



## **Graduate Medical Education Resident and Medical Student Management Guidelines (CSRH –CC, CSRCH, CSRH – MC, CSRH – NB, and CSRH – WH)**

### **I. Check-in**

- A. All residents and medical students who are scheduled to rotate at any CHRISTUS Santa Rosa Health System (CSRHS) facility are required to check-in with the GME Office [located at the CHRISTUS Santa Rosa Hospital – City Centre campus, 5<sup>th</sup> floor Center for Children and Families, Medical Library] within one (1) week of the start of their rotation, to complete their registration and other applicable forms. The forms may be completed in advance and presented to the GME Office within the time period indicated. Information provided on the form will be used to:
1. Maintain an accurate account of residents and medical students rotating at CSRHS.
    - **Please make sure the information below is provided on the registration form:**
      - Pager Number
      - Email address
      - Rotation Schedule (potential date of graduation from program)
      - Attending Faculty name
      - Vehicle Information – including license plate #
  2. Assign a dictation number.
  3. Issue a CSRHS ID badge.
  4. Issue a CSRHS parking tag.
- B. Resident and medical student demographic information will be entered into the CSRHS Physician database and Meditech System for tracking purposes.
- C. Residents and medical students who do not check-in and who are not properly badged will be directed by CSRHS Associates to the GME Office for processing.

### **II. Contractual Provisions**

- A. Payment [according to contract] may be withheld on a prorated basis for residents who do not check-in with the GME Office. The rotation schedule will not serve solely as verification that a resident has rotated at CSRHS.
- B. Residents and medical students may be prevented from providing patient care if they have not checked in with the GME Office.

### III. Check-out

- A. Residents and medical students are required to checkout no later than one (1) week after completion of their rotation/training. Residents will be required to complete the appropriate check-out form that will include:
  - 1. Clearance by Health Information Management/Medical Records (medical records completion etc.). **Mandatory to obtain Medical Records Office Supervisor or Director's signature on the clearance form.**
  - 2. Clearance by Information Systems (computer access etc.).
  - 3. Return of the CSRHS parking tag.
  - 4. Return of the CSRHS ID badge.
  - 5. Return of CSRHS property as applicable (i.e., pager, mobile phone, etc.).
- B. A \$25.00 fee will be assessed if residents or medical students do not properly checkout with the GME Office. In addition, he or she will be billed at replacement cost for CSRHS property not returned.
- C. The program director will be responsible for completing all incomplete medical records which are not completed by residents.
- D. Residents and medical students who do not checkout will be reported to the respective program director, who will have ultimate responsibility for appropriate follow-up.

### IV. Orientation

- A. PGY1 Pediatric residents will attend a CSRHS Orientation session prior to their residency start date. Other specialty residents may be requested to attend.
- B. All residents and medical students will acknowledge agreement to comply with CSRHS policy and procedures regarding Environment of Care, Infection Control, Safety and Security and other policies as deemed appropriate.

### V. Rotation Schedules

- A. Each UTHSCSA program director or their designated residency coordinator will be responsible for electronically submitting a CSRHS specific monthly rotation schedule to the GME Office no later than two (2) weeks prior to the start of a rotation. The rotation schedule will clearly include each resident's year in training, pager number and assigned faculty and other pertinent information.

### VI. Meal Tickets:

- A. Meal tickets may be issued to residents on call at the discretion of CSRHS.
- B. Terms of Use:
  - 1. Pediatric residents are assigned a Meal Credit Card - \$200 per year
  - 2. Surgery, Orthopedic, Urology, and Family Medicine receive an On-call Meal Credit Card
    - The on-call credit card shall be rotated among the residents;

- We recommend turning in on-call Meal Credit Cards to your UTHSCSA residency coordinator; the next resident on call can pick up card from their coordinator.
3. Contact CSRHS GME Coordinator if additional money is needed on the meal credit cards at 210-704-4822 or email: [cari.cesaro@christushealth.org](mailto:cari.cesaro@christushealth.org)
  4. A charge of \$25.00 will be assessed to replace lost or stolen cards.

**CONTACT INFORMATION**

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