information about Seton/AMEP, the residency programs' Sponsoring Institution, and the Hospital(s) which will facilitate the new resident's entry into a residency program and to complete all necessary Human Resource paperwork for benefits and compensation. Specific details about the orientation are provided to new residents by the Graduate Medical Education Office prior to the resident's arrival.

## **TRAINING PROGRAM OVERSIGHT**

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

## **Seton Family of Hospitals/Austin Medical Education Programs Statement of Commitment February 26, 2009**

The Austin Medical Education Programs (AMEP), a member of the Seton Family of Hospitals, is dedicated to the development of residency programs which, through their community based education, accomplish the educational goals and objectives outlined by the ACGME requirements and the residency review requirements of each residency program. It is AMEP's primary goal that each program will develop educational excellence and innovation to enhance the residency training in a community setting. A related goal is that each program will provide excellent, faculty-supervised patient care at affiliated hospitals and outpatient settings while functioning as a valued member of the Seton Family of Hospitals.

The following represent the objectives of the Austin Medical Education Programs:

- To train competent, compassionate physicians thorough its graduate medical education programs.
- To improve health care delivery in the Central Texas area by participating as the providers of the safety-net of care, and in so doing, deliver only the highest quality medical care to that segment of the population in Central Texas.
- To develop practice opportunities in conjunction with strategic needs of the Seton Family of Hospitals.
- To develop undergraduate clerkships to enhance clinical training of Texas medical students at both the junior and senior levels.
- To act as the administrative and developmental body for regional programs in continuing medical education and research. The development of research will concentrate on each residency program's requirements, encouraging faculty and resident research in the areas of clinical medicine, health care delivery, quality assurance, and education.

The Seton Family of Hospitals is committed to supporting graduate medical education through sponsorship and operational relationships with AMEP. The Seton Family of Hospitals is obligated and committed to invest educational, financial and human resources to support the graduate medical education programs of AMEP.

### **ACGME Institutional Requirements**

*Effective: July 1, 2007*

The ACGME Institutional Requirements can be found by accessing the following:

**[http://www.acgme.org/acWebsite/irc/irc\\_IRCpr07012007.pdf](http://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf)**

# Section Two

## Our Culture

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## **AUSTIN MEDICAL EDUCATION PROGRAMS HISTORY**

Austin Medical Education Programs (AMEP) is training tomorrow's doctors. Developing and operating fully accredited programs in graduate medical education, Austin Medical Education Programs provides medical services as a principal vehicle for the training of resident physicians. Simply stated, AMEP is committed to the highest standards of quality, performance and professionalism.

Established in 1884, University Medical Center at Brackenridge (UMCB) (formerly known as Brackenridge Hospital) is the oldest public hospital in Texas. The first rotating intern started in 1931. The first resident started in 1932. The training program grew with interns and residents providing care to patients seen in the Brackenridge inpatient units and outpatient clinics under the supervision of the Brackenridge general and specialty medical staff. UMCB entered the National Residency Matching Plan in July 1953.

In the late 1960s, the Accreditation Council for Graduate Medical Education (ACGME) indicated that graduate medical education (GME) programs needed full-time program directors as a requirement for accreditation. In Austin, with the graduate medical education program needing more discipline in the care of the indigent population, physician leaders investigated ways of sponsoring GME. After visiting a Pensacola, Florida, graduate medical education program, members of the Travis County Medical Society founded the Central Texas Medical Foundation (CTMF) in 1972.

The Austin Internal Medicine, Pediatrics, Family Medicine and Transitional Year Programs entered the Match in 1975. CTMF also had a three-year, freestanding program in General Surgery until 1975, when it became an affiliated program with St. Joseph's Hospital in Houston. In 1980, these two programs became an integrated General Surgery program.

Obstetrics and Gynecology training also began in 1972 and was affiliated with the University of Texas Medical Branch (UTMB) from 1972 until 1979 and with The University of Texas Health Science Center at Houston from 1980 until 1990. In 1990, the CTMF Obstetrics and Gynecology training program was integrated with the program at St. Joseph's Hospital in Houston. The Obstetrics and Gynecology training program also offers a fellowship for Family Medicine Physicians. CTMF also had a Pathology training program in the 1970's and early 80's but it was discontinued. In 1995, the Seton Family of Hospitals took over management of UMCB and the Children's Hospital of Austin (since relocated and renamed Dell Children's Medical Center in 2008) in a long-term contract with the City of Austin. In 1998, sponsorship of the not-for-profit CTMF was also transferred from the Travis County Medical Society to Seton. In October 2000, the Central Texas Medical Foundation became Austin Medical Education Programs—a name that more clearly identified its purpose.

In 2005 the Seton Family of Hospitals and UTMB entered into a formal agreement with a plan to transition institutional sponsorship of all residency programs to

UTMB. For various reasons this plan was never completed, and the Seton campuses are home to co-located AMEP (Family Medicine, Psychiatry, and Child and Adolescent Psychiatry) and UTMB (Internal Medicine, Pediatrics, Obstetrics and Gynecology, Neurology, Dermatology, Surgery, and Transitional Year) programs. However, at the instruction of The University of Texas Board of Regents and with the support of the Seton Family of Hospitals, negotiations are currently underway with The University of Texas Southwestern Medical Center regarding institutional sponsorship. Negotiations are expected to be complete in the late 2009.

## **AUSTIN MEDICAL EDUCATION PROGRAMS**

### **MISSION**

Austin Medical Education Programs (AMEP), a member of the Seton Family of Hospitals, is dedicated to the development and furtherance of graduate medical education in Central Texas through established partnerships with university and community resources. AMEP strives to develop educational excellence and innovation to enhance residency training with a goal of supporting individual residency programs to provide excellent, faculty-supervised patient care in Seton facilities and in other private and public settings that provide primary care and specialty experiences for resident education.

### **VALUES**

- ◆ Excellence in Education - Demonstrating strong scholarship, outstanding teaching, and a commitment to our academic mission
- ◆ Compassion – Instilling and demonstrating empathy in caring for patients and our community
- ◆ Respect – Exhibiting respect for each person we serve and with whom we work
- ◆ Care for the Underserved – Committed to service to the poor and medically underserved
- ◆ Professionalism – Putting the patient's needs above the personal needs of the physician. Demonstrating integrity, reliability and respectfulness to the patient and health care team
- ◆ Advocacy – Committed to considering patient care needs first and striving for the highest quality of care for our patients

### **GOALS**

The goals of Austin Medical Education Programs include:

- Training competent, compassionate physicians through its supported graduate medical education programs;
- Improving health care delivery in the Central Texas area by participating as the providers of the safety net of care, and in so doing, deliver only the highest

quality medical care to that segment of the population of Austin and Travis County.

- Developing undergraduate clerkships to enhance clinical training of Texas medical students at both the junior and senior levels.

The Seton Family of Hospitals is committed to supporting graduate medical education through its support of and operational relationship with Austin Medical Education Programs. Seton is committed to invest the necessary educational, financial, and human resources to support the graduate medical education efforts of Austin Medical Education Programs.

## **CODE OF CONDUCT**

The Seton Family of Hospitals (“Seton”) is committed to supporting a culture of safety and a caring environment for patients, families, visitors, associates, physicians, contractors and volunteers in accordance with its Mission and Values:

“Our Mission inspires us to care for and improve the health of those we serve with a special concern for the sick and poor.

We are called to be a sign of God’s unconditional love for all and believe that all persons by their creation are endowed with dignity. Seton continues the catholic tradition of service established by our founders: Vincent de Paul, Louise de Marillac and Elizabeth Ann Seton.”

Towards this goal, Seton endeavors to ensure an environment that is professional, collegial, and free from harassment, retaliation, and discrimination in compliance with federal and state laws and regulations, and the standards of The Joint Commission.

Refer to the Seton Administrative Policy 1000.50 - Code of Conduct available on the Seton Intranet for additional information and expectations.

## **CORPORATE RESPONSIBILITY PROGRAM**

CRP was established to support associates, medical staff, contractors and volunteers in doing the right thing. Promoting good corporate citizenship, identifying high-risk areas and complying with federal, state and local laws are also reasons the program exists. It is Seton’s dedication to following a high ethical standard of individual conduct as well as acting as responsible corporate citizens that will ensure the program is successful.

For more information refer to the Corporate Responsibility Program intranet site.

# Section Three

## Appointment of Resident

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## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Eligibility, Selection, Accommodation and Transfer - # 8840

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** Sept. 19, 2007

**Next Review Date:** Sept. 2009

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James O. Lindsey, M.D.  
Executive Director

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### Purpose:

To ensure that the programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities including motivation and integrity. Programs will not discriminate with regard to sex, race, age, religion, sexual orientation, color, national origin, disability, veteran status or another applicable legally protected status. In order to determine that all candidates making application for openings in the residency programs meet the necessary qualification, the selection of Residents for each program is coordinated with ERAS (Electronic Resident Application System). Final decision on acceptance of an appropriate candidate is made by the Program Director.

### Eligibility:

Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

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

Other Eligibility Requirements:

5. Candidate must meet with reasonable accommodation, all duties and responsibilities as described in AMEP GME Policy #8825 – Supervision of Residents.
6. Candidate must be eligible for a Texas physician-in-training resident permit. (see AMEP Institutional Policy – #8900 for eligibility requirements)

## **Selection:**

1. AMEP residency programs will select among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. AMEP accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or any other applicable legally protected status.
2. AMEP residency programs will select its qualified applicants through the National Resident Matching Program (NRMP).

Reasonable accommodations will be made to facilitate employment opportunities for those individuals who are physically or mentally disabled. Such accommodations may include job restructuring, part-time or modified work schedules, work site alterations, acquisition or modification of equipment or devices, and qualified readers or interpreters. (Seton – 400.06)

## **PROCEDURE:**

1. Candidates for available positions are requested to complete an application through the Electronic Residency Application Service (ERAS) and include but not limited to:
  - A minimum of two letters of recommendation;
  - ECFMG certificate
  - USMLE or Comlex (NBOME) transcripts
  - Original medical school diploma (presented to GME Admin Office for verification) and/or certified medical school transcript
  - Other pertinent supporting documentation.
2. Applications will be reviewed by respective programs and applicants who meet initial program criteria will be invited for an interview. The AMEP Resident contract and Institutional Resident Manual will be available for applicants to review.
3. Each program has a mechanism to rank candidates through the National Residency Matching Program.
4. Candidates that match are sent a Resident Agreement.
5. Candidates for unmatched positions are handled the same as in procedures 1, 2, and 3 listed above.
6. Resident's Transferring From Other Residency Training Programs
  - Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.
  - AMEP programs directors must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.
  - AMEP program directors are to ensure compliance of specialty specific requirements in addition to those outlined in the Common Program Requirements.
  - In addition, the program director of the previous program must provide, in writing, any time off the resident had during their training experience at the previous program

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Promotion of Residents - # 8860

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** Sept. 19, 2007

**Next Review Date:** Sept. 2009

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James O. Lindsey, M.D.  
Executive Director

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**Purpose:**

Resident physicians may be promoted to the next year of training if their performance indicates their ability to perform at the next higher level.

**Procedure:**

1. The Program Director is responsible for the decision of the resident promotion.
2. Residency contracts are one year in length, and promotion results in issuance of a new contract for the upcoming year. Promotion contracts will issued by mid-January, or 5 months prior to the beginning of the next academic year. Signed contracts are due back to the GME Administrative Office no later than 4 months (120 days) prior to the beginning of the next academic year.
3. The Program Director will obtain, from the faculty, as well as from other pertinent sources and/or relevant committees, information on the performance of each resident regarding promotion.
4. The Program Director will also take into account the appropriate program and institutional guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), the Residency Review Committee (RRC), specialty board guidelines, institutional resources, relative merit of individual compared to other applicants, and program guidelines in making the decision.
5. The Program Director may offer a resident additional time in any given Post Graduate Year prior to considering promotion of said resident. The added time would be used to allow the resident to achieve the required level of proficiency for promotion. A resident accepting this condition should be given a summary of deficiencies, a delineation of the remediation program and the criteria for advancement.
6. If the resident is not promoted, he/she will receive written notice at least four months (120 days) prior to the end of current residency term as to his/her status in the program. A decision not to promote a resident is subject to the due process and appeal procedures set forth in the Austin Medical Education Programs Resident Manual.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Non-Renewal of Resident Contract - # 8865

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** Sept. 19, 2007

**Next Review Date:** Sept. 2009

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James O. Lindsey, M.D.  
Executive Director

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**Purpose:**

To ensure Resident is given at least 120 day written notice of intent not to renew the contract.

**Procedure:**

1. Written notice of intent will be given no later than four months (120 days) prior to the end of resident's current contract.
2. If the primary reason(s) for non-renewal extends into or occurs within the four months prior to the end of contract, the program will provide a written notice of the intent to not renew as the circumstances will reasonably allow, prior to the end of the contract.
3. The Resident will be allowed to implement the Due Process Procedure as outlined in the Austin Medical Education Programs Resident Manual when they have received a written notice of intent not to renew the contract.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME – Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Credentialing/Appointment – Employed Residents, # 8800

**Department:** Administration – General Information

**Original Date:** June, 2001

**GMEC Endorsed:** February 26, 2008

**Next Review Date:** February 2010

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James O. Lindsey, M.D.  
Executive Director

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**Purpose:** To outline the process of credentialing/appointment for residents in the Austin Medical Education Programs' accredited programs and to ensure all credentials are in order prior to beginning of training and will remain current during the entire training period.

**Action:**

1. This credentialing process will be used for all employed residents of Austin Medical Education Programs of the Seton Family of Hospitals training programs.
2. The AMEP GME Administrative/Credentialing Office will be responsible for maintaining resident credentialing/appointment information and providing programs with copies of credentials to be placed in each resident file. Current information will be stored in the Austin Medical Education Programs Resident Database.
3. Resident credentialing/appointment information will include the following:

**Resident General Information (provided by AMEP Program Coordinator)**

- ❖ ERAS Common Application Form or comparable documents.
- ❖ Dean's Letter
- ❖ Letters of Recommendation (2)
- ❖ Curriculum Vitae
- ❖ USMLE/COMLEX Transcripts

**Resident General Information (provided by Resident)**

- ❖ Proof of identity (US valid or expired passport; International valid passport; birth certificate or approved photo ID)
- ❖ Letter of Intent to Graduate from Medical School issued by the Medical School Dean's Office, Medical School Diploma (notarized copy) and/or Certified Copy of Medical School Transcript authenticating "Degree Awarded."
- ❖ Certified USMLE or NBOME Transcripts
- ❖ Valid ECFMG Certificate (IMG's only)
- ❖ Valid Work Authorization Documentation (Social Security Card, Green Card, EAC Card, DS-2019 (J-1 Visa), Work Permit, etc.)
- ❖ Seton Family of Hospitals Resident Appointment Form

- ❖ Passport sized color photo

## **Resident Contract**

### **TSBME Physician-In-Training Permit/License**

All residents who are not fully licensed to practice medicine in the State of Texas must apply for and obtain a Physician-In-Training Permit. Physician-In-Training Permits do not allow a resident to practice medicine outside of his/her educational training program. Once full medical licensure in Texas is obtained by a resident, the AMEP GME Administrative/Credentialing Office must be notified and provided with a copy of the license. All Residents beginning training with a Texas license will be queried through the National Practitioner Databank.

If a resident is not issued a permit prior to the training start date, the resident will not be employed. In addition, if the permit is not received within 30 days of initial contract date, the contract will be void and the program director may look for a new resident to fill the spot.

### **Institutional DEA number & Signature**

Residents covered under a physician-in-training permit will be assigned an Institutional Drug Enforcement Administration (DEA) number at General Orientation. This is a three-digit suffix number to be used in conjunction with the DEA institutional registration number of the Seton Family of Hospitals. This number will provide the resident with prescription writing authority in the Seton Family of Hospitals. At the beginning of each resident's training a record of his/her signature will be provided to Pharmacy and Medical Records and a copy of the signature will be kept on file in the AMEP GME Administrative/Credentialing Office.

This DEA number will remain with the resident until completion of training or until a resident obtains Texas Licensure and his/her own DEA and DPS numbers.

Since the Seton Family of Hospitals Institutional DEA number cannot be used once individual medical licensure is obtained, a resident must obtain his/her individual Texas Department of Public Safety (DPS) registration number to dispense and prescribe controlled substances and Federal Drug Enforcement Agency (DEA) registration number once licensed in Texas. A fee is charged by the Federal DEA and the Texas DPS for each of the registrations and the resident is financially responsible for payment of this fee. A copy of these certificates must be provided to the AMEP GME Administrative/Credentialing Office once received.

### **Malpractice Liability Certificate**

Residents are provided with "claims-made" professional liability insurance through Ascension Health with minimum limits of \$1,000,000 per occurrence and \$3,000,000 per year aggregate while participating in Austin Medical Education Programs' sponsored residency training activities. The liability coverage only covers the resident in respect to his/her duties while in training with Austin Medical Education Programs.

### **Current appropriate Advanced Life Support certification (must be completed within two months of training start date)**

- Internal Medicine & Transitional Year – BLS & ACLS
- Family Practice – BLS, ACLS, NRP & PALS
- Pediatrics – BLS, NRP & PALS
- Surgery – ATLS & ACLS
- OB/GYN – NRP, BLS & ACLS

- Psychiatry – BLS

#### H. Residents Transferring From Other Residency Training Programs

To determine the appropriate level of education for a resident who is transferring from another residency program, a written verification from the previous program director must be received regarding educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas (patient care, medical knowledge, professionalism, interpersonal & communication skills, systems-based practice and practice based learning) prior to acceptance into the program.

In addition, the program director of the previous program must provide, in writing, any time off the resident had during their training experience at the previous program.

4. All of the above must be submitted to the AMEP GME Administrative/Credentialing Office prior to the resident beginning his/her training with Austin Medical Education Programs. If any documentation is missing, the resident will not be employed and will not be able to begin his/her training until all documentation is submitted.
5. The program director will approve the resident credentials by signing the bottom of the resident check sheet
6. Any Resident who did not begin residency training upon immediate graduation from medical school and has previous clinical US experience will be subject to a National Practitioner Databank Query. This query will be performed by the Seton Medical Staff Office as requested by the AMEP GME Administrative/Credentialing Office.
7. All active residents will be re-credentialed yearly to ensure credentialing compliance.

**Austin Medical Education Programs**  
**Credentialing/Appointment Check Sheet – Employed Resident**

Resident Name: \_\_\_\_\_ MD/DO Program: \_\_\_\_\_  
 \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_  
 \_\_\_\_\_

**GME Administrative Office**

**1. Resident General Information**

- \_\_\_\_ ERAS Common Application Form or comparable documents
- \_\_\_\_ Dean's Letter
- \_\_\_\_ Two letters of recommendation
- \_\_\_\_ CV
- \_\_\_\_ Notarized Copy Medical School Diploma or Certified Copy of Medical School Transcript – "Degree Awarded"
- \_\_\_\_ USMLE Transcripts
- \_\_\_\_ Seton Family of Hospitals Resident Appointment Form
- \_\_\_\_ Passport sized color photo
- \_\_\_\_ Primary Source Verification – Medical School Graduation

**2. \_\_\_\_\_ Signed Resident Contract**

**3. TSBME Permit/License**

- \_\_\_\_ TSBME Physician-In-Training Permit Application
- \_\_\_\_ TSBME Medical Director Certification Letter
- \_\_\_\_ Institutional DEA

**or**

- \_\_\_\_ TSBME License
- \_\_\_\_ DEA
- \_\_\_\_ DPS

**4. Liability Coverage Certificate**

**5. Proof of Required Advanced Life Support Certification**

- \_\_\_\_ BLS (FP, IM, Pedi, Psych, Trans)
- \_\_\_\_ ACLS (FP, IM, Trans)
- \_\_\_\_ NRP (FP, Pedi)
- \_\_\_\_ PALS (FP, Pedi)

**6. International Graduates**

- \_\_\_\_ Valid ECFMG Certificate
- \_\_\_\_ Current IAP-66 (J-1 Visa residents only)

**For GME Office Use Only**

Date: \_\_\_\_\_ Checked all information

Inst. DEA# \_\_\_\_\_

Date: \_\_\_\_\_ E-mailed (DOCC) with

- Resident Name, Start Date, AMEP Program
- Provided Resident Signature Page to DOCC

Date: \_\_\_\_\_ DEA# & Signature to Pharmacy

Date: \_\_\_\_\_ Signature to Medical Records

Date: \_\_\_\_\_ Faxed to IS for SMS

Date: \_\_\_\_\_ Memo to MEC

Date: \_\_\_\_\_ Entered into AMEP Database

SMS#: \_\_\_\_\_

Date: \_\_\_\_\_ Emailed IS to delete from SMS when residency completed.

Date: _____OIG Search	
Date: _____National Practitioner Databank Query (If applicable)	Medic#: _____
Previous Resident Training? Yes No	
If yes, date received Previous Training Verification: _____	Time-off
Info: _____	

*I, Name of Program Director, MD have reviewed the information of this file and agree that this resident has the required credentials to train within Austin Medical Education Programs.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Physician-In-Training Permit/Licensure - # 8900

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** September 19, 2007

**Next Revision Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose**

In order to train with Austin Medical Education Programs all residents must have a current physician-in-training permit or license from the Texas Medical Board (TMB). In addition, if a resident has been issued a Texas physician-in-training permit they must have an Institutional DEA which will be issued when resident begins training with AMEP or if a resident has a Texas License they must also possess a Federal DEA and Texas DPS license.

### **PROCEDURE:**

#### **1. TEXAS PHYSICIAN-IN-TRAINING PERMIT & INSTITUTIONAL DEA**

All residents who are not fully licensed to practice medicine in the State of Texas must apply for and obtain a physician-in-training permit from the Texas Medical Board. The AMEP Graduate Medical Education Office will provide instructions on how to apply for the physician-in-training permit to the resident. The physician-in-training-permit will be issued for the duration of the training program. AMEP will reimburse the resident for the physician-in-training permit fee upon receipt of the permit and proof of payment. This permit does not allow a resident to practice medicine outside of his/her educational training program. Once the resident obtains full medical licensure in Texas, the physician-in-training permit is no longer valid.

#### ***Eligibility***

To be eligible for a physician-in-training permit an applicant must present:

- Proof of identity (US valid or expired passport; International valid passport; birth certificate or approved photo ID)
- Proof of being at least 18 years of age;
- Is of good professional character and has not violated 164.051-053 of the Medical Practice Act (letters of recommendation that come with resident application)
- Proof that applicant is a graduate of a TMB approved medical school (certified transcripts or presenting original diploma for verification) either:
  - located in the United States or Canada and approved by the board;
  - located outside the United States or Canada; or
- a physician who has completed a Fifth Pathway Program

In addition, to be eligible for a physician-in-training permit a candidate must not have failed a licensure examination that would prevent the applicant from obtaining an unrestricted physician license. An applicant for an unrestricted physician license must either:

- Pass all but one part of an examination accepted for licensure within three attempts, with a fourth attempt allowed on one part only, or;
- Pass all but one part of an examination accepted for licensure within three attempts, with a fifth attempt allowed on one part only, if;
- The applicant becomes specialty board certified by an A.B.M.S. or A.O.A. member board, and
- Completes, in Texas, an additional two years of postgraduate medical training approved by the Board.

To be eligible for a permit, an applicant must not have:

- a medical license, permit, or other authority to practice medicine that is currently restricted for cause, canceled for cause, suspended for cause, revoked or subject to another form of discipline in a state or territory of the United States, a province of Canada, or a uniformed service of the United States
- an investigation or proceeding pending against the applicant for the restriction, cancellation, suspension, revocation, or other discipline of the applicant's medical license, permit, or authority to practice medicine in a state or territory of the United States, a province of Canada, or a uniformed service of the United States
- a prosecution pending against the applicant in any state, federal, or Canadian court for any offense that under the laws of this state is a felony, a misdemeanor that involves the practice of medicine, or a misdemeanor that involves a crime of moral turpitude.

If a resident is not issued a permit prior to the training start date, the resident will not be employed. In addition, if the permit is not received within 30 days of initial contract date, the program director may void the contract and look for a new resident to fill the spot.

### **Annual Reports**

AMEP Program Directors must ensure that the board receives certain information annually in order to keep the board informed on a permit holder's progress while in the approved training program. The AMEP GME Administrative office will support the Program directors in providing the required information on forms provided by the board. 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 board and/or the executive director deem necessary to ensure compliance with Chapter 171 (TMB Rules), the Medical Practice Act and board rules.

### **INSTITUTIONAL DEA NUMBER**

Those residents covered under a physician-in-training Permit will be assigned an Institutional Drug Enforcement Administration ("DEA") controlled substances registration number. This is a three-digit suffix number to be used in conjunction with the DEA institutional registration number of the Seton Family of Hospitals. This number will be assigned at General House Staff Orientation and will provide the resident prescription writing privileges in the Seton Family of Hospitals.

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

- prescribing physician's name printed in full and legible;
- DEA number for controlled drugs; and
- Patient's name and address.

## **2. TEXAS MEDICAL LICENSE – DEA – TEXAS DPS**

The AMEP Graduate Medical Education Office must be notified immediately by a resident upon receiving their medical license from the Texas Medical Board and a copy of the physician permit portion of the license must be submitted to this office. It is the personal financial responsibility of the resident to obtain or renew his/her medical license. The Texas Medical Board' address is: P.O. Box 2018, Austin, TX 78768-2018.

### **DPS & DEA REGISTRATION NUMBERS**

Upon receiving full licensure from the Texas Medical Board, residents are responsible for obtaining their individual Texas Department of Public Safety (DPS) registration number to dispense and prescribe controlled substances and Federal Drug Enforcement Agency (DEA) registration number. A fee is charged by the Federal DEA and the Texas DPS for each of these numbers and the resident is financially responsible for payment of this fee. The AMEP Graduate Medical Education Office must be provided copies of these documents when obtained.

## **3. REPORTING CONDUCT TO THE BOARD**

It is the responsibility of AMEP Program Director to report within 7 days after discovery certain types of conduct to the Texas Medical Board and the AMEP GME Administrative Office. Behavior that must be reported includes: (TMB Board Rule - 171.6).

- If a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);
- If a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave)
- If a physician has been arrested after the permit holder begins training in the program;
- If a physician poses a continuing threat to the public welfare as defined under Tex.OCC.Code Sec. 151.002(a)(2), as amended;

"Continuing threat to the public welfare" means a real danger to the health of a physician's patients or to the public from the acts or omissions of the physician caused through the physician's lack of competence, impaired status, or failure to care adequately for the physician's patients, as determined by: (A) the board; (B) a medical peer review committee in this state; (C) a physician licensed to practice medicine in this state or otherwise lawfully practicing medicine in this state; (D) a physician engaged in graduate medical education or training; or (E) a medical student.

- If the program has taken action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;
- If the program has suspended the physician from the program;
- If the program has requested termination or terminated the physician in the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program; and/or
- Any such similar action and the reason(s) why.

### **Inactive Status**

Physician-in-training permit holder on suspension, dismissal or termination shall have an inactive status permit. The board may investigate those placed on inactive status. If the suspension is lifted, the program will notify the board and the permit will return to active status on the date the board is notified.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Residency Closure/Reduction - # 8895

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** September 19, 2007

**Next Revision Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose**

In the event that AMEP reaches a decision to reduce the size of a residency program or to close a residency program, the Graduate Medical Education Committee, the Designated Institutional Official, and all residents in training will be notified as soon as possible.

### **Procedure**

Program closure would be anticipated prior to resident recruitment and match for the subsequent year.

In the event of closure, the following steps would be taken:

- No resident would be recruited for the next PGY1 year.
- In the event of such a reduction or closure, all residents already in the program will be allowed to complete their GME educational program at AMEP or, where this is impossible, will be assisted in enrolling in an ACGME accredited program in which they can continue their GME education.
- Full closure of a program will occur at least twelve plus three months after notification of residents.

Resident reduction will occur through systemized attrition and through an anticipated decrease in the residents recruited for the subsequent years.

# Section Four

## Your Job

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## Austin Residency Programs

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

Supervision of Resident Physicians at Seton Family of Hospitals - # 8825

**Original Date:** September 3, 2002

**GMEC Endorsed:** February 27, 2009

**Next Review Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **PURPOSE**

To specify the mechanisms by which house staff are supervised by members of the Seton Medical Staff.

### **POLICY**

This policy is intended to guide the activities of attending physicians, residents, nursing staff, and medical records personnel in insuring that in-hospital patient care activities in which residents participate are appropriately supervised and documented during the course of their training based in the hospital. This supervision should begin with the resident's initial patient contact and continues through the daily care the resident provides to the patient.

### **EXCEPTIONS**

1. It is the hospital and program responsibility to ensure that resident's level of training and educational needs are understood and are not secondary to the service needs of the hospital.
2. Residents may write patient care orders as delegated by the attending physician. No member of the Seton Medical Staff can be prohibited writing orders on patients cared for in part by residents.
3. Seton Medical Staff members who choose not to participate in residency training or who choose not to supervise residents are not subject to denial or limitation of hospital privileges.

### **REFERENCES**

1. JCAHO Accreditation Manual
2. ACGME Institutional and Specific Program Requirements
3. Seton Medical Staff Bylaws

### **BACKGROUND**

This is a general policy encompassing residents from multiple specialties training in Seton Family of Hospitals facilities. It is recognized that each specialty has specific program requirements, which guide the residency training and resident duties in those respective specialties. This policy statement will give general guidance to resident supervision in all network facilities. Ultimately all patient care activities are supervised by a credentialed attending physician. It is also recognized that residents will vary in level of training, ability, and previous experiences. It is the responsibility of each attending and program director to assess the abilities of each resident in training and provide the appropriate supervision for that level of training.

In addition, residents and supervising attending physicians are guided by specific roles and responsibilities delineated for residents at certain levels of training. The care of the patient and the risk to patients takes precedence over the decisions made by supervising attending physicians. Residents should never be expected to perform patient care activities for which they are not qualified. In addition, resident patient care activities are guided by specific rotational curriculum provided by the residency programs. All residents must act within the policies outlined in the Austin Medical Education Programs Policy.

### **PROCEDURE**

Residents are expected to interact with patients in the Seton Family of Hospitals with the permission, and under the direction of attending physicians who delegate to residents medical care responsibility. Medical care begins with admission of the patient, continues through the daily progress of the hospitalization, and concludes with discharge of that patient from the hospital with completion of the permanent medical record on that patient.

Specific resident responsibilities are addressed in the Resident Job Description. Key, specific responsibilities of the supervising attending physician and of the resident are listed below:

The attending physician shall evaluate the patient in person and be in a position to confirm the findings of the resident and discuss the care plan.

- The supervising attending physician confirms the subjective and objective findings of the resident, reviews the differential diagnosis, and discusses patient care management with the resident
- For an obstetrical admission, after consulting the prenatal record available on the labor floor, and after examining the patient, the resident will contact the attending physician with obstetric privileges to describe findings and discuss the plan of care.
- At least on a daily basis (more often as the needs of the individual patients may dictate), the resident and the attending physician will review progress of the patient, make the necessary modification in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
- When either a medical patient or an obstetrical patient develops a condition that the resident feels is potentially dangerous for that patient, the resident will contact the attending physician and report these developments.
- As the level of skill and knowledge increases for individual residents, attending physicians may delegate increasing levels of responsibility and allow increasing level of participation in patient care, including the performance of procedures.
- The attending physician should insure the completeness of the medical record by offering suggestions to the resident or by making additional comments in the progress notes.

## POSITION SUMMARY OF RESIDENT PHYSICIANS

In general, a resident physician or fellow is a physician in training for a specific specialty or subspecialty who has completed medical school. Training occurs in AOA or ACGME accredited programs according to specific standards. Residents assume progressive clinical responsibility and autonomy under the supervision of licensed, privileged attending staff who function as faculty within the graduate medical education programs.

Major Responsibilities:

1. Residents assume clinical responsibilities according to their year of training as directed by each program. Responsibilities will include developing competency in the ACGME mandated competency areas:
  - a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
  - b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
  - c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
  - d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
  - e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
  - f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

In addition, resident responsibilities include:

- Participating in the various committees and councils, if invited or elected, to assure effective communication, improve care, and monitor the care provided to the patients within the facility.
  - Adhering to the guidelines and regulations of the medical staff as well as the policies of the graduate medical education program.
2. Residents will assume progressive clinical responsibility as training progresses. Each program will assess the competency of the resident to assume these responsibilities.
  3. The resident, in turn will evaluate the program's effectiveness in teaching and in providing the necessary supervision.
  4. The resident will provide supervision to medical students and more junior resident staff. The resident will provide feedback and evaluation to these individuals.
  5. The resident will maintain an accurate log of procedures performed in accordance with specific program requirements.
  6. The resident will provide accurate and necessary documentation within the medical record of the care provided to patients.
  7. Residents will write orders for patients under their care with the supervision of privileged attending staff.
  8. Residents are responsible for the timely completion of medical records as per the policies of the Seton Medical Staff, under the guidance and supervision of the attending staff.
  9. Residents will understand the value of quality improvement and will participate in quality improvement activities.
  10. Residents are required to adhere to the ACGME Duty Hours standards:

#### Duty Hours

Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.

Duty hours do not include reading and preparation time spent away from the duty site.

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

#### On-Call Activities

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

- In-house call must occur no more frequently than every third night, averaged over a four-week period.

- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
  - No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- At-home call (pager call) is defined as call taken from outside the assigned institution.
- The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80- hour limit.
- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### Teaching Medicine Service

Program Specific job descriptions are attached to this policy as follows:

Appendix 1	Family Practice
Appendix 2	Internal Medicine
Appendix 3	OB/GYN Fellows
Appendix 4	OB/GYN Residents
Appendix 5	Pediatrics
Appendix 6	Psychiatry – Brackenridge
Appendix 7	Surgery
Appendix 8	Transitional
Appendix 9	Psychiatry – Shoal Creek
Appendix 10	Neurology

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Peer Review of Physicians in Postgraduate Training in Seton Healthcare Network- # 8830

**Department:** Administration – General Information

**Original Date:** September 3, 2002

**GMEC Endorsed:** September 19, 2007

**Next Review Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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**Purpose:**

Residents and fellows are physicians in postgraduate training under the supervision of a licensed practitioner in the specialty of training. As such, the resident is given progressive responsibility for the care of patients, depending on the year of training. Residents will be held accountable for independent actions, but the accountability will be taken in the context of a supervised experience and the learning environment of a training program. All patient care involving care by resident physicians will be subject to the same peer review as is given the member of the medical staff. Therefore, care given by resident physicians that resulted in error or that could be improved upon will be reviewed by the appropriate council and will receive the same review process as care given by the private attending staff. Notwithstanding any other provision in this or other AMEP policies or procedures, residents and fellows in postgraduate training are not entitled to any right to hearing and review afforded by Article IX of the Seton Medical Staff Bylaws.

**Action:**

Process for reporting peer review action to the appropriate supervisors in care provided by residents or fellows:

1. Each specialty has established indicators for nurse chart review. Those indicators may be trended or reviewed more closely by the appropriate council in peer review activity.
2. Case review by the appropriate council involving the care of residents will attempt to clarify the role of the supervising attending and the role of the residents or fellows.
3. The attending physician will receive a letter notifying him or her about cases with care or supervision of the residents as unacceptable or with room for improvement. The letter will clarify if it is the care, the supervision, or both that is problematic.
4. Program Directors will receive letters generated by the peer review office about care provided by residents that is unacceptable or with room for improvement.
5. Program Directors will manage the peer review process in their respective department. Morbidity and Mortality Conferences are within the purview of peer review and are treated with the same confidentiality as formal peer review activity.
6. Resident files will contain peer review information and evaluation made on the basis of specific care. Because of this, the resident file is considered a peer review document and is treated as such.
7. All peer review activity of the specialty councils will be reported to the Facility MEC, including activity involving residents and fellows in the various departments.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Moonlighting - # 8870

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** September 19, 2007

**Next Review Date:** Sept. 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

To provide the Residents with the Austin Medical Education Programs policy regarding "Moonlighting." Austin Medical Education Programs does not require residents to moonlight.

### **Definitions:**

Moonlighting" is defined as any activity associated with the practice of medicine outside assigned duties as a resident at AMEP for which compensation is received in cash or kind in exchange for work (internal or external).

Internal Moonlighting – Moonlighting within resident's primary training program.

External Moonlighting – Moonlighting outside resident's primary training program

### **Procedure:**

#### **EXTERNAL MOONLIGHTING:**

When a resident "externally moonlights," it should be with the knowledge that:

1. Independent licensure is required for external moonlighting by the State of Texas for the practice of medicine is mandatory;
2. Neither AMEP nor the resident's department will have a moral, legal and/or ethical obligation to the resident or the resident's patients during the time the resident is moonlighting. This means that malpractice coverage, worker's compensation coverage and/or any other fringe benefits ordinarily afforded the resident will not be in effect;
3. No resident may "moonlight" during assigned duty time;
4. Permission of the residency Program Director must be obtained prior to arranging to "moonlight." A written statement must be in the file of the resident signed by the Program Director that he/she is aware that the resident is "moonlighting, assuring moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program." The resident's performance will be monitored for the effect of moonlighting activities upon their performance and adverse effects may lead to withdrawal of permission.
5. Individual Program Directors may forbid moonlighting; and,

6. The U.S. Code of Federal Regulations clearly prohibits foreign exchange visitors (i.e., J1 visa holders) participating in programs of graduate medical education from pursuing work outside of their training programs. Therefore, any resident holding a J1 visa may not moonlight or earn extra income under any circumstances.

The educational experience and instruction received in the program and the stipend and benefits provided herein are the sole remuneration and benefit to which a resident is entitled for services rendered or provided pursuant to the AMEP training program. Residents are prohibited from accepting fees or other remunerations from any patient for services rendered as a part of the training program. A postgraduate resident permit, issued by the Texas State Board of Medical Examiners, does not authorize a resident to engage in medically related activities outside the confines of their formal residency training. If a resident has, or subsequently obtains a Texas medical license, the resident shall not engage in medically related employment outside the training program which interferes in any manner with the duties and responsibilities of the resident provided herein or puts the resident in violation of AMEP's policy on Resident Duty Hours. The resident must keep his/her Program Director apprised of the general aspects of his/her practice of medicine outside the training program. If, in the opinion of the Program Director or the Executive Director, such employment in medically related activities or any other employment interferes with the resident's timely performance of his/her duties and responsibilities provided herein or causes the resident to not be in compliance with AMEP's policy on Resident Duty Hours, disciplinary action may be taken by AMEP against the resident. The professional liability insurance coverage provided to the resident under this agreement shall not provide professional liability insurance coverage for the resident in any medical practice or activity which is not conducted in the course and scope of the AMEP residency program.

AUSTIN MEDICAL EDUCATION PROGRAMS  
RESIDENT MOONLIGHTING HOURS

Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Moonlighting Location: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Hours per week Moonlighting: \_\_\_\_\_

I am aware of AMEP's policy on Resident Duty Hours and agree that my hours moonlighting will not put me in jeopardy of violating that policy.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

I am aware that the resident named above is moonlighting and agree at this time that the hours they have indicated are in compliance with AMEP's policy on Resident Duty Hours. I also agree that the moonlighting is not interfering with the resident's residency training.

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

This document is to be maintained in the resident file.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Duty Hours - # 8910

**Department:** Administration – General Information

**Original Date:** March 2003

**GMEC Endorsed:** September 19, 2007  
**Next Review Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

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

### **Procedure:**

1. Supervision of Residents
  - a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
  - b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
  - c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
2. Duty Hours
  - a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
  - b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  - c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and

administrative activities.

- d. Adequate time for rest and personal activities must be provided. This should include a minimum of 10 hours between all duty periods and after in-house call.
- e. **Monitoring Duty Hours**  
Program Directors will be responsible for monitoring the duty hours of their residents after each rotation. Residents will complete a Resident Work Hours Survey (Attachment 1) after each rotation which will include the following questions:
  - ❖ Excluding call from home, what was your average number of hours (in the last four weeks) worked per week?
  - ❖ On average, how many days per week (averaged over a four week period) of in-house call were you assigned?
  - ❖ Excluding call from home, what was the maximum number of continuous hours you were on duty during this rotation period?
  - ❖ How many times, (in the last four weeks) have you worked more than 30 continuous hours, including in-house call following a regular duty shift?
  - ❖ How many days (for the entire last four-week period) did you have completely free from all educational and clinical responsibilities?
  - ❖ On average, how many hours off duty did you have between duty hour shifts? (Duty shifts include in-house call)
- f. **Reporting Duty Hours to DIO and GMEC**

Program Directors will report duty hour violations to the DIO and GMEC.

### 3. On-Call Activities

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

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - 1. The frequency of at-home call is not subject to the every third night, or 24 + 6 limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call

must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements II. D.4.j.
- c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

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

6. Duty Hours Exception

The AMEP Institutional GMEC will not grant exceptions to the 80 hour limit.

**Austin Medical Education Programs**

**Resident Work Hours Compliance Attestation**

I, \_\_\_\_\_, understand that it is the policy of the \_\_\_\_\_ Residency Program of Austin Medical Education Programs to comply with the Institutional Duty Hours Policy #8910 for all residents. I understand the policy requires the following:

- ❖ I must not work in excess of 80 hours per week averaged over a four-week period, inclusive of all in-house call activities.
- ❖ I must not work in excess of 24 consecutive hours. However, I may be required to remain on duty for up to 6 additional hours, above the 24 consecutive hours, to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. I must not admit any new patients during these six additional hours.
- ❖ I should have a minimum of 10 hours between duty periods and after in-house call.
- ❖ I must have 1 day off in 7 completely free from all educational and clinical responsibilities, averaged over a four-week period.
- ❖ I must not be assigned in-house call more frequently than every third night, averaged over a four-week period.
- ❖ I agree to complete the AMEP Duty Hours Survey in New Innovations at intervals assigned by my program.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Off-Campus Electives - # **8875**  
**Department:** Administration – General Information

**Original Date:** January 31, 2001

GMEC Endorsed: September 19, 2007  
Next Review Date: September 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

To outline the process for Austin Medical Education Program Residents to schedule an elective as a part of their residency training.

### **Procedure:**

1. All electives must be requested in writing by using the AMEP Elective Approval Form and approved by the resident's Program Director and Executive Medical Director (when no current Affiliation Agreement is in place) before the resident schedules the elective with an off-campus facility.
2. Electives must be in an ACGME accredited program and/or count toward residency and/or specialty board requirements.
3. A current Austin Medical Education Programs - Affiliation Agreement must be in place prior to resident scheduling the elective. If Affiliation Agreement is not in place the Program Director or Program Coordinator will contact the GME Administrative Office to have an agreement prepared and sent to elective site for signature.
4. GME Administrative Office will notify Program Director & Program Coordinator when the signed Agreement has been returned.
5. Electives outside the U.S. will generally not be allowed.

## Austin Medical Education Programs

### Resident Elective Approval Form

**This form must be completed and given to your Program Director for approval at least one month before the requested elective begins.**

**Resident Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Elective:** \_\_\_\_\_ **Date of Elective:** \_\_\_\_\_

**Elective Location:** \_\_\_\_\_  
Supervising Elective Physician

\_\_\_\_\_  
Address City

\_\_\_\_\_  
Phone # Fax #

Current AMEP Affiliation Agreement in place? \_\_\_\_\_ Yes \_\_\_\_\_ \*No \_\_\_\_\_ N/A  
(for off campus electives only)

Approved as a Rural Rotation Preceptorship? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If out of town elective, are your continuity clinic appointments on hold or cancelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who will be responsible for follow-up with your patients? \_\_\_\_\_

**Have you checked with Medical Records to complete all incomplete records before leaving?** \_\_\_\_\_ Yes

\_\_\_\_\_  
Program Director Approval Date

\_\_\_\_\_  
GME Program Manager Date

\_\_\_\_\_  
Supervising Elective Physician Approval Date

\*If No, Program Director will contact GME Administrative Office to initiate Affiliation Agreement.

REVISED: July, 2002

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME – Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Impaired resident physicians - #8815

**Original Date:** January, 1998

**GMEC Endorsed:** February 20, 2007

**Next Review Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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### Policy Statement

Austin Medical Education Programs (“AMEP”) policy is to provide a procedure for the possible identification, intervention, and referral for treatment of an incoming or current resident. The objectives of this policy are to strive to assure quality of care for all patients and to maintain a safe environment for patients, associates, faculty and residents of AMEP.

### Definitions

**Impaired Resident:** A physician whose ability to practice medicine is impaired, or reasonably believed to be impaired, by drug or alcohol abuse or mental or physical illness.

**Under the Influence:** The condition wherein any of the body’s sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. “Under the influence” also means any detectable presence of alcohol or drugs within the body.”

### Procedure

#### I. Investigation

- A. Impaired resident physicians may be identified by behavior and patterns of behavior which include, but are not limited to:
1. Consistent tardiness
  2. Unexplained absences (especially after days off)
  3. Angry outbursts or unprofessional behavior
  4. Unexplained somnolence
  5. Legal difficulties (including, but not limited to an arrest for Driving under the Influence (DUI) or Driving While Intoxicated (DWI).
  6. Unexplained lack of progression during the training year (reaching a plateau)
  7. The smell of alcohol on a resident
  8. Poor impulse control
  9. Lack of interest - depression
  10. Other psychiatric disturbances
  11. Other medical illness
- B. AMEP encourages an impaired resident to self report to their program director or designee. Upon receipt of a self report, the Program Director or designee will meet with

the resident to determine the severity of the problem and the appropriate course of action.

- C. Upon receipt of a report that a resident may be impaired, the Program Director or designee may request the assistance of the program's Residency Evaluation Committee (REC)/Residency Training Committee (RTC).
- D. If there is concern that the resident's impairment could possibly present a threat of danger to patient care, colleagues or the resident, the case shall be referred to the Residency Safety Committee ("RSC") which meets quarterly or as needed for further investigation.
- E. The RSC shall consist of the DIO, AMEP Program Director(s) as well as the Education Director. The resident under review will have the option of selecting a peer resident from any of the AMEP leadership residents to include, Chief Residents, President or Vice-President of the AMEP Resident Association.
- F. The RSC shall promptly notify the resident that AMEP has received information indicating that the resident may suffer an impairment.
- G. The RSC shall fully investigate the report. Such investigation may include, but is not limited to: (1) interviews of the person making the report and other relevant witnesses; (2) review of patient and hospital records for evidence of impairment; (3) request for drug testing and psychological and/or medical evaluation; (4) conference with the resident to gather information and provide the resident with an opportunity to dispute any allegations.
- H. Following AMEP Institutional Policy #8880, the Program Director, may immediately suspend the resident without pay pending the outcome of an investigation.
- I. If the RSC believes that the resident poses a continual threat to the health and safety of patients, the resident, faculty and/or other residents, the resident will be referred to the Travis County Medical Society Physician Health and Rehabilitation Committee.
- J. If the resident refuses to cooperate with the investigation, the RSC will interview the resident and consider the evidence presented by the Program Director. If the RSC agrees with the Program Director, the resident will be required to submit to the evaluation in order to remain in residency training. If the RSC does not support requiring the resident to undergo an evaluation, the issues of discipline or academic failure will be addressed and issues of impairment will continue to be monitored by observation and follow up with the Program Director.
- K. If a resident complaint is identified by an individual outside AMEP, such as a hospital, AMEP will assume the responsibility for investigating the complaint.
- L. If a resident suspects a fellow resident or faculty member or other medical professional, the resident is strongly encouraged to report the suspected impaired professional to the program.

## **II. Recommendation and Action**

- A. After completing its investigation, the RSC may recommend one of the following options, depending upon the severity of the problem, if any, and prognosis (whether the resident self-reported his or her impairment to AMEP or whether the resident immediately admitted the problem will be a consideration):

- a. Take no action;
  - b. Continued monitoring of the suspected impaired resident;
  - c. Refer the practitioner to the Travis County Medical Society's Physician Health and Rehabilitation Committee ("PHRC");
  - d. Require the practitioner to enter into a treatment program with or without pay as a condition of continued residency;
  - e. Impose appropriate restrictions on the resident's training and practice;
  - f. Suspend the practitioner from the residency program immediately with or without pay until an appropriate treatment program has been successfully completed to AMEP's satisfaction;
  - g. Terminate the resident;
  - h. Take any other action it deems appropriate;
- B. The RSC will provide the resident with notice of its decision.
  - C. If the resident refuses to accept a determination by the RSC requiring treatment, the resident may be terminated immediately and may exercise his or her rights under the AMEP Due Process Policy.

### **III. Rehabilitation and Reinstatement**

- A. If the resident is referred to the PHRC, the resident will then work with the PHRC and, if applicable, the Texas State Board of Medical Examiners ("TSBME") to establish a treatment program. The Program Director may meet with the chairman or members of the PHRC, and the resident, to establish terms of treatment.
- B. Treatment time which requires an absence from work will be considered a medical leave. Depending on the length of absence for treatment, the residents training time may be extended to meet requirements for promotion or board eligibility.
- C. The impaired resident is fully responsible for any out-of-pocket expenses related to the resident's treatment that extends beyond the resident's insurance coverage.
- D. AMEP may, at its sole discretion, reinstate the resident if it has been established that he or she has successfully completed a suitable treatment program.
- E. If reinstatement is granted, AMEP may place the resident on probation for a specified amount of time with conditions including, but not limited to any of the following:
  - 1. Resident's continuation of treatment/therapy approved by AMEP;
  - 2. Ongoing monitoring and periodic evaluations by AMEP;
  - 3. Drug testing upon the request of PHRC;
  - 4. Maintenance of individual professional liability insurance with limits acceptable to AMEP;
  - 5. Search of resident's person, office, space assigned to practitioner, and any item owned or used by resident which is on AMEP or Seton Family of Hospitals premises;
  - 6. Authorization by resident for the release of practitioner's drug and alcohol abuse records;
  - 7. Written updates from the physician or therapist treating resident for his or her impairment.
- F. Failure by the resident to comply with drug rehabilitation, the recommendations of the RSC, and/or the terms of any reinstatement may result in disciplinary action up to and including termination.

- G. Subsequent relapse by the resident may result in action up to and including termination.

#### **IV. Report to Texas Board of Medical Examiners**

Any action taken by AMEP which meets the current requirements for reporting under the Texas Medical Practice Act including, but not limited to, a determination that the physician poses a continuing threat to the public welfare through the practice of medicine, will be reported to the Texas Board of Medical Examiners as required by law. It is the responsibility of AMEP Program Director to report within 7 days after discovery certain types of conduct to the Texas State Board of Medical Examiners and the AMEP GME Administrative Office. Behavior that must be reported includes (TSBME Board Rule - 171.6):

- A. If a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);
- B. If a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave)
- C. If a physician has been arrested after the permit holder begins training in the program;
- D. If a physician poses a continuing threat to the public welfare as defined under Tex.OCC.Code Sec. 151.002(a)(2), as amended;

"Continuing threat to the public welfare" means a real danger to the health of a physician's patients or to the public from the acts or omissions of the physician caused through the physician's lack of competence, impaired status, or failure to care adequately for the physician's patients, as determined by: (A) the board; (B) a medical peer review committee in this state; (C) a physician licensed to practice medicine in this state or otherwise lawfully practicing medicine in this state; (D) a physician engaged in graduate medical education or training; or (E) a medical student.

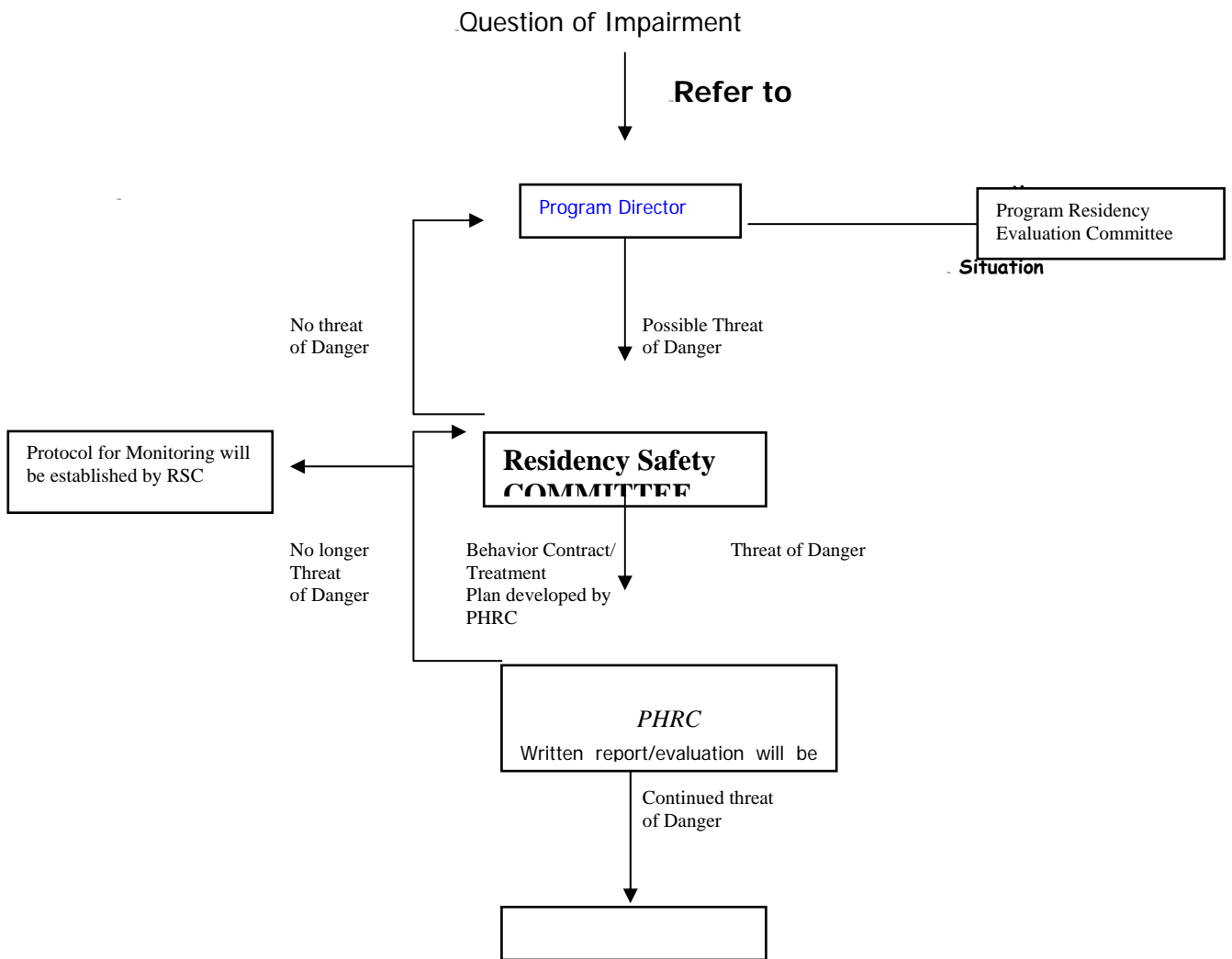
- E. If the program has taken action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;
- F. If the program has suspended the physician from the program;
- G. If the program has requested termination or terminated the physician in the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program; and/or
- H. Any such similar action and the reason(s) why.

#### **V. Confidentiality**

AMEP records, files, or other medical, psychiatric, and chemical dependency information including the results of drug tests are maintained by AMEP as confidential. In addition, confidentiality protection is afforded to all resident and peer review committee discussions, investigations, deliberations, and documentation pursuant to the Texas Medical Practice Act.

#### **VI. Savings Clause**

If any part of this policy and procedure is held invalid by a competent authority, the remainder of the policy shall continue in full force and effect.



## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Participation in Hospital Committees - # 8905

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** December 6, 2007

**Next Revision Date:** December 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose**

It is an ACGME requirement that residents participate in GMEC (Graduate Medical Education Committee) and Hospital Committees. Below is a list of committees that residents may participate.

### **PROCEDURE**

Each July residents are nominated by their peers to serve on the GMEC and at that time residents are also invited to serve on any of the committees listed below. If interested in any of these committees please discuss with your Chief Resident or Program Director. Program Directors will support resident's attendance to the committee meetings.

Committees include, but are not limited to:

#### **General Committees**

- Graduate Medical Education Committee (residents must be nominated for this committee)
- Information Services Physician Advisory Committee
- Resident Association
- Social Committee
- Library Committee
- Educational Committee

#### **UMCB Hospital Committees**

- Joint Practice
- Critical Care/Ambulatory Medicine
- Patient Safety Committee
- Peer Review
- Peri-Natal Committee
- Ethics Committee
- Adult Surgery Council

#### **Seton Shoal Creek Committees**

- P and T Committee
- Ethics Committee
- MEC
- Medical Staff
- Safety Committee
- EOC committee

## **PROGRAM COMPLETION**

A postgraduate medical education program is not considered completed by a resident until he/she has fulfilled all the days specified in his/her appointment letter and he/she has completed all steps of the clearance protocol. Failure to do so will jeopardize eligibility for Specialty Board Examination at the discretion of the Program Director. Residents are encouraged to become familiar with eligibility requirements for specialty board examinations. This information may be accessed through the American Board of Medical Specialties or the specific specialty board. Upon the satisfactory completion of a resident's/fellow's training, a certificate attesting the type and length of training is awarded to the resident.

## **MEDICAL RECORDS**

Physicians are expected to complete available medical records timely or be subject to disciplinary action. For specific timelines and other expectations refer to the Intranet site under Health Information Management.

## **MEDICAL STAFF RULES**

Medical Staff are expected to follow the rules and bylaws established. For specific expectations refer to the Intranet site under Medical Staff Services.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

In keeping with Seton Family of Hospitals' mission, philosophy, core values, and its commitment to the delivery of quality health care, Seton recognizes, protects, and promotes the following rights for each patient, to include, as appropriate, the patient's legally authorized representatives.

For additional information and expectations refer to the Intranet for Administrative Policy 1100.08.

# Section Five

## Your Benefits

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## **Benefits - General**

### **A. Benefits**

As an associate, residents will have access to a variety of different benefits options which begin upon the effective date of work as stipulated in the contract. For additional information, please refer to the Seton Intranet under Associate Relations/Human Resources and then select Associate Benefits. You can review a summary of the benefits as well as each in detail.

### **B. Workers' Compensation**

Seton provides for medical expenses for any on-the-job injuries and insurance for lost work time.

Any on-the-job injury must be reported immediately to the resident's Program Director. An on-line incident report should be completed timely. If your on-the-job injury is such that you need to report to the Hospital Emergency Department ("ED"), advise the ED personnel that your injury was received on the job.

Occupational Health can be contacted for additional information.

### **C. Professional Liability Insurance**

Seton/AMEP pays for comprehensive insurance.

Residents are provided with "claims-made" professional liability insurance through Ascension Health with minimum limits of \$1,000,000 per occurrence and \$3,000,000 per year aggregate while participating in AMEP sponsored residency training activities. The cost of "tail coverage" will be paid by AMEP following completion or termination of the resident's residency program. "Tail Coverage" provides coverage for claims reported or filed after completion of each resident's training, if the alleged acts or omissions were within the scope of the residency program.

Any resident who receives notice or even suspects the possibility of an incident which might provoke a malpractice suit is required to promptly:

1. Call the Risk Management Department at 324-5723 to report the occurrence to the Seton Family of Hospitals System ("Seton"), and;
2. Notify the Program Director in which appointed.

The resident will cooperate with any subsequent investigation by the Program Director and/or Seton.

### **D. PTO (Paid Time Off)**

AMEP residents do not accrue PTO. Each academic year residents' PTO balances are front loaded on or near the pay period closest to July 1. First year residents are front loaded 296 hours and upper level residents are front loaded 336 hours of PTO. These PTO hours are to cover scheduled time (e.g., vacation), unscheduled time (e.g., illness) or holiday time the resident may need. PTO

hours from one year may not be carried over to the next. In addition, hours may not be sold or donated. Remaining hours will not be paid out upon termination or graduation.

Refer to HR Procedure 700.01A – PTO, Jury Duty and Bereavement and 300.14 – Management of Absenteeism for additional information.

### **Scheduled PTO**

A resident can be approved for scheduled PTO of fifteen (15) working days (Monday – Friday). Scheduled PTO may be taken only at a mutually agreeable time arranged between the resident and his/her Program Director. In general, no scheduled PTO will be taken during the last two (2) weeks in June. As a reminder, PTO may not be saved and carried over from one year to the next.

### **Unscheduled PTO**

If a resident needs to take unscheduled PTO (e.g. illness) they must contact their Program Director.

## **E. Educational Leave**

In general, residents may be provided with leave to attend Continuing Medical Education (“CME”) conferences with pay. The requirements and amount of leave vary per program so each resident should consult the policy manual for their program for more specific information. Generally, absences from training to attend educational conferences must be approved in writing by the resident’s program director, and the Program Coordinator must execute an official travel request form.

## **F. Effect of Leave on Residency Program**

Residents should be aware that graduation from residency and Board certification depends on the completion of a specified amount of training. Extended absences from the program may require additional time and training. In general, leave exceeding one month in duration will result in an extension of the resident’s training. For more information regarding the specific training requirements for the resident’s particular program, the resident should contact and discuss their Family and Medical Leave Act (FMLA) leave options with their Program Director.

For residents not eligible for FMLA leave, continuity of the entire residency training program as well as the educational impact that an illness or disability may have on a particular resident’s ability to progress to the next level of training or to complete the program will be considered by the Program Director in determining whether or not, in his discretion, to grant a regular leave of absence.

## **G. Meals**

For residents who are officially on-duty in-house meals are provided, at no charge, in the Doctor’s Dining Room located near the cafeteria in University Medical Center at Brackenridge and Dell Children’s Medical Center as follows:

### **Monday – Friday - Doctor’s Dining Room Hours**

7:00 – 9:00 Breakfast

11:00 – 14:00 Lunch

Meal tickets are provided to all on-call residents for evening and weekend meals. Evening meals can be purchased in the UMCB cafeteria until 1830.

### **Weekend hours - UMCB Cafeteria Hours**

Breakfast daily 0645 –1030

Hot food line and short order grill 1100 -1845.

In addition, the Doctor’s Dining room has snacks and drinks for late evening hunger pangs. Please check with your Program Coordinator or Chief Resident as to the specific procedure for obtaining meals and on-call meal tickets.

### **H. Call Rooms**

Sleep rooms are provided for those residents on-call. Please check with your program coordinator as to the location of the call rooms for specific rotations and how to obtain entry.

### **I. Lab Coats/Scrubs and Laundry Service**

All new residents are initially furnished two lab coats & two sets of scrubs by AMEP. One additional lab coat or set of scrubs is provided each subsequent year of training. Laundry service is not provided.

### **J. Pagers**

All residents will be provided a pager at no charge when they begin the residency program. Instructions are provided with each individual pager. Check with the Program Coordinator for procedures for replacing malfunctioning pagers and obtaining replacement batteries. It is the responsibility of the resident to make sure that his/her pager is operational during the period when he/she is on duty or on call and to keep it on during that time. Residents will be responsible for cost of replacing a lost or stolen pager.

If pagers malfunction or your battery runs low during office hours contact the Brackenridge Pager Operators on the Lower Level of Brackenridge Hospital (or by dialing 0 for any on-site phone) and they can assist you.

### **K. Resident Association**

The AMEP Resident Association meets every other month on the last Friday at Noon and the AMEP Chief Residents meet last Friday of the other months.

### **L. CME/Book Allowance**

Residents may have a book allowance as permitted by their particular program. Each resident should consult the policy manual for their particular program regarding for more specific information. Receipts must be presented to the Program Director for approval and reimbursement.

#### **M. Library Access**

The Seton Medical Librarian is available to help with database searches and document delivery, and to provide instruction and assistance for the University of Texas Medical Branch at Galveston's online resources. Residents have password access to an electronic library of more than 300 online medical journals and 72 online textbooks through UTMB's Moody Medical Library, as well as access to AMEP program library collections of more than 700 print textbooks, selected print journals, and CD-ROM products.

#### **N. TCMS/TMA Membership**

AMEP will provide membership for all AMEP residents to the Travis County Medical Society and the Texas Medical Association.

#### **O. On-Site Security**

*The mission of the Seton Security Department is to provide a secure and safe environment that allows patients, visitors, associates and volunteers to deliver or receive quality services with minimal threats against their personal well being and property.*

Seton Security is located in the ER and can be reached by dialing **55555** from any in-house phone.

#### **P. Exercise Facilities**

An on site exercise room is available on the 7th floor 24 hours a day for resident use. In addition, The University of Texas offers a discounted membership to their Recreational Sports Facilities. Information regarding this membership will be distributed at General Orientation and is available in the AMEP Graduate Medical Education Office.

#### **Q. Housing/Living Quarters**

Each employed resident of Austin Medical Education Programs will be responsible for their own housing while training in the residency program. Apartment guides, lists of current resident housing locations and a list of recommended realty specialists will be sent out in the initial resident packet.

#### **R. Notary Services**

All AMEP Program Coordinators and the GME Program Manager are Texas notaries and will be able to assist you in all of your notary needs.

#### **S. Employment Verification**

Residents applying for mortgage loans, rental property, student loan deferments, etc., may instruct the lender to direct requests for information or certification to the Human Resource department at 512-324-1776.

# Section Six

## Evaluation, Feedback & Due Process

AMEP, in its efforts to train qualified physicians, is committed to promoting an environment favorable to learning by providing a continual evaluation of the teaching process including the provision of verbal and written feedback to the residents as they acquire skills and knowledge.

Any decision which results in probation, failure to promote, and inability to sit for a board examination, suspension, or termination is subject to due process, or a process of appeal as set forth in this section.

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## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Evaluation Committee - # 8915

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Revision Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### PROCEDURE

Each program may have a resident evaluation committee. The composition and charge of this committee may vary among programs. However, program committees generally discuss the progress of each resident in the program over the course of the year. This committee characteristically helps program directors regarding problems with particular residents including, but not limited to, recommending or setting forth remedial programs, counseling, or a probationary program. The committee also advises regarding whether residents should be promoted, retained, or made Board eligible at the end of the residency.

Each resident's presentation to the committee should be in a standard format. This helps eliminate the halo effect of some very good to superior residents who have areas of weakness that should be identified and addressed.

Committee meetings which result in warnings or suggestions for remedial activity should be reported to the resident in a letter and in person by a meeting with the program director or a specified designee.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Evaluation of Resident by Attending - # 8845

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Review Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

To ensure that the performance and progress of residents is monitored, and that the review is timely, and appropriate feedback given.

### **Procedure:**

Residents should receive an evaluation after every rotation. The Program Director or designee should communicate the results of evaluations and other assessment tools to residents as per program specific RRC requirements.

1. The performance of residents will be evaluated in writing by the responsible attending after each rotation.. The attending and resident are encouraged to discuss the evaluation prior to submitting to Program Director.
2. Areas to be evaluated may include, but not be limited to, patient care, medical knowledge, practice based learning, interpersonal and communication skills, professionalism, systems based practice, and overall performance.
3. Additional evaluation of resident's performance may be obtained from senior residents, junior residents, medical students, allied health professionals and/or patients.
4. Record of evaluations, summaries, results of selected examinations, and/or other appropriate written performance assessments, will be kept in a permanent resident file by the Program Director or designee.
5. Residents shall have access to their evaluation files. Individual programs will manage the specific program process for residents' access to their evaluation files.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Evaluation of Faculty by Residents - # 8850

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Review Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

To ensure that residents will be provided with the opportunity to provide anonymous feedback regarding faculty performance through a confidential evaluation process.

### **Procedure:**

1. Residents will have the opportunity to confidentially evaluate faculty/attendings.
2. To ensure that evaluations remain anonymous and confidential, all evaluations may be submitted through a secure web-based system. The DIO (designated institutional official), Program Director or designee and faculty will have the ability to review a summary of the results.
3. The Program Director will review the results at least annually and will provide appropriate feedback to the faculty.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Evaluation of Program by Residents - # 8855

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Review Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

To ensure that residents will be given with the opportunity to provide anonymous feedback regarding the quality of training programs through confidential written evaluation of the training program.

### **Procedure:**

1. Residents will have the opportunity to evaluate the training program at least annually.
2. To ensure that evaluations remain anonymous and confidential, evaluations may be submitted either in writing to the Program Coordinator who will compile a summary of responses to be submitted to the Program Director or through a secure web-based system. The DIO (designated institutional official) or designee & Program Director will have the ability to review results.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Unsatisfactory Performance and Discipline of Residents - # 8880

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Revision Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose**

Unprofessional behavior may result in disciplinary action. Unprofessional behavior may include, but is not limited to, acting out, lying, substance abuse, failure to perform duties, and excessive tardiness. Unprofessional behavior may be grounds for disciplinary action including, but not limited to, probation, suspension, dismissal, nonrenewal of contract, or Board examination ineligibility, as determined by the Resident Evaluation Committee and program director. In this event, the resident has the right to the Due Process procedure set forth in Policy #8885.

When feasible, prior to imposition of disciplinary sanctions, the resident will be notified in writing of any deficiencies in the resident's performance of his/her duties and responsibilities hereunder and of necessary remedial or disciplinary action. Such actions may include, but are not limited to, reprimand, probation, suspension or termination from the program for unsatisfactory performance and/or conduct in carrying out his/her academic or clinical responsibilities.

### **Procedure**

#### **REPRIMAND**

A resident may be reprimanded upon the recommendation of the resident's Program Director. A reprimand shall become effective immediately upon the decision of the Program Director. A letter of rebuttal may be provided by the resident in response to the letter of reprimand. Both the letter of reprimand and the letter of rebuttal shall be placed in the resident's file. A resident has no right to appeal a reprimand, and the due process policy does not apply.

#### **PROBATION**

1. The terms of probation may provide for immediate suspension or termination from the program in the event the resident fails to comply with the terms and conditions of probation.
2. Probation shall be initiated by the resident's program director and approved by the Executive Director. However, when the written notification of probation, with terms and conditions thereof, has been delivered to or mailed to the resident, the resident may appeal the probation and terms and conditions thereof to the Resident Evaluation Committee for the program by delivering to the Executive Director a written notice of appeal within ten (10) days of the date the probation notice was signed by the Executive Director.
3. The Resident Evaluation Committee shall meet within thirty (30) days to consider the appeal. The Resident Evaluation Committee may approve the probation, amend the probation, remand the matter

back to the Executive Director or reverse the decision of the Executive Director and rescind the probation. The decision of the Resident Committee shall be final.

### **SUSPENSION/TERMINATION**

1. A recommendation for suspension from participation in the program or for termination from the program may be made by the resident's program director and presented to the Executive Director.
2. Following such consultation as the Executive Director may deem appropriate, said Director may issue a written notification to the resident of suspension or termination and such decision shall become immediately effective upon receipt by the resident of such written notice.
3. The resident may appeal this decision as provided in the Due Process Policy #8885.

### **IMMEDIATE TERMINATION OR SUSPENSION**

1. Notwithstanding the foregoing procedures for discipline and appeal, AMEP reserves the right to immediately suspend or terminate the resident from the training program, when, in the opinion of the Director or Medical Services and Education, the resident's program director, and/or the Resident Evaluation Committee, the resident's continued clinical activities would expose patients to unnecessary medical risks. In such case the termination or suspension of the resident shall, for purposes of compensation and benefits and further participation in the program, be effective upon written notice to the resident.
2. The resident shall have the right to appeal such immediate action as provided in the Due Process Policy set in Policy #8885. However, the Appeals Committee may, at its option and upon the request of the resident, hold an expedited hearing in this instance.
3. If an expedited hearing is held, the above minimum time line requirements will be inapplicable. In an expedited hearing case, the resident must request an expedited hearing within seven (7) days after receiving the notice of the termination or suspension. If expedition of the hearing is granted, the Appeals Committee must hold the hearing within three (3) to fourteen (14) days following receipt of the resident's request and notify the resident of time, date, and place within at least three (3) days before the hearing.
4. The Appeals Committee must provide the resident with its decision within three (3) days following completion of the hearing.
5. Appeal to the Board is permitted under the process set out above in Section I.V.(g) and may not be expedited.
6. The ability to work at AMEP, compensation, salary, and benefits may be withheld until a final determination has been made and resident notified in writing of such decision. In the event that the Appeals Committee orders the reinstatement of the resident, previously withheld compensation and benefits will be reinstated from the date of first withholding.

### **DISCIPLINARY ACTIONS IN GENERAL**

1. If the time periods specified in a consultation or a disciplinary action have lapsed without correction of the resident's performance deficiencies, he or she will be subject to initial or further disciplinary action, as the case may be, including without limitation reprimand, probation, suspension or termination for unsatisfactory knowledge and/or performance by recommendation of the Program Director.
2. Any recommendation for disciplinary action shall be in writing, delivered to the resident by registered mail, (return receipt requested); shall describe the deficiencies in performance; the reasons why the specific disciplinary action is being taken; and (unless the disciplinary action is termination), expected corrections and time lines for achieving them.

3. Qualified disciplinary actions will be final on receipt of the Program Director's written notice unless the resident successfully appeals the action pursuant to Section IV. G. All other actions shall be final upon receipt of the Program Director's written notice.

**COMPLETION AND EXTENSION OF RESIDENCY**

1. In the event a resident is suspended or is granted a leave of absence from the residency training program, time lost during the residency year must be made up at the discretion of the Executive Director and the resident's program director.
2. Such determination shall constitute an automatic extension of the terms of the resident's Residency Agreement for such time period; however, no stipend will be paid in excess of the annual stipend.
3. AMEP will provide each resident with a certificate upon satisfactory completion of the residency training program.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Resident Grievance and Due Process - # **8885**

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** September 19, 2007

**Next Revision Date:** September 2009

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose:**

In the event that any of the following academic or other disciplinary actions are taken against a resident, the resident may appeal the determination: dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development.

### **Procedure:**

A resident may, within thirty (30) days of receipt of the written notice of a qualified disciplinary action, request in writing a hearing by the Appeals Committee. Such notice of appeal shall be a petition in writing to the Executive Director. The Appeals Committee shall consist of:

1. The Executive Director;
2. Two (2) program directors, other than the resident's program director, selected by the Executive Director; and
3. Three (3) house staff officers selected by the Housestaff Association. This is usually the president and vice-president, unless either is the appealing resident or one or both are directly involved and would be unable to serve on such a committee impartially and a Chief Resident from a program other than the program of the appealing resident.

The Executive Director shall serve as chairman of the Appeals Committee. The chairman shall notify the resident of the time, place, and date of the hearing at least thirty (30) days prior thereto. The notice should also include a description of the allegations against the resident and a list of witnesses, if any, expected to testify on AMEP's behalf. The resident may retain legal counsel for consultation and advice outside of the proceeding before the committee, but the resident may be represented at the hearing only by himself/herself or a member in good standing of the housestaff unless the resident and Executive Director mutually agree to counsel representation. The resident may call, examine, and cross-examine witnesses and present such evidence, including a written statement, he/she deems appropriate in his/her defense. The resident's program director shall present such statements and documents, and call such witnesses, as he/she deems appropriate in support of the said director's recommendation for a qualified disciplinary action. The resident's right to a hearing may be forfeited if the resident fails, without good cause, to appear at the hearing.

The Appeals Committee shall make a final determination as to disciplinary action and shall notify the resident in writing, within seven (7) days after the date of the hearing of such determination. The notice to the resident will include a statement of the basis for the decision.

The resident may appeal the decision of the Appeals Committee to the AMEP Board of Trustees (the "Board") by delivering to the Executive Director a written request and petition for appeal. The AMEP

Board will hear the appeal at its next regularly scheduled meeting. The proceeding before the AMEP Board shall be as follows:

1. Any AMEP Board member who has participated in the disciplinary procedure prior to the appeal to the AMEP Board meeting shall not participate in the decision making process by the Board, but shall be excused from such proceedings;
2. At least five (5) days prior to the Board meeting, the resident and the Executive Director, as Chairman of the Appeals Committee, shall each present a written summary of the testimony and evidence presented to the Appeals Committee, but no witnesses shall be heard at the appeal, except as provided below;
3. The resident and the program director or Executive Director may present oral argument of equal time in duration as established by the Board, such time not to exceed thirty (30) minutes
4. At the conclusions of the oral statements or arguments, the Board shall consider in executive session the appeal and shall issue a decision in writing within ten (10) days of the appeal hearing;
5. The AMEP Board's decision may affirm the decision of the Appeals Committee, reverse the decision of the Appeals Committee, modify the decision of the Appeals Committee, or remand the matter back to the Appeals Committee for further hearing and decision. In any event, the decision of the AMEP Board is final and may not be further appealed. If the matter is remanded to the Appeals Committee by the Board, the resident may seek reconsideration from the Board following the decision of the Appeals Committee on remand.

During the entire appeals process, the resident may be suspended from all activities in the residency program or may be allowed to fully or partially participate in the program until a final decision is made, provided, however, that the decision for complete suspension from or partial or full participation in the program during the appeals process shall be the decision of the Executive Director, which decision shall not be subject to appeal. The timelines set forth above for the hearing may be shortened upon mutual agreement of the parties.

## Austin Medical Education Programs & Academic Associates- Policies and Procedures

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**Category:** GME - Residents  
**Working owner:** David Weigle, Ph.D.

**Policy title and number:** Residents Problem Resolution - # **8890**

**Department:** Administration – General Information

**Original Date:** January, 1998

**GMEC Endorsed:** February 27, 2009

**Next Revision Date:** February 2011

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James O. Lindsey, M.D.  
Executive Director

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### **Purpose**

Seton and the AMEP program strives to give objective consideration to resident concerns and to ensure fair resolution of resident problems through a formal problem resolution procedure. Formal complaints occurring with respect to administrative, professional, educational, or personal issues may be resolved in accordance with this procedure.

This procedure specifically excludes any action taken relating to sexual harassment, a positive drug test, inplacement or outplacement, severance agreements or employment at will terminations. Special consideration will be taken if timelines outlined below cannot be met.

### **Procedure**

#### **Step One:**

A resident wishing to file a grievance or register a complaint must first bring the problem to the attention of his or her chief resident within five (5) working days of the awareness of the incident giving rise to the problem. The resident shall meet and explain verbally his or her concern to the chief resident who will attempt to assist the resident in resolving the situation. The decision of the chief resident shall be verbally provided to the resident within three (3) working days of their meeting.

#### **Step Two:**

If the resident is not satisfied with the decision and/or outcome of Step One, the resident must schedule a meeting to discuss the issue with the Program Director of the rotation or designee. If the Program Director of the rotation is not the Home Program Director of the resident then the Home Program Director of the resident will be notified (by the resident filing the complaint) at this time of the situation. This meeting must occur within five (5) working days from receipt of the decision of Step One. At least 24 hours prior to the meeting a written document outlining the concern as well as the requested resolution must be submitted to the Program Director or designee. The associate may contact the Human Resources Director or designee who will assist the resident in presenting his or her complaint in writing. The Program Director or designee shall notify the resident of the results of his or her decision in writing, within ten (10) working days of the meeting.

#### **Step Three:**

If the resident and the Program Director or designee cannot resolve the problem, the Program Director or designee will arrange for a convening of the Graduate Medical Education Problem Resolution Committee (the "Problem Resolution Committee") within 5 days which will be appointed by the AMEP Designated Institutional Official (DIO) or designee.

1. At this point, the Program Director or designee will appropriately document the unresolved issues that will be the focus of the Problem Resolution Committee's attention.
2. The Problem Resolution Committee will be a sub-committee of the Graduate Medical Education Committee and will be composed of one faculty member, one hospital administrator, and two residents. Neither the faculty member nor the residents shall be from the resident's program.
3. The Problem Resolution committee will investigate the complaint completely to include interviewing appropriate members of the resident's department.
4. The Problem Resolution Committee will issue an initial response within 10 working days of the appointment of the Committee regarding the issue presented to it. Should the Problem Resolution Committee be unable to resolve an issue, the matter will be referred to the Board of Trustees of AMEP. The decision of the Board will be final.

**Additionally:**

- A Transitional resident will take his or her complaint to the chief resident of the service to which he/she has been assigned. If resolution does not occur, the Transitional complainant will present the issue to the Transitional Program Director who will bring the issue to the Problem Resolution Committee if solution cannot be resolved by the Transitional Program Director.
- A resident who presents an issue or complaint to his or her mentor or faculty advisor should be apprised by that mentor or advisor of the Problem Resolution Policy.
- A Program Director or designee, or a chief resident presented with an issue or complaint of a global or pervasive nature (that is, of interest or concern to all AMEP residents) may take the issue to the GMEC Problem Resolution Committee directly.
- A resident with an issue or complaint involving any or all members of the appropriate chain-of-command may petition directly to the AMEP DIO for the convening of the Problem Resolution Committee.
- This Problem Resolution Policy does not apply to a resident response or reaction to a disciplinary action including, but not limited to, academic probation, promotion, suspension, dismissal, board eligibility, or non-renewal of contract. Such issues are more appropriately addressed by the policies set above in regard to Resident Evaluation, Feedback and Due Process.

# Section Seven

## Safety & Security

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Seton/AMEP has established guidelines to ensure your safety in the workplace. These policies protect you, patients, physicians, Seton and the visiting public.

Within these guidelines, Seton/AMEP reserves the right to investigate suspected problems. Seton/AMEP reserves the right to use any method of investigation which it deems reasonable and necessary to determine whether any associate has engaged in conduct warranting corrective action and/or discipline. By accepting employment, you consent to these guidelines.

Seton/AMEP reserves the right to inspect Seton/AMEP property and premises without limitation, including desks, file cabinets, other furniture, and electronic equipment and programs, as well as personal items brought to the workplace, to determine if an associate is in possession of prohibited items or engaged in prohibited activity. These inspections may be conducted at Seton/AMEP's discretion without prior notice.

## **Environment of Care**

It is the policy of the Seton Family of Hospitals to appoint a Safety Committee to monitor and evaluate each facility Safety, Security, Fire Prevention, Hazardous Materials and Waste, Emergency Management, Medical Equipment and Utility Systems programs, and to ensure compliance with these programs. Their primary responsibility is to monitor program activity and compliance, and make recommendations for improvement in programs and practices related to a safe and effective environment of care for patients, staff and visitors.

All Seton associates must be trained in Seton Family of Hospitals EOC policy and procedures. AMEP residents will receive training during AMEP General Orientation.

ALL EOC policy & procedures may be found on the EOC Intranet Site.

## **Infection Prevention and Control**

The purpose of the Infection Prevention and Control Program is to establish the standards necessary to promote a safe environment for the operation of the patient care program at Seton facilities. The program strives to minimize both the acquisition of nosocomial infections and the hazards related to hospital acquired infection by instituting, maintaining and evaluating measures for the following:

- Preventive infection control
- Nosocomial infection surveillance
- Reporting of infections
- Control of infections

Additional information is available on the Seton Intranet under Infection Prevention and Control which contains real-time updates, references and policy and procedures.

## **Emergency Preparedness**

Associates are encouraged to post personal emergency numbers near their office phone, including a current list of fire department, building security, and medical services numbers.

## **Associate Information Changes**

It is essential that the Graduate Medical Education Office maintain accurate and up-to-date information on residents including, but not limited to, name, address, home phone number, emergency contact. Any change in this data should be reported promptly, in writing, to the Program Coordinator's office who will forward the information to the Graduate Medical Education Office and the HR department.

## **Inclement Weather**

As a 24-hour facility, Seton must remain open and operational at all times. The majority of staff is considered essential and is required to report to work. The Program Director responsible for your area will determine if your department is non-essential and may close due to inclement weather. Refer to Seton HR Procedure 300.16 for more information.

## **Safety**

The federal Occupational Safety and Health Act (OSHA) outlines safety responsibilities of employers and associates. As an employer, Seton/AMEP supports a safe work environment. As associates, each of us is responsible for our own safe action and conduct. Report to your manager or Occupational Health any conditions that may threaten your health and safety, or the health and safety of your co-workers, patients, or visitors.

Information about hazardous materials and the Material Safety Data Sheets (MSDS) are maintained on the Intranet.

If you ever feel imminent threat of bodily harm by another associate or person on Seton/AMEP premises, do not hesitate to dial Security or 911.

## **Workers' Compensation**

Report **all** work-related injuries to your manager within one working day, **no matter how insignificant they may seem**. Managers must complete an on-line incident report within 24 hours of notice of the injury or illness.

Occupational Health will notify the insurance company administering the Workers' Compensation plan. A representative of the administering company will contact you soon after treatment.

Occupational Health will review any work restrictions requested.

## **Tobacco-Free Workplace Policy**

Smoking, and the use of tobacco products, is prohibited in all Seton/AMEP buildings at all times. Seton/AMEP has implemented this policy to protect individuals and property and to provide a smoke-free and tobacco-free working environment that is safe and healthy for associates, patients, physicians, volunteers, and guests. Smoking, and use of tobacco products, is not permitted within fifteen (15) feet of any public entrance in accordance with city ordinances and Seton policy.

## **Seton Security**

The mission of the Seton Security Department is to provide a secure and safe environment that allows patients, visitors, associates and volunteers to deliver or receive quality services with minimal threats against their personal well being and property.

**Seton Security can be reached by dialing 55555 from any Seton phone.**

More information regarding the Seton Security can be found on Intranet.

# Section Eight

## Your Workplace

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### **Use of Seton/AMEP Funds, Time, Property, and Equipment**

You are expected to exercise care in using Seton/AMEP time, property, and equipment, including all keys, computers, phones, security badges, vehicles, and credit cards. A password or authentication process is required for all computer use. Do not tell others your password or try to discover another user's password.

You must obtain manager approval to remove any Seton/AMEP tools, equipment, supplies or materials from Seton/AMEP. You must also obtain manager approval to use any Seton/AMEP equipment, supplies or materials for personal use. Refer to Seton HR Procedure 300.17 and the IS Security policies for additional information.

### **Business Travel Time and Expenses**

All travel must be approved in advance by your Program Director. You should obtain receipts for all hotel bills, credit card charges and other travel expenditures. Proper documentation is required for reimbursement. Requests for reimbursement of business, mileage and training-related expenses should be submitted on-line within five (5) working days of the incurred expense.

While every effort has been made to cover all situations as they relate to business expenses, it is your responsibility to ensure that you use Seton/AMEP funds appropriately and that you account for expenses on an accurate and timely basis. Business and training-related travel time and expenses are reimbursable by the organization under the following policies and guidelines.

If you are required to travel for Seton-related business, reimbursement will be made for necessary and reasonable expenses, including transportation, lodging, meals, tips, tolls, parking and communications. Entertainment and alcoholic beverages will not be reimbursed.

In order to obtain the most favorable airfare, trips should be planned in advance whenever possible. All Seton/AMEP associates are required to travel coach class, unless previously approved by the President.

Seton/AMEP is a not-for-profit organization, exempt from sales taxes in certain states, including Texas. You may obtain a copy of the exemption certificate from the Purchasing Department.

Your program manager may approve occasional business meals and refreshments for guests. These must be for specific business reasons and conducted in a manner that reflects the proper image of Seton/AMEP as a community organization. Refer to Administrative Policy 4000.06 for additional information.

### **The Organization's Funds**

If you have control over the organization's funds, you are personally accountable for such funds. If you approve a purchase authorization or bill, it is expected that you have reasonable knowledge that the purchase and amounts are correct and that the details are factually stated. The approval of purchase authorization is a most important responsibility, and should never be handled in a perfunctory manner.

#### **◆ Petty Cash**

A small petty cash fund is maintained by the Cashier department for work-incurred expenses (\$100 and under). Requests for reimbursement require both a receipt and your director's approval.

#### ◆ **Personal Local and Long Distance Telephone Calls**

You may place business-related long distance calls paid for by Seton/AMEP. Personal long distance calls are prohibited.

You may place and accept personal telephone calls; however, these calls should be limited in their frequency and duration and they should not interfere with daily work performance. Your manager can restrict personal calls, including use of personal cellular telephones, when deemed they are interfering with your daily work performance or that of co-workers.

#### **Computer, Electronic Mail and Internet Usage**

As an associate of Seton/AMEP, you may be given access to e-mail, voice mail and the Internet. These systems are operated by and for Seton/AMEP and are intended for business use only. Seton/AMEP reserves the right to monitor the e-mail, voice mail, and Internet system for legitimate business reasons. As an associate, you do not have a right to privacy in any electronic message, whether it is on e-mail, voice mail or downloaded from the Internet.

You are prohibited from using your e-mail account or Internet access to download or disseminate inappropriate jokes, pictures, etc. or to play pranks on co-workers. You are prohibited from using e-mail or the Internet to make offensive or harassing comments or otherwise against any group. You are also required to get your manager's approval to use your e-mail account or Internet access for personal use during non-working hours.

You are to use Seton/AMEP equipment only for Seton/AMEP purposes. E-mail, voice mail or the Internet may not be used to solicit for outside business ventures, personal parties, social meetings, charities, membership in any organization, political causes, religious causes, or matters not connected to Seton/AMEP's operations. These systems also may not be used to discuss the advantages or disadvantages of patronizing any company or business establishment.

No software, including encryption software, other than what is approved by the Information Systems department may be used on your Seton/AMEP personal computer or on the Seton network. Illegal copying of software is also prohibited. Refer to Seton HR Procedure 300.17 for additional information as well as the Seton IS Intranet Site as shown below

#### **Resident Training File**

A confidential permanent file is maintained for each resident/fellow by their respective program. The file contains evaluations prepared by the supervisory staff, as well as other employment, academic, professional, and biographical information, and is the property of Austin Medical Education Programs. Residents may review their file at any time.

#### **Release of Pre-Employment and Employment Information**

Seton/AMEP is regularly asked to provide information about associates and former associates. Inquiries may come from various sources, including potential employers, credit firms, governmental agencies, and private investigators. Human Resources will verify dates of employment and current title only. Payroll will verify current and/or ending salary only with written authorization by the associate or former associate.

If you have a request for a reference or verification, forward that request to Human Resources. Only Human Resources may provide that information. Refer to Seton HR Procedure 400.02 for additional information.

**Answering Media Inquiries**

All media inquiries should be referred to the Media Relations section of CAMP (Communications, Archives, Marketing and Planning department. Refer to Admin Procedure 5000.04 for additional information.

# Section Nine

## Frequently Asked Questions

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## 1. What is the ACGME?

The Accreditation Council for Graduate Medical Education (ACGME) is a private professional organization responsible for the accreditation of nearly 8,400 residency education programs.

Stakeholders of the ACGME's accreditation process are residency programs, their sponsoring institutions, residents, medical students, the specialty boards of the American Board of Medical Specialties (ABMS), patients, payers, government and the general public. Accreditation offers these stakeholders assurance that a given residency program and its sponsoring institutions meet an accepted set of educational standards. The ACGME accredits residency programs in 126 specialty and subspecialty areas of medicine, including all programs leading to primary Board certification by the 24 member boards of the American Board of Medical Specialties, and completion of an ACGME-accredited residency program is a prerequisite for certification in a primary board.

More information regarding the ACGME can be found at [www.acgme.org](http://www.acgme.org)

## 2. What ACGME-Accredited are operated in Seton facilities?

- ◆ Child and Adolescent Psychiatry
- ◆ Dermatology
- ◆ Family Practice
- ◆ Internal Medicine
- ◆ Neurology
- ◆ OB/GYN
- ◆ Pediatrics
- ◆ Psychiatry
- ◆ Surgery
- ◆ Transitional Year

## 3. What does DIO stand for and does AMEP have one?

**DIO stands for – Designated Institutional Official.**

Each ACGME accredited Program requires that the Sponsoring Institutional have a DIO who has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and who is responsible for assuring compliance with the ACGME Institutional Requirements. See page 1-7 of this manual for further details.

James O. Lindsey, M.D is AMEP's Designated Institutional Official (DIO)

Susan Cox, M.D. is University of Texas Southwestern Medical School's Designated Institutional Official (DIO)

Thomas Blackwell, M.D. is University of Texas Medical Branch's Designated Institutional Official (DIO)

## 4. What is the GMEC?

GMEC – Graduate Medical Education Committee

ACGME requires that each sponsoring Institution have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate program directors, administrators, the accountable DIO, and may include other members of faculty.

The committee must meet at least quarterly, and maintain written minutes documenting fulfillment of the committee's responsibilities.

For more details on the GMEC responsibilities see the ACGME Institutional Requirements in Section One of this manual – page 1-11.

**5. How do I become nominated to be on the GMEC or any of the Hospital Committees?**

See AMEP Institutional Policy #8905 – Resident Appointment to Committees – page 5-39 of this manual

**6. How do I apply for a Texas License?**

You may access information regarding Texas Licensure at <http://www.tmb.state.tx.us>.

Fee: \$885.00

How long does it take: Initial review is an 8-week minimum.

**7. Can I use my Institutional DEA number after I obtain my Texas State Medical License?**

No. Once you pass your Jurisprudence Exam, the Texas State Board will give you information on how to apply and obtain your DEA and Texas DPS licenses. You must apply for both of these as your Institutional DEA will not be valid once you have obtained your Texas State License.

**8. How do I apply for USMLE Step 3?**

For information on how to register for USMLE Step 3 contact the Federation of State Medical Boards.

[www.fsmb.org](http://www.fsmb.org)

**9. How do I register for COMLEX Level 3?**

For information on how to register for COMLEX Level 3 contact the National Board of Osteopathic Medical Examiners.

[www.nbome.org](http://www.nbome.org)

**10. How do I access my Outlook email account from home?**

*Web address: mail.seton.org*

*Username: your entire Seton e-mail address*

*Password: Seton Network Password*

**11. How do I get something Notarized?**

All Program Coordinators are Texas notaries and will be happy to assist you with notarizing documents.