

THE UNIVERSITY OF TEXAS SYSTEM
MEDICAL FOUNDATION



THE UNIVERSITY *of* TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

GRADUATE MEDICAL EDUCATION
RESIDENT HANDBOOK

Effective for the 2009-2010 Academic Year

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GRADUATE MEDICAL EDUCATION RESIDENT HANDBOOK

I. GENERAL INFORMATION

A. GENERAL INFORMATION

- 1. Resident Physicians:** “Resident Physicians,” which shall include both “residents” and “clinical fellows,” pursuing their post-M.D./D.O. graduate training at The University of Texas Medical School at Houston Affiliated Hospitals Integrated Residency Training Program (“the Residency Training Program” or “Program”), are appointed and employed by The University of Texas System Medical Foundation (“Foundation”). No property interest in employment is created by such appointment. The Foundation reserves the right to change any requirements affecting the terms and conditions of employment of Resident Physicians. Changes to this Handbook will become effective whenever the proper authorities so determine and will apply to both prospective Resident Physicians and those already enrolled in a Program.
- 2. The University of Texas System Medical Foundation:** The Foundation, a not-for-profit corporation, in cooperation with The University of Texas Medical School at Houston (“Medical School”), a component entity of The University of Texas Health Science Center at Houston (“UTHSC-H”), administers all aspects of the Residency Training Programs. The Foundation is responsible for the administrative functions associated with the Programs. These functions include, but are not limited to issuance of paychecks and other personnel services, maintenance of records, procurement and administration of benefits provided by the Foundation, and provision of mechanisms for effective coordination of the Programs among the hospitals. The Foundation is overseen by a Board of Directors consisting of three physicians who maintain appointments at the Medical School.
- 3. Graduate Medical Education Committee (GMEC):** The GMEC is a committee of the Medical School Faculty Senate that provides academic oversight for the Residency Training Programs and ensures compliance with the Accreditation Council for Graduate Medical Education (“ACGME”) Institutional, Common, and Specialty/Subspecialty Program Requirements. The GMEC establishes policy and develops procedures for the Graduate Medical Education (“GME”) Programs. Appointed members include the Designated Institutional Official (DIO), Assistant Dean for GME, Program Directors, other members of the faculty, residents nominated by their peers, representatives of major clinical teaching sites, and other UTHSCH administrative officials. All Program Directors that are not appointed as standing members of the GMEC are invited to attend and participate in GMEC activities.
- 4. Graduate Medical Education Office:** The Graduate Medical Education Office provides administrative services for all residency and fellowship programs. Contact information for the GME Office:
The University of Texas Medical School at Houston
Graduate Medical Education Office
6431 Fannin Street, JLL 310
Houston, Texas 77030
Phone: 713/500-5151
Fax: 713/500-0612
E-mail: ms.gme@uth.tmc.edu
Website: <http://med.uth.tmc.edu/administration/gme/>

B. AFFILIATED HOSPITALS

Hospitals affiliated with The University of Texas Health Science Center at Houston (“UTHSC-H”) for the purpose of the Residency Training Programs include: Memorial Hermann Hospital-TMC, Memorial Hermann-TIRR, and other hospitals in the Memorial Hermann Hospital System, Harris County Hospital District Lyndon B. Johnson General Hospital, The University of Texas M.D. Anderson Cancer Center, St. Joseph Medical Center, St. Luke’s Episcopal Hospital, The University of Texas Harris County Psychiatric Center, The Methodist Hospital, Shriners Hospitals for Children-Houston, Texas Children’s Hospital, Veterans Affairs Medical Center, and Woman’s Hospital of Texas.

C. LEVEL OF TRAINING

Progressive levels of training in the Programs are designated as Post Graduate Year (“PGY”) 1 through 7, e.g.PGY-1 is the first year of post-M.D. clinical training. However, a physician more than one year out of medical school may nevertheless be appointed to a PGY-1 position. After the PGY-1 appointment term, the PGY level to which a Resident Physician is appointed will be determined by the Program Director, in consultation with the Department Chair and other faculty, based on the Resident Physician’s level of education, experience, and demonstrated ability, clinical performance, and professionalism.

II. CONDITIONS OF APPOINTMENT

A. RESIDENT RESPONSIBILITIES

As a condition of appointment, the Resident Physician is required, among other things, to:

- Serve as assigned at hospitals affiliated with the Programs;
- Accept and perform the duties, responsibilities, and rotations assigned by the Program Director;
- Meet the respective Residency Training Program's standards for learning and advancement, including the objectively measured demonstration of the acquisition of knowledge and skills as defined by the Program;
- Actively participate in all aspects of their training as directed by the Program Director;
- Abide by The University of Texas System Board of Regents’ Rules and Regulations, all applicable policies of The University of Texas Health Science Center at Houston as set out in its Handbook of Operating Procedures (HOOP) (which may be found at <http://legal.uth.tmc.edu/hoop/index.html>), all applicable policies of the Medical School, all Medical Staff Bylaws, and all procedural rules, administrative policies, and other applicable rules and regulations of the hospitals to which the Resident Physician is assigned;
- Participate on hospital, departmental, and institutional committees as directed by the Program Director,;
- Conduct himself or herself in a professional manner in keeping with his or her position as a physician; and,
- Meet all other conditions outlined in this Resident Handbook (“Handbook”), or as otherwise required by the Program Director and/or Department Chair.

B. APPOINTMENT AND REAPPOINTMENT

1. **Notice of Appointment:** Selection of the Resident Physician for appointment to the

Programs will be in accordance with ACGME Institutional, Common and Specialty/Subspecialty Program Requirements, as well as with Foundation, Medical School, and departmental policies and procedures. Generally, a Notice of (Re-)Appointment will be issued to an “on-cycle” Resident Physician no earlier than four months prior to the Resident Physician’s proposed start date. The appointment will generally extend for a period encompassing the PGY year, typically 12 months; Resident Physicians may be appointed for shorter time periods at the discretion of the Program Director. Residents may not have concurrent agreements, appointments, and/or contracts with other hospitals or institutions while under appointment to the Foundation. To be fully effective, the Notice of Appointment is signed by the Resident Physician and an authorized representative of the Medical School on behalf of the Foundation.

2. **Promotion and Reappointment:** Promotion to the next level of training and/or reappointment is made annually at the discretion of the Program Director. The decision to promote and/or reappoint a Resident Physician will be based on performance evaluations and an assessment of the Resident Physician’s readiness to advance (including, but not limited to attainment of the ACGME Competencies at the respective level of education, experience, demonstrated ability, clinical performance, and professionalism). In instances where a Resident Physician will not be promoted and/or reappointed, the Program Director should provide the Resident Physician with a written notice of intent not to promote and/or not to reappoint no later than four months prior to the end of the Resident Physician’s current appointment term. However, if the primary reason(s) for the nonpromotion and/or non-reappointment occur(s) within the four-month period preceding the end of appointment term, the Program Director will provide the Resident Physician with as much written notice of the intent not to promote and/or reappoint as circumstances will reasonably allow. Upon a Resident Physician’s timely written request, a Program Director’s decision not to reappoint or not to promote the Resident Physician will be reviewed pursuant to section II.Q.1 of this Handbook.
3. **Federal Health Care Program Exclusions:** Employment by the Foundation shall be subject to the UTHSC-H Exclusion Check policy in HOOP Policy 2.13A, located at http://legal.uth.tmc.edu/hoop/02/2_13A_guidelines.html.
4. **Criminal Background Checks:** The Foundation conducts a criminal background check on applicants accepted into graduate medical education programs. Appointment is expressly contingent in part upon a Resident Physician’s consent to and timely completion of the background check as well as acceptable results of the background check. Criminal background checks may be periodically conducted on current Resident Physicians employed by the Foundation as may be requested by affiliated hospitals or when a Resident Physician has self-reported an incident as set forth in the policy. A copy of the criminal background check policy may be obtained from the GME Office.
5. **Drug Screening:** The Foundation may require drug screening of Resident Physicians. Appointment of a Resident Physician to the Foundation is expressly contingent in part upon a Resident Physician’s consent to and timely completion of the drug screening as well as acceptable results received by UTMSH. Resident Physicians may be screened periodically during appointment, with each appointment contingent upon consent to such tests, especially as required by affiliated hospitals/clinics or upon reasonable suspicion of impairment.
6. **Restrictive Covenants:** Resident Physicians are not required to enter into a non-compete or other restrictive covenant agreement with either the Foundation or UTHSC-H as a condition of appointment or reappointment to a Residency Training Program.

C. CONTENT OF PROGRAMS

1. **Program Summary:** Programs shall be of sufficient quality and duration so that Resident Physicians who successfully complete a Program should be competent and qualified to sit for board certification examinations in the appropriate specialty area. This provision will be subject to receipt of the necessary approval from external agencies that accredit training programs and hospitals. The graduate medical education of Resident Physicians in the practice of their specialties will include, but is not limited to provision of inpatient and outpatient settings within the program's specialty area; provision of equipment and other facilities for the care of patients; provision for supervision and evaluation of the professional work of the Resident Physician by UTHSC-H or affiliated and cooperating institutions' teaching staff; and provision of didactic experiences to supplement practical clinical experiences. The Resident Physician will be expected to participate actively in the care of all patients of the facility to which he or she is assigned.
2. **Resident Physicians as Teachers:** In addition, the Resident Physician will be provided the opportunity to take an active role in the instruction of undergraduate medical students and/or other hospital personnel. As instructors of medical students, Resident Physicians are expected to maintain the highest ethical standards of conduct in their relationships with their students. The Policy on Appropriate Student Treatment is attached as Exhibit A.
3. **Schedule:** Resident Physicians will be assigned to a regular schedule, including night rotations and weekend duties. The major objective of the Program is educational, consequently, the educational needs of the Resident Physician will be a major priority of the Program Director and UTHSC-H.
4. **Supervision:** The teaching staff will supervise the Resident Physician in a manner designed to facilitate progressively increasing responsibility for patient care according to level of training, ability, and experience. The level of responsibility assigned to each Resident Physician will be determined by the Program Director and/or teaching staff.
5. **Research and Intellectual Property:** Resident Physicians who engage in scientific research at UTHSC-H are responsible for maintaining the integrity of all research projects. Residents who may create intellectual property must comply with The University of Texas System Intellectual Property Policy:
<http://www.utsystem.edu/ogc/intellectualproperty/Policies/iplainenglish.htm>.
6. **Duty Hours:** UTHSC-H as well as the individual Programs have formal written policies governing Resident Physician Duty Hours. These policies are intended to foster resident education and well-being and to facilitate the quality of patient care. Each program's formal written policy shall be consistent with the ACGME Institutional and Program Requirements of the specialties and subspecialties. These formal policies apply to all institutions among which a resident rotates. Compliance with these policies is a responsibility shared by the Program Director, Faculty, and Resident Physicians. The UTHSC-H Institutional Duty Hours Policy is attached as Exhibit B.

D. COMPENSATION

Stipends and benefits will be paid to the Resident Physician by the Foundation. Stipends will be appropriate to the level of training and responsibility of the Resident Physician. Attainment of each additional level of training should merit an increase in the stipend. All Resident

Physicians at any given level of training will comparably compensated.

E. *QUALITY ASSURANCE*

The Resident Physician will be informed of the various hospitals' organizations for and methods of providing quality assurance. The Resident Physician should participate in the quality assurance activities of the clinical services to which he or she is assigned.

F. *MEDICAL RECORDS*

The Resident Physician is required to complete medical records in a timely manner. Mandatory components of graduate medical education include: dictation of chart summaries, signing of patient orders, and compliance with the rules and regulations of the medical records departments of each affiliated hospital to which the Resident Physician is assigned. Failure to complete medical records promptly and accurately indicates failure to deliver adequate care to patients, is an issue of professionalism, and may be considered grounds for academic corrective action, including, but not limited to suspension with or without pay, probation, and/or dismissal. Medical records are the property of the respective hospital/clinic and are not to be removed unless properly authorized. Resident Physicians are not “custodians” of medical records, and may not produce records in response to requests for or legal processes (including subpoenas) purporting to require such production. All requests for and/or legal processes requiring production of medical records must be referred to the Office of Legal Affairs immediately upon receipt.

G. *FRINGE BENEFITS*

The benefit program outlined below applies to all eligible Resident Physicians. The benefit program is administered through the Foundation. (See <http://utsmf.hsc.uth.tmc.edu/>)

1. *Group Insurance*

- Health Insurance is provided to the Resident Physician at no cost. Resident Physicians may also buy into a premium plan at a minimal monthly cost. Dependent coverage is not paid, but is available at group rates.
- Dental Insurance is provided at no cost to the resident. Dependent coverage is not paid, but is available at group rates.
- Vision Insurance is provided at no cost to the resident. Dependent coverage is not paid, but is available at group rates.
- \$100,000 of Life Insurance is provided at no cost to the Resident Physician. Additional coverage up to \$2,000,000 may be selected at the Resident Physician's own expense. Dependent coverage is not paid, but is available at group rates. Spousal coverage may not exceed 50% of the Resident Physician coverage amount and children up to 21 years of age are eligible for \$5,000 or \$10,000 of coverage.
- Additionally, \$10,000 Accidental Death and Dismemberment coverage is provided at no cost to the Resident Physician.
- Disability Insurance is provided to the Resident Physician at no cost. Dependent coverage is not available.
- Supplemental Disability. Each Resident Physician shall be required to participate in the supplemental disability insurance coverage program.
- A flexible benefit plan is also available for Resident Physicians.

2. **Retirement Plan**

The University of Texas System Medical Foundation, as a 501(c)(3) organization, makes a 403(b) tax-deferred annuity program available to all Resident Physicians. The program is currently offered through and administered by TIAA-CREF. Participants may contribute through payroll deduction up to the IRS limit.

3. **Vacation**

Resident Physicians classified as PGY-1 are permitted the equivalent of two calendar weeks of vacation each year.

Resident Physicians classified as PGY-2 and above are permitted the equivalent of three calendar weeks of vacation each year.

Resident Physicians must coordinate vacation scheduling with their respective Programs, as well as with other Resident Physicians in the department to ensure adequate coverage. It is the responsibility of the Program's Resident Physicians to cover for one another during a Resident Physician's absence. No more than two consecutive weeks of vacation may be taken without permission of the Program Director. Each Program is responsible for tracking Resident Physician vacation.

A Resident Physician is not eligible to accumulate annual vacation leave; unused vacation leave shall lapse at the end of each appointment period. A Resident Physician is not compensated for unused vacation upon leaving the Program.

4. **Holidays**

Resident Physicians are not subject to the UTHSC-H holiday schedule. Any holidays taken are at the discretion of the Program Director based on staffing needs for full coverage of services that will be operating during any "holiday" period. Time off must be approved in advance and may require the use of vacation time.

The Foundation and UTHSC-H do not discriminate on the basis of race, color, national origin, religion or sex. The Foundation and UTHSC-H recognizes that Resident Physicians come from many religious faiths and practices. Patient care is the first priority and religious leave/observances cannot be guaranteed. At such times when observation of religious practices conflict with clinical duties, it is the responsibility of the Resident Physician to make appropriate arrangements with the Program Director to ensure patient care coverage. It is the Resident Physician's responsibility to ensure that their rotation is covered. Substitute coverage must be approved in writing in advance by the Program Director.

5. **Paid Sick Leave**

Paid sick leave accrues at a rate of eight hours each month and accumulates to a maximum of 30 days. Paid sick leave carries forward from year to year; however, unused sick leave remaining as of the separation date from the Program is forfeited without compensation. Each Program is responsible for tracking Resident Physician sick leave.

In the event an illness exceeds accumulated paid sick leave and vacation time, a leave of absence without pay may be granted (see section II.H.7).

6. **Leave of Absence (“LOA”), Including Extended LOA, Military Leave, Leave Without Pay (“LWOP”) and Family Medical Leave (“FMLA”)**

Leave of Absence:

All requests for LOA must be in writing and approved in advance by the Program Director in accordance with applicable state and federal laws and specialty board and accreditation requirements.

LOA may be comprised of paid leave (including both paid sick leave and vacation) and/or leave without pay (“LWOP”). When LOA is requested for a medical reason (including pregnancy), the eligible Resident Physician must exhaust all accumulated paid sick leave and accumulated vacation prior to beginning any LWOP.

Military Leave:

A Resident Physician who voluntarily enlists in one of the branches of the armed forces and is called to serve, or who is a member of one of the reserve branches of the armed forces, Texas National Guard, or the commissioned corps of the Public Health Service, or a Resident Physician who voluntarily or involuntarily leaves his or her employment position to undertake certain types of service in the National Disaster Medical System, who is called to active duty by the President during an emergency, or who is called for annual tours of duty, will be entitled to no more than 15 days paid military leave during the Resident's appointment period. The Resident Physician must notify their Program Director as soon as they become aware of their military orders and provide the Program Director with a copy of such orders. Military leave over 15 days shall be considered unpaid leave. On completion of military duty, the Resident Physician must report back to his or her regular program.

Family and Medical Leave:

Consistent with the Federal Family and Medical Leave Act of 1993 (FMLA), The University of Texas System Medical Foundation may grant eligible residents up to an aggregate total of 12 calendar weeks of leave in any 12-month period for one or more of the following reasons:

- Birth of son/daughter and care after such birth (includes paternity leave);
- Placement with employee of son/daughter for adoption or foster care;
- To care for the serious health condition of the spouse, son/daughter, or parent of the Resident Physician;
- Serious health condition of Resident Physician (unable to perform the essential functions of his or her position);
- Qualifying exigency arising out of the active military duty or call to active military duty of a covered military member who is the Resident Physician's spouse, son/daughter or parent; or
- To care for the serious illness or injury of a covered service member if the service member is the spouse, son, daughter, parent or next of kin of the Resident Physician.

The Resident Physician is responsible for completing and submitting the appropriate FMLA paperwork to their Program Director.

Extended LOA:

An extended LOA (exceeding 12 weeks) may necessitate resignation from the Program. The Resident Physician may seek reappointment to the Program at a later date. Resident Physicians are not eligible for UTHSC-H “sick leave pool” leave.

Insurance Coverage during LOA:

A Resident Physician may continue his or her personal insurance coverage and dependent insurance coverage during a period of LWOP at his or her own personal expense. Arrangements for these premium payments must be made prior to the commencement of the

leave. The Program is responsible for payment of the resident's premium normally paid by the affiliated hospital when the LOA is provided under the FMLA.

Duration of LOA and Board Eligibility:

The duration of any sick leave, LOA, or any other absence must be consistent with satisfactory completion of training requirements. The amount of sick leave, LOA, or any other absence that will necessitate prolonging the training time (e.g., credit toward specialty board qualification) for the Resident Physician is determined by the Program Director and the requirements of the pertinent RRC and/or certifying board. Programs must provide its Resident Physicians with information relating to access to eligibility for certification by the relevant certifying board. Additional training after an LOA may be needed for successful completion of Program Requirements and/or for board certification requirements.

7. Bereavement Leave:

With the prior approval of the Program Director, a Resident Physician shall be granted up to three days of paid leave to attend the funeral of a family member. Family member is defined as the Resident Physician's spouse or the Resident Physician's or spouse's parents, children, brothers, sisters, grandparents or grandchildren. Funeral leave shall be granted only for scheduled work days.

8. Educational Meetings:

A Program Director may authorize paid leave for a Resident Physician to attend educational meetings. Such paid leave is limited to one week each year and is not considered part of the Resident Physician's vacation. Attending local, state or national specialty meetings would constitute appropriate use of this leave.

9. Work-Related Injury or Disability:

Injury or disability incurred by a Resident Physician within the course and scope of his or her appointment may be covered by workers' compensation through a workers' compensation insurance policy. A Program Director is required to complete and submit a First Report of Injury form in order for the Resident Physician to qualify for workers' compensation. Leave taken in connection with an injury or disability not incurred during the course and scope of the appointment will be considered sick leave.

10. Professional Liability Insurance:

Professional liability insurance ("PLI") for Resident Physicians is provided through The University of Texas System Medical Liability Benefit Plan (Plan) at no cost to the Resident Physician.

Except as described below (Memorial Hermann Hospital - TMC), the Resident Physician will be covered by the Plan when performing his or her assigned duties within the Program. Such coverage is valid only at the affiliated hospitals and clinics to which the Resident Physician is assigned through the Program. Current limits of liability are \$100,000/\$300,000. A Resident Physician who takes electives outside the affiliated hospitals is covered by the Plan as long as the elective is a required part of the Program in which the Resident Physician is seeking specialty board certification. There must be documentation in the department office of the elective agreement.

The Plan does not cover any professional activities other than those assigned through the Program. (See “Moonlighting,” Section “I,” below)

Resident Physicians on rotation within Memorial Hermann Hospital - TMC are covered under a Memorial Hermann Hospital professional liability insurance policy. The Memorial Hermann Hospital professional liability insurance policy is not concurrent with coverage provided under The University of Texas System Medical Liability Benefit Plan and only applies to rotations occurring in Memorial Hermann Hospital.

Risk Management Education:

Resident Physicians that are covered by the Plan are required to complete five hours of Risk Management Education each year as a condition of their PLI coverage. Failure to complete the required courses will jeopardize the Resident Physician’s coverage; the Resident Physician may be placed on LWOP. To meet this requirement, Resident Physicians must take online courses as provided by UT System.

New users should contact their residency coordinator for their PLI identification number along with a temporary password that will require the creation of a personal password.

11. Counseling and Support Services:

Employee assistance services are provided to Resident Physicians through UT Counseling and WorkLife Services. UT Counseling and WorkLife Services offers confidential counseling services and referral services to assist Resident Physicians resolve problems in their personal lives that may affect performance in their Programs. Refer to the UT Counseling and WorkLife Services web page at <http://publicaffairs.uth.tmc.edu/worklife/index.html> for specific services available.

12. Access to UTHSC-H Network and E-mail:

Upon meeting all requirements, completing all paperwork relevant to their appointment and signing the *User Responsibilities & Accountability Acknowledgment Form*, Residents will receive a UTHSC-H e-mail address and network access for use during the duration of their appointment. Residents are subject to and shall abide by the terms of UTHSC-H HOOP Section 17 (http://legal.uth.tmc.edu/hoop/complete_toc.html#chap17). All use of the UTHSC-H network, including internet access, is a privilege that must not be abused. Any prohibited or inappropriate use of the network and the e-mail system may result in termination of such privilege and may be grounds for other adverse action. **E-Mail is the predominant means of communication between the Resident Physician and the GME Office and the Program. Communications may include information regarding stipends and benefits, important announcements from affiliated hospitals, notification of house staff meetings, etc. Resident Physicians should ensure that they routinely check email and periodically clear unnecessary messages from the email inbox. Resident Physicians have no expectation of privacy in any communication through the UTHSC-H Network, including e-mails; Resident Physicians are encouraged to limit the use of UTHSC-H resources for personal emails and are accountable for information in their UTHSC-H mailboxes.**

13. Professional Memberships:

Resident Physicians are enrolled as members of the Harris County Medical Society and the Texas Medical Association during new resident orientation. Annual dues are paid on behalf of

each Resident Physician by the Texas Medical Association Insurance Trust.

14. Lab Coats/Badges:

Four three-quarter length coats are supplied to each Resident Physician through the Program in the first appointment year, and one additional coat is supplied in each subsequent year of training. Information about laundry services is available from the department.

Each Resident Physician receives an official identification badge subject to security conditions applicable in each Program. ID badges shall not be loaned to other Resident Physicians, family members, or other persons.

15. Call Rooms and Food Services:

Residents on call will have access to clean, adequately lit call rooms for study or sleep with available bathroom facilities. Additionally, Resident Physicians will have access to food services while on duty at affiliated institutions.,

H. MOONLIGHTING

Residents are not required to engage in professional activities outside the educational program (moonlighting). Under Texas law, professional activities involving the practice of medicine outside the program are available only to a Resident Physician who holds a medical license from the Texas Medical Board. A physician-in-training permit **does not** entitle the Resident Physician to engage in professional activities (i.e., medical practice) outside the educational program. Resident Physicians engaging in moonlighting activities may not represent himself or herself as a UTHSC-H Physician nor use the UTHSC-H name in such moonlighting activities.

Benefit coverage, including coverage for any injury or disability (I.H.8) incurred, do not apply during outside or unassigned activity. Professional Liability Insurance (I.H.9) will not cover the Resident Physician for any liabilities incurred in outside professional activity.

All moonlighting activities require completion of the appropriate moonlighting request form and approval in writing in advance from the Program Director, for inclusion in the Resident Physician's file. The Program may revoke approval or initiate corrective action in the event outside professional activity interferes with the ability of the Resident Physician to satisfactorily fulfill the obligations of the Program.

Any hours that a Resident Physician works for compensation at the sponsoring institution or any of the sponsoring institution's primary clinical sites (internal moonlighting) must be considered part of the 80-hour weekly limit on duty hours.

I. ESSENTIAL PERSONNEL

Resident Physicians with clinical duties have a professional obligation to be available for work during periods of adverse weather conditions and other declared emergencies and, unless released by the Program Director, are required to report to their designated work site during their appointed schedule even if the institution is closed due to adverse weather conditions. Resident Physicians should contact their Program Director to determine their status during times of adverse weather conditions or other emergencies. Resident Physicians are not

authorized to leave their rotations without specific advance approval of their Program Director. Resident Physicians who fail to report to their scheduled rotation because of weather conditions without the approval of their Program Director shall be subject to disciplinary action by the Program.

J. PROFESSIONAL FEES

As a condition of acceptance to the Program, the Resident Physician waives all rights to fees for professional services to patients, regardless of the level of participation in the care of those patients. Such fees will be collected on behalf of the supervising professional staff in accordance with the following:

1. the regulations of the hospitals or other clinical settings in which the work is done;
2. the practices of the professional staff of each hospital or clinical setting; and,
3. the regulations, where applicable, of third-party payers.

K. TEXAS MEDICAL BOARD

1. Physician-in-training permits

A physician-in-training permit must be granted by the Texas Medical Board (TMB) to a physician who serves in Texas as an intern, resident, or fellow in graduate medical education programs accredited by the ACGME, or approved by the TMB or a medical specialty board. For the purposes of appointment of the Resident Physician, the Medical School will seek a physician-in-training permit on behalf of each Resident Physician who has never had an unrestricted license to practice medicine in Texas. The permit shall expire on the earlier of a) the reported ending date of the postgraduate training program, b) the date a postgraduate training program terminates or otherwise releases a permit holder from its training program, or c) the date the permit holder obtains full licensure or temporary license pending full licensure pursuant to TMB rules. The TMB retains the right at any time to place a physician-in-training permit on inactive status. The fees associated with permit applications, renewals, and changes are the responsibility of the Resident Physician.

A physician-in-training permit does not entitle the Resident Physician to assume professional activities outside of the Residency Program (Moonlighting, section II.I).

2. Permanent Texas Medical License

A Resident Physician who obtains a permanent medical license from the TMB during his or her training is required to maintain a current medical license at all times. Additionally, it is the Resident Physician's responsibility to notify the GME office of a newly issued license. A Resident Physician who has not renewed his or her license as necessary will lose PLI coverage effective on the license expiration date and will be removed from clinical duties (on LWOP) until the license is reinstated by the TMB.

3. Professional Name Presentation on Institutional Permit or Permanent License

Pursuant to TMB policy, all residents employed by the Foundation will be required to professionally use the name under which they are licensed with the TMB. Failure to do so may be considered unprofessional conduct by the TMB as defined by the Texas Occupations Code, Chapter 164.052(a)(5).

A Resident Physician's physician-in-training permit must match the name as shown on the resident's medical school degree unless acceptable documentation of a legal name change is supplied with the initial permit application. If a name change occurs during the Resident Physician's training, the Resident Physician must contact the GME Office and provide proper documentation reflecting such name change.

4. **Duty to Report**

The TMB requires all Resident Physicians on "Physician in Training" (PIT) permits to report, in writing, to the Executive Director of the Board, the following circumstances within 30 days of their occurrence:

- the opening of an investigation or disciplinary action taken against the PIT permit holder by any licensing entity other than the Texas Medical Board;
- an arrest, fine (over \$100), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
- diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair the permit holders ability to practice medicine.

Failure to comply with the provisions of this chapter (22 Tex. Admin. Code, Section 171) or Tex. Occ. Code, Sec. 160.002 and 160.003 may be grounds for disciplinary action as an administrative violation. Duties of PIT holders to report are specified in 22 Tex. Admin. Code, Section 171.5.

L. EVALUATION AND ADVANCEMENT

A Resident Physician will be evaluated at least twice each year based on the ACGME competencies and the Resident Physician's performance in patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. To progress in the program and be ultimately successful in completing the program, a Resident Physician must demonstrate his or her ability to assume increased responsibility for patient care. Advancement to higher levels of responsibility will be on the basis of an evaluation of his or her readiness for advancement. This determination is the responsibility of the Program Director with input from members of the teaching staff.

Evaluations will be communicated to the Resident Physician in a timely manner. The evaluations and the Resident Physician's responses to the evaluations, if any, will be maintained in the Program or department office and will be accessible to the Resident Physician for review.

It is the duty of the Program Director to establish a mechanism for evaluating the performance of the Resident Physician, including written progress reports to the Resident Physician. If a Resident Physician is not performing satisfactorily, the Program Director must document the deficiencies and outline a plan or program to correct the deficiencies. The plan or program may be formal or informal and may include corrective action (*see* II.P). It is the responsibility of the Resident Physician to follow up with any questions that he or she may have regarding an evaluation.

M. GRIEVANCES

It is the policy of the Foundation to encourage fair, efficient, and equitable solutions for problems that arise out of the appointment of the Resident Physician to the Foundation.

Grievances may involve payroll, hours of work, working conditions, clinical assignments, and issues related to the program or faculty, or the interpretation of a rule, regulation, or policy. The grievance process is not intended to address any aspect of the evaluation of academic or clinical performance or professional behavior, or other academic matters relating to failure of the resident to attain the educational competencies of the Programs (*see II.P*).

If a Resident Physician has a grievance, he or she should first attempt to resolve it by consulting with (1) the Chief Resident; (2) the Program Director; or (3) the Department Chairperson. If the matter is not resolved to the Resident Physician's satisfaction, the Resident Physician should then present the grievance in written form to the DIO through the GME office.

A grievance subcommittee of the GMEC appointed by the DIO will be assigned to review the grievance. The Resident Physician may be invited or permitted to appear before the subcommittee at the discretion of the subcommittee. After the grievance subcommittee has reviewed all information submitted in writing or in person by the Resident Physician, a decision will be communicated in writing to the Resident Physician and other appropriate, involved persons. The decision of the subcommittee is final.

N. RESIDENT PHYSICIAN IMPAIRMENT

The institutional policy regarding substance abuse among Resident Physicians recognizes the importance of prevention through education, recognition of the impaired Resident Physician, and the counseling and rehabilitation of the impaired Resident Physician. Impaired Resident Physicians and related allegations will be handled in accordance with the GME Committee's Resident Impairment Policy (*see Exhibit C, attached*).

O. COMPLAINTS OF SEXUAL HARASSMENT OR UNLAWFUL DISCRIMINATION

Complaints of sexual harassment and/or other forms of unlawful discrimination are to be addressed in accordance with the regulations found in HOOP Policy 2.04 (http://legal.uth.tmc.edu/hoop/02/2_04.html). Requests for Disability Accommodation shall be made in accordance with HOOP Policy 2.18C (http://legal.uth.tmc.edu/hoop/02/2_18C.html).

P. CORRECTIVE AND/OR ADVERSE ACTIONS

1. Summary Actions when the Resident Physician poses a threat to Patient Safety

Under any circumstances in which the Program Director or the clinical department's Education Committee determines that the unsatisfactory performance, conduct, or behavior of the Resident Physician may constitute an immediate threat to patient safety, the Program Director may reassign or suspend the Resident Physician pending a determination by the Program Director regarding the ability of the Resident Physician to continue in the Program. In such cases, the Resident Physician's right to a hearing shall follow the process set forth in Academic Actions, Section II.P.2.

2. **Academic Actions**

In the event a Resident Physician encounters difficulty meeting and/or maintaining performance standards as they pertain to the ACGME Competencies, as well as professional behavior standards (“academic difficulty”), the Resident Physician should seek out the advice and guidance of the Program Director. Likewise, if the clinical department’s education or clinical competence committee and/or the Program Director know that a Resident Physician’s performance is unsatisfactory, the Program Director must contact the Resident Physician and provide adequate verbal and/or written notice and guidance to the Resident Physician about his or her performance and possible corrective action (consistent with section II.M.).

If the Program Director has notified the Resident Physician about his or her unsatisfactory performance, including professional behavior, offered advice and guidance, and, if appropriate, taken corrective action, and the Resident Physician’s performance continues to be less than satisfactory, the Program Director, at his or her discretion, may take appropriate academic corrective and/or adverse action. Corrective/adverse actions include, but are not limited to remedial assignments, letters of warning, probation, suspension, non-promotion, non-reappointment, or dismissal from the Program.

Procedural Guidelines for Academic Actions

In cases where a Resident Physician has been notified of non-promotion, non-reappointment, suspension, or dismissal and believes that such action was levied without the appropriate notice and guidance that would have enabled the Resident Physician to improve his or her performance prior to the corrective/adverse action, the Resident Physician may request that a subcommittee of the GMEC be established to review such action. The Resident Physician must make a written request for review of this decision to the DIO within 14 days of the date that the academic corrective/adverse action in question was levied against the Resident Physician.

The subcommittee review will generally be scheduled within 30 days of the resident's request for a hearing. The hearing panel will consist of at least three members of the GMEC. The DIO will determine the date of the hearing in consultation with the resident and program leadership. The hearing will be presided over by the chairperson selected by the subcommittee. The conduct of the hearing is at the discretion of the chairperson.

The review by the GMEC subcommittee is restricted solely to the determination of whether the requisite notice and guidance was provided by the Program Director to the Resident Physician.

A final decision will be made by a vote of the subcommittee and will be communicated to the resident within 10 working days after the hearing. Within 10 days after the parties have been notified of the decision, either party may give written notice of appeal to the Dean of the Medical School. The Committee’s decision will be reviewed by the Dean, who may accept or reject the Committee’s decision or may require that the original hearing be reopened. The action of the Dean shall be communicated in writing to the Resident Physician and Program Director as soon as reasonably possible. The decision of the Dean is final.

3. **Non-Academic Actions**

In the event allegations of unethical conduct, scholastic dishonesty, theft, or any conduct prohibited by UTHSC-H, The University of Texas System, federal, state, or local law are

levied against a Resident Physician, the Program Director or the Foundation may take corrective/adverse action against the Resident, including, but not limited to termination of the appointment of the Resident Physician prior to the end of the appointment term.

If allegations are levied against the Resident Physician that (if confirmed) may subject the Resident Physician to corrective/adverse action, the Program Director will conduct an investigation into the allegations in cooperation with the GME Office or other appropriate office(s). If the investigation substantiates the allegations, notice of the allegations will be delivered by the Program Director to the Resident Physician *via* hand delivery or certified mail with a copy to the GME office.

Upon receipt of a notice of allegations from a Program Director, the GME office will promptly provide a copy of the following procedures to the Resident Physician.

Procedural Guidelines for Non-Academic Actions

If the Resident Physician does not dispute the allegations, he or she will be asked to sign a Waiver of Hearing and a disciplinary penalty may be assessed by the Program Director or Department Chairperson. If the Resident Physician disputes the allegations, or if the Resident Physician admits the allegations but contests the penalty to be assessed, he or she may request a hearing before a Discipline Committee appointed by the DIO.

The Discipline Committee will consist of three members, one of whom will be a Resident Physician member from a Residency Training Program. The Committee will select its presiding chairperson. The Resident Physician will be given at least 10 days notice of the date, time, and place for such hearing, and names of the members of the Committee. The notice will include a written statement of the allegations and a summary statement of evidence alleged to support such allegations. The notice shall be delivered in person or by certified mail and regular U.S. mail to the Resident Physician at the address appearing in the Program records.

The Resident Physician may challenge the impartiality of any member(s) of the Committee up to three working days prior to the hearing. The challenged member(s) of the Committee shall be the sole judge of whether he or she can serve with fairness and objectivity. In the event a member disqualifies himself or herself, a substitute will be chosen.

At a hearing on the allegations, the Program representative has the burden of going forward with the evidence and the burden of proving the allegations by the greater weight of the credible evidence. The following shall apply:

1. Each party will provide to the GME office a complete list of all witnesses, a brief summary of the testimony to be given by each, and a copy of all documents to be introduced at the hearing. Each party will be provided copies of the above by the GME office prior to the hearing. Deadlines concerning the submission of materials will be set and communicated by the GME office.
2. Each party will have the right to appear and present evidence in person. The Resident Physician may have legal counsel present outside of the hearing room; however, no attorneys will actually appear as an advocate for either party.
3. Each party will have the right to examine witnesses on relevant matters.
4. The hearing will be recorded. If either party wishes to appeal the findings, the record

will be transcribed and both parties will be allowed to purchase a copy of the transcript.

The Committee will render and send to both parties a written decision, and at its discretion may impose a penalty or penalties.

Either party may appeal an action taken by the Committee in accordance with the following procedures:

Within 14 days after the parties have been notified of the decision, either party may give written notice of appeal to the Dean of the Medical School. If the decision is sent by mail, the date the decision is mailed initiates the 14-day period. The Committee's decision will be reviewed by the Dean solely on the basis of the transcript and evidence, if any, considered at the hearing. In order for the appeal to be considered, all necessary documentation, including written argument, must be filed by the appealing party with the Dean within 14 days after notice of appeal is given and the transcript is available. The Dean may approve, reject, or modify the Committee's decision or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the decision. The action of the Dean shall be communicated in writing to the Resident Physician and Program Director no more than 30 days after the appeal and related documents have been received. The decision of the Dean is final.

Q. CONDITIONS OF SEPARATION

1. Resignation

A Resident Physician may resign from a Program by providing 30 days written notice of his or her intent to resign. The Resident Physician's resignation must be submitted to the Program Director and/or department chairperson. All conditions of appointment will terminate on the effective date of the resignation. At the discretion of the Program Director, a resignation may be accepted effective immediately, notwithstanding the proposed effective date provided by the Resident Physician.

2. Separation

Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the program.

3. Termination

A Resident Physician's appointment may be terminated prior to the end of the appointment term as described in section II.P.1., II.P.2., or II.P.3, A Resident Physician so terminated will continue to be compensated for 90 days from the earlier of the date of termination or the end of the appointment term.

R. VENDOR INTERACTIONS

Industry support of Residency Programs must be provided through official channels at either the School or Department level. Such support will be used for educational purposes as determined solely by the Department Chair and Program Director.

Program Directors and faculty should be sensitive to potential abuses arising from direct interaction between Resident Physicians and industry representatives. Accordingly, Program Directors should monitor and provide guidance to Resident Physicians in their interactions with industry representatives. Program Directors and faculty should ensure that support of Resident Physicians by industry through funding mechanisms such as scholarships, reimbursement of travel expenses, or other non-research funding in support of scholarship or training, or the furnishing of meals and promotional items, are free of any actual or perceived conflict of interest and any appearance of impropriety. Resident Physicians shall abide by the UTHSC-H Standards of Conduct Guide (http://legal.uth.tmc.edu/hoop/02/Standards_of_Conduct_Guide.htm); HOOP Policy 2.05 regarding Solicitation on Campus (http://legal.uth.tmc.edu/hoop/02/2_05.html); and HOOP Policy 2.19 regarding Conflicts of Interest (http://legal.uth.tmc.edu/hoop/02/2_19.html).

S. PROGRAM CLOSURE/REDUCTION

If, in its sole discretion, the Medical School determines to either reduce the size of or close a Program(s) or certain parts of a Program(s), the Resident Physician will be notified as soon as practicable. An effort will be made either to allow those Resident Physicians in the Program at that time to finish the Program or assist the Resident Physicians in identifying another ACGME Program in which they may continue their education.

T. CHECKOUT PROCEDURE

Resident Physicians departing a Program, whether through graduation, program closure, resignation, separation, termination, or other means, shall check out through their Program following the check-out procedures set forth by the Program, their training hospitals, and the GME Office. Certain affiliated hospitals may also require a separate check out.

Academic Year 2009-2010

EXHIBIT A
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON
POLICY ON APPROPRIATE STUDENT TREATMENT

I. Standards for Conduct in the Teacher-Learner Relationship

The academic environment, particularly in medical education, requires civility from all participants, regardless of role or level, and a particular respect for the values of professionalism, ethics, and humanism in the practice of medicine.

The relationship between teacher and learner is based on mutual respect and trust. Faculty must respect students' level of knowledge and skills, which students have the responsibility to represent honestly to faculty. Faculty are obligated to evaluate students' work fairly and honestly, without discrimination based on gender, ethnicity, national origin, sexual orientation, or religious beliefs. Faculty have a duty not only to promote growth of the intellect but at the same time to model the qualities of candor, compassion, perseverance, diligence, humility, and respect for all human beings.

Because this policy and document pertains to students as learners, references to teachers and faculty also include residents and fellows in their teaching and supervisory role with regard to students.

Examples of behavior that are unacceptable at The University of Texas Medical School at Houston include:

- Physical or sexual harassment or abuse
- Discrimination or harassment based on race, gender, age, ethnicity, religious beliefs, sexual orientation, or disability
- Speaking in disparaging ways about an individual including humor that demeans an individual or a group
- Sending students on inappropriate errands
- Loss of personal civility: shouting, displays of temper, publicly or privately abusing, belittling, or humiliating a student
- Use of grading or other forms of evaluation in a punitive or retaliatory manner

Students are also expected to maintain the same high standards of conduct in their relationships with faculty, residents, support staff, and fellow students.

II. Procedures for Reporting and Investigating Violations

Students enrolled in the Medical School (or Medical School portion of the M.D./Ph.D. program) should report abuse or mistreatment to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will meet with the student to discuss the incident or behavior and the options for action.

UTHSC-Houston policies and procedures concerning misconduct by faculty and staff, including sexual and physical abuse and harassment, are outlined in the Handbook of Operating Procedures (HOOP). The Rules and Regulations of the Board of Regents ("Regents' Rules") contain provisions for student misconduct, including misconduct against fellow students. The Associate Dean for Student Affairs will advise and assist the student in following applicable procedures of the institution.

In the event there is no applicable existing procedure, the Associate Dean for Student Affairs in consultation with the student will determine the most appropriate plan of action. This may involve an investigation by the Associate Dean for Student Affairs to establish the facts while respecting the rights and confidentiality of the involved parties.

Depending on the nature or scope of the reported mistreatment, the Associate Dean for Student Affairs has the authority to appoint an ad hoc Committee on Student Treatment consisting of three faculty members, one of whom will be appointed to chair the committee. An attorney from the UTHSC-H Office of Legal Affairs & Institutional Compliance will serve as an ex officio member of the Committee to ensure that University and Health Science Center policies and procedures are followed. The purpose of the ad hoc Committee will be to investigate the complaint, establish facts respecting the rights and confidentiality of the involved parties, and recommend a course of action to the Associate Dean for Student Affairs.

It will be made clear from the fact-finding or investigation stage forward and through final disposition of the report that retaliatory behavior or reprisals of any kind will not be tolerated.

The Committee on Student Treatment will be required to report its findings in writing within thirty days of its constitution to the Associate Dean for Student Affairs.

If, following determination of the facts and considering the recommendation of the ad hoc Committee on Student Treatment, if one was appointed, the Associate Dean for Student Affairs may take one or more of the following actions in consultation with the Office of Legal Affairs & Institutional Compliance:

- Arrange mediation between the parties
- Report findings and recommendations to the perpetrator
- Report findings and recommendations to the Dean
- Report findings and recommendations to the perpetrator's department chair
- Report findings and recommendations to the faculty member in charge of the course, clerkship, or elective in which the mistreatment took place
- In the event the perpetrator is a resident, report findings and recommendations to the residency program director and Associate Dean for Educational Programs

These actions may be in addition to or superseded by actions taken by the appropriate bodies or individuals if specific UTHSC-H procedures are followed.

III. Dissemination and Education

In order to make sure that faculty, residents, fellows, and students are aware of the Policy on Appropriate Student Treatment, several mechanisms for dissemination will be used.

The Policy will be added to the Medical School website on the principal students, faculty, and house staff web pages.

A hard copy of the Policy will be given to current house staff and fellows and given to new house staff during orientation.

A hard copy of the Policy will be given to current students and thereafter to entering students at orientation. It will be reviewed and discussed at Orientation and later in the fall semester meetings of the Master Advisory groups.

A hard copy of the Policy will be given to faculty and distributed at faculty orientations. Chairmen and Directors will be responsible for seeing that the Policy is made known to their faculty and discussed at departmental/division meetings.

Each course director, clerkship director and residency director will be responsible for seeing that the Policy is made known to their teaching faculty and to all students at the start of each course, clerkship or rotation.

EXHIBIT B
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON
POLICY FOR RESIDENT DUTY HOURS
AND THE WORKING ENVIRONMENT

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.

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, i.e., 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 consist of a 10 hour time period provided between all daily duty periods and after in-house call.

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 work day 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 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. Each program must have a written policy regarding moonlighting that:

1. specifies that residents must not be required to engage in moonlighting

2. requires a prospective, written statement of permission from the program director that is made part of the resident's file; and,

3. states that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., 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

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. The University of Texas Medical School at Houston (UTMS-H) Graduate Medical Education Committee (GMEC) Policy for Review of Requests from Programs for Extension of the 80-Hour per Week Limit on Resident Duty Hours specifies how programs in this institution may apply for such an extension.

Approved by the GMEC 4/23/2003

EXHIBIT C
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON
RESIDENT PHYSICIAN IMPAIRMENT POLICY

STATEMENT OF POLICY OVERVIEW

The University of Texas Medical School at Houston (UTMSH) and The University of Texas System Medical Foundation (Foundation) are committed to maintaining or restoring the physical and mental health of Resident Physicians as well as maintaining a drug free environment. The primary goal related to substance abuse in the Resident Physician community is prevention. UTMSH recognizes that substance abuse and mental disorders are treatable medical conditions, and as an institution dedicated to health, facilitates the treatment and rehabilitation of these conditions for both patients and healthcare providers

POLICY

The unlawful purchase, manufacture, distribution, possession, sale, storage, or use of any controlled substance or medication by Resident Physicians while on duty, or while in or on premises or property owned or controlled by UTHSC-H or any of its affiliated institutions is prohibited.

The unauthorized use or possession of alcohol by Resident Physicians while on duty is prohibited. State law will be enforced at all times in or on all premises or property owned or controlled by UTHSC-H or any of its affiliated institutions.

Any use of alcohol or any other substance by Resident Physicians that adversely affects job performance or that may adversely affect the safety of other Resident Physicians, students, visitors or patients in any facility owned or controlled by UTHSC-H or its affiliated institutions is prohibited, regardless of whether such use occurs during duty hours.

Prescription and over-the-counter medications that may induce impairment and any mental or physical condition that may induce impairment, are included in this policy. A Program Director's advice and assistance may be necessary when duty adjustments are required to ensure a Resident Physician's ability to perform assigned work in a safe manner because of the use of such medications. Failure to comply with this published policy by any Resident Physician will constitute grounds for corrective action, up to and including termination.

At the discretion of UTHSC-H or the Foundation, a Resident Physician may be referred to the Resident Physician Assistance Program (RAP) for evaluation, and a Resident Physician with a diagnosed or claimed impairment may be referred to RAP for and be required to participate in and satisfactorily complete an approved treatment and follow-up program.

PROCEDURES

Because substance abuse has a potential for serious adverse effects upon the Resident Physician, patients, colleagues and the institution, it is necessary to have a comprehensive program that:

1. educates both Resident and Faculty physicians about the problems associated with substance abuse, mental illness and behavioral problems and trains them to recognize the associated signs and symptoms.

2. provides a means for immediate evaluation and appropriate referral for diagnosis, treatment and follow-up, including monitoring; and,
3. complies with state and federal law as well as policies included in The University of Texas Health Science Center at Houston Handbook of Operating Procedures.

I. Educational Efforts

UTHSC-H relies on the observations and judgment of Program Directors, teaching faculty, and peers to evaluate the behavior of Resident Physicians, to identify suspected impaired behavior, and to refer Resident Physicians exhibiting such behavior to the RAP for evaluation. The RAP and UT Counseling and WorkLife Services is also a benefit available to all Resident Physicians for self-referral. The RAP also provides assessment and referral for assistance with personal problems such as difficulty with a marital, family or other significant relationship, stress/burnout, depression, and grief as well as attitudinal and behavioral problems noted in the workplace.

Program Director and faculty awareness of RAP and the issues and implications of substance abuse and the other problems noted above will be facilitated through discussions with the GME Office.

II. RAP/UT COUNSELING Referral and Treatment

A. Course of Action:

- Resident Physicians whose behavior or performance gives rise to reasonable suspicion of impairment has likely exhibited performance problems prior to being referred to the RAP for assessment. The Program Director will work in partnership with other sources of departmental supervision to document the progress of the Resident Physician's failure to meet program expectations. The Program Director will meet regularly and counsel with Resident Physicians in need of remediation.
- Resident Physicians reasonably suspected of substance abuse or other impairment, based on direct observations by faculty or staff, will be immediately referred by the Program Director to the RAP for evaluation. If the Program Director determines in his or her judgment that a reasonable possibility of patient harm exists as a result of the Resident's suspected impairment, the resident will immediately be removed from clinical responsibilities pursuant to Section II.P.1 of the GME Resident Handbook. Descriptions of the observed behavior will be documented for the Program Director as soon as possible. The Department Chair will also be notified of the allegation of impairment.
- All documentation of the presenting incident along with any prior effort to remediate problem behavior will be forwarded on to the RAP to be used as part of a comprehensive evaluation. The Resident Physician's evaluation may include drug and alcohol testing if improper uses or abuses of those substances are reasonably suspected. This evaluation by the RAP will assess the Resident Physician's physical and mental condition, and the results of the assessment will be utilized to determine the likelihood that the observed behavior might be caused by chemical substance use and/or abuse, mental illness, and/or behavioral problems.
- The evaluation, when completed, will be forwarded to the appropriate Program Director and may include recommendations for further evaluation, if needed, as well as for treatment and monitoring. A "last chance" contract between the Resident Physician, the RAP, and UTHSC-H Residency Program will also be given to the Resident to sign. This contract will include the requirements and expectations of the treatment and monitoring for the duration of the residency. Guidelines for actions to be taken in those instances of a relapse will also be included.
- Program Directors and Department Chairs should make every effort to communicate the message that mandatory referrals are not punitive in nature. Instead, these referrals are

intended to assist the Resident Physician to address impairment with the intent of returning to full productivity whenever possible, while ensuring the health and wellbeing of all involved.

- Corrective actions, including back-to-work restrictions, if any, and regular random blood and or urine test monitoring, regular follow-up, or other consequences of the identified problem will be decided upon by the Program Director, Department Chair, and RAP Director following consideration of all pertinent information, including the evaluation and treatment recommendations and the requirements of the signed contract.
- The RAP will coordinate the necessary follow-up and monitoring and will inform the Resident Physician's Program Director as to whether or not the Resident Physician has cooperated. Regular reports of the Resident Physician's progress will be provided as needed to ensure smooth transitions to full employment. Reports will ultimately be provided a minimum of twice annually to the Program Director/Department Chair by the RAP.
- Failure to comply with treatment and or positive body fluid tests for prohibited substances will be reported to the Program Director.
- The RAP will participate in a return-to-duty meeting in all cases when the treatment and monitoring plan are fully in place. The assessment and referral function of the RAP provides a measure of protection for the Resident Physician who has made a good faith effort towards recovery, codified by the signed contract.
- Reinstatement of a Resident Physician who was previously monitored by the RAP into the UTHSC-H Residency Program should be referred back to the RAP upon re-admission. This Resident Physician will be assessed and evaluated for risk factors. It will be up to the RAP to determine if the resident remains in need of ongoing UT Counseling supervision.

B. Course of Action: Self-referral

Resident Physicians who wish to obtain assistance for the treatment of a drug-related or mental health problem are encouraged to seek assistance through the RAP. The RAP can help coordinate short or long-term problem evaluation and potential resolution through treatment free of charge to the Resident Physician.

Resident Physicians may use health insurance to defray the cost of many treatment programs, although certain restrictions may apply, depending on the type of treatment recommended. The RAP will assist in determining how a Resident Physician's insurance coverage may be applied most efficiently. In addition, medical leaves of absence may be granted to accommodate outpatient and/or extended hospital care.

Seeking help through the RAP will not jeopardize the Resident Physician's current position or potential in the training program. Involvement with the RAP will not grant special privileges or exceptions from normal performance standards. Confidentiality between the Resident Physician, Program Director and Department Chair, and the RAP will be respected in all cases unless the Resident Physician authorizes disclosure or as otherwise required by law. **In all cases, regardless of the method of referral, the rules and regulations of the Texas Medical Board (TMB), including the required initial and follow-up reports, will be strictly observed.** The RAP will also offer counseling to each Resident in treatment as to how and when they should notify the TMB of their treatment and rehabilitation.

III. Sanctions

Corrective actions or other consequences of the reported behavior will be determined exclusively by the Program Director or Department Chair, in consultation with the GME Office, following their consideration of all pertinent information.

Any Resident Physician who is arrested under a criminal statute for any misdemeanor or felony offense, including, but not limited to drug-related offenses, whether or not the Resident Physician is on duty, is required to notify the Program Director not later than five days after such arrest. In turn, the Program Director is required to notify the Office of Graduate Medical Education immediately after receiving notice of such arrest to provide for the Institution's compliance with the law. A conviction of a Resident for a violation of any misdemeanor (except Class C) or felony criminal offense, including, but not limited to drug offenses (e.g., for use, possession, distribution, or manufacture of an illegal drug) may result in termination of the Resident Physician's appointment. The TMB will be immediately notified of such termination and the nature of the conviction. Additionally, Resident Physicians will be expected to self report any matters to the TMB, as may be required by the TMB.