Program Coordinator's Handbook

Coming together is a beginning.
Keeping together is progress.
Working together is success.
- Henry Ford
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Introduction
Graduate Medical Education Office
UTHSCSA

Our Mission

Our mission is to improve healthcare by advancing the quality of resident physicians’ education.

Our Vision

Our vision is to foster growth of exemplary physicians, GME programs, and institutional practices.

Our Values

- Develop and share new knowledge
- Employ processes that are fair, transparent, and resource-conscious
- Maintain service-orientation and accountability
ACGME & GME Office
Graduate Medical Education
The Relationship to the Sponsored Programs

- ACGME accredited programs must function under the authority and control of one Sponsoring Institution.
  - Sponsoring Institution must:
    o Provide graduate medical education that facilitates professional, ethical, and personal development of the residents in the sponsored programs.
    o Support safe and appropriate patient care through the curriculum, evaluation, and supervision of residents.
  - Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC):
    o Oversight and administration of programs.
    o Responsible for ensuring compliance with ACGME Common, Specialty/Subspecialty-specific Program, and Institutional Requirements.
      ▪ Reviews and co-sign all program information forms (PIFs) and any other documents or correspondence submitted by program directors to the ACGME.
      ▪ Develop, implement, and oversee an internal review process (IR IV.)
    o Ensure program letters of agreement (PLAs) are established by programs for each educational (rotation) site.
    o Responsibility to residents to ensure:
      ▪ Eligibility for appointment – meet the ACGME requirements
      ▪ Selection of residents is based on program-related criteria and does not discriminate.
      ▪ Financial support and benefits.
      ▪ Applicants invited to interview are informed in writing, paper or electronically, of the terms, conditions and benefits of their appointment.
      ▪ Implement, monitor, ensure adherence, and provide a written agreement/contract (to the residents) that outlines the terms and conditions of appointment to a program (IR II.D.1-4)
    o Monitor the reduction in size or closure of a program.
    o Cannot require residents to sign a non-competition guarantee.
  - Educational and Professional Activities
    o Educational experience leads to measurable outcomes in the ACGME competencies
    o Ensure residents participate on committees and councils that affect their education and/or patient care.
    o Ensure residents’ educational programs include physician impairment, including substance abuse and sleep deprivation.
  - Educational and Work Environment
    o Raise and resolve issues without fear of intimidation or retaliation.
    o Provide services and healthcare delivery systems to minimize residents’ work that is extraneous to the program’s goals and objectives.
    o Ensure a healthy and safe working environment that provides food service, call rooms, and security and safety.
- GMEC is responsible for establishing and implementing policies and procedures regarding the quality of the education and work environment of all residents in all programs.
Hospitals and Other Sites
Relationship with Hospitals

**University Hospital** – our major teaching hospital and paymaster for residents

They provide:
- Paychecks to residents
- Benefits to residents – including access to the employee assistance program
- Resident contracts
- Some fees such as annual ACGME registration fees for programs
- Pagers for majority of residents
- They “fund” the majority of our residents

Contacts in Professional Staff Services:
- Marilyn Dahl – 210-358-0062
- Adelfa Diaz – 210-358-0163

**The VA - South Texas Veteran’s Health Care System (Audie L. Murphy Hospital)**

The VA is the second largest funding source for our residents (approximately 200 salary lines). UH “bills” them for the salaries they support.

Contacts in the Education Office: 210-617-5109
- Robin Risemas: (210) 617-5300, ext. 15456
- Cynthia Vahle
- Dr. David Dooley

**Methodist Healthcare System**

An additional paysource.
UH bills them for the salaries they support.

Contact:
- Jessica Craig: (210) 575-3116, Option 0

**Baptist Health System**

An additional paysource.
UH bills them for the salaries they support.

Contact in Medical Staff Office: 210-297-9644; fax 210-569-5270 or 210-297-0755
- Chlóe Castillo

Revised June 12, 2015
ACGME Institutional Requirements
ACGME

Institutional Requirements

ACGME approved: June 9, 2013; Effective: July 1, 2013 for new sponsoring institutions making new applications and July 1, 2014 for existing sponsoring institutions (including both multiple- and single- program sponsors)
ACGME approved focused revision: September 28, 2014; effective: July 1, 2015
ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. *(Core)*

I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures. *(Outcome)*

I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). *(Outcome)*

I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. *(Outcome)*

I.A.5. The Sponsoring Institution must identify a:

I.A.5.a) Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements; and *(Core)*

I.A.5.b) Governing Body: The entity which maintains authority over the Sponsoring Institution and each of its ACGME-accredited programs. *(Core)*

I.A.6. A written statement must document the Sponsoring Institution’s commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution’s senior administration, and a representative of the Governing Body. *(Core)*

I.A.7. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. *(Core)*

Institutional Requirements 2
I.A.7.a) Accreditation for patient care must be provided by:

I.A.7.a).(1) the Joint Commission; or, (Core)

I.A.7.a).(2) an entity granted “deeming authority” for participation in Medicare under federal regulations; or, (Core)

I.A.7.a).(3) an entity certified as complying with the conditions of participation in Medicare under federal regulations. (Core)

I.A.8. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME invoke its “Procedure for Alleged Egregious or Catastrophic Events” policy. (Core)

I.A.9. When a Sponsoring Institution’s or participating site’s license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the IRC may request that the ACGME invoke its “Procedure for Alleged Egregious or Catastrophic Events” policy. (Core)

I.B. GMEC

I.B.1. Membership

I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core)

I.B.1.a).(1) the DIO; (Core)

I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; (Core)

I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, (Core)

I.B.1.a).(4) a quality improvement or patient safety officer or designee. (Core)

I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:

I.B.1.b).(1) the DIO; (Core)

I.B.1.b).(2) the program director when the program director is not the
DIO: (Core)

I.B.1.b).(3) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; (Core)

I.B.1.b).(4) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, (Core)

I.B.1.b).(5) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education. (Core)

I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. (Detail)

I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail)

I.B.2.b) Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC. (Detail)

I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. (Core)

I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. (Core)

I.B.4. Responsibilities: GMEC responsibilities must include:

I.B.4.a) Oversight of:

I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)

I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME
Common and specialty/subspecialty-specific Program Requirements; (Outcome)

I.B.4.a).(4) the ACGME-accredited program(s)' annual evaluation and improvement activities; and, (Core)

I.B.4.a).(5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. (Core)

I.B.4.b) review and approval of:

I.B.4.b).(1) institutional GME policies and procedures; (Core)

I.B.4.b).(2) annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits; (Core)

I.B.4.b).(3) applications for ACGME accreditation of new programs; (Core)

I.B.4.b).(4) requests for permanent changes in resident/fellow complement; (Core)

I.B.4.b).(5) major changes in each of its ACGME-accredited programs' structure or duration of education; (Core)

I.B.4.b).(6) additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)

I.B.4.b).(7) appointment of new program directors; (Core)

I.B.4.b).(8) progress reports requested by a Review Committee; (Core)

I.B.4.b).(9) responses to Clinical Learning Environment Review (CLER) reports; (Core)

I.B.4.b).(10) requests for exceptions to duty hour requirements; (Core)

I.B.4.b).(11) voluntary withdrawal of ACGME program accreditation; (Core)

I.B.4.b).(12) requests for appeal of an adverse action by a Review Committee; and, (Core)

I.B.4.b).(13) appeal presentations to an ACGME Appeals Panel. (Core)

I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR). (Outcome)

Institutional Requirements 5
I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, which include: (Core)

I.B.5.a).(1) results of the most recent institutional self-study visit; (Detail)

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Detail)

I.B.5.a).(3) notification of each of its ACGME-accredited programs’ accreditation statuses and self-study visits. (Detail)

I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review. (Core)

I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body. (Core)

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a).(1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

II. Institutional Resources

II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:

II.A.1. the DIO has sufficient financial support and protected time to effectively carry out his or her educational, administrative, and leadership responsibilities; (Core)

II.A.2. the DIO engages in professional development applicable to his or her responsibilities as an educational leader; and, (Core)

II.A.3. sufficient salary support and resources are provided for effective GME administration. (Core)

II.B. Program Administration: The Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that:

II.B.1. the program director(s) has (have) sufficient financial support and protected time to effectively carry out his/her (their) educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty/subspecialty-specific Program

Institutional Requirements 6
II.B.2. the program(s) receives (receive) adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education; (Core)

II.B.3. the program director(s) and core faculty members engage in professional development applicable to their responsibilities as educational leaders; (Core)

II.B.4. the program coordinator(s) has (have) sufficient support and time to effectively carry out his/her (their) responsibilities; and, (Core)

II.B.5. resources, including space, technology, and supplies, are available to provide effective support for each of its ACGME-accredited programs. (Core)

II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with each other relevant to their ACGME-accredited programs and their learning and working environment. (Core)

II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to raise a concern to the forum. (Core)

II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core)

II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)

II.D. Resident Salary and Benefits: The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). (Core)

II.E. Educational Tools

II.E.1. Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. (Core)

II.E.2. Access to medical literature: Faculty members and residents/fellows must have ready access to specialty/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format. (Core)
II.F. Support Services and Systems

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: 

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and, 

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities.

II.F.2. The Sponsoring Institution must ensure a healthy and safe learning and working environment that provides for:

II.F.2.a) access to food while on duty at all participating sites; 

II.F.2.b) safe, quiet, and private sleep/rest facilities available and accessible for residents/fellows to support education and safe patient care; and, 

II.F.2.c) security and safety measures appropriate to the participating site.

III. Resident/Fellow Learning and Working Environment

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate.

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following:

III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:

III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, 

III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes.
III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:

III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, *(Core)*

III.B.2.b) opportunities to participate in quality improvement initiatives. *(Core)*

III.B.3. Transitions of Care: The Sponsoring Institution must:

III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, *(Core)*

III.B.3.b) ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care. *(Core)*

III.B.4. Supervision: The Sponsoring Institution must oversee:

III.B.4.a) supervision of residents/fellows consistent with institutional and program-specific policies; and, *(Core)*

III.B.4.b) mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal. *(Core)*

III.B.5. Duty Hours, Fatigue Management, and Mitigation: The Sponsoring Institution must oversee:

III.B.5.a) resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; *(Core)*

III.B.5.b) systems of care and learning and working environments that facilitate fatigue management and mitigation for residents/fellows; and, *(Core)*

III.B.5.c) an educational program for residents/fellows and core faculty members in fatigue management and mitigation. *(Core)*

III.B.6. Professionalism: The Sponsoring Institution must provide systems for education in and monitoring of:

III.B.6.a) residents'fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; *(Core)*

III.B.6.b) accurate completion of required documentation by residents/fellows; and, *(Core)*
III.B.6.c) identification of resident/fellow mistreatment. 

IV. Institutional GME Policies and Procedures

IV.A. Resident/Fellow Recruitment

IV.A.1. Eligibility and Selection of Residents/Fellows: The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment, and must monitor each of its ACGME-accredited programs for compliance. (Core)

IV.A.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)

IV.A.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, (Core)

IV.A.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, (Core)

IV.A.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: (Core)

IV.A.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, (Core)

IV.A.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or, (Core)

IV.A.2.c).(3) has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school. (Core)

IV.A.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. (Core)

IV.A.3.a) Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. (Core)

IV.B. Agreement of Appointment/Contract

Institutional Requirements 10
IV.B.1. The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. (Core)

IV.B.2. The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)

IV.B.2.a) resident/fellow responsibilities; (Core)
IV.B.2.b) duration of appointment; (Core)
IV.B.2.c) financial support for residents/fellows; (Core)
IV.B.2.d) conditions for reappointment and promotion to a subsequent PGY level; (Core)
IV.B.2.e) grievance and due process; (Core)
IV.B.2.f) professional liability insurance, including a summary of pertinent information regarding coverage; (Core)
IV.B.2.g) hospital and health insurance benefits for residents/fellows and their eligible dependents; (Core)
IV.B.2.h) disability insurance for residents/fellows; (Core)
IV.B.2.i) vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws; (Core)
IV.B.2.j) timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion; (Core)
IV.B.2.k) information related to eligibility for specialty board examinations; and, (Core)
IV.B.2.l) institutional policies and procedures regarding resident/fellow duty hours and moonlighting. (Core)

IV.C. Promotion, Appointment Renewal and Dismissal

IV.C.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident’s/fellow’s appointment. (Core)

IV.C.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident’s/fellow’s agreement will not be renewed, when that
resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)

**IV.C.1.b)** The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)

**IV.D.** Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)

**IV.E.** Professional Liability Insurance

**IV.E.1.** The Sponsoring Institution must provide residents/fellows with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)

**IV.E.2.** The Sponsoring Institution must provide official documentation of the details of liability coverage upon request of the individual. (Core)

**IV.F.** Health and Disability Insurance

**IV.F.1.** The Sponsoring Institution must provide health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)

**IV.F.1.a)** If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

**IV.F.2.** The Sponsoring Institution must provide disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

**IV.F.2.a)** If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

**IV.G.** Vacation and Leaves of Absence

**IV.G.1.** The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (Core)
IV.G.2. This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s/fellow’s eligibility to participate in examinations by the relevant certifying board(s). (Core)

IV.H. Resident Services

IV.H.1. Behavioral Health: The Sponsoring Institution must provide residents/fellows with access to confidential counseling and behavioral health services. (Core)

IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)

IV.H.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations. (Core)

IV.H.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)

IV.I. Supervision

IV.I.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

IV.I.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements. (Core)

IV.J. Duty Hours: The Sponsoring Institution must maintain a duty hour policy that ensures effective oversight of institutional and program-level compliance with ACGME duty hour standards. (Core)

IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

   IV.J.1.a) residents/fellows must not be required to engage in moonlighting; (Core)

   IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; (Core)

   IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident’s/fellow’s performance in the program, including that adverse effects may lead to withdrawal of
IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)

IV.K. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. (Core)

IV.L. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)

IV.M. Disasters: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. (Core)

IV.M.1. This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)

IV.N. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core)

IV.N.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, (Core)

IV.N.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education. (Core)

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

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

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

**Footnote for IV.A.2.c.(3): A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2)
have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).
Common Program Requirements
ACGME

Common Program Requirements

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Common Program Requirements

Note: The term “resident” in this document refers to both specialty residents and subspecialty fellows. Once the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms “resident” and “fellow” will be used respectively.

Introduction

Int.A. Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites. (Core)

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. (Core)

The PLA should:

I.B.1.a) identify the faculty who will assume both educational and
supervisory responsibilities for residents; (Detail)

I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document; (Detail)

I.B.1.c) specify the duration and content of the educational experience; and, (Detail)

I.B.1.d) state the policies and procedures that will govern resident education during the assignment. (Detail)

I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). (Core)

[As further specified by the Review Committee]

II. Program Personnel and Resources

II.A. Program Director

II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution’s GMEC must approve a change in program director. (Core)

II.A.1.a) The program director must submit this change to the ACGME via the ADS. (Core)

[As further specified by the Review Committee]

II.A.2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. (Detail)

II.A.3. Qualifications of the program director must include:

II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)

II.A.3.b) current certification in the specialty by the American Board of ________, or specialty qualifications that are acceptable to the Review Committee; and, (Core)

II.A.3.c) current medical licensure and appropriate medical staff appointment. (Core)

[As further specified by the Review Committee]
II.A.4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. (Core)

The program director must:

II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program; (Core)

II.A.4.b) approve a local director at each participating site who is accountable for resident education; (Core)

II.A.4.c) approve the selection of program faculty as appropriate; (Core)

II.A.4.d) evaluate program faculty; (Core)

II.A.4.e) approve the continued participation of program faculty based on evaluation; (Core)

II.A.4.f) monitor resident supervision at all participating sites; (Core)

II.A.4.g) prepare and submit all information required and requested by the ACGME. (Core)

II.A.4.g).(1) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. (Core)

II.A.4.h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution; (Detail)

II.A.4.i) provide verification of residency education for all residents, including those who leave the program prior to completion; (Detail)

II.A.4.j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, (Core)

and, to that end, must:

II.A.4.j).(1) distribute these policies and procedures to the residents and faculty; (Detail)

II.A.4.j).(2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements; (Core)

II.A.4.j).(3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and, (Detail)
II.A.4.j).(4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. *(Detail)*

II.A.4.k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged; *(Detail)*

II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents; *(Detail)*

II.A.4.m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures; *(Detail)*

II.A.4.n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including: *(Core)*

II.A.4.n).(1) all applications for ACGME accreditation of new programs; *(Detail)*

II.A.4.n).(2) changes in resident complement; *(Detail)*

II.A.4.n).(3) major changes in program structure or length of training; *(Detail)*

II.A.4.n).(4) progress reports requested by the Review Committee; *(Detail)*

II.A.4.n).(5) requests for increases or any change to resident duty hours; *(Detail)*

II.A.4.n).(6) voluntary withdrawals of ACGME-accredited programs; *(Detail)*

II.A.4.n).(7) requests for appeal of an adverse action; and, *(Detail)*

II.A.4.n).(8) appeal presentations to a Board of Appeal or the ACGME. *(Detail)*

II.A.4.o) obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses: *(Detail)*

II.A.4.o).(1) program citations, and/or, *(Detail)*

II.A.4.o).(2) request for changes in the program that would have

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significant impact, including financial, on the program or institution. (Detail)

[As further specified by the Review Committee]

II.B. Faculty

II.B.1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location. (Core)

The faculty must:

II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; and, (Core)

II.B.1.b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas. (Core)

II.B.2. The physician faculty must have current certification in the specialty by the American Board of _____, or possess qualifications judged acceptable to the Review Committee. (Core)

[As further specified by the Review Committee]

II.B.3. The physician faculty must possess current medical licensure and appropriate medical staff appointment. (Core)

II.B.4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)

II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)

II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)

II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; (Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)
II.B.5.b).(4) participation in national committees or educational organizations. (Detail)

II.B.5.c) Faculty should encourage and support residents in scholarly activities. (Core)

[As further specified by the Review Committee]

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. (Core)

[As further specified by the Review Committee]

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements. (Core)

[As further specified by the Review Committee]

II.E. Medical Information Access

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available. (Detail)

III. Resident Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. (Core)

[As further specified by the Review Committee]

III.B. Number of Residents

The program’s educational resources must be adequate to support the number of residents appointed to the program. (Core)

III.B.1. The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. (Core)

[As further specified by the Review Committee]

III.C. Resident Transfers

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III.C.1. 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. \( ^{(Detail)} \)

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. \( ^{(Detail)} \)

III.D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents’ education. \( ^{(Core)} \)

III.D.1. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines. \( ^{(Detail)} \)

[As further specified by the Review Committee]

IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must make available to residents and faculty; \( ^{(Core)} \)

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form; \( ^{(Core)} \)

IV.A.3. Regularly scheduled didactic sessions; \( ^{(Core)} \)

IV.A.4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and, \( ^{(Core)} \)

IV.A.5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum: \( ^{(Core)} \)

IV.A.5.a) Patient Care and Procedural Skills

IV.A.5.a).(1) Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents: \( ^{(Outcome)} \)

[As further specified by the Review Committee]
IV.A.5.a).(2) Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Residents: (Outcome)

[As further specified by the Review Committee]

IV.A.5.b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents: (Outcome)

[As further specified by the Review Committee]

IV.A.5.c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. (Outcome)

Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.5.c).(1) identify strengths, deficiencies, and limits in one’s knowledge and expertise; (Outcome)

IV.A.5.c).(2) set learning and improvement goals; (Outcome)

IV.A.5.c).(3) identify and perform appropriate learning activities; (Outcome)

IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (Outcome)

IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice; (Outcome)

IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; (Outcome)

IV.A.5.c).(7) use information technology to optimize learning; and, (Outcome)

IV.A.5.c).(8) participate in the education of patients, families, students, residents and other health professionals. (Outcome)

[As further specified by the Review Committee]
IV.A.5.d) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Outcome)

Residents are expected to:

IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (Outcome)

IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies; (Outcome)

IV.A.5.d).(3) work effectively as a member or leader of a health care team or other professional group; (Outcome)

IV.A.5.d).(4) act in a consultative role to other physicians and health professionals; and, (Outcome)

IV.A.5.d).(5) maintain comprehensive, timely, and legible medical records, if applicable. (Outcome)

[As further specified by the Review Committee]

IV.A.5.e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Outcome)

Residents are expected to demonstrate:

IV.A.5.e).(1) compassion, integrity, and respect for others; (Outcome)

IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest; (Outcome)

IV.A.5.e).(3) respect for patient privacy and autonomy; (Outcome)

IV.A.5.e).(4) accountability to patients, society and the profession; and, (Outcome)

IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (Outcome)

[As further specified by the Review Committee]

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IV.A.5.f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. *(Outcome)*

Residents are expected to:

IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty; *(Outcome)*

IV.A.5.f).(2) coordinate patient care within the health care system relevant to their clinical specialty; *(Outcome)*

IV.A.5.f).(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; *(Outcome)*

IV.A.5.f).(4) advocate for quality patient care and optimal patient care systems; *(Outcome)*

IV.A.5.f).(5) work in interprofessional teams to enhance patient safety and improve patient care quality; and *(Outcome)*

IV.A.5.f).(6) participate in identifying system errors and implementing potential systems solutions. *(Outcome)*

[As further specified by the Review Committee]

IV.B. Residents' Scholarly Activities

IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. *(Core)*

IV.B.2. Residents should participate in scholarly activity. *(Core)*

[As further specified by the Review Committee]

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. *(Detail)*

[As further specified by the Review Committee]

V. Evaluation

V.A. Resident Evaluation
V.A.1. The program director must appoint the Clinical Competency Committee.

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)

V.A.1.a).(1) The program director may appoint additional members of the Clinical Competency Committee.

V.A.1.a).(1).(a) These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s residents in patient care and other health care settings. (Core)

V.A.1.a).(1).(b) Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee. (Core)

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; (Core)

V.A.1.b).(1).(b) prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

V.A.2. Formative Evaluation

V.A.2.a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. (Core)

V.A.2.b) The program must:

V.A.2.b).(1) provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones; (Core)
V.A.2.b).(2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); (Detail)

V.A.2.b).(3) document progressive resident performance improvement appropriate to educational level; and, (Core)

V.A.2.b).(4) provide each resident with documented semiannual evaluation of performance with feedback. (Core)

V.A.2.c) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy. (Detail)

V.A.3. Summative Evaluation

V.A.3.a) The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core)

V.A.3.b) The program director must provide a summative evaluation for each resident upon completion of the program. (Core)

This evaluation must:

V.A.3.b).(1) become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Detail)

V.A.3.b).(2) document the resident's performance during the final period of education; and, (Detail)

V.A.3.b).(3) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. (Detail)

V.B. Faculty Evaluation

V.B.1. At least annually, the program must evaluate faculty performance as it relates to the educational program. (Core)

V.B.2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. (Detail)

V.B.3. This evaluation must include at least annual written confidential evaluations by the residents. (Detail)

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee (PEC). (Core)

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The Program Evaluation Committee:

must be composed of at least two program faculty members and should include at least one resident; (Core)

must have a written description of its responsibilities; and, (Core)

should participate actively in:

planning, developing, implementing, and evaluating educational activities of the program; (Detail)

reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)

addressing areas of non-compliance with ACGME standards; and, (Detail)

reviewing the program annually using evaluations of faculty, residents, and others, as specified below. (Detail)

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. (Core)

The program must monitor and track each of the following areas:

resident performance; (Core)

faculty development; (Core)

graduate performance, including performance of program graduates on the certification examination; (Core)

program quality; and, (Core)

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (Detail)

The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program. (Detail)

progress on the previous year's action plan(s). (Core)
improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. (Core)

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)

VI. Resident Duty Hours in the Learning and Working Environment

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

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

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

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

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

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

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

VI.A.5. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. (Core)

VI.A.6. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

VI.A.6.a) assurance of the safety and welfare of patients entrusted to their care; (Outcome)

VI.A.6.b) provision of patient- and family-centered care; (Outcome)

VI.A.6.c) assurance of their fitness for duty; (Outcome)

VI.A.6.d) management of their time before, during, and after clinical assignments; (Outcome)

VI.A.6.e) recognition of impairment, including illness and fatigue, in themselves and in their peers; (Outcome)

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VI.A.6.f) attention to lifelong learning: **(Outcome)**

VI.A.6.g) the monitoring of their patient care performance improvement indicators; and, **(Outcome)**

VI.A.6.h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. **(Outcome)**

VI.A.7. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider. **(Outcome)**

VI.B. Transitions of Care

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

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

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

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

VI.C. Alertness Management/Fatigue Mitigation

VI.C.1. The program must:

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

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

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

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

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

VI.D. Supervision of Residents

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

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

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

VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. (Core)

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care. (Detail)

VI.D.3. Levels of Supervision

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

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

VI.D.3.b) Indirect Supervision:

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

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

VI.D.3.c) Oversight – the supervising physician is available to provide

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

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

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

VI.D.4.c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)

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

VI.D.5.a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. (Outcome)

VI.D.5.a)(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.] (Core)

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

VI.E. Clinical Responsibilities

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

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

VI.F. Teamwork
Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. (Core)

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

VI.G. Resident Duty Hours

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

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

VI.G.1.a) Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. (Detail)

VI.G.1.a).(1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. (Detail)

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

VI.G.2. Moonlighting

VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core)

VI.G.2.b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)

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

VI.G.3. Mandatory Time Free of Duty

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

VI.G.4. Maximum Duty Period Length

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

Common Program Requirements NAS 18
VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. (Core)

VI.G.4.b).(1) Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (Detail)

VI.G.4.b).(2) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)

VI.G.4.b).(3) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (Core)

VI.G.4.b).(4) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. (Detail)

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

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

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

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

VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. (Core)

VI.G.5.b) Intermediate-level residents [as defined by the Review Committee]
should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.  

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

VI.G.5.c).(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-inseven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. (Detail)

VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. (Detail)

VI.G.6. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. (Core)

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

VI.G.7. Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). (Core)

VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. (Core)

VI.G.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)
VI.G.8.b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period". (Detail)

***

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

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

**Outcome Requirements**: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.
ADS Updates
ADS Updates

In mid-June of each year, in preparation for the new academic year, the following sections are archived in ADS to make room for new data collection for the new academic year:

- Major Changes
- Faculty Scholarly Activity
- Resident Scholarly Activity
- Duty Hours, Patient Safety & Learning Environment
- Family-Medicine-specific specialty data

ADS Updates

Early July (after “roll-over”) – ADS becomes available for data entry. You may update any section in preparation for your Annual Update with the exception of the archived sections mentioned above.

At this time in early July, all residents on roster receive an unconfirmed status. At this point, you can indicate:

- Resident Appointments
- Actively Enrolled Residents (confirm year in program)
- Residents Completing Program

ADS Updates

Annual Updates occur August through October. You may update any section except those archived in preparation for your Annual Update after “roll-over.”

In fact, all sections can be updated throughout the year with the exception of those that were archived.
It is important to remember that “the current year collects on the previous AY.” Information for 14-15 is being collected in 15-16.

Scholarly activity entered during the ADS update may be modified within the Academic year prior to June’s new academic year roll-over.

From ACGME e-Communication mid-July:
>>2015-2016 Accreditation Data System Updates
With the implementation of the Next Accreditation System, it is important that programs keep several sections of their ADS profiles up-to-date as the Program Summary for Review Report may be reviewed by the Review Committees at any time. The following items require ongoing attention:

- Responses to all current citations
- Major Program Changes since last academic year
- All Participating Site Information
- Duty Hour/Learning Environment section

The ADS 2015-2016 Academic Year Annual Updates will be scheduled from August through October 2015. All required data must be reported on or before a program's scheduled due date. An initial notification e-mail will be sent at the beginning of the reporting timeframe with reporting requirements. Please review and update the above-noted sections in the program's ADS account before **September 1, 2015**. After logging into ADS, click on the 'Overview' tab, and then locate the 'Annual Update' section. To expand the Annual Update section, click on the drop-down arrow.

If you have ANY questions regarding these processes, you are encouraged to contact your Data Systems Technical Support person.
Data Systems Technical Support

Accreditation Data System (ADS), Resident Case Log System, Resident Survey, Faculty Survey

› E-mail: WebADS@acgme.org or contact your ADS representative below:

*For best response time, please send all questions by e-mail. This allows support staff to properly address and prioritize all issues.*

ADS/Case Logs Technical Support Contact Information by Specialty

› Diagnostic Radiology, Family Medicine, Hospice and Palliative Medicine, Internal Medicine/Pediatrics,
  Medical Genetics, Molecular Genetic Pathology, Nuclear Medicine, Transitional Year, Combined
  Programs, and Sponsoring Institution

Samantha Alvarado
Phone: 312.755.7118

› Anesthesiology, Colon and Rectal Surgery, Internal Medicine, Internal Medicine Subspecialties, Pain
  Medicine, and Sleep Medicine

Raquel Olea Eng
Phone: 312.755.7120

› Allergy and Immunology, Dermatology, Emergency Medicine, Osteopathic Neuromusculoskeletal
  Medicine, Pathology, Physical Medicine and Rehabilitation, Preventive Medicine, Psychiatry, and
  Radiation Oncology

Kevin Bannon
Phone: 312.755.7111

› Obstetrics and Gynecology, Ophthalmology, Otolaryngology, Plastic Surgery, Orthopaedic Surgery, and
  Neurological Surgery

Tom Hackett
Phone: 312.755.7117

› General Surgery, Neurology, Pediatrics, Thoracic Surgery, and Urology

Heidi Sowl
Phone: 312.755.7443

› Resident Survey
  E-mail: ressurvey@acgme.org

› Faculty Survey
  E-mail: facsurvey@acgme.org
International Medical Graduates
A primary focus of the Office of International Services (OIS) is to provide international education services, programs, and information to the HSC.

Historically, the role of the OIS has been to provide immigration and visa services to the campus community and facilitate the stay of international personnel, including international students, at the University of Texas Health Science Center at San Antonio. In this regard, the OIS serves as the campus's official liaison with the Department of Homeland Security, the Department of State, the Department of Labor, the Educational Commission for Foreign Medical Graduates (ECFMG), and other, federal authorities and organizations.

The OIS also functions as the designated administrative clearing-house and information source for all of the University's education abroad activities, including international agreement development and exchange program management.

Current Bulletins

June 2014

Effective July 1st, only new H-1B forms will be accepted for all new requests submitted to the OIS. Please see our forms list for the new checklist and forms.

Thank you!

April 2014

You are cordially invited to

PASSPORT TO SCIENCE:
A Multinational Networking Event

Please join your domestic and international colleagues at a multinational mixer open to the Health Science Center community. Welcome remarks by President Henrich at 5pm. Complimentary alcoholic and non-alcoholic beverages will be served with refreshments.

5:00-6:30pm
Wednesday, May 21, 2014
AAB Foyer


http://uthscsa.edu/ois/
February 2014
The Office of International Services is continuing to update many of the forms for sponsorship. Please check our 'Forms' page to make sure that you are using the most up-to-date version of the form. Should you have any questions or concerns, please do not hesitate to contact us directly.

Thank you!

November 2013
The Office of International Services along with the International Relations Committee will be sponsoring a special presentation, "Becoming Global Citizens through Partnerships", on November 8th. The event will be from 12:00 PM to 1:30 PM. Details on the location will follow soon.

International Education Week will begin on November 11th and end on November 15th.

October 2013
As of October 21, 2013, the Department of Labor is processing Prevailing Wage Determinations and Labor Conditions Applications again.

Government 'Shutdown' and H-1Bs
Due to the current governmental issues, the Department of Labor is not processing Prevailing Wage Determinations and Labor Conditions Applications. The OIS is unable to submit any new cases and all current cases are on hold. It is currently unclear at this time how much this "shutdown" will affect or delay processing. Once DOL resumes the OIS staff will be able to better advise departments on an individual basis.

Should you have specific questions or concerns, please contact the OIS to speak with an advisor. Thank you!

September 2013
Please note that many of the OIS forms have been updated and the office now requires use of all the new forms.

August 2013
Welcome to all the new students, exchange visitors and faculty! We hope you have a wonderful fall 2013!

May 2013
OIS has moved back to the Long Campus at 7703 Floyd Curl Drive. The office is located immediately behind Holly Auditorium and next to Parking Garage A.

January 2013
The OIS is temporarily located on the Greehey Campus at 8403 Floyd Curl Drive in the McDermott Building, Room 5.542.

March 2011
The first mandatory OPT seminars were held on February 24th and February 28th. If you are an F-1 student who is graduating this Spring and applying for OPT and you did not attend, you "must" contact your advisor immediately.

February 2011
***ALERT*** There are new visa application processes for individuals from Mexico and India. Please see the following link for more information: December 14, 2010 NAFSA News (Mexico) & December 7, 2010 NAFSA News (India)

November 2010

NEW!!!! International Services E-Updates

The Office of International Services will begin mailing out these E-updates periodically.

Please note the Filing Fee Increases and Visa Request Time Frames in the 'Important Links' section of our webpage.
<table>
<thead>
<tr>
<th>Section 2</th>
<th>General Policies &amp; Procedures</th>
<th>Effective:</th>
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<td>November 2014</td>
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<tr>
<td>Policy 2.14.a</td>
<td>Resident Visas</td>
<td>Responsibility:</td>
<td>Designated Institutional Official</td>
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</tbody>
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**Resident Visas**

**Policy**

The University of Texas Health Science Center (UTHSCSA) accepts international medical graduates who meet UTHSCSA eligibility and selection requirements and Texas Medical Board licensure requirements into its graduate medical education programs. All international medical graduates (IMGs) except for those who graduated from an accredited (LCME or CACMS) medical school in the United States or Canada must have a current and valid ECFMG (Educational Commission for Foreign Medical Graduates) certificate at the time of application.

This policy applies to applicants to and enrolled residents in **GME residency programs**. For applicants to and enrolled fellows in **GME fellowship programs**, please see GME Policy 2.14.b.

Individuals who are not United States citizens must have U.S. Lawful Permanent Resident status, asylee or refugee status, or must obtain a J-1 visa sponsored by ECFMG except if applicants qualify for the following narrow exception for continued H-1B visa sponsorship. [Individuals who hold an employment authorization document Form I-766 (including those in J-2 status but not those granted employment authorization because of asylee/refugee status) must be sponsored for an ECFMG J-1 visa. They cannot engage in the residency training program solely based upon the employment authorization document.] UTHSCSA only sponsors residents for H-1B visas when an applicant is currently on an H-1B visa engaged in graduate medical training at another institution in the U.S. and is eligible to have the H-1B status transferred and extended for the duration of the program.

Foreign nationals applying for a J-1 exchange visitor visa must be eligible for visa sponsorship under the criteria set forth by the ECFMG. See the [Selected Federal Regulations for J-1 Physicians](#) for a list of key regulations for international medical graduates participating in clinical training programs on J-1 visas.

To be eligible to be sponsored for a H-1B visa, international medical graduates who did not graduate from an accredited medical school in the U.S. must have has passed Parts 1, 2, and 3 of the U.S. Medical Licensing Examination (USMLE) and have a license or other authorization required by the Texas Medical Board to practice medicine. The applicant must meet all other legal requirements for H-1B status which the Office of International
Services (OIS) will determine upon reviewing the applicant's U.S. immigration documents and other relevant documents.

Administrative and financial costs associated with support of the H-1B visa are significant. The decision to financially support an H-1B visa will ultimately rest with the training program and the associated department. University Health System (UHS) will not serve as paymaster (provide salary or benefits) for an individual on an H-1B visa. Thus, the department will be responsible for paying the entire salary and benefits for fellows on H-1B visas in addition to the governmental filing and internal visa processing fees. Moreover, the U.S. Department of Labor determines the required wage for H-1B visas which may be more than the department initially intended to pay.

Requests for H-1B visa sponsorship of a prospective resident must be approved by the GME Office and the Office of International Services (OIS) prior to the program ranking the applicant on a match list or extending an offer for appointment to the applicant.

If an applicant's situation falls under the exception defined above and a program director agrees to comply with the financial obligations and compliance requirements associated with H-1B visa sponsorship, the program director must submit a written Request for H-1B Sponsorship for GME to the OIS for initial review to determine if the request falls within the exception detailed above. Upon completing the initial review, the OIS will forward the request to the GME Office. The written request must be signed by the program director, department chair, individual applicant, and OIS director and must be made at least ninety (90) days before the applicant's proposed date of appointment. The request will be reviewed by the Designated Institutional Official (DIO) or designee within ten (10) working days of its receipt by the GME Office and the DIO will communicate a decision to the program director. In the event of a negative decision by the DIO, the program director may appeal the decision to the GMEC at the next scheduled meeting. The GMEC shall be the final ruling body. Approval for the request will be for the duration of the proposed program only. The program director must await approval of the request before making a commitment to the applicant.

UTHSCSA will not provide sponsorship of permanent residence for international medical graduates in GME training programs under any circumstances.
International Travel for Trainees on Visas

**Purpose**
The purpose of this policy is to establish guidelines for trainees on visas when traveling outside of the United States.

**Policy**
The GME Committee recognizes that many trainees travel outside of the United States (U.S.). Trainees with visas may be prone to unexpected delays that prevent them from returning to academic responsibilities as scheduled. Trainees with visas must contact the Office of International Affairs (210-567-6241, International@uthscsa.edu) prior to making travel arrangements if leaving the U.S. during their training programs. Trainees who plan to travel abroad for any HSC-associated or sponsored business or academic purposes to countries that may fall under Department of State Travel Warning will require an International Travel Waiver well in advance of the planned travel date; international travel waivers are not guaranteed. Please refer to HOP Chapter 15 for more information about travel to restricted regions.

A trainee who is prevented from returning to the U.S. as scheduled due to unforeseen travel delays will continue to receive his/her stipend up to the remaining allotment of vacation. Once a trainee reaches the maximum allotment of vacation days, s/he will be required to take an unpaid leave of absence for the remainder of his/her time away. Benefit coverage will continue.

Additional circumstances of the continued absence may allow the trainee to be eligible for another type of leave (e.g. emergency leave/funerals, short-term disability).

Extended breaks in time during training may negatively impact board eligibility – see GME Policy 7.3.1.

In the case of an extended absence which is disruptive to other trainees within the program, the program director may elect to rescind the appointment and fill the position.
Request for H-1B Visa Sponsorship

Date of Request:
Degree:
Proposed Stipend:
PGY Level:
Date of graduation:

Other GME training/dates (Do not list observanceships, research, and/or volunteer assignments.):

<table>
<thead>
<tr>
<th>Dates</th>
<th>Residency/Fellowship Training (program, institution)</th>
<th>Comments</th>
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Yes | No  Applicant has ECFMG certificate (required unless graduate of LCME or CACMS medical school).
Yes | No  ACGME accredited programs only: Applicant meets ACGME eligibility for the position.
Yes | No  Applicant is/will be Texas board-eligible to practice medicine by proposed start date.
Yes | No  Applicant has passed USMLE, Steps 1, 2, and 3.

Date of security background check:
Result:
Date of interview for residency/fellowship position:

Names of interviewers:

Please attach copies of the applicant’s current U.S. immigration documents including approval notices for prior H-1B status. Request must be submitted to the Office of International Services (OIS) 3 to 6 months prior to applicant’s proposed date of appointment. Upon approval, OIS will forward the request to the GME Office. Please allow 10 business days processing time upon receipt of the request by the GME Office.

Attestations and Signatures

I, __________________________, request a waiver of the GME Visa Policy requiring J-1 visa sponsorship for the above named physician because s/he is currently on an H-1B visa engaged in graduate medical training at another institution in the U.S. and is eligible to have the H-1B status transferred and extended for the duration of the program.

_________________________________________  Date
Program Director

I, __________________________, take responsibility for payment of the required wage as determined by the U.S. Department of Labor (including for participation in required orientation), benefits, return transportation, and visa filing fees for the above-named individual.

_________________________________________  Date
Department Chair

_________________________________________  Date
Resident/Fellow Applicant

_________________________________________  Date
Director, Office of International Services

_________________________________________  Date
Designated Institutional Official
Match
NRMP Statement on Professionalism

The NRMP maintains the highest professional standards in the conduct of its Matches and in its interactions with all participants, and expects all Match participants to conduct their affairs in an ethical and professionally responsible manner. During the registration process, you electronically affixed your password to the Match Participation Agreement (“Match Agreement”). In doing so, you agreed to comply with the terms and conditions of the Match Agreement, which details participant rights and responsibilities and which is binding on you and all other Match participants. You may re-read the Match Agreement at any time by logging on to http://www.nrmp.org

How Do I Avoid Engaging In A Match Violation?

Participants can avoid engaging in a Match violation by observing practices that respect the right of programs and applicants to make their selections in the absence of unwarranted pressure. The right of applicants to freely investigate program options prior to submission of their final rank order lists must be respected.

Participants also can avoid a Match violation by respecting the binding nature of a Match commitment. The Policies and Procedures for Waiver Requests and the Policies and Procedures for Reporting, Investigation, and Disposition of Violations of NRMP Agreements are incorporated by reference into the Match Agreement and are available for review at http://www.nrmp.org

The Applicant Match History available in the Registration, Ranking, and Results® (R3®) system allows program directors and NRMP institutional officials to determine whether an applicant has a binding concurrent-year Match commitment to another program, has requested a waiver of a Match commitment, and/or has been involved in an NRMP violation investigation. The Applicant Match History is available throughout the year and shall be used by program directors and NRMP Institutional Officials to determine an applicant's eligibility for appointment prior to offering the applicant an interview.

An Institution and Program Violations Report also is available in the R3 system to allow applicants and medical school officials to determine whether an institution or program has been involved in an NRMP violation investigation.

Most Commonly Reported Violations

The violations most commonly reported to the NRMP include:

1. After a Match, an applicant who obtained a position does not accept that position. The Match Agreement states that the listing of a program on the applicant’s certified rank order list and the listing of an applicant on a program’s rank order list establishes a binding commitment to accept/offer an appointment if a match results and to start training in good faith on the date specified in the appointment contract. The same binding commitment is established when positions are obtained through the Main Residency Match Supplemental Offer and Acceptance Program® (SOAP®).

2. A program director requires verbal or written confirmation from an applicant about where the applicant has applied or interviewed and/or the applicant’s ranking preferences. Although the Match Agreement does not prohibit either an applicant or a program from volunteering how one intends to rank the other, it is a violation
of the Match Agreement for either party to request such information or for a program director to require applicants to identify programs to which they have or may apply.

3. An applicant with a binding commitment applies for, discusses, interviews for, or accepts a position in another program prior to receiving a waiver from the NRMP. Similarly, a program director discusses, interviews for, or offers a position to an applicant prior to receiving a waiver from the NRMP. The Match Agreement prohibits applicants and programs from releasing each other from a Match commitment. Once parties have matched or a position has been accepted during SOAP, a waiver of the binding commitment may be obtained only from the NRMP.

4. A program director discusses, interviews for, or offers a position to an applicant who has a concurrent-year position in another program. The Match Agreement prohibits programs from discussing, interviewing for, or offering a position to an applicant who has a concurrent year position in another program and who has not been granted a waiver by the NRMP.

5. An applicant fails to provide complete, timely, and accurate information to programs. The Match Agreement stipulates that the submission of information by an applicant during the interview and/or matching process that is false, misleading, incomplete, or plagiarized from another source is a violation of the Agreement. Similarly, a program fails to provide complete, timely, and accurate information to applicants regarding institutional policies and eligibility requirements. The contract the applicant will be expected to sign and information related to the appointment process must be communicated to interviewees in writing prior to the rank order list certification deadline.

**Misleading Communications**

Each year, the NRMP is contacted by applicants who believe that an error has occurred in a Match because they did not match to programs whose directors had promised them positions (i.e., had promised to rank them high enough to ensure a match). In every case, the NRMP has determined that the applicant did not match to the desired program because, contrary to the applicant's expectation, the program did not rank the applicant high enough on the program's rank order list for a match to occur.

The Match Agreement permits program directors and applicants to express interest in each other but prohibits the solicitation of statements implying a commitment. However, some applicants may misinterpret statements of encouragement to signify a commitment on the part of the program and some programs may make misleading statements. For example, the following have been made by program directors to applicants who later did not match to those programs:

- "We plan to rank you very high on our list."
- "We hope to have the opportunity to work with you in the coming year."

Such statements are not binding and frequently are misinterpreted, and applicants should not rely on them when creating their rank order lists. Program directors, institutional officials, and applicants should avoid misleading statements and at all times display a professional code of behavior in their interactions. The NRMP recommends that each program director and applicant read carefully the Match Communication Code of Conduct and Match Tips for information on acceptable methods of interaction during the interview and matching processes.

**NOTE:** The foregoing examples are illustrative only. They are not meant to be an exhaustive list of the types of activities that violate the NRMP's Match Participation Agreement.

Additional information about the NRMP can be found online. "Like" us on Facebook and "Follow" us on Twitter to obtain important information throughout the residency and fellowship selection process.

Updated June 2013
ALL IN POLICY

The NRMP All In Policy requires any program participating in the Main Residency Match to register and attempt to fill all positions through the Main Residency Match or another national matching plan.

SUMMARY

- The All In Policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and in the case of Child Neurology, PGY-3 positions.

- All PGY-1 positions and PGY-2 positions in specialties that can begin at either the PGY-1 or PGY-2 level must be placed in the Main Residency Match, regardless of whether the program begins in the PGY-1 or PGY-2 year.

- Programs can create "Physician Reserved" ("R") tracks in the Registration, Ranking, and Results® (R3®) system for applicants who are eligible to begin advanced training in the year of the Main Residency Match.

PGY-2 or higher positions in specialties accredited to begin only at the PGY-1 level and PGY-3 or higher positions in specialties accredited to begin at either the PGY-1 or PGY-2 level are not subject to the Policy.

*This policy does not apply to the Specialties Matching Service®.*
EXCEPTIONS

- **Rural Scholars Programs:** Students graduate medical school in three years and commit during medical school to a primary care program at that school.

- **Family Medicine Accelerated Programs:** Students make an early commitment to Family Medicine and are channeled into that track.

- **Post-SOAP® positions:** Preliminary positions can be created by programs at the conclusion of the Supplemental Offer and Acceptance Program® for partially matched applicants who failed to obtain the PGY-1 position required to fulfill their binding PGY-2 Match commitment.

- **Off-cycle appointments:** Positions that begin prior to February 1 in the year of the Main Residency Match can be offered outside the Match. Training positions beginning after February 1 must be filled through the Main Residency Match.

Exceptions are not approved for international medical graduates needing visas or for programs in rural and medically underserved areas. In addition, the R3 system can accommodate:

- International medical graduates with funding from their home countries
- Combined clinical-research programs where the first year is not clinical training
- Unexpected openings in advanced specialties where a PGY-2 position can be filled in the year of the Main Residency Match

IMPORTANT REMINDERS

- If a waiver of a binding commitment has been approved by the NRMP, the program may fill the position outside the Main Residency Match provided training begins prior to February 1.

- Programs accredited by both the ACGME and the AOA® will register some positions in the American Osteopathic Association Match and some in the Main Residency Match. Dually-accredited programs are not required to place unfilled AOA positions in the Main Residency Match.

- The R3 system allows program directors to create special tracks that have a non-clinical first year of training, so those positions must be offered through the Main Residency Match.

- Program directors can register for the Main Residency Match until
the Rank Order List Deadline, but the program must be activated for Match participation no later than the January 31 Quota Change Deadline.

- Programs planning to participate in the Match cannot offer positions outside the Main Residency Match prior to program director registration and program activation. Once a position has been offered outside the Main Residency Match, the program no longer is eligible to enroll in the Match unless the offered position falls into one of the exception categories.

FREQUENTLY ASKED QUESTION

What conditions qualify for an exception to the All In Policy?

- Rural Scholars Programs: students graduate medical school in three years and commit during medical school to a primary care specialty at that school
- Family Medicine Accelerated Programs: students make an early commitment to Family Medicine and are channeled into that track
- Post-SOAP® positions: preliminary positions created by programs at the conclusion of the Supplemental Offer and Acceptance Program® for partially matched applicants who failed to obtain the PGY-1 position required to fulfill their binding PGY-2 Match commitment
- Off-cycle appointments: if training would begin prior to February 1 in the year of the Main Residency Match®, the position can be offered outside the Match; if training would begin after February 1, the position must be filled through the Main Residency Match
“All-In” Policy
Frequently Asked Questions

1. I am the director of an advanced Neurology program, and one of my applicants has received a waiver of her 2014 binding Match commitment. Can I fill her position outside of The Match?

   If a waiver of a binding commitment has been approved by the NRMP, the program may fill the position outside The Match provided training will begin prior to February 1.

2. I’ve received an application from an individual who has returned from the military and wishes to begin training immediately. Can I offer her a position outside of The Match?

   If the applicant can begin training prior to February 1, the position can be filled outside The Match; however, if training would begin after February 1, the applicant and the position must be in The Match.

3. I have a PGY-1 internal Medicine resident who wants to transfer to my Anesthesiology program at the end of the academic year. Can I offer him a position outside The Match?

   A resident can transfer to a position outside The Match if the position is one for which the NRMP does not offer Matching services. The applicant could transfer to a PGY-2 position in a categorical Anesthesiology program because the NRMP does not offer Matching services for the second-year of training in categorical programs; however, if the program is advanced and thus begins at the PGY-2 level, the applicant and the position must be in The Match because the NRMP provides Matching services for PGY-2 positions in advanced programs, regardless of whether training would begin in the year of The Match or the year after The Match.

4. My program is dually-accredited. Do I have to place all my positions in The Match?

   Programs accredited by both the ACGME and the AOA will register some positions in the AOA Match and some in the Main Residency Match. If the program reverts to the Main Residency Match any positions not filled in the AOA Match, the program will be subject to the Match Week requirements in Section 7.0 of the Match Participation Agreement for Applicants and Programs.

5. I am interested in pursuing a combined clinical-research program where my first year in the program would be research. Can the program offer me a position outside The Match?

   No. The NRMP’s Registration, Ranking, and Results (R3) system allows program directors to create special tracks that have a non-clinical first year of training, so those positions must be offered through The Match.

6. I am an international graduate who has to obtain a visa in order to begin training. Can I accept a position outside The Match to ensure my visa is processed in a timely manner?

   Data from the Educational Commission for Foreign Medical Graduates show that 90 percent of IMGs on J-1 Visas are able to begin training “on time”. Thus, no exception is warranted.

7. I currently am a PGY-2 Pediatrics resident and am interested in pursuing training in Obstetrics and Gynecology. Can I make a mid-career specialty change outside The Match?

   It depends. A resident can make a mid-career specialty change, but if the change is to a position for which the NRMP provides Matching services, the applicant and the program must use The Match. If, however, the applicant would receive sufficient credit for prior training to enter the new program at a level for which the NRMP does not provide matching services, the position may be offered outside The Match.
8. I learned after The Match that my Radiology program has been approved for an increase in resident complement. Can I recruit for the positions outside of The Match?

If training would begin before February 1, the positions can be offered outside The Match; otherwise, the positions must be registered in The Match. If the Radiology program begins in the PGY-2 year, a reserved (R) track can be created in the R3 system to accommodate advanced programs that wish to offer training beginning in the year of The Match to physicians with prior graduate medical education.

9. I want to consider my program's applicant pool before deciding whether to participate in the Main Residency Match. What is the latest I can register for The Match and activate my program?

Program directors can register for the Main Residency Match until the February rank order list deadline, but the program must be activated for Match participation no later than the January 31 quota change deadline. Because the All-In Policy becomes effective on September 1, 2012, programs planning to participate in the Match cannot offer positions outside the Match prior to program director registration and program activation. Once a position has been offered outside the Match, the program no longer is eligible to enroll in the Match unless the offered position falls into one of the exception categories.

*NRMP staff is available to answer questions and to assist programs in making the adjustments needed to align their participation with the new Policy.*
<table>
<thead>
<tr>
<th>Program</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Main Match (NRMP)</td>
</tr>
<tr>
<td></td>
<td>All-In</td>
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<tr>
<td>Anesthesia Critical Care Medicine</td>
<td>San Francisco Match</td>
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<tr>
<td>Dermatology</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
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<tr>
<td>Emergency Medicine</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
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<tr>
<td>Family Medicine-San Antonio</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
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<tr>
<td>Family Medicine - McAllen</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
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<tr>
<td>Internal Medicine-RAHC</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
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<tr>
<td>Internal Medicine-San Antonio</td>
<td>Main Match (NRMP)</td>
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<tr>
<td></td>
<td>All-In</td>
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<tr>
<td>Cardiovascular disease</td>
<td>Medical Subspecialty Match (NRMP)</td>
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<tr>
<td>Endocrinology, diabetes and metabolism</td>
<td>Medical Subspecialty Match (NRMP)</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Medical Subspecialty Match (NRMP)</td>
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<tr>
<td>Infectious disease</td>
<td>Medical Subspecialty Match (NRMP)</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Medical Subspecialty Match (NRMP)</td>
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<tr>
<td></td>
<td>All-In</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Medical Subspecialty Match (NRMP)</td>
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<tr>
<td>Geriatric medicine</td>
<td>Medical Subspecialty Match (NRMP)</td>
</tr>
<tr>
<td>Interventional cardiology</td>
<td>Doesn’t participate</td>
</tr>
<tr>
<td>Hematology and oncology</td>
<td>Medical Subspecialty Match (NRMP)</td>
</tr>
<tr>
<td>Pulmonary disease and critical care medicine</td>
<td>Medical Subspecialty Match (NRMP)</td>
</tr>
<tr>
<td>Neurological surgery</td>
<td>Main Match (NRMP)</td>
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<td></td>
<td>All-In</td>
</tr>
<tr>
<td>&amp; Joint Service Graduate Medical Education Board</td>
<td></td>
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<tr>
<td>Neurology</td>
<td>Main Match (NRMP)</td>
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<tr>
<td></td>
<td>All-In</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
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<tr>
<td>Vascular neurology</td>
<td>Vascular Neurology Match (NRMP)</td>
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<tr>
<td>Obstetrics and gynecology</td>
<td>Main Match (NRMP)</td>
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<tr>
<td>All-In</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>San Francisco Match</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>Main Match (NRMP)</td>
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<tr>
<td>All-In</td>
<td></td>
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<tr>
<td>Hand surgery</td>
<td>Combined Musculoskeletal Match (NRMP)</td>
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<tr>
<td>Orthopaedic sports medicine</td>
<td>San Francisco Match</td>
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<tr>
<td>Adult Reconstructive Surgery</td>
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<tr>
<td>Otolaryngology</td>
<td>Main Match (NRMP)</td>
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<td>All-In</td>
<td></td>
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<tr>
<td>Pathology-anatomic and clinical</td>
<td>Main Match (NRMP)</td>
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<tr>
<td>All-In</td>
<td></td>
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<tr>
<td>Specialty</td>
<td>Match Type</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Blood banking/transfusion medicine</td>
<td>Doesn’t participate</td>
</tr>
<tr>
<td>Cytopathology</td>
<td>Doesn’t participate</td>
</tr>
<tr>
<td>Hematology</td>
<td>Doesn’t participate</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td><strong>Main Match (NRMP)</strong></td>
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<tr>
<td></td>
<td><strong>All-In</strong></td>
</tr>
<tr>
<td>Pedi Child Abuse</td>
<td>Pedi Specialties Fall Match (NRMP)</td>
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<tr>
<td>Pediatric critical care medicine</td>
<td>Pedi Specialties Fall Match (NRMP)</td>
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<tr>
<td>Pediatric Endocrinology</td>
<td>Pedi Specialties Fall Match (NRMP)</td>
</tr>
<tr>
<td>Pediatric Hematology/Oncology</td>
<td>Pedi Specialties Spring Match (NRMP)</td>
</tr>
<tr>
<td>Neonatal-perinatal medicine</td>
<td>Pedi Specialties Fall Match (NRMP)</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td>Main Match (NRMP)</td>
</tr>
<tr>
<td></td>
<td><strong>All-In</strong></td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>San Francisco Match</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Main Match (NRMP)</td>
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<td></td>
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<tr>
<td>&amp; Joint Service Graduate Medical Education</td>
<td>Board (JSGMEB)</td>
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<tr>
<td>Child &amp; adolescent psychiatry</td>
<td>Child &amp; Adolescent Match (NRMP)</td>
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<tr>
<td>Geriatric Psychiatry</td>
<td>Doesn’t participate</td>
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<tr>
<td>Radiation oncology</td>
<td>Main Match (NRMP)</td>
</tr>
<tr>
<td></td>
<td><strong>All-In</strong></td>
</tr>
<tr>
<td><strong>Radiology-diagnostic</strong></td>
<td><strong>Main Match (NRMP)</strong></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Neuroradiology</td>
<td>Radiology Fellowship Match (NRMP)</td>
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<tr>
<td>Vascular &amp; interventional radiology</td>
<td>Radiology Fellowship Match (NRMP)</td>
</tr>
<tr>
<td>Surgery critical care</td>
<td>Surgical Critical Care Match (NRMP)</td>
</tr>
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<td><strong>Surgery-general</strong></td>
<td><strong>Main Match (NRMP)</strong></td>
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<tr>
<td></td>
<td><strong>All-In</strong></td>
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<tr>
<td>Vascular Surgery</td>
<td>Vascular Surgery Match (NRMP)</td>
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<tr>
<td>Thoracic surgery – Traditional</td>
<td>Doesn’t participate</td>
</tr>
<tr>
<td><strong>Thoracic surgery – Integrated</strong></td>
<td><strong>Main Match (NRMP)</strong></td>
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<tr>
<td></td>
<td><strong>All-In</strong></td>
</tr>
<tr>
<td>Urology</td>
<td>American Urological Association (AUA)</td>
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<tr>
<td>Pain Medicine</td>
<td>Pain Medicine (NRMP)</td>
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<tr>
<td>Hospice and Palliative Medicine</td>
<td>Hospice &amp; Palliative Med Match (NRMP)</td>
</tr>
</tbody>
</table>

**Non-ACGME-accredited Programs**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Match Type</th>
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<tbody>
<tr>
<td>Advanced Endoscopy Fellowship</td>
<td>American Society of Gastrointestinal Endoscopy (ASGE)</td>
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<tr>
<td>Obstetrics and Gynecology – Maternal Fetal Medicine fellowship</td>
<td>Obstetrics and Gynecology Fellowship Match (NRMP)</td>
</tr>
<tr>
<td>Obstetrics and Gynecology – Reproductive Endocrinology fellowship</td>
<td>Obstetrics and Gynecology Fellowship Match (NRMP)</td>
</tr>
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Updated 6/5/2015
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Match Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>National Matching Program</td>
</tr>
<tr>
<td>Podiatry</td>
<td>CASPR Central Application Service for Podiatric Residencies</td>
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<tr>
<td>Laryngology</td>
<td>Laryngology Match (NRMP)</td>
</tr>
<tr>
<td>Urologic Oncology</td>
<td>Society of Urologic Oncology Match</td>
</tr>
</tbody>
</table>

Updated 6/5/2015
MAIN MATCH EVENTS

2015

SEP
15
Registration opens at 12:00 PM ET

NOV
30
Applicant Early Registration Deadline at 11:59 PM ET. Applicants registering after November 30 will be charged a late fee.

2016

JAN
15

http://www.nrmp.org/residency/main-match-events/
Rank order list entry begins at 12:00 PM ET for all users

JAN 31
Quota Change, Withdrawal, and SOAP Participation Verification Deadlines for programs at 11:59 PM ET

FEB 24
Rank order lists must be certified by 9:00 PM ET.
Applicants must register for or withdraw from the Main Residency Match by 9:00 PM ET.

MAR 14
Match Week begins at 11:00 AM ET (detailed Match Week schedule from last year here)
Applicants find out whether they matched
Program directors find out whether all positions filled
The Match Week Supplemental Offer and Acceptance Program® (SOAP®) begins with release of the List of Unfilled Programs
MAR
17

Program directors receive their Confidential Roster of Matched Applicants at 2:00 PM ET.

SOAP concludes at 5:00 PM ET.

MAR
18

Match Day! Match results released in R3® system at 1:00 PM ET
<table>
<thead>
<tr>
<th>Fellowship Match</th>
<th>Appt Year</th>
<th>Match Opens</th>
<th>Rank Order List Opens</th>
<th>Quota Change Deadline</th>
<th>Rank Order List Deadline</th>
<th>Match Day</th>
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</thead>
<tbody>
<tr>
<td>Medical Toxicology</td>
<td>2016</td>
<td>8/5/2015</td>
<td>9/30/2015</td>
<td>10/24/2015</td>
<td>11/14/2015</td>
<td>11/10/2015</td>
</tr>
</tbody>
</table>
ABOUT
THE
SPECIALTIES
MATCHING
SERVICE®

The NRMP Specialties Matching Service (SMS®) conducts Matches for fellowship and fellowship subspecialty positions. Fellowship Matches occur throughout the year, and each requires its own registration with the NRMP. Visit the “Fellowship” section of the website for a listing of the fellowship Matches currently managed by the NRMP.

PURPOSE

The purpose of the SMS is to provide a uniform time for both applicants and program directors to make their selections for fellowship training without pressure. Through SMS Matches, applicants may be “matched” to programs using the certified rank order lists of the applicants and programs. SMS Matches are managed through the NRMP’s Registration, Ranking, and Results® (R3®) system.

The NRMP seeks to maintain the highest professional standards in the conduct of the Specialties Matching Service and in its interactions with applicants, programs, and the public.
with all participants: applicants, program directors, institutional officials, and student affairs deans. All participants in the **Specialties Matching Service** must conduct their affairs in an ethical and professionally responsible manner and respect the right of applicants to freely investigate program options prior to submission of their rank order lists.

**ELIGIBILITY**

**APPLICANTS:** To qualify for positions in fellowship programs, applicants must have completed a core residency training program.

Applicants also must meet all of the requirements for entry into GME as prescribed by the Accreditation Council for Graduate Medical Education (ACGME)® if the program is accredited by the ACGME. Each sponsoring institution (e.g., a teaching hospital) may have additional eligibility requirements.

**PROGRAMS:** The **NRMP** may be selective in determining which programs are eligible to participate in an **SMS** Match. Only programs in a specialty for which an **SMS** Match is being conducted may offer positions through the **SMS**.

To be eligible to offer positions through an **SMS** Match, a program must be either:

(a) accredited by the ACGME, or

(b) affiliated with an ACGME-accredited program in the core discipline, or

(c) lead to certification or endorsement and oversight by a board recognized by the American Board of Medical Specialties (ABMS)®.

**SPONSORS:** The **SMS** is available to program directors’ groups (i.e., associations of training program directors) that serve as sponsors of an **SMS** Match. To qualify for matching services, sponsoring organizations must identify an individual to represent the organization. Each specialty must verify annually that:

- at least 75% of the programs with available positions for the appointment year will be registered for the Match,
- those programs will actively participate by submitting [rank order lists](http://www.nrmp.org/participating-fellowships/specialties-matching-service/), and
• at least 75% of the available positions within the specialty will be registered with the NRMP.

APPLICATION

The NRMP is not an application service or a job placement service. Applicants must apply directly to residency programs in addition to registering for the Match. Many programs participate in the Electronic Residency Application Service (ERAS®), which transmits applications to program directors. Applicants must register with both NRMP and ERAS to participate in the services of each organization.

Click to on the link to review the SMS Master Calendar.

IMPORTANT REMINDERS

• Reminder! The “75% rule” applies to an SMS® specialty as a whole. The rule requires organizations that sponsor an SMS Match to verify annually that at least 75% of the programs with available positions in a given year will be registered for and actively participate in the Match, and that at least 75% of the available positions within the specialty will be registered with the NRMP. The “75% rule” does NOT apply to individual programs and how many positions they must place in a Match.
Post-Match
Dear Future Resident,

On behalf of the University of Texas Health Science Center at San Antonio (UTHSCSA), University Health System (UHS), and the South Texas Veterans Health Care System (STVHCS), congratulations on your match into the Residency Training Program. We look forward to having you begin your Graduate Medical Education with us!

As required by the NRMP’s Terms and Conditions of the Match Participation Agreement Among Applicants, the NRMP, and Participating Programs (Section 5.0), we ask that you sign, date, and return a copy of the last page of this letter indicating your commitment to train at The University of Texas Health Science Center at San Antonio. This letter needs to be returned to the program no later than Date Due.

There are many essential items to be accomplished between now and your start date - some items we would like to call to your attention:

1. **Onboarding: Orientation and In-Processing**
   
   a. **Online orientation** for the UTHSCSA Graduate Medical Education (GME) office will open on or before **April 1, 2015**. The on-line orientation must be completed by **June 1, 2015**.

   1) All in-processing documents will be available on the New Innovations website. Your program coordinator will provide you with the link and access information prior to April 1, 2015.

   2) Completion of the GME portion of the on-line orientation will enable you to obtain a UTHSCSA ID badge (there is a refundable $10 fee) from UT Police prior to the start of your training. Your program coordinator can assist you in obtaining the UTHSCSA badge.

   b. **In-person**

   1) The UTHSCSA, UHS, and STVHCS orientation will be held on Thursday, **June 18, 2015**, in the Holly Auditorium located at the University of Texas Health Science Center.

   2) **In-processing will take place on Friday, June 19, 2015**. On that date you will be scheduled with other residents in your program to in-process - this will be either in the morning or the afternoon (determined by your program and to be communicated to you by your program coordinator). This will include signing your Graduate Medical Education Agreement (Resident Contract). Please bring the following items:

      (a) Vehicle registration or title, and proof of auto insurance to receive a parking hang tag and gate access card.

      (b) A voided check from your financial institution if direct deposit is desired.

2. **Resident Permit** - The Physician-in-Training (PIT) Resident Permit application for the Texas Medical Board (TMB) is available online. The link is located on the TMB web page at [https://applications.tmb.state.tx.us/Pl/Ident1.aspx](https://applications.tmb.state.tx.us/Pl/Ident1.aspx). The TMB will accept online applications only (please do not complete a paper version of the application). Your program coordinator will provide you with the TMB Personal ID # for the online application process. Although
there is not a save feature for the online application, you can print each screen as you answer the questions. **The deadline to apply is April 1, 2015.** You must have at least a temporary permit by July 1, 2015 in order to begin your residency training on time.

3. **Health Screening** - All residents must complete the University Health System's (UHS) health screening. The University Health System (UHS) Employee Health Clinic (3rd floor) is open Monday through Friday from 7:30 a.m. to 4:00 p.m.

   a. **It is imperative you complete the health screening prior to June 19, 2015. Failure to complete the required health screening will jeopardize the start of your training on July 1st.**

   b. **PPD:**

      (1) If you will be receiving a PPD at the clinic, the PPD must be placed on any weekday other than Thursdays in order to allow for a reading within 48-72 hours of placements. Readings must be done at the University Health System (UHS) Employee Health Clinic.

      (2) If you choose to have your PPD performed elsewhere, the document provided to the UHS clinic must indicate the date placed, date read, and the results, positive or negative.

   c. **There are several methods to complete your health screening:**

      (1) Prior to June 1, 2015, an appointment is required and can be made by calling (210) 358-2277.

      (2) From June 1-30, 2015, no appointment is necessary, but residents are encouraged to make one to avoid waiting. If no appointment is made, residents will be seen on a first come, first serve basis.

      (3) On Tuesdays and Thursdays during these two weeks (June 16, 18, 23 and 25, 2015), the clinic will assist incoming residents only.

      (4) After June 30, 2015, an appointment is required and can be made by calling (210) 358-2277.

4. **Life Support Training** - All programs require at least BLS. Your program may require additional certifications as well (ACLS, ATLS, PALS, etc.) - requirements are different for each residency training program.

   a. If you have recently completed the certifications your program requires, please upload a copy of both sides of your card to the on-line orientation module of New Innovations.

   b. If you need to schedule a course, you will be required to register. Please contact your program coordinator to register you for the BLS and/or ACLS classes (schedule below). Upon completion of the course(s), please be sure upload a copy of your card (both sides) to the on-line orientation module of New Innovations.

   (1) **BLS** is being offered by University Hospital on **Monday, June 15, 2015** at Highpoint Tower. There will be a morning (8:00am-12:00pm) and
afternoon (1:00pm – 5:00pm) session.

(2) ACLS is also being offered by University Hospital and is scheduled for June 23rd and 24th at Highpoint Towers. Both sessions will be all day (8:00am- 4:00pm).

5. Contact - It is vital we are able to contact you between now and the time you begin your residency training on July 1, 2015. Please notify your program coordinator of any updates on changes of address, phone numbers, and/or email address in order to maintain this contact. Once you have your new address and phone number in San Antonio, please ensure that this information is forwarded to UHS, STVHCS, and the GME office. Your program coordinator will be able to assist you with this. Once you have received your UTHSC email address that will be the preferred email address through which your program and we will communicate with you.

6. UTHSCSA Email: You will be assigned a UTHSCSA domain and exchange (email) account once your information has been entered into New Innovations. Your program coordinator will let you know how to access it and set it up. This will be your primary email address for communications concerning your residency training. (If you graduated from our School of Medicine, you have a LiveMail account; unfortunately, it does not afford the level of security needed and you will need to set up the UTHSCSA domain and exchange accounts.)

7. Contingencies. Your appointment as a trainee is contingent upon the following conditions:

- Graduation from medical school and obtaining original medical diploma and final transcript
- Securing a Texas Medical Board license or Physician In Training permit to practice medicine
- Completion of all onboarding documentation
- Completion of all health screening with satisfactory outcomes
- Satisfactory security background check
- If a graduate of an international medical school, ECFMG certification
- If a noncitizen, appropriate visa or other documentation
- Social security number (Visa holders)

Once again, welcome to your residency program at UTHSCSA, UHS and STVHCS. Please feel free to contact us if you have any questions. We look forward to working with you!

Sincerely,

Program Director ___________________________________________ Program Coordinator ___________________________________________

Lois L. Bready, M.D.
Vice Dean for Graduate Medical Education

Enclosure
Checklists:

<table>
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<tr>
<th>You</th>
<th>Your program coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sign and return letter to program</td>
<td>☐ Link &amp; access information – New Innovations</td>
</tr>
<tr>
<td>☐ On-line orientation – all parts by 6/1/15</td>
<td>☐ Help with setting up and accessing</td>
</tr>
<tr>
<td>☐ UT Badge (bring $10)</td>
<td>UTHSCSA Email account</td>
</tr>
<tr>
<td>☐ In-processing 6/19/15;</td>
<td>☐ 6/19/15 in-processing – a.m. or p.m.</td>
</tr>
<tr>
<td>• Sign contract, etc</td>
<td>☐ TMB personal ID #</td>
</tr>
<tr>
<td>• Bring car registration/title and</td>
<td>☐ What course(s) required; help with</td>
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<td>• proof of auto insurance and</td>
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<td>☐ Orientation 6/18/15</td>
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<td>☐ TMB PIT application – asap (before 4/1/15)</td>
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<td>☐ UHS health screening – 358-2277</td>
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<td>☐ Life Support course(s)</td>
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<td>☐ Social Security Number (Visa holders)</td>
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May 20, 2015

I, Incoming resident’s full name, am committed to beginning residency training in Residency Program, on July 1, 2015, in accordance with the Terms and Conditions of the Match Participation Agreement Among Applicants, the NRMP, and Participating Programs (Section 5.0). I understand that beginning my training is contingent on the following:

- Graduation from medical school and obtaining original medical diploma and final transcript
- Securing a Texas Medical Board license or Physician In Training permit to practice medicine
- Completion of all onboarding documentation
- Completion of all health screening with satisfactory outcomes
- Satisfactory security background check
- If a graduate of an international medical school, ECFMG certification
- If a noncitizen, appropriate visa or other documentation
- Social security number (Visa holders)

________________________________________
Signature
Onboarding
Onboarding

Onboarding encompasses all of the inprocessing activities a trainee must do prior to beginning his/her training. A trainee’s start date is contingent upon completion of all of these tasks. Onboarding is mandatory, and consists of “checklists” in New Innovations that the trainee must complete. Most onboarding is completed electronically. At the current time, the following checklists exist:

I. GME Administrative Checklist
II. GME Training Checklist
III. UHS Checklist
IV. UHS Employee Benefits Checklist
V. UHS Employee Health Checklist
VI. VA Hospital Resident Checklist
VII. IMG Checklist

To begin the onboarding process, copy the GME Office on the UHS forms in the pages that follow.

Once the GME Office receives your information, they will create a Personnel Record for the trainee in Ni. Afterward, you may retrieve the resident’s username and password from Ni. It is encouraged that you include this Ni access information in the Welcome Letter (See Post-Match section). If the person’s DOB and SSN were listed on the UH forms provided, 24-hours after the entry of the resident into Ni and after a “feed” has been run, the resident can be found in the Badge Inquiry System with email and domain account information. You should provide your resident with his email and domain account information, as well as information on how to change his temporary password in the UT System.
<table>
<thead>
<tr>
<th>UHS ALPHABETICAL LISTING OF INCOMING PHYSICIANS</th>
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<tbody>
<tr>
<td>(Do not include renewing residents on this form)</td>
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<tr>
<td>NAME (Last, First, M)</td>
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</table>
TO: GEORGE HERNANDEZ, PRESIDENT/CEO, UNIVERSITY HEALTH SYSTEM  FROM: Dept. of ____________________________________________________________
SIGNATURE: ____________________________________________________________  Chairman/Program Director  Date: ________________________

SUBJECT: *NEW/INCOMING* HOUSESTAFF PHYSICIAN GRADUATE TRAINING AGREEMENT(S) CONTRACTS

<table>
<thead>
<tr>
<th>NAME (Last, First, M.)</th>
<th>DEGREE</th>
<th>SPECIALTY</th>
<th>PGY LEVEL</th>
<th>ANNUAL CONTRACT DATES</th>
<th>FUNDING</th>
<th>FOR UHS USE</th>
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*Do not use this form for residents who are switching from other specialties*
**RENEWING** HOUSESTAFF PHYSICIAN GRADUATE TRAINING AGREEMENT(S) CONTRACTS

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<tr>
<th>NAME (Last, First, M.)</th>
<th>DEGREE</th>
<th>SPECIALTY</th>
<th>PGY LEVEL</th>
<th>ANNUAL CONTRACT DATES</th>
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*Include residents who are switching from other specialties*
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TO: GEORGE HERNANDEZ, PRESIDENT/CEO, UNIVERSITY HEALTH SYSTEM  FROM: Dept. of
SIGNATURE: ________ (Last, First, M.), Chairman/Program Director  Date: ___

SUBJECT: *SWITCHING FUNDING

<table>
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<th>DEGREE</th>
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*PLEASE LIST THE ABOVE PHYSICIANS ON YOUR RENEWING CONTRACT REQUEST FORM.
<table>
<thead>
<tr>
<th>Checklist</th>
<th>Due Date</th>
<th>Status</th>
<th>Actions</th>
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<tbody>
<tr>
<td>GME New Resident Orientation Training Modules</td>
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<td>Step Name</td>
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<tr>
<td>IHIE Registration</td>
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<td>Check your completion Registe at IHIE</td>
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<tr>
<td>if you have already completed IHIE Basic Certification, skip to Step 3</td>
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<tr>
<td>if you have not, please register for IHIE using the following information</td>
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<tr>
<td>Enter your role as Resident</td>
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<td>Organization is 'School - Medicine'</td>
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<td>University of Texas Health Science Center at San Antonio</td>
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<td>United States</td>
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<td>Your primary role is Intern - Resident</td>
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<td>IHIE Open School Courses</td>
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<td>Check your completion Open School Courses</td>
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<tr>
<td>Please click the link provided and log in to the IHIE website</td>
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<tr>
<td>Go to the Online Learning tab</td>
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<td>Complete all of the offered courses (yes, all of the courses listed!)</td>
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<td>If you have difficulty accessing these courses or are being asked for a paid subscription, there may be an issue with your registration</td>
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<td>Please contact IHIE directly at (817) 351-4800</td>
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<td>IHIE Certificate</td>
<td>TO DO</td>
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<td>Link to Instructions Upload File</td>
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<td>Please reference the instructions at the link provided on retrieving documentation of Basic Certification (the CNL, BSN certificate showing completion of all the courses needed to obtain Basic Certification), and upload the certificate of completion</td>
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<tr>
<td>Supervision</td>
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<td>Check your completion Supervision Video</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<td>Reporting Medical Errors</td>
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<td>Check your completion Reporting Medical Errors Video</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<td>Hand-Offs Part 1 of 4</td>
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<td>Check your completion Hand-Offs Video 1</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<tr>
<td>Hand-Offs Part 2 of 4</td>
<td>TO DO</td>
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<td>Check your completion Hand-Offs Video 2</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<tr>
<td>Hand-Offs Part 3 of 4</td>
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<td>Check your completion Hand-Offs Video 3</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<tr>
<td>Hand-Offs Part 4 of 4</td>
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<td>Check your completion Hand-Offs Video 4</td>
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<td>Please view the video at the following link and check the box to attest that you completed this requirement</td>
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<tr>
<td>National Patient Safety Goals Handout 1 of 2</td>
<td>TO DO</td>
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<td>Check your completion National Patient Safety Goals 1 of 2</td>
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<tr>
<td>Please familiarize yourself with this handout and check the box to attest to your completing this requirement</td>
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<tr>
<td>National Patient Safety Goals Handout 2 of 2</td>
<td>TO DO</td>
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<td>Check your completion National Patient Safety Goals 2 of 2</td>
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<td>Please familiarize yourself with this handout and check the box to attest to your completing this requirement</td>
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<td>Sleep and Fatigue</td>
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<td>SleepIndge Center Upload File</td>
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<tr>
<td>Please access the Knowledge Center at the link provided and log in using your UTSCSA username and password. Go to the Course Catalog and expand the Academics section. Proceed to the FCOM - 1st Training. When you have finished the module, please upload your certificate of completion</td>
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<th>Duty Hours Logging</th>
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<th>Checklist to confirm completion</th>
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</thead>
</table>

*As a resident or fellow, you will be expected to log your duty hours contemporaneously in New Innovations. You can access the Duty Hours Logging Webinar in New Innovations (which you are currently logged into). Go to Help in the upper right-hand corner and choose Webinars from the drop-down menu. In order to view a webinar, you may need to install a codec, which you can access at the bottom of the Webinar page. Please view Webinar 14.05, and check the box to attest that you have completed this requirement. If you already logged your duty hours in New Innovations and know how to exit them, you may mark this training off as completed.*

<table>
<thead>
<tr>
<th>Infection Control 1 - Influenza Safety Precautions</th>
<th>TO DO</th>
<th>Knowledge Center</th>
<th>Uploaded File</th>
</tr>
</thead>
</table>

*Please access the Knowledge Center at the link and log on using your UTHSCSA username and password. Go to the Course Catalog and expand the Environmental Health and Safety Section. Proceed to the EPI - Influenza Safety Precautions training. When you have finished the module, please upload your certificate of completion.*

<table>
<thead>
<tr>
<th>Infection Control 2 - Bloodborne Pathogens</th>
<th>TO DO</th>
<th>Knowledge Center</th>
<th>Uploaded File</th>
</tr>
</thead>
</table>

*Please access the Knowledge Center at the link and log on using your UTHSCSA username and password. Go to the Course Catalog and expand the Environmental Health and Safety Section. Proceed to the Bloodborne Pathogens training. When you have finished the module, please upload your certificate of completion.*

<table>
<thead>
<tr>
<th>Infection Control 3 - Hand Hygiene</th>
<th>TO DO</th>
<th>Knowledge Center</th>
<th>Uploaded File</th>
</tr>
</thead>
</table>

*Please access the Knowledge Center at the link and log on using your UTHSCSA username and password. Go to the Course Catalog and expand the Quality and Clinical Safety section. Proceed to the Hand Hygiene training. When you have finished the module, please upload your certificate of completion.*

<table>
<thead>
<tr>
<th>Infection Control 4 - Transmission-based Isolation Precautions</th>
<th>TO DO</th>
<th>Knowledge Center</th>
<th>Uploaded File</th>
</tr>
</thead>
</table>

*Please access the Knowledge Center at the link and log on using your UTHSCSA username and password. Go to the Course Catalog and expand the Quality and Clinical Safety section. Proceed to the Transmission-based Isolation Precautions training. When you have finished the module, please upload your certificate of completion.*
Checklist Preview

<table>
<thead>
<tr>
<th>Step Name</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECFMG Certificate</td>
<td>TO DO</td>
<td>Upload File</td>
</tr>
</tbody>
</table>

You are receiving this checklist because you are an International Medical School Graduate.
<table>
<thead>
<tr>
<th>Step Name</th>
<th>Status</th>
<th>Due Date</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housestaff Data Sheet</td>
<td>TD DO</td>
<td></td>
<td>Download Template, Upload File</td>
</tr>
<tr>
<td>Medical School Diploma</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>CV</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>Social Security Card (front)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>Social Security Card (back)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>SSN Disclosure Form</td>
<td>TD DO</td>
<td></td>
<td>Download Template, Upload File</td>
</tr>
<tr>
<td>BLS (front)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>BLS (back)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>ACLS (front)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>ACLS (back)</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>Training Permit (PTI)</td>
<td>TD DO</td>
<td></td>
<td>TiME Physician In Training (PTI) Permit Application</td>
</tr>
<tr>
<td>State Medical License</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>DEA License</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>DPS License</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
</tbody>
</table>

**Note:** Please ensure all documents are uploaded according to the schedule provided. If you require assistance or have any questions, please contact the Program Coordinator.
<table>
<thead>
<tr>
<th>Checklist</th>
<th>Due Date</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality and Security Acknowledgement</td>
<td></td>
<td></td>
<td>TO DO</td>
</tr>
<tr>
<td>Please read the terms and conditions of the Confidentiality and Security Acknowledgement and sign the last page. Please reload the signed document.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Option to Decline BCMS/TMA Membership**

As long as you are in your internship, residency, or fellowship here at UTHSCSA, you have a free membership to the Texas Medical Association and the Bexar County Medical Society. Our Medical School will pay your dues throughout your training. In order to process you, your home address, home phone, and alternate email address will be given to the TMA. If you wish to opt OUT of membership, please type “No” in the space provided. You may copy and paste these URLs into your browser for more information on these organizations:

- [http://www.bexmed.ohio/Why Join TMA.aspx](http://www.bexmed.ohio/Why Join TMA.aspx)
- [http://www.bcms.org/membership.htm](http://www.bcms.org/membership.htm)
The University of Texas Health Science Center at San Antonio
Housestaff Data Sheet

Name: ____________________________

(Last) (First) (Middle) (Gender)

Date of Birth: ______________________
Social Security#: ______________________

UTHSCSA Program Name: ______________________

Race:

☐ White
☐ Black-African American
☐ Asian
☐ American Indian or Alaskan Native
☐ International (on a visa)
☐ Unknown/Not Reported

Ethnic Origin: (optional)
Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Yes  ☐ No

Race
American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
Black or African-American: a person having origins of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islander.
White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
International denotes a person who is not a citizen or permanent resident of the United States and who is in the country on a temporary basis and does not having the right to remain indefinitely.

Medical Education
Please list your medical school education information below.

Medical School: ____________________________

(Name) (Location)

Medical School Graduation Date: ______________________

Degree Type (per diploma): ______________________
**Post Medical School Experience**

Please detail your activities each year from your graduation date from medical school through the present. Be sure to include any post-graduate education activities and their locations.

**Example:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Program</th>
<th>Research</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td>PGY-1 Internal Medicine</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Texas Medical Branch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006-2007</td>
<td>PGY-2 Internal Medicine</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Texas Medical Branch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007-2008</td>
<td>PGY-3 Internal Medicine</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Texas Medical Branch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008-2009</td>
<td>Private Practice, Internal Medicine</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Galveston, Texas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009-2010</td>
<td>Private Practice, Internal Medicine</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Galveston, Texas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-2011</td>
<td>Private Practice, Internal Medicine</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>San Antonio, Texas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012-2013</td>
<td>Gastroenterology fellowship, UTHSCSA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical School Graduation Year:** _________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity or Program</th>
<th>Research</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(activity, or program)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* **Sponsoring Institution**

If you previously attended an ACGME Program, please list its locations and its Sponsoring Insitution.

<table>
<thead>
<tr>
<th>Program</th>
<th>Sponsoring Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
The University of Texas Health Science Center at San Antonio

NOTICE FOR VOLUNTARY DISCLOSURE OF SOCIAL SECURITY NUMBER
School of Medicine Residents

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas Health Science Center at San Antonio (UTHSCSA) to provide accurate information to the Accreditation Council of Graduate Medical Education (ACGME) for the purpose of tracking the educational progress of the residents, to provide accurate information to affiliated hospitals for Medicare reporting, and to submit a roster of residents to the Texas Higher Education Coordinating Board. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in the inability of ACGME to make important accreditation decisions regarding UTHSCSA's residency programs; may result in your being denied the opportunity to complete clinical rotations; and, may result in the institution's not being considered for funds allocated for Graduate Medical Education. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

You may send any requests to:
The Office of the Vice President/Chief Financial Officer
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: PublicInfo@uthscsa.edu
By fax to: (210) 567-7027
In person at: Academic and Administration Building, Room 442

****************************************************************************************************

CONSENT FOR RELEASE

I consent for the release of my social security number for the stated purposes above.

Print Name: _______________________

Signature: _______________________

Date: _______________________

Please return form to
Graduate Medical Education * 7703 Floyd Curl Drive MC 7790 * San Antonio, Texas 78229-3900
Confidentiality/Security Acknowledgement

The University of Texas Health Science Center at San Antonio (UTHSCSA) has a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. During your employment or affiliation with UTHSCSA you may hear information related to a patient’s health or read or see computer or paper files containing confidential health information, whether or not you are directly involved in providing patient services. You may also create documents containing confidential patient information, if it is part of your job description and/or as directed to do so by your supervisor.

As part of your employment or affiliation with UTHSCSA, you must strictly adhere to the following regarding confidentiality and security of patient information:

✓ **Confidential Health Information.** I will regard patient confidentiality as a central obligation of patient care. I understand that all information, which in any way may identify a patient or which relates to a patient’s health, must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my employment or affiliation speak about or share any patient information with any person or permit any person to examine or make copies of any patient reports or other documents that I come into contact with or which I create, except as allowed within my job duties or by patient authorization.

✓ **Permitted Use of Patient Information.** I understand that I may use and disclose confidential patient information only to other providers of health care services, if the purpose of the disclosure is for treatment, consultation, or referral of the patient. If my job description allows, I may also disclose information for payment and billing purposes and/or internal operations, such as use for internal quality studies and for internal education activities.

✓ **Prohibited Use and Disclosure.** I understand that I must not access, use or disclose any patient information for any purpose other than stated in this Acknowledgement. I may not release patient records to outside parties except with the written authorization of the patient, the patient’s representative, or for other limited or emergency circumstances. Special protections apply to mental health records, records of drug and alcohol treatment, and HIV related information. I must neither physically remove records containing patient information from the provider’s office, clinic, or facility, nor alter or destroy such records. Personnel who have access to patient records must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason.

I also agree to immediately report to my supervisor or to the UTHSCSA Privacy Officer any non-permitted disclosure of confidential patient information that I make by accident or in error. I agree to report any use or disclosure of
confidential patient information that I see or know of others making that may be a wrongful disclosure.

✓ **Safeguards.** In the course of my employment or affiliation if I must discuss patient information with other healthcare practitioners in the course of my employment or affiliation, I will use discretion to ensure that others who are not involved in the patient’s care cannot overhear such conversations. I understand that when confidential patient information is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgement.

Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.

✓ **Computer Security.** If I keep any identifiable patient information on a personal digital assistant (PDA), laptop, or other electronic device, I will ensure that my supervisor knows I am using it and has approved such use. I agree not to send patient information in an e-mail unless my supervisor directs me to do so in an emergency. I will not attempt to access information by using a user identification code or password other than my own, nor will I release my user identification code or password code to anyone, or allow anyone to access or alter information under my identity. I will ensure that my virus protection software is updated on a routine basis (once per week) and that I back up any confidential information using approved back up procedures.

✓ **Physical Security.** I will take all reasonable precautions to safeguard confidential information. These precautions include using lockable file cabinets, locking office doors, securing data disks, tapes or CDs, using a password protected screen saver, etc. I agree to store my electronic media in recommended containers and store back up media in approved locations.

✓ **Return or Destruction of Information.** If my employment or affiliation with UTHSCSA requires that I take patient information off the UTHSCSA campus or off the property of UTHSCSA affiliates, I will ensure that I have UTHSCSA’s or the other facility’s permission to do so. I will protect patient information from unauthorized disclosure to others, and I will ensure that all patient information is returned to the appropriate facility.

Unless specifically stated in my job description, I am not authorized to destroy any type of original patient information maintained in any medium, i.e., paper, electronic, etc.

✓ **Termination.** When I leave my employment or affiliation or complete my training or residency at UTHSCSA, I will ensure that I take no identifiable patient information with me, and I will return all patient information in any format to the
UTHSCSA or other appropriate facility. If it is not original documents, but rather my own personal notes, I must ensure that such information is destroyed in a manner that renders it unreadable and unusable by anyone. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality and security of patient information and to return or destroy any such information in my possession.

✓ **Violations.** I understand that violation of this Acknowledgement may result in corrective action, up to and including termination of my employment or affiliation. In addition, violation of privacy or security regulations could also result in fines or jail time.

✓ **Disclosures Required by Law.** I understand that I am required by law to report suspected child or elder abuse to the appropriate authority. I agree to cooperate with any investigation by the Department of Health and Human Services or any oversight agency, such as to help them determine if UTHSCSA is complying with federal or state privacy laws.

I understand that nothing in this Acknowledgement prevents me from making a disclosure of confidential patient information if I am required by law to make such a disclosure.

I understand that if I believe in good faith that UTHSCSA has engaged in conduct that is unlawful or otherwise violates clinical or professional standards, or that the care, services, or conditions provided by the UTHSCSA potentially endangers one or more patients, workers, or the public, a disclosure of confidential information may be made, but only to the appropriate public authority and/or to the attorney retained by me for the purpose of determining legal options with regard to the suspected misconduct.

*My signature, on the following page, acknowledges that I have read the terms and conditions of this Acknowledgement. The signature page will be maintained by my department supervisor.*

**NOTE:** To access specific policies regarding privacy or security issues, please refer to the *Handbook of Operating Procedures* (HOP), available at [http://www.uthscsa.edu/hop2000/](http://www.uthscsa.edu/hop2000/). Security policies are located in Chapter 5 and privacy policies in Chapter 11.
Confidentiality/Security Acknowledgement
Signature Page

By my signature below, I acknowledge that I have read the terms and conditions of the Confidentiality/Security Acknowledgement. I am maintaining the three page Acknowledgement for my own records.

Signature: __________________________

Please circle:  

UTHSCSA Employee  Resident/Intern  Student  Non-employee

Printed name: _______________________________________________________

Date: ________________________________________________________________

Work Phone: __________________________________________________________

Department: __________________________________________________________
## Checklist Preview

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Due Date</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>University Health System Checklist</strong></td>
<td></td>
<td>Download Template</td>
</tr>
<tr>
<td>Please follow each step. If you have any questions, please call the Professional Staff Service Office at 210-356-0153</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step Name</td>
<td>Status</td>
<td>Actions</td>
</tr>
<tr>
<td><strong>Welcome Letter from University Health System</strong></td>
<td>TO DO</td>
<td>Check to expand completion</td>
</tr>
<tr>
<td>Please read the letter, carefully noting important dates and items you will need to bring with you to the June 21st incoming processing day. Please print the letter and the list of Acceptable Documents for your records.</td>
<td></td>
<td>Download Template</td>
</tr>
<tr>
<td><strong>Employment Documentation</strong></td>
<td>TO DO</td>
<td>Download Template</td>
</tr>
<tr>
<td>Required for all incoming house staff, regardless of funding. Please bring LEGIBLE COPIES of the following documents to impress on June 21, 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. One document from List A - OR - one document from List B and List C of the 1 List of Acceptable Documents (attached to Welcome Letter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. J J Visitholders must provide a passport with photo: U.S. Visa Expired 9/4, DS-2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. H-1B Visitholders must provide a passport with photo: U.S. Visa Expired 9/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Permanent Residents must provide front and back copy of the Permanent Resident Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Graduate Medical Education Application</strong></td>
<td>TO DO</td>
<td>Download Template Upload File</td>
</tr>
<tr>
<td>1. Application must be completed using your legal name as it appears on your social security card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. A section on the application does not apply, please indicate &quot;N/A&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If your not have a local San Antonio address and phone, leave the address section blank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do not use any abbreviations for school names and provide complete addresses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical references should be individuals who have had direct professional knowledge of you such as professors or program directors. For our medical students, referees or personal friends are not acceptable references. You must provide an email address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Complete form, print, sign, date, and upload</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Texas Public Information Act</strong></td>
<td>TO DO</td>
<td>Download Template Upload File</td>
</tr>
<tr>
<td>1. Complete the bottom portion of the form as required and indicate whether you wish to disclose your information to persons other than essential USPS personnel/departments (i.e., human resources, payroll, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Complete form, print, sign, date and upload</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee's Withholding Allowance Certificate (W-4) - Annual Salaries Attached</strong></td>
<td>TO DO</td>
<td>Download Template Upload File</td>
</tr>
<tr>
<td>1. Complete the bottom portion of the form. Do not separate/detach the bottom as indicated on the form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If you do not have a local San Antonio address, leave the address section blank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Complete form, print, sign, date and upload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructions for Nonresident Aliens on J-1 Visa; if you are planning to claim exemption from FICA (Social Security/Medicare) taxes, and are from any country other than Canada, Mexico, South Korea or India, you must check &quot;Single&quot; on Line 3 (regardless of marital status), claim one (1) withholding allowance on Line 3, and write &quot;NRA&quot; on Line 6. Do not claim &quot;exempt&quot; status on Line 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Credentialed Provider Access Request Form/Confidentiality Agreement</strong></td>
<td>TO DO</td>
<td>Policy 20802 Download Template Upload File</td>
</tr>
<tr>
<td>Only complete the following on page 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provider's Title - enter &quot;House Staff&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Credential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete the following on page 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Print name and sign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have a witness print and sign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sign at the bottom of the form using your legal name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Due Date</th>
<th>Step Name</th>
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<tbody>
<tr>
<td>National Provider Identifier (NPI)</td>
<td>TO DO</td>
<td>Release/Acknowledgement Form</td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td>House Staff Manual</td>
<td>TO DO</td>
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<td>Check to confirm completion</td>
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<tr>
<td>Medical-Dental Staff Bylaws</td>
<td>TO DO</td>
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<td>Check to confirm completion</td>
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<tr>
<td>Acknowledgment of House Staff Manual &amp; Medical-Dental Staff Bylaws</td>
<td>TO DO</td>
<td></td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td>Automatic Deposit of Salary (Optional)</td>
<td>TO DO</td>
<td></td>
<td>Download Template</td>
<td>Upload File</td>
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<tr>
<td>Employee Health Clinic Resident Health Screening Questionnaire</td>
<td>TO DO</td>
<td></td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td>Immunizations, Immunity, and TB Documentation Requirements</td>
<td>TO DO</td>
<td></td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td>Immunization Documentation - TDAP</td>
<td>TO DO</td>
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<td></td>
<td>Upload File</td>
</tr>
<tr>
<td>Immunization Documentation - Varicella</td>
<td>TO DO</td>
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<td>Upload File</td>
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<tr>
<td>Immunization Documentation - MMR</td>
<td>TO DO</td>
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<td>Upload File</td>
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<tr>
<td>Immunization Documentation - Hepatitis B</td>
<td>TO DO</td>
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<tr>
<td>Immunization Documentation - Influenza</td>
<td>TO DO</td>
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<tr>
<td>Immunization Documentation - PPD</td>
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### Checklist

<table>
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<tr>
<th>Step Name</th>
<th>Due Date</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide documentation of a TSH skin test (PPO) within 3 months of training start date. If you had a positive PPO, you will need to provide a copy of a chest x-ray report taken after the PPO was positive.</td>
<td>TD DO</td>
<td></td>
<td>Upload File</td>
</tr>
</tbody>
</table>

### Clinical Reference Forms

There are 3 Clinical Reference Forms being provided for you. To distribute to each of the references you list on the Graduate Medical Education Application, for him/her to complete. Please DO NOT provide your ERAS reference letters. Completed and signed Clinical Reference Forms must be FAXED to 715-354-4775 no later than May 31, 2013.

| Training Certificate - Internship                                        | TD DO    |        | Download Template |
| Training Certificate - Residency                                         | TD DO    |        | Upload file       |
| Training Certificate - Fellowship                                       | TD DO    |        | Upload file       |

*Please upload a legible copy of your internship certificate here, if applicable.*

*Please upload a legible copy of your residency certificate here, if applicable.*

*Please upload a legible copy of your fellowship training certificate here, if applicable.*
<table>
<thead>
<tr>
<th>Checklist Preview</th>
<th>Due Date</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VA Incoming Resident Checklist</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housestaff Welcome Letter</strong></td>
<td>TO DO</td>
<td></td>
<td>Check to confirm completion</td>
</tr>
<tr>
<td><strong>VA Resident Application</strong></td>
<td>TO DO</td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td><strong>Declaration of Federal Employment</strong></td>
<td>TO DO</td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td><strong>Mandatory Training Modules</strong></td>
<td>TO DO</td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td><strong>CPRS Training</strong></td>
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<td>Check to confirm completion</td>
</tr>
<tr>
<td><strong>CPRS Quiz</strong></td>
<td>TO DO</td>
<td>Download Template</td>
<td>Upload File</td>
</tr>
<tr>
<td><strong>Forms of ID Accepted for Badge Process</strong></td>
<td>TO DO</td>
<td></td>
<td>Check to confirm completion</td>
</tr>
<tr>
<td><strong>Fingerprint Badge Form</strong></td>
<td>TO DO</td>
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<td>Check to confirm completion</td>
</tr>
</tbody>
</table>
BADGE REQUEST FOR MEDICAL RESIDENT

Request for a UTHSCSA Badge for Incoming Residents/Fellows & Visiting Residents

The information below needs to be completed by the program coordinator and then given to the resident/fellow to take to UT Police to obtain their badge. **Cost: $10**

If your resident/fellow will need parking at the MARC or CTRC, please check the appropriate box below so that the badge can be coded to allow gate access for parking or entrance to the MARC building.

Access to:
- [ ] MARC Building
- [ ] CTRC

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Credentials (DO, MD, MBBS, DPM, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Program Coordinator Name</th>
<th>Program Coordinator Phone</th>
<th>Program Coordinator Email</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>UTHSCSA Department</th>
<th>Badge Number</th>
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August 7, 2012
GME Orientation
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>1 June</td>
<td>BLS - UHS Morning session 8a-12p</td>
</tr>
<tr>
<td></td>
<td>Afternoon session 1p-5p Location: Highpoint Tower</td>
</tr>
<tr>
<td>2 June</td>
<td></td>
</tr>
<tr>
<td>3 June</td>
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<td>4 June</td>
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<td>5 June</td>
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<td>13/14</td>
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<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>ACLS - UHS 8a-3p Location: Highpoint Tower</td>
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<tr>
<td>16</td>
<td></td>
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<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>UHS &amp; VA In-processing</td>
</tr>
<tr>
<td>19</td>
<td>UHSCSA Orientation</td>
</tr>
<tr>
<td>20/21</td>
<td>Holly Auditorium</td>
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<td>22</td>
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<tr>
<td>23</td>
<td>ACLS - UHS 8a-3p Location: Highpoint Tower</td>
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<td>11/12</td>
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<td>1 July</td>
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Welcome Incoming Residents!
Orientation and Training Schedules

Incoming Residents & Fellows Schedule

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<tr>
<td></td>
<td>Complete Pre-Orientation</td>
<td></td>
<td>New Residents On-Boarding Checklist</td>
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<td>New Residents On-Boarding Checklist</td>
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<td>2013</td>
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</tbody>
</table>

Please contact your Program Coordinator to get details.

Contact: MedGME@uthscsa.edu
Updated: 07/07/2009
Copyright © 2009
The University of Texas Health Science Center at San Antonio

http://uthscsa.edu/gme/incomingresidents.asp
Malpractice
Requests for a Claims History aka Loss Run Report/Verification of Coverage: A brief memo stating "I authorize the University of Texas System to release my medical liability claims history" must be included with your request. The document must include your signature - UTS policy does not accept electronic signatures. Scan/e-mail request to HealthLawCredentiaing@utsystem.edu or fax to (512) 499-4523.

Certificate of Liability/Facesheet: Contact the Department/Specialty you are associated with to get a copy

Type of Coverage - Occurrence or Tail Coverage: Coverage is per Occurrence and individual and therefore tail coverage is not required, not shared and follows official assignments, i.e. residency rotations in the following amounts:

Staff Physician: $500,000 per claim / $1,500,000 annual aggregate
Resident: $100,000 per claim / $300,000 annual aggregate

Nurse Practitioners (NPR) and Physicians Assistants (PA) are indemnified under Chapter 104 of the Tort Claims Act

Faculty with a 0% FTE at UTHSCSA and 100% FTE at VAH are covered by Federal Tort Claims Act and will not be covered by the Plan unless the member’s service falls under a special/unique contract stating UTHSCSA will provide medical liability coverage

Name of Plan: The University of Texas System Professional Medical Liability Benefit Plan (Policy # is N/A, Self insured through UTS, there is no private insurance carrier)

Address:
THE UNIVERSITY OF TEXAS SYSTEM
Office of General Counsel
201 WEST SEVENTH STREET AUSTIN, TEXAS 78701-2981
TELEPHONE (512) 499-4462 FAX (512) 499-4523

Allene D. Evans
Senior Attorney & Deputy Plan Administrator
Office of General Counsel

The University of Texas Health Science Center at San Antonio
Jack C. Park, J.D.
Chief Legal Officer
7703 Floyd Curl Drive
San Antonio, TX 78229-3900
(210) 567-2020 Fax (210) 567-3869

Kathy Geoghegan, R.N., B.S.N.
Director of Risk Management
7703 Floyd Curl Drive, Rm 428A
San Antonio, TX 78229-7837
(210) 567-2019 Fax (210) 567-3869

To purchase additional coverage at Physician/Resident’s own expense:
UTS may need to approve the policy: Bill Beatty Insurance Agency visit website: http://www.bbi-tx.com/
This is NOT a referral/recommendation - you may find other coverage by searching the internet
Malpractice coverage based on type of student: Dental (Brown and Brown, Inc.); Medical (UT System), Allied Health or Nursing (Bill Beatty Insurance Agency)
THE UNIVERSITY OF TEXAS
SYSTEM

PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN

HANDBOOK

FY 2014-2015
This handbook summarizes coverage, exclusions, and responsibilities under The University of Texas System Professional Medical Liability Benefit Plan (Plan) and is to assist you in reporting incidents or claims. Coverage is subject to the terms, conditions, and limitations of the approved Plan and the interpretations thereof by the Board of Regents of The University of Texas System and/or the Plan Administrator.

All questions pertaining to the operation of the Plan should be referred to the Vice Chancellor and General Counsel (Administrator) or the Deputy Plan Administrator.

Daniel H. Sharphorn  
Vice Chancellor & General Counsel  
The University of Texas System  
201 West Seventh Street  
Austin, TX 78701  
(512) 499-4462  
dhsarphorn@utsystem.edu

Allene D. Evans  
Senior Attorney & Deputy Plan Administrator  
The University of Texas System  
201 West Seventh Street  
Austin, TX 78701  
(512) 499-4630  
aevans@utsystem.edu
PLAN LIAISONS

Questions pertaining to participation in the Plan may be directed to the following Plan liaisons who function as the directors of professional liability/risk management of the respective institutions. All incidents, notices of health care liability claims, and lawsuits should also be reported to the Plan liaison or designated risk manager.

The University of Texas at Arlington
John Hall
Vice President for Administration and Campus Operations
P.O. Box 19119
Arlington, TX 76019-0119
(817) 272-2102 Fax (817) 272-5805

The University of Texas at Austin
Jamie Shutter
Director, University Health Services
P.O. Box 7339
Mail Code A3900
Austin, TX 78713
(512) 475-6349 Fax (512) 471-0698

The University of Texas Southwestern Medical Center at Dallas
Joan Porter, J.D.
Director, Medical Risk Management
Office of the Vice President for Legal Affairs
5323 Harry Hines Boulevard
Dallas, TX 75390-9172
(214) 648-6905 Fax (214) 648-6914

Ann Lai-Howard, J.D.
Staff Attorney, Medical Risk Management
Office of the Vice President for Legal Affairs
5323 Harry Hines Boulevard
Dallas, TX 75390-9172
(214) 648-6905 Fax (214) 648-6914

Cecilia Montoya, R.N.
Risk Manager
Office of the Vice President for Legal Affairs
5323 Harry Hines Boulevard
Dallas, TX 75390-9172
(214) 648-6905 Fax (214) 648-6914

Cindy Harper, R.N.
Risk Manager
Office of the Vice President for Legal Affairs
5323 Harry Hines Boulevard
Dallas, TX 75390-9172
(214) 648-6919 Fax (214) 648-6914

Debbie Schellhase, R.N.
Risk Manager
Office of the Vice President for Legal Affairs
5323 Harry Hines Boulevard
Dallas, TX 75390-9172
(214) 645-4654 Fax (214) 648-6914

The University of Texas Health Science Center at Tyler
Terry Witter, AVP/Chief Legal Officer
11937 US Highway 271
Tyler, TX 75708-3154
(903) 877-7704 Fax (903) 877-7759

The University of Texas Medical Branch at Galveston
Carol Lee A. King, J.D.
Senior Vice President & General Counsel
Office of Legal & Regulatory Affairs
Suite 6.100 Administration Building
301 University Boulevard
Galveston, TX 77555-0124
(409) 772-1904 Fax (409) 772-5064

The University of Texas Health Science Center at Houston
Arlene Staller, J.D.
Vice President & Chief Legal Officer
P.O. Box 20036
7000 Fannin
Houston, TX 77225-0036
(713) 500-3275 Fax (713) 500-3275
Catherine R. Thompson, B.S.N., M.P.H.
Healthcare Risk Manager
7000 Fannin
P.O. Box 20036
Houston, TX 77225-0036
(713) 500-3268 Fax (713) 500-3275

The University of Texas Health Science Center at San Antonio
Jack C. Park, J.D.
Chief Legal Officer
7703 Floyd Curl Drive
San Antonio, TX 78229-3900
(210) 567-2020 Fax (210) 567-3869
Kathy Geoghegan, R.N., B.S.N.
Director of Risk Management & Loss Prevention
7703 Floyd Curl Drive, Rm 344AAB
San Antonio, TX 78229-7837
(210) 567-2019 Fax (210) 567-3869
The University of Texas M. D. Anderson Cancer Center
Matthew Masek, J.D.
Vice President and Chief Legal Officer
Legal Services – Unit 1674
P.O. Box 301407
Houston, TX 77230-1407
(713) 745-6633  Fax (713) 745-6029

Ava Plummer, J.D.
Senior Legal Officer
Legal Services – Unit 1674
P.O. Box 301407
Houston, TX 77230-1407
(713) 745-6633  Fax (713) 745-6029

The University of Texas at San Antonio
Beth Wichman, M.D.
Executive Director of Student Health Services
6900 N. Loop 1604 West
RWC 1.500
San Antonio, TX 78249-0684
(210) 458-4142  Fax (210) 458-4151
INTRODUCTION

The University of Texas System Professional Medical Liability Benefit Plan (Plan) provides medical liability insurance for certain health care providers of The University of Texas System (System). This booklet contains general information regarding eligibility for coverage, covered claims, exclusions from coverage and limits of coverage.

ELIGIBILITY

The Plan provides liability indemnity for medical liability claims to its participants, subject to the terms and conditions of the Plan as approved by the U.T. System Board of Regents. “Plan Participant” includes:

1. Staff physicians and dentists appointed to the faculty of a health institution of the System;
2. Residents and fellows enrolled at a U.T. medical or dental institution and participating in a patient-care program of the System;
3. Staff physicians and dentists appointed to the faculty of a medical school or hospital of the System on a part-time or volunteer basis who either devote their total professional service to such appointments or provide services to patients by assignment from the department chair;
4. Medical students, when participating in an approved patient-care program under the direct supervision of a faculty member;
5. Medical doctors employed in health services at a general academic institution of the System; and
6. System institutions against which a liability claim is made that arises from the treatment or lack of treatment by any of the above Plan Participants.

COVERED CLAIMS

A “medical liability claim” is a claim or a cause of action alleging treatment or lack of treatment that departs from accepted standards of medical care which proximately results in the injury or death of a patient.

In order to qualify as a “covered claim” the medical liability claim must arise from the participant’s employment, official duties, or training with the System. Treatment rendered in the performance of these official duties must occur within the United States, its territories or possessions, or Canada. For “medical liability claims” arising from treatment rendered in any other foreign country, however, specific additional international coverage must have been purchased and specific conditions of participation must be met.
"Disciplinary and Licensing Actions" which are covered include any disciplinary, licensing, or similar administrative proceeding brought against a participant by the Texas Medical Board or Texas State Board of Dental Examiners that arises from a covered activity, except where a potential conflict of interest exists between the Participant and The University of Texas System or its institutions with regard to a potential or pending employment or administrative matter.

Coverage of participants for Disciplinary and Licensing Actions is limited to legal representation of the participant by an attorney in a proceeding brought against the participant by the Texas Medical Board or Texas State Board of Dental Examiners that arises from a covered activity.

Coverage provided by the Plan is on an occurrence basis, meaning that a participant is covered for all claims and lawsuits that arise from treatment, regardless of when the claim or lawsuit is filed.

EXCLUSIONS FROM COVERAGE

A complete list of exclusions is contained in the Plan document maintained by the Plan Administrator. The following is a partial list of coverage exclusions for medical liability claims as well as disciplinary and licensing actions:

1. Injury arising out of any illegal, dishonest, fraudulent, criminal or malicious act or omission;
2. Any claim or lawsuit based upon the violation of a state or federal law;
3. Injury arising out of any sexual conduct of the participant;
4. Injury caused while the participant is acting under the influence of alcohol or drugs;
5. Any claim or lawsuit arising from actual or alleged discrimination based upon race, religion, color, sex, national origin, age, or handicap against a patient or employee;
6. Property damage;
7. Punitive or exemplary damages;
8. Any claim or lawsuit arising out of professional services which occur after the termination of the faculty appointment, residency, or medical student status with the System;
9. Any claim or lawsuit arising out of professional services billed for by the participant but not deposited in a System health institution practice plan, trust-affiliated foundation or certified not-for-profit corporation as approved by the Board;
10. Any claim or lawsuit arising out of professional services performed for professional fees, salaries, or other compensation by a participant outside of their employment, appointment or enrollment with the System.

**LIMITS OF LIABILITY OF THE PLAN**

These limits apply unless lower liability limits are set by law, in which case the lower limits apply:

- **Annual Policy Aggregate:** $30,000,000
- **Staff Physician:** $500,000 per claim / $1,500,000 annual aggregate
- **Resident:** $100,000 per claim / $300,000 annual aggregate
- **Medical Student:** $25,000 per claim / $75,000 annual aggregate

**Per Incident Limitation:** Liability is limited to $2,000,000 per claim, regardless of the number of the claimants or physicians involved in an incident.

For an additional premium, medical students may be eligible for additional coverage when enrolled in an approved “externship” outside of the State of Texas.

For an additional premium and upon meeting specific criteria, physicians may be covered while providing medical services internationally on behalf of UT System.

**Limitation on Disciplinary and Licensing Actions:** Up to $25,000 in costs and expenses incurred in connection with the investigation and defense of a single disciplinary and licensing action brought against the participant, unless there is a discretionary determination of necessity to exceed this limitation up to $35,000; and up to $100,000 for all such proceedings during an annual enrollment period.

**RESPONSIBILITIES OF THE PARTICIPANT**

**Procedure for Reporting Incidents**

Any incident that is not consistent with the routine operation of a hospital or clinic or the routine care of a particular patient should be reported to the U.T. health institution Plan liaison or designated risk manager, who will request a written report on behalf of the institution’s Professional Liability Review Committee and the Office of General Counsel.

Written reports requested by the institutional Plan liaison on behalf of the Office of General Counsel and the institution’s Professional Liability Review Committee are prepared in anticipation of litigation and are confidential under the privileges accorded to attorney-client communications and peer review committee investigations. Participants should inform their department chair that they are reporting an incident to the Plan liaison. However, **NO WRITTEN NARRATIVE REPORTS** should be given to the
department chair because the institutional Professional Liability Review Committee comprised of clinical chairs or their deputies, will request and review all narrative reports in order to conduct a confidential medical peer review of the incident. Reports of incidents involving a resident insured by an affiliated teaching hospital's liability coverage will be referred to the hospital risk manager's office.

**Procedure for Reporting a Notice of Claim or Lawsuit**

For your own protection and to comply with the conditions of this Plan, all written notices of claims or legal actions must be reported promptly. Time is of the essence in the proper disposition of any claim or legal action and **FAILURE TO NOTIFY** the Office of General Counsel via the Plan liaison or designated risk manager may **JEOPARDIZE YOUR COVERAGE**.

1. Whenever a participant receives notice of a health care liability claim or is served with a citation and petition the following steps should be taken **IMMEDIATELY**:
   a. Inform the department chair or deputy of the receipt of a notice of a health care liability claim or lawsuit.
   b. Proceed immediately with all legal papers to the Plan liaison or designated risk manager at your institution (see List of Plan Liaisons above) who will forward all documents to the Office of General Counsel. The Office of General Counsel, assisted by the institution's Professional Liability Committee, Plan liaison and risk manager, will investigate the claim.
   c. Refer all further inquiries by the patient or his attorney to the Office of General Counsel via the Plan liaison or risk manager.

2. If a participant who is no longer employed by the System or enrolled in the Plan receives a notice of health care liability claim or citation and petition regarding an alleged incident that occurred while the participant was covered under the Plan, the participant should take the following steps:
   a. Advise the Plan Liaison or designated risk manager by telephone of such notice, or citation and petition. The Plan Liaison or designated risk manager will immediately contact the Office of General Counsel.
   b. As soon as possible, all legal documents should be forwarded to the Office of General Counsel via the Plan Liaison or designated risk manager.

Once a notice of claim is received or a lawsuit is filed, the participant, upon request of the institutional Professional Liability Committee and the Office of General Counsel may be asked to complete a narrative report.

Upon receipt of a citation and petition served upon a participant, the Office of General Counsel will select a defense attorney to represent the participant in the lawsuit. All legal fees and expenses are paid by the Plan and are not deducted from the limits of liability coverage of a participant.
SETTLEMENT DECISIONS

The Administrator of the Plan (Vice Chancellor and General Counsel), has the ultimate authority to settle a claim or lawsuit, subject to additional approvals required by the Board of Regents. It is, however, the practice of the Office of the General Counsel to include the participant in any discussions of settlement of a claim where payment will require a written report to be made to the National Practitioner Data Bank.
Physician-In-Training (PIT)/ Licensure & The TMB
Contact Us

Licensing | Renewals | Licensee Resources | Forms | Laws & Rules | Publications
Newsroom | Consumer | Agency | FAQs

Physician
- Full Texas Medical License
- Physicians in Training
- Faculty Temporary Licenses
- Admin Medical License
- Visiting Physician Temporary Permit
- Visiting Professor Temporary License
- Physician Public Health Licenses
- Conceded Eminence License
- Out of State Telemedicine License

Physician Assistants
- Eligibility for Licensure
- Application Checklist
- Supplemental Checklist
- Jurisprudence Exam
- Apply Online
- Fees
- Supervised Temporary License Log

Acupuncturists
- Requirements
- Acupuncture checklist
- JP exam and study guide
- Apply Online
- Temporary Acupuncture License
- Resources
- Licensure Application Fees
- Rules and Regulations
- Resources and Continuing Education

Other License Types
- Surgical Assistants
- Non-certified Radiological Technicians
- Non-profit Health Organizations
- Acudetox

Home >> Licensing

Friday, 07 February 2014

Licensing Overview

This section of the website contains information about licensing requirements for physicians, physician

http://www.tmb.state.tx.us/page/licensing

Licensing Quick Links

Occupations Code &

2/7/2014
assistants, acupuncturists, and a variety of other license types.

Coming Soon

Additional information for this area of the new TMB website is coming soon.

Please keep checking our site for updates.
Physicians in Training (PIT)

These pages contain application information for Physicians in Training Permits. If you have any questions, please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030.

http://www.tmb.state.tx.us/page/pit-overview
The issuance of a permit to a physician shall not be construed to obligate the board to issue the physician subsequent permits or licenses. The board reserves the right to investigate, deny a permit or full license, and/or discipline a physician regardless of when the information was received by the board.

The following are excerpts from Chapter 171 of the **Board Rules**. We suggest that you fully review these rules to determine your eligibility for the permit and to review the documentation that will be required to complete the application for a permit, including documentation to explain responses to questions on the application. The Board reserves the right to request supplemental information or documentation from an applicant.

To be eligible for a physician in training permit, an applicant must present satisfactory proof to the board that the applicant:

- is at least 18 years of age
- is of good professional character
- is a graduate of a medical school or has completed a Fifth Pathway Program
- has been accepted into an approved postgraduate training program or board approved postgraduate fellowship training program; and
- has been credentialed by the postgraduate training program to include verification by the program of:
  - the applicant's identity; and
  - the applicant's character and academic qualification including verification of medical school graduation

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

http://www.tmb.state.tx.us/page/pit-overview
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, Canada, or a uniformed service of United States.

an investigation or proceeding pending for the restriction, cancellation, suspension, revocation, or other discipline of the 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 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.

Document Retention

Documents received prior to the receipt of your application forms and fee will be held for 6 months only.

We recommend using one of the private overnight delivery services that allow tracking to submit all required items. These services require delivery to a physical address and a phone number. Delivery by a private overnight service to our physical address usually allows you to obtain immediate online confirmation of delivery from the carrier.

Items mailed through the US Postal Service (regular, certified, express, or overnight), must be addressed to our mailing address, or they will be returned to the sender. A vendor signs for and delivers these items to our agency. Even if a tracking mechanism is used, the signature confirming receipt of items delivered to the mailing address will be that of a vendor employee, making confirmation of delivery to the TMB more difficult.

Delivery
Physical

Mailing address
Address and Phone
Texas Medical Board
PRC, MC-240
333 Guadalupe,
Tower II, Suite
700 Austin, TX
Phone - (512)
305-7030

Texas Medical Board
PRC, MC-240
P.O. Box
2029 Austin, TX
78768-2029

Processing Information:
Applications may take a minimum of 8 weeks for the initial review, due to the large volume we receive.

After reviewing your file, we will notify you of any missing documents or information.

Issuance of a postgraduate training permit in Texas is not a guarantee of the issuance of a permanent license.

PIT Holders Duties to Report
PIT Program Director's Report

Site Links
Agency Accessibility Policy Contact Us Employment Compact w/ Texans Privacy Policy Policies Open Records Site Map
External Links
Texas.gov Texas Veterans Portal TX Occupations Code TX Homeland Security Search TX State Sites SAO Fraud Reporting Poison Control Center Governor's Committee on People with Disabilities

http://www.tmb.state.tx.us/page/pit-overview 2/7/2014
Physicians in Training (PIT)

These pages contain application information for Physicians in Training Permits. If you have any questions, please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030.
### Duties of PIT holders to Report

If you are a Physician in Training (PIT) permit holder, you must report, in writing, to the Executive Director of the board, the following circumstances within thirty days of their occurrence:

- the opening of an investigation or disciplinary action taken against you by any licensing entity other than the Texas Medical Board;
- an arrest, fine (over $250*), 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 your 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.

**PIT Holders Report Form - Word**

**PIT Holders Report Form - PDF**

If you have any questions regarding this request, please feel free to contact our office. You can contact the Pre-Licensure, Registration and Consumer Services Department at (512) 305-7030, by fax at (512) 305-7009, or by e-mail at pits@tmb.state.tx.us

*This amount is currently $100 in rule, but it in the process of being changed to $250. Report only fines over $250.*
Physicians in Training (PIT)

These pages contain application information for Physicians in Training Permits. If you have any questions, please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030.

http://www.tmb.state.tx.us/page/pit-overview

Friday, 07 February 2014
Board rule §171.6 states in part that the Director of each approved postgraduate training program shall report in writing to the Executive Director of the Board, the following events within thirty days of their occurrence.

171.6. Duties of Program Directors to Report.

(a) Failure of any postgraduate training program director to comply with the provisions of this chapter or the Medical Practice Act §160.002 and §160.003 may be grounds for disciplinary action as an administrative violation against the program director.

(b) The director of each approved postgraduate training program shall report in writing to the executive director of the board the following circumstances within thirty (30) days of the director’s knowledge for all participants completing postgraduate training:

(1) 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);

(2) if a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave) and the reason(s) why;

(3) if a physician has been arrested after the permit holder begins training in the program;

(4) if a physician poses a continuing threat to the public welfare as defined under Tex. Occ. Code §151.002(a)(2), as amended;

(5) if the program has taken final action that adversely affects the physician’s status or privileges in a program for a period longer than 30 days;

(6) if the program has suspended the physician from the program;
Types of Conduct - PDF

(7) if the program has requested termination or terminated the physician from 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 the action is final.

(c) A violation of §§164.051-164.053 or any other provision of the Medical Practice Act is grounds for disciplinary action by the Board.

Source Note: The provisions of this §171.6 adopted to be effective November 7, 2004, 29 TexReg 10107; amended to be effective June 29, 2006, 31 TexReg 5100; amended to be effective August 10, 2008, 33 TexReg 6134.

Program Directors Report of Certain Types of Conduct - Word

Program Directors Report of Certain Types of Conduct - PDF

If you have any questions regarding this request, please feel free to contact our office. You can contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030, by fax at (512) 305-7009, or by e-mail at pits@tmb.state.tx.us.
Look up a License

Search our databases for license and permit information on physicians, physician assistants, acupuncturists and non-certified radiologic technicians licensed by the State of Texas. (This includes Physician Profiles and verifications for other licensees. All of our databases provide links to view Board Orders, where applicable).

In addition, the link below will allow a search of any Board action issued (Board order, remedial plan, cease and desist, etc.), including those issued to physicians, physician assistants, acupuncturists, non-certified radiologic technicians, surgical assistants and pain management clinics.

Click Here to Look up a License

Please Note: You may have a problem accessing the link above if your popup blocker is enabled.

If you have questions contact the Pre-Licensure, Registration, and Consumer Services Department (PRC) at (512) 305-7030 or, in Texas only, at (800) 248-4062. You may also send email to verifcic@tmb.state.tx.us

http://www.tmb.state.tx.us/page/look-up-a-license
Physician Online Profile

Other Healthcare Professionals

Medicare/Medicaid lists

In addition to verification information, physician licensee records or "profiles," contain consumer-oriented professional background information. Physician profiles include license status, educational background, disciplinary actions, as well as information self-reported by the licensee but not verified by the TMB (e.g. primary practice address, hospital privileges, delegation information, etc.) All verifications also include a description of any action taken by the Board against a licensee.

Data is updated daily and may be considered the most current information available. Access to this computer system is authorized for the automated verification system only. All other access to this computer system is expressly prohibited. Any unauthorized access or use of this is subject to both civil and criminal penalties.

http://public.tmb.state.tx.us/HCP_Search/searchinput.aspx
Residents Switching from Permits to Licenses

Be aware that:

Proof of application for the resident's DPS certificate has to be received by UH's Professional Staff Services within 2 weeks of the license issue date.

Residents have 90 days from the issue date to obtain both the DPS and DEA certificates before UHS removes their prescriptive authority.

Add the license number to Ni and remove the permit number.
NI-Required Documentation
Ni – Required Documentation

Personnel Data:
Entered by GME Office:

First name: as listed on most current Social Security card

Last name: as listed on most current Social Security card

Middle Name: as listed on most current Social Security card

Training records: Resident’s UTHSCSA program with start and end dates that coincide with contract dates each year

Initial program – program resident entered the very first year out of med school; generally is whatever resident matched into (beware of simultaneous matches)

Post Graduate Year – total number of years of post-graduate years completed plus 1

Status – Year in Program; corresponds to status on Resident Contract

SSN – Never a temporary number

Medical School: if they attended multiple medical schools, the one they graduated from

Med school graduation date: data on diploma

School Code (CMS)

ECFMG IRIS date: USMLE Step 2 Clinical Skills (CS) pass date

Employer: the paymaster and administer of benefits. In most cases, this will be UH unless the person is paid by the military or on an H1B visa

DOB

Gender

Race

Ethnicity

Degree (credentials)
Entered by Program:

- Primary email: must be UTHSCSA email address
- Pay source: salary line for the resident; must be entered annually
- Pager number
- Permit or License Number
- Local address

The information in the modules below is the responsibility of the program.

Academic Year:

An academic year matching a program's rotation intervals must be entered annually.

Block Schedule:

A block schedule for each resident must be entered for each resident and fellow prospectively. This is a program responsibility.

IRIS:

An annual audit of rotation breakdowns is performed by the GME Office. Rotation breakdowns involve the amounts of patient care and didactics that comprise rotations and where those activities take place. Programs must be knowledgeable of these changes and the effective date of these changes. Between audits, programs must report any changes in locations or changes in percentages of didactics vs. patient care to the GME Office.

Duty Hours:

Residents are required to log their daily duty hours contemporaneously based on duty type. Residents are responsible for logging every work day in addition to scheduled days off and vacation. Coordinators must ensure that logs are kept current and that logs are completed by the first day of the month for the prior month. If a violation results, the program is responsible for investigating the violation and ensuring that a cause is logged for the violation. If a violation is justifiable, the program must document that the cause of the violation either meets or does not meet allowable criteria as listed in the programs Program Requirements.
Program Administration:

Programs must enter their program leadership such as PD, APD, and personnel such as PC into Ni in the Program Information area.

Program must denote Core Faculty and CCC Members.

Program must choose their Participating Sites to align with the information in ADS.
Residents Portfolios vs Resident Files
Recommended Format for Resident Training Folders

The training folder should be divided into at least six categories. More category divisions could be added if beneficial to the specific program. The six basic categories are:

1. Demographic Summary
2. Application Documents
3. Contracts and Professional Liability Insurance
4. Credentialing Documents
5. Record of Training
6. General Correspondence (not related to resident performance)

Information and/or documents to be included in each section are as follows:

**Demographic Summary**

1. House Staff Data Sheet – this sheet should include the following information:
   a. Name, address, contact information, emergency contact person
   b. Social Security Number, DOB, Place of Birth, Citizenship, Visa Status
   c. Sex and Race
   d. Medical School, graduation date, degree awarded
   e. ECFMG ID number and expiration date
   f. Permits/License number and expiration date
   g. NPI number and date of issue
   h. Initial training program – institution, specialty, dates attended

(Most of this information is required by one or more of the various agencies involved with graduate medical education.)

2. Supplemental Personal information – this would be a separate document which includes other information need for the specific residency program. Elements here could include:
   a. UT badge number
   b. UHS Physician ID number
   c. Spouse and children

**Application Documents**

1. Printed application submitted for selection process (ERAS, University Application, etc.)
2. Curriculum Vitae
3. Medical school dean’s letter
4. Medical school transcript
5. USMLE/COMLEX score reports
6. Letters of recommendation
7. Security/Background Check Clearance
8. Notice for voluntary disclosure of social security number
9. Verification of credit from prior residency training
10. Other documents as needed by the specific department

February 19, 2008
Contracts and Professional Liability Insurance
1. Copy of current training year contract (prior years may be kept, but are available on an individual basis from UHS Professional Staff Services Office)
2. Current Certificate of Professional Medical Liability Benefit Plan (prior years may be kept, but are available through the Medical Dean’s Financial Office or from the UT Office of General Council).
3. Risk Management Credit documentation.

Credentialing
1. Medical School diploma.
2. Texas Medical Board Physician in Training Permit or Medical License.
3. Medical licensure from other state(s).
4. GME certificates from prior training programs.
5. BCLS, ACLS, PALS, etc, certification
6. ECFMG certificate
7. Visa Information

Record of Training
1. Promotion documentation for completion of training level.
2. Procedure log reports.
3. Final letter of evaluation (send as response to verification of training requests).
4. Administrative Assignment (not-reportable to TMB).
5. Declaration of Probation Status.
6. CDT Certificate.
7. Prior residency training – transfer documentation.
8. Research documentation, presentations.
10. Program-specific documentation (i.e., in-training exam).

General Correspondence
(No directly bearing on resident performance, but necessary for reference)
1. Financial forbearance or deferment forms.
2. Verification of training status or salary.
3. Signed receipts for various documentation.
4. Letters of recommendation.
5. Moonlighting approval forms.
6. VA Statement of Commitment
7. Awards
8. Other documents as deemed necessary

February 19, 2008
The following Portfolio Document is an example of a collection of suggested documents that should be included in a resident portfolio.

The GME Office does not endorse the inclusion of formative evaluations (monthly evaluations of the resident by faculty, peers, nurses, or staff) in the resident portfolio that the resident TAKES WITH HIM/HER as these documents are meant to help the resident improve along his/her way through their training experience. The GME Policy on records retention specifies that these formative evaluations must be retained throughout the duration of the individual's training, and must then be deleted. For that reason, it is not recommended that the resident keep a permanent file of these documents.
Resident Portfolios
Judy Fast, West Virginia University Program

A learning portfolio can be a powerful tool for evaluating resident knowledge and the general competencies. Maintaining portfolios on your residents is an ACGME program requirement and will be an important part of meeting the general competencies.

What is a Learning Portfolio?
A learning portfolio is a collection of materials that represents the learner’s efforts, progress and achievements in multiple areas of the curriculum throughout their training. The purpose of a learning portfolio is to facilitate improvement in abilities and contribute to the life long learning process. A portfolio is a method to encourage residents to reflect on their experiences and learn from them. A portfolio is a place to store and keep work products of the residency and would include: (a) Collection of personal work, i.e. PowerPoint slides, handouts, exhibits, effort, progress, achievement; (b) Serves as an ongoing diary of their learning experiences. A portfolio will help mentors and coaches use the system to help residents gain insight into their education. By creating a portfolio the resident takes an active role in his/her achievements during training.

A portfolio is a record of growth, achievement and professional attributes that illustrate progression toward competence over time and to self-directed, life long learning. During the four years of training the resident will construct a portfolio with evidence of growing competency as a radiologist. Upon graduation the portfolio should be given to the trainee and will give them documentation that will enhance their marketability and serve as proof to others as well as the trainee that they are a competent physician. A portfolio provides the opportunity for residents to learn and demonstrate skills needed to develop an approach to self-directed, lifelong learning because the resident is responsible for its creation.

Key Elements of a Portfolio
- Self assessment
- Goal setting
- Mentored observation/feedback
- Works in progress
- It should coincide with the resident’s training plan and objectives
- Should be linked with which competencies a particular portion of the portfolio is meeting

Why a Portfolio
- The resident takes an active role in his/her achievements because the trainee selects the content of the portfolio. However, any documents that might be helpful at a later date can also be added.
- A portfolio is a method to evaluate, acquire feedback, self reflection and achieve growth and development
- A portfolio serves as a method of comparisons; such as comparing grades on in-training exams and mock boards during the residency training period to make sure the resident is attaining adequate progress in their training
- A portfolio is a way to self-reflect on learning experiences during training.
- A portfolio can be used for credentialing purposes post-residency training because it will contain much of the information necessary for credentialing completion.
Benefits of Keeping a Portfolio

- The resident is accountable for most of what is included in the portfolio and therefore, involved in their own assessment by having a portfolio.
- A portfolio contains samples of the resident's work and what the outcomes are, i.e., publications, presentations, and other projects done during residency training and whether they were presented at a national, state, or local meeting or appeared in print in a refereed journal.
- The portfolio aids in the final evaluation because you have a report of everything the resident has accomplished during their residency training therefore making it simpler to put the final evaluation together.

The portfolio is the property of the resident

- The portfolio should be kept as a part of the residents file.
- Upon completion of residency training the resident will take the portfolio portion of their file with them. Before giving the portfolio to the resident make a copy for the resident's permanent record. Much of the information in the portfolio is helpful when completing the PIF. The ACGME will most likely request a copy of the resident portfolio at the time of their site visit.

Pros of Keeping a Portfolio - Resident: Some of the pros of the resident keeping a portfolio are:

- Aids the resident in documenting "self-directed" learning behaviors such as a compilation of what has been read, what conferences and journal clubs have been attended, etc.
- It helps the resident create a habit of inquiry and practice of evidence based medicine.
- It aids the resident in keeping a list for examination preparation and credentialing. Enables the resident to check to see what has been covered and what may still need to be covered.
- It gives the resident a chance to address individual deficiencies with the program director.

Pros of Keeping a Portfolio - Program Director: Some of the pros of a portfolio from the program director's perspective are:

- It is a real-time assessment of resident clinical activities.
- It serves as a vehicle of immediate feedback to the resident.
- It is an assessment of resident self-directed learning activities and their use of medical literature.
- It serves as a database of resident and program learning needs.
- It includes medical education research done by the resident and is on hand for PIF completion.
- It promotes faculty development.
- Portfolio entries can be linked to a competency (i.e., if a resident identifies a problem and works the problem toward a solution, this is an example of what can meet portfolio requirements for Practice Based Learning, or if a problem is identified at a resident meeting, bring a solution to the next meeting).

The portfolio is a self-reflection on how the resident achieves the objectives of the program and the program rotations. The resident requires the program director's input on how to achieve
their goals and this should be discussed during their semi-annual review with the program director. Definition of the competencies should be discussed as well as the goals the resident has set for themselves, along with expectations as to how to achieve these goals. If the goals are not achieved, new goals need to be set and re-evaluated.

Portfolio Content
The portfolio should be a part of the resident's permanent file and should include:
- Personal goals and statements about what has been learned and what is wished to learn during their training
- Self Reflection – reflect on learning experiences and what future goals for learning are
- Daily Learning Plan
  o Books read, i.e. chapter numbers, number of pages
  o Literature reviewed, i.e. journals, online articles
  o CD's reviewed
  o Educational web-sites visited
  o Quality Improvement Plan and report of results
- Case Log Summary
  o Case Log information and case summaries should be included. This information is helpful when requesting privileges, especially in nuclear medicine where numbers of cases are necessary for a radiologist to be added to an institution’s NRC license.
- Conference Attendance
  o Noon Conference
  o Journal Clubs
  o Grand Rounds
  o Intra- and Inter-departmental conferences
- Work Products/Scholarly Activity
  o Research
  o Publications
  o Presentations
  o Slides/Handouts used when presenting at conferences, grand rounds, M&M conferences
  o Summary of research literature reviewed in preparation for articles to be submitted for publication or for a conference presentation.
- Teaching
  o Noon Conference Presentations
  o Quiz Conference Presentations
  o Medical Student teaching
- Meetings with Program Director
  o Should also have a record of meetings with program director or mentor including signed documentation of the meeting.
- Examinations
  o ACR In-Training Exam
  o RAPHEX
  o Mock Boards
- Dictation Review, Feedback
- Critical Incidents
- Professional Meetings Attended
  o List of professional meetings attended and whether or not a presentation or
    poster was done
- Certificates, Records, Awards
- Personal Experiences
  o Duty Hours
  o Rotations
  o Conferences Given
  o Leave (vacation/sick)
- Copies of Evaluations and Ratings
  o 360 evaluations - nurses, technologists, patients, peers, self
    ▪ Evaluations should be printed if they are done in an electronic format and
      placed in the resident’s permanent file. The reviewer wants to see them
      in print at the time of the site visit and they will be available in the
      portfolio for review.
  o Patient feedback
    ▪ Letters of appreciation from patient or patient’s family or, on the down
      side, letters of non-appreciation
  o Monthly faculty evaluations
  o Summary evaluations
  o Final evaluations
Example

The following is an example of a portfolio table of contents. The portfolio is kept in a separate folder in the resident’s permanent file and divided into 15 sections.

**Portfolio Contents**

1. Personal Goals
2. Self Reflection and assessment, yearly
3. Daily Learning Plan
   - Books read
   - Literature reviewed
   - CD’s reviewed
   - Education web-sites
4. Case Log Summary
5. Conference Attendance
   - Noon Conference and participation
   - Journal Clubs
6. Work Products/Scholarly Activity – Quality Improvement Project
   - Research
   - Publications
   - Presentations
   - Slides/Handouts
7. Teaching
   - Noon conference
   - Quiz conference
   - Medical student teaching
8. Meetings with Program Director
9. Exams: In-Training/Mock Boards
10. Dictation Review, Feedback
11. Critical Incidents
12. Professional Meetings Attended
13. Certificates, Records
14. Personal Experiences
   - Leave (vacation/sick)
   - Duty Hours
   - Rotations
   - Conferences Given
15. Evaluations
   - Monthly/semi-annual
   - 360
   - Summary
Duty Hours
DUTY HOURS

Program must:

- Follow specialty-specific Program Requirements guidelines and institutional duty hours policy
- Implement policies and procedures with respect to duty hours and moonlighting and submit them for review to the Duty Hours Subcommittee
- Ensure minimized and safe patient hand-offs
- Educate faculty and residents about fatigue and alertness management
- Monitor resident duty hours and their timely entry into New Innovations
- Respond to any violations and violations justifications
- Respond to any inquiries about said violations and justifications from the Duty Hours Subcommittee

Coordinators must:

- Be aware of Program Requirements (PR's).
- Be familiar with the screen residents see when logging duty hours.
- Be aware of duty types or assignments available to residents.
- Monitor for contemporaneous logging.
- Ensure logs complete for month by first day of next month.
- Ensure resident always on a primary rotation in block scheduling.
- Promptly alert PD or APD to violations and ensure residents are logging a cause and comments
- Be aware of allowable justifications for violations (see Program Requirements for your specialty).
- Assist PD in adjudicating justifications.
- Feel free to contact Ni or GME Office for guidance or technical support.

Resources:

- Common Program Requirements, Section VI. Resident Duty Hours in the Learning and Working Environment (See this binder, Common Program Requirements section)
- Your specialty-specific Program Requirements
- GME Website Duty Hours page
- Duty Hours Subcommittee
  - Dr. John Toohey, Chair
  - Wendy Malone, GME support
Tips for Logging:

- Vacation should only be logged M-F. Vacation days are removed from the numerator and denominator when duty hours rules are applied to the data, per ACGME requirements.
- All days off should be logged as “Scheduled Day Off,” including Saturday and Sunday during vacation.
- Sick days should be logged as “Sick Day.”
- PGY 2’s and above are allowed 24 continuous hours of patient care and then must hand patients over. During this hand-over (not to exceed 4 hours), residents may log “Patient Hand-off.”
- PGY 1’s may not work beyond 16 continuous hours including time spend handing-off patients.
- Didactics, conferences, research not involving patients, and meetings may all be logged as “On duty – Non-Patient-Care.”
- Rotation, clinic, OR, etc. may all be logged as “Patient Care.”
- When traveling, only the time actually spent in the conference or other activity must be logged.
Resident Duty Hours

Purpose

It is the policy of the UTHSCSA Graduate Medical Education Committee to follow requirements established by the ACGME regarding duty hours for residents in accredited training programs. Specific details can be found at the ACGME website, www.acgme.org and are subject to change without notice.

Definitions

- **Duty hours:** 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 work site.

- **Internal Moonlighting:** Clinical and administrative activities performed within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s) which are voluntary and NOT required, and for which additional compensation is given. This time must be counted toward the 80-hour weekly limit on duty hours.

- **External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

- **Home call (pager call):** Call taken from outside the assigned institution. This call is not subject to the every third night limitation. If the residents are called into the hospital from home, those duty hours are counted toward the 80-hour limit.

- **New patient:** any patient for whom the resident has not previously provided care.

Policy

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. All residency programs must monitor resident duty hours, on an ongoing basis, employing methods that provide accurate data. The GMEC will review program data. All programs must monitor residents for evidence of stress and fatigue related to service obligations and duty hours related to scheduled workload and moonlighting, educate faculty in
monitoring residents, and develop backup plans for affected residents. When necessary for safe travel, a taxi voucher is available to fatigued residents/fellows.

Duty Hour policies:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all internal and external moonlighting (PGY-1 residents are not permitted to moonlight).

2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).

3. For Intermediate level residents, a 10 hour time period for rest and personal activities should be provided, and 8 hours must be provided between all daily duty periods, and after in-house call. They must have at least 14 hours free of duty after 24 hours of in-house duty.

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

5. Continuous on-site duty, including in-house call, must not exceed 16 hours for PGY-1s and 24 consecutive hours for all other residents. Upper level residents may remain on duty for up to 4 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

6. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

7. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education
have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

8. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

9. Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

10. When an individual RC maintains a more restricted requirement, the RC requirement will supersede the requirements listed above.

**Extension of Duty Hours by 10% (to 88 hours per week)**

Programs (for which the RC permits) may petition the GMEC for permission to request approval from their RC for extension of duty hours to 88 hours per week for sound educational purposes.

1. The Chairman of the GMEC will appoint an ad hoc subcommittee that includes two Program Directors and three residents, including one from the requesting program, to review requests for extensions of duty hours.

2. One of the two Program Directors will chair the Ad Hoc committee.

3. The written findings and recommendations of the Ad Hoc committee will be presented at the next regularly scheduled meeting of the GMEC.

4. Members of the GMEC, based on the letter from the Program Director and the findings and recommendations of the Ad Hoc committee, will develop its report and send this report to the Program Director.

5. The decision of the GMEC may not be appealed; however the program may resubmit its request.

6. If the request to extend duty hours has been approved by the GMEC, the Program Director then may petition the appropriate RC for permission to extend hours. The letter from the GMEC must be used when communicating to the RC.

7. Program Directors will not implement the extension of duty hours until approved by their respective RC.

8. Program Directors must monitor resident duty hours on a routine basis, but on a more intense basis if the GMEC has granted an extension.

The request may be submitted in any format. A suggested form is
appendix below. Minimum information to be included with the request includes:

1. State the circumstances under which residents may be expected to
duty more than 80 hours per week, averaged over 4 weeks. Include
the specific rotations and the year of training for which the request
is being made.
2. State why the program cannot maintain the 80-hour limit
3. State the improvement in educational experience that is anticipated
to result from this increase in duty hours. This may include RRC
requirements the program will not meet if residents work 80 or
fewer hours per week
4. State how the program will monitor resident hours to assure
compliance with the duty hour rules.
5. Statement of support by the Department Chairman.

FORM: Request for GMEC Approval of Duty Hour Extension - Microsoft
Word.doc or Acrobat Reader.pdf

Duty Hours reporting requirements

All UTHSCSA GME programs must document compliance with ACGME
duty hour standards. The GME Committee Duty Hours Subcommittee
determines program compliance with standards, based on review of the
following program data:

1. duty hours documentation.
2. justification for staying beyond recommended hours
3. moonlighting
[Program Name Residency/Fellowship] Training Program

Duty Hours Policy – Effective [date]
[replace red text and include italicized text as appropriate to program]

The [Program Name Residency/Fellowship] Training Program recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives of the program will not be compromised by excessive reliance on residents to fulfill service obligations.

Professionalism, Personal Responsibility, and Patient Safety
The [Program Name Residency/Fellowship] Training Program educates residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients and promotes patient safety and resident well-being in a supportive educational environment.

The program director ensures a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty demonstrate an understanding and acceptance of their personal role in:
- assurance of the safety and welfare of patients entrusted to their care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- honest and accurate reporting of duty hours.

The [Program Name Residency/Fellowship] Training Program oversees residents’ duty hours and working environment. During all clinical rotations within the training program *including rotations within other departments, trainees and staff conform to existing ACGME, RC, and institutional duty hours policies. Duty hours include activities related to the residency program, i.e., patient care *(both inpatient and outpatient), administrative duties related to patient care, provision for transfer of patient care, *call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

All moonlighting must be voluntary, if it is allowed. If a program allows residents/fellows to moonlight, the following information should be included in the policy:

Moonlighting will not interfere with the ability of the resident to achieve the goals and objectives of the training program.

Time spent by residents in any moonlighting activity is counted toward the 80 hour maximum weekly hour limit.

PGY 1 residents are not permitted to moonlight.

All residents and faculty members demonstrate responsiveness to patient needs that supersedes self-interest. Our physicians recognize that, under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

GMEC Approved – March 11, 2014
In unusual circumstances, residents beyond their first training year, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident will:

- appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
- document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director in New Innovations.

The program director will review each submission of additional service, and track both individual resident and program-wide episodes of additional duty in New Innovations.

The program’s policies and procedures, including this policy, are distributed to residents and faculty annually and after each policy change. [Detail how this policy is distributed to residents and faculty, how often, and by what method (e.g., posted on New Innovations homepage, included in Resident Handbook, etc.).]

1. **Duty Hours Requirements – Section VI.G of the [Program Name Residency/Fellowship] ACGME Program Requirements**

2. **Contingency Plan and Recognition of Fatigue and Countermeasures**

   Faculty and residents are educated to recognize the signs of fatigue and sleep deprivation. [Please describe by what means and how often faculty and residents receive education on sleep and fatigue.]

   To prevent and counteract the potential negative effects of fatigue, the following measures have been implemented: [Please detail these measures.]

   The program director has set up a contingency plan or backup system that enables patient care to continue during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The program director and supervising faculty are engaged in actively monitoring residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to residents’ performance and the well-being of the residents or the patients or both.

   [Provide details of this contingency plan, how it is activated, and how faculty and other residents are involved. For example, how does the program provide support to a resident who is approaching the restriction on duty hours and has no relieving resident?]
3. Duty Hours Policy Compliance Monitoring
Duty hours must be logged contemporaneously in New Innovations, per institutional policy.

The program director and faculty monitor compliance with this policy by monitoring call and duty schedules, direct observation of residents, interviews/discussions with residents, review of residents' evaluation of rotations, and by monitoring duty hours logs in New Innovations. Residents are instructed to notify the program director if they or other residents are requested or pressured to work in excess of duty hour limitations.

[Please detail the method by which duty hours violations will be addressed and any other special protections in place for your program.]
Program Letters of Agreement
Program Letters of Agreement (PLAs)
As of January 9, 2014

General Information

When should PLAs be renewed:
- Must be renewed every three years (stricter than the ACGME requirements).
- Whenever there are significant changes to any facts (e.g., signers, goals & objectives, PD, Site Director, etc.).

1. Be sure you are using the most current template (http://www.uthscsa.edu/gme/formstemplates.asp).
2. All PLAs must be on letterhead.
3. Signature blocks for the major institutions are posted on the GME website.
4. Provide two copies of UHS and VA PLAs.
5. Goals and objectives (DO NOT INCORPORATE INTO THE PLAs):
   a. Provide the link where they can be accessed, or
   b. Attach a copy to the PLA prior to submitting for signature
6. Needle-stick Policies
   a. The needle-stick policy link for UHS, VA, CHRISTUS, Methodist, and SAUSHEC is in the PLA Template: http://www.uthscsa.edu/gme/residentsfellowas.asp.
   b. If the PLA is for a site other than UHS, VA, CHRISTUS, Methodist, or SAUSHEC, you must provide a statement, in paragraph IV.e. of the PLA, either describing the policy or noting that it is attached to the PLA.
7. Process for submitting the PLA for signature:
   a. Prior to obtaining signatures, a draft of the PLA may be emailed to the GME Accreditation Manager for review.
      i. If no corrections are required and emailed PLA is on letterhead, the GME Manager will sign.
      ii. If corrections are needed, the PLA will be returned to the program for correction.
   b. After the GME manager signs the document, it will be returned to the program to obtain all the remaining signatures except the DIO’s. EXCEPTION: UHS PLAs must be signed by Dr. Bready prior to obtaining Dr. Alsip’s and Mr. Hernandez’s signatures.
   c. After all signatures are obtained, the PLA should be return to the Accreditation Manager to obtain the DIO’s signature.

<table>
<thead>
<tr>
<th>ACGME Accredited Programs Signatures</th>
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<td>UHS</td>
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Resident Rotations at a Program within the Sponsoring Institution
- Generally, PLAs are not required by ACGME, but are strongly encouraged as a means to clearly communicate conditions of the rotations. Examples:
  - MARC and CTRC
  - On-campus clinics, such as those in psychiatry and ophthalmology

Resident Visiting from Another Institution
- It is the responsibility of the program sending the resident, not the program accepting the resident to provide a PLA.
- It is the responsibility of the accepting UT PD to decide that the training of your residents will not be impacted by a visiting resident. If the PD Signs the PLA, that is an indication that your residents’ training is not impacted by the visitor.
- The DIO does not need to sign unless required by the visiting resident’s institution.

Non-ACGME Accredited Programs
- Are there requirements for your fellowship that require a PLA? (You need to provide these requirements for DAR as well.)
- If your program wants to have a PLA in place, you may use the GME template and modify it to fit your program’s needs.

*As defined by program requirements – see www.acgme.org

Y:\Operations\PC Training\2015 PC Handbook\PLA Process-Table format-January 9, 2014.docx
Outgoing Residents
SCHOOL OF MEDICINE • SAN ANTONIO

UT HEALTH SCIENCE CENTER
GRADUATE MEDICAL EDUCATION

OFFICIAL CLEARANCE FORM

Physician ID: __________

Dr. ______________________, Department/Division of _____________________________,

has officially cleared with the following UTHSC, VAH, and University Hospital areas and is eligible to receive his/her Graduate Training Certificate and (if UHS funded) his/her final paycheck.

NOTE: #19 CANNOT BE COMPLETED UNTIL #1 THROUGH #18 ARE SIGNED OFF BY THE APPROPRIATE PERSONNEL.

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

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<tr>
<th></th>
<th>Program Director or Designee</th>
<th>Signature &amp; Date</th>
<th>Comments</th>
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<th>Library Personnel (Room 3.010)</th>
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<th>Institutional Review Board</th>
<th>Program Coordinator Signature &amp; Date</th>
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Program Coordinator must submit a list of graduating residents/fellows to the IRB via email (IRBMail@uthscsa.edu) to ensure they are not involved in active research projects. Attach IRB Response for clearance.

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<th>Office of International Services</th>
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- Returned - MARC/CTRC parking permit
- Paid $3 fee for lost MARC/CTRC parking permit (cash only)

Rev. 2/2015
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<td>ACoS for Education (Room D317)</td>
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<td>Doctor’s Workroom (Room GB105)</td>
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<td>10.</td>
<td>Environmental Management (GL029)</td>
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<td>Canteen Office (1st floor new bldg.)</td>
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<td>Respective Service Secretary</td>
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<td>Pathology (P117); PM&amp;R (115, bldg. 6 Polytrauma); Surgery (E221); Neurology (C324); Medicine (D316); Radiology (Z101); Psychiatry (F112); Geriatrics (A306)</td>
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Form VA-0708 attached.
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<td>Medical Records (1st FL, “D”)</td>
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<td>Pagers (One Call Ctr. SL “C”)</td>
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<td>17.</td>
<td>Employee Health Clinic (3rd FL “B”)</td>
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<td>18.</td>
<td>Registration &amp; ID (SL “D”)</td>
<td>Signature &amp;Date</td>
<td>ID MUST BE RETURNED AFTER FINAL DAY ON SERVICE</td>
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<td>After Hours: Dispatch (West Parking Garage “B2”)</td>
<td>Comments</td>
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<td><strong>NOTE:</strong> #19 CANNOT BE COMPLETED UNTIL #1 THROUGH #18 ARE SIGNED OFF BY APPROPRIATE PERSONNEL.</td>
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UHS will scan and forward completed forms to MedGME@uthscsa.edu.
## Resident Certificate Request

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<tr>
<th>Name</th>
<th>Classification</th>
<th>Dates</th>
<th>Program/Director/Signature Block</th>
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<td></td>
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<td>July 1, 2012 - June 30, 2013</td>
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1. Decide when you need the certificates -- for graduation, by June 30, etc.
2. Obtain the above information from your graduates or for resident completing training off cycle.
3. Submit the spreadsheet, via email, to the appropriate individual in the GME office NO LATER THAN 30 DAYS before you need them.
4. When the Printshop provides the first proof, please review ALL certificates associated with the SRF # and submit changes/corrections altogether.
5. The Printshop allows only two "free" proofs, so please insure you review each certificate carefully.
6. The cost for these "Certificates of Completion" are paid for by GME.
7. The training program's home department will be ID'T'ed for the costs of 3 or more additional proofs and/or a rush.
8. A former resident requesting "new" copy of a lost/destroyed certificate will need to pay $____.
Certificate of Graduate Medical Education

The University of Texas Medical School at San Antonio

UNIVERSITY HEALTH SYSTEM

Rekeyed Copy - Please Proof Thoroughly

John Doe
Resident, General Surgery
July 1, 2004 - June 30, 2005

Dean
UTHSCSA School of Medicine

Program Director
Residency/Fellowship Program

President & Chief Executive Officer
University Health System

Designated Institutional Official
UTHSCSA School of Medicine

Director
South Texas Veterans Health Care System
Visiting Residents
Visiting Residents 1 - Observerships

Policy
The UTHSCSA is ACGME-accredited as a sponsor of Graduate Medical Education (GME) programs. Under the accreditation standards, as well as the regulations of the Texas Medical Board (TMB), the Joint Commission (TJC), and other regulatory bodies, certain rules apply which govern the institution's process for accepting residents from training programs outside the UTHSCSA who wish to visit this institution and our teaching hospitals for the purpose of medical education. While the primary obligation of the institution is the education of our residents, this policy has been developed to establish some uniformity of experience and to provide guidance to clinical departments that choose to offer observerships to other residents, as well as to the individuals who wish to undertake them.

The availability of clinical experiences to residents from other programs is at the discretion of individual clinical departments, and is based on the departments' availability of resources and preferences. The existence of these guidelines creates no obligation on the part of any clinical department to provide such experiences.

For residents from other training programs desiring clinical experiences within the institution, there are two types of medical experience available. These include:

1. Observerships
2. Clinical Rotations

This policy will address Observerships. Observership is defined as the position of observing patient care in a health care setting, without patient contact, for the specific purpose of gaining medical knowledge. No research involvement is allowed. (Further description of the position may be found below in Rules for Observership.)

Eligibility:

Observerships may be granted on a case-by-case basis to physicians who are graduates of a medical school and who are members in good
standing of a GME program (hereinafter called "residency").

Individuals who may be eligible for observership include the following:
- Residents in good standing in residency programs which are neither ACGME nor AOA accredited

Individuals who are not eligible for observership include the following:
- Residents at ACGME or AOA-accredited programs. These residents should seek a clinical rotation (See Policy on Visiting Residents 2 - Clinical Rotations).
- Physicians who are not currently enrolled as residents in graduate medical education programs
- Individuals who have not yet graduated from medical school.
These medical students may qualify for consideration for a Visiting Student Elective. (See http://www.uthscsa.edu/som/srselect/Vstudents.html).

**Application Process:** Application packet must be received in the GME office no later than 30 business days (US citizen) and 120 business days (visa holders) prior to requested observation start date.

**Note:** Not all programs accept observers, and programs may require further application documentation, an interview, and/or an additional application fee.

The application packet consists of the following:

1. Completed Visiting Resident 1 – Observership Application and Checklist
2. All documents requested in the Observership Application and Checklist
3. Non-refundable application fee.

**Note:** Documents not originally written in English must be officially translated into English by a certified translation agency.

The application materials should be sent to the following address:

Graduate Medical Education
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive MC 7790
San Antonio, TX 78229-3900

After a preliminary review of the application, the GME Office will insure the application is complete and determine the applicant's eligibility to apply for the clinical rotation. The GME Office will present the application to the Designated Institutional Official, who will approve or disapprove the application. If the person is determined to be eligible, the application will be forwarded to the program of interest for further
processing

Departmental Process

After approval of the applicant by the GME Office, the department sponsoring the applicant for the observership will be responsible for assisting the applicant to obtain a J-1 Short Term Scholar visa if the applicant is not a U.S. citizen or permanent resident alien. The Office of International Services (OIS) should be contacted regarding the process to obtain the visa. The department will be responsible for all aspects of the visa sponsorship to include the processing of necessary paperwork and all fees as applicable.

Rules for Observership

1. The observer must obtain prior written authorization from the GME Office. Failure to obtain written authorization will be grounds for immediate escort from the premises of the UTHSCSA and/or the teaching hospital(s).
2. The observer must wear appropriate photo identification at all times when on campus or within the teaching hospitals, and must abide by all policies, rules, regulations, and bylaws of UTHSCSA, the residency department, and the teaching hospitals.
3. The observer must be supervised by a faculty physician or designee (other faculty from the same department or a senior-level resident) at all times when in the presence of patients. He/she is not allowed unrestricted access to UTHSCSA, or to the teaching hospitals.
4. The observer must introduce him/herself to the patient as an observer, and must request the patient's permission to be present at the time of clinical visit, procedure, or other patient services. If the patient declines to allow the observer's presence, he/she must leave the area.
5. The observer is not allowed any other direct patient contact. Contact is defined as physically touching, talking with, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients, either individually or in the presence of others.
6. The observer cannot make patient chart entries (electronic or hard copy). He/she may not make copies of patient charts (paper or electronic).
7. There is a maximum of two (2) one-month observerships per individual, which may not be extended.
8. No stipend support, compensation, insurance coverage, benefits, or housing will be provided by the UTHSCSA or the teaching hospitals.
9. UTHSCSA may, at its sole discretion, terminate this observership without recourse to due process or appeal process.
10. The observership is performed on a voluntary basis, and the
resident is not employed by UTHSCSA or the teaching hospitals
or any affiliated entities.

11. **The observer will not receive any academic credit for the experience.** The observership does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification. The observer is not a student, resident, or medical staff member at UTHSCSA, and must not represent him/herself as such. The experience is properly characterized as an "observership."

12. **The following activities are permissible for observers:**

a. Participation in grand rounds, seminars, or other didactic activities

b. Participation in case conferences or chart rounds. Observers who are engaged in this activity may be asked to sign a document acknowledging the responsibilities of confidentiality.

c. May observe walking rounds with the supervising faculty physician or designee.

d. May view and discuss patient interactions with the supervising faculty physician or designee, if the patient has agreed to permit observation.

e. May view and discuss videotapes of patient evaluations, if the patient has agreed to permit observation and videotaping.

f. May utilize software and hard copy educational resources (teaching software, books, journals) of the Briscoe Medical Library. Access to the internet from computers in the Library, or departments will be in accordance with current standard Health Science Center policies.

13. **Upon satisfactory completion of the observership, the sponsoring program will provide the observer with a certificate of completion of the observership.**

Acceptance into an Observership position will not constitute a precedent or guarantee acceptance into further residency training in programs sponsored by UTHSCSA.
VISITING RESIDENTS 1 – OBSERVERSHIP APPLICATION AND CHECKLIST

Instructions: Complete and return the application and checklist to the Associate Dean of Graduate Medical Education for approval. **Incomplete application packets will not be processed and will be returned to the applicant. Packet must be submitted 30 days (US citizens) or 120 days (visa holders) prior to rotation start date.**

<table>
<thead>
<tr>
<th>Print Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials</td>
</tr>
<tr>
<td>□ MD  □ DO  □ Other __________________________</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>Phone Numbers</td>
</tr>
<tr>
<td>Work __________ Home __________ Mobile __________</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Medical School</td>
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<td>Address 1</td>
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<td>Address 2</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Country, Postal Code</td>
</tr>
<tr>
<td>Residency Program</td>
</tr>
<tr>
<td>Address 1</td>
</tr>
<tr>
<td>Address 2</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Country, Postal Code</td>
</tr>
<tr>
<td>Dates of Residency Began: ______________________ Expected Completion: ______________________</td>
</tr>
<tr>
<td>Program Director</td>
</tr>
<tr>
<td>Program Director Contact Information</td>
</tr>
<tr>
<td>Phone __________ Fax __________</td>
</tr>
<tr>
<td>Email __________</td>
</tr>
<tr>
<td>Rotation Requested at UTHSCSA</td>
</tr>
<tr>
<td>Specialty</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Today’s Date</td>
</tr>
</tbody>
</table>

Please mail this application form, checklist, $200.00 (US) application fee (non-refundable), and required documents to:

Graduate Medical Education  
The University of Texas Health Science Center at San Antonio  
7703 Floyd Curl Drive, MC 7790  
San Antonio, TX  78229-3900

Once the application packet has been reviewed and met the criteria set by the GME office, a letter will be sent to the program (with a copy to you) indicating that you are qualified for a rotation. The program will have final approval of the requested rotation and dates.

**Approval of this application does not guarantee acceptance of an Observership by the program.**
### VISITING RESIDENTS 1 – OBSERVERSHIP APPLICATION AND CHECKLIST

- The following documents, **if not originally written in English**, must be officially translated into English by a certified translation agency and submitted to the GME office.
- For rotators who are not United States citizens or are not a permanent resident, you must obtain a J-1 Short Term Scholar visa that will be in force for the entire duration of the observership.

#### Print Full Name

<table>
<thead>
<tr>
<th>Curriculum Vitae</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Letter from resident's Program Director</strong> with responsibility for the residency training that addresses the following:</td>
</tr>
<tr>
<td>- Authorization and eligibility to pursue international elective experiences, if appropriate</td>
</tr>
<tr>
<td>- Current level of training</td>
</tr>
<tr>
<td>- Dates resident began and completed Medical School</td>
</tr>
<tr>
<td>- Date resident began residency training and anticipated completion date</td>
</tr>
<tr>
<td>- Statement that resident is in good standing in the residency program</td>
</tr>
<tr>
<td>- Curricular requirements to be met by the observership experience</td>
</tr>
<tr>
<td>- Statement of desired observership(s)</td>
</tr>
<tr>
<td>- Name of person assuming responsibility for trainee at UTHSCSA</td>
</tr>
</tbody>
</table>

#### Additional documentation required. Please attach.

- Copy of Visa (if applicable)
- Official copy of Medical School transcript with medical school seal
- Notarized copy of Medical School diploma
- Evidence of proficiency with the English language
- Evidence of passing a UTHSCSA Security Background Check
- Evidence of health insurance to cover accidents, illness, etc., while performing the observership

#### $200 (US) application fee – non-refundable – certified check made payable to the Office of Graduate Medical Education at UTHSCSA

Reviewed and approved by Dr. Lois Bready, Senior Associate Dean for Graduate Medical Education

____/_____/______
(date)

Packet returned to program on ____/_____/______ by ________________________________

### FINAL UTHSCSA PROCESSING (After GME Approval)

<table>
<thead>
<tr>
<th>UTHSCSA Residency/Fellowship Training Program Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department completes the &quot;Criminal Background Check Form.&quot; <em>(Form provided by GME office)</em></td>
</tr>
<tr>
<td>ID Badge</td>
</tr>
<tr>
<td>Check in with the Office of International Affairs</td>
</tr>
</tbody>
</table>
Section 4
Program Policies & Procedures

Effective: January 2002
Revised: December 2009
December 2011
June 2013, February 2015

Policy 4.4.2.
Visiting Residents 2 – Clinical Rotations
Responsibility: Designated Institutional Official

Visiting Residents 2 – Clinical Rotations

Policy
Under ACGME accreditation standards, as well as the regulations of the Texas Medical Board (TMB), The Joint Commission (TJC), and other regulatory bodies, certain rules apply which govern the institution’s process for accepting residents from training programs outside the UTHSCSA who wish to visit this institution and our teaching hospitals for the purpose of medical education. While the primary obligation of the institution is the education of our residents, this policy has been developed to add some uniformity of experience and guidance to clinical departments that choose to offer clinical rotations, as well as to the individuals who wish to undertake them.

The availability of clinical experiences to residents from other programs is at the discretion of individual clinical departments, and is based on the departments’ availability of resources and preferences. The existence of these guidelines creates no obligation on the part of any clinical department to provide such experiences.

For residents from other training programs desiring clinical experiences within the institution, there are two types of medical experience available. These include:

1. Observerships
2. Clinical Rotations

This policy will address Clinical Rotations. A clinical rotation is defined as the position of participating in patient care as a member of a supervised clinical team in a health care setting, with patient contact appropriate for the individual’s level of training and performance, for the specific purposes of gaining medical knowledge and experience, and obtaining credit for the experience toward ACGME-accredited training or American Osteopathic Association (AOA)-accredited training.

Eligibility:

Clinical rotations may be granted on a case-by-case basis to physicians who are graduates of a medical school and who are
members in good standing of a GME program (hereinafter called "residency") within an ACGME-accredited institution or AOA-accredited training institution.

Individuals who are not eligible for clinical rotations include the following:

- Residents enrolled in a non-ACGME or non-AOA sponsored program may seek an Observership (see Policy on Visiting Residents 1 - Observerships).
- Physicians who are not currently enrolled as residents in graduate medical education programs
- Individuals who have not yet graduated from medical school

Length of Rotation: A clinical rotation shall not exceed three consecutive months. An application can be submitted for an additional 30-day rotation.

Application Process: Application packet must be received in the GME office no later than 30 days prior to requested clinical rotation start date. If the visiting resident currently holds a visa, the application must be received 30 days in advance to allow processing through the Office of International Services.

Note: Not all programs accept rotators, and programs may require further application documentation, an interview, and/or an additional application fee.

The application packet consists of the following:

1. Completed Visiting Resident 2 – Clinical Rotations Application and Checklist
2. All documents requested in the Clinical Rotation Application and Checklist
3. Non-refundable application fee.

The hosting UTHSCSA program coordinator is responsible for:

1. Communications and coordinating the process to include all paperwork with the prospective clinical rotator.
2. Receiving and reviewing the packet for completeness.
3. Forwarding the packet to GME with a cover memo indicating that the packet is complete and the hosting UTHSCSA program approves the rotation no later than 30 business days prior to the start of the rotation.
4. Ensuring that the applicant has a current Texas PIT for the proposed rotation
5. Ensuring that the PLA is completed between the rotators home program and the UTHSCSA receiving program.

The UTHSCSA GME Office is responsible for:

1. Ensuring that the application is complete and that the applicant is eligible to apply for the clinical rotation.
2. Presenting the application to the Designated Institutional Official, who will approve or deny the rotation.
3. Entering the clinical rotator's pertinent information into New Innovations (Ni) and ensuring the rotator's Ni file is activated 5 days prior to the start of the rotation.
4. Notifying UHS, VA, and the hosting program's coordinator that the clinical rotator is cleared for the approved rotation.

No stipend support, insurance coverage, or housing will be provided by the UTHSCSA programs or the teaching hospitals.

Upon GME approval for a clinical rotation and with the assistance of the hosting UTHSCSA program coordinator, the resident must satisfy the additional requirements listed below:

1. have a photo identification badge made by the UTHSC Police Office,
2. Satisfy all requirements of the facility through which he/she will rotate (i.e., UHS, VAH).

When all of the requirements have been met the resident may begin his/her clinical rotation, and will be supervised by attending physicians, can write orders, and have all of the privileges and responsibilities of all other residents within GME programs sponsored by UTHSCSA.

Acceptance into a clinical rotation will not constitute a precedent or guarantee acceptance into residency or fellowship training programs sponsored by UTHSCSA.
### VISITING RESIDENTS 2 – CLINICAL ROTATION APPLICATION AND CHECKLIST

**Instructions:** Complete and return the application and checklist to the Associate Dean of Graduate Medical Education for approval. Incomplete application packets will not be processed and will be returned to the applicant. Packet must be submitted 30 days (US citizens) or 120 days (visa holders) prior to rotation start date.

<table>
<thead>
<tr>
<th>Full name as it appears on SSN Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials □ MD □ DO □ Other</td>
</tr>
<tr>
<td>Social Security Number</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>Phone Numbers</td>
</tr>
<tr>
<td>Work ___________________ Home _______ Mobile ___________________</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Medical School</td>
</tr>
<tr>
<td>Medical School Address</td>
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<tr>
<td>Address 1</td>
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<tr>
<td>Address 2</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Country, Postal Code</td>
</tr>
<tr>
<td>Medical School Graduation Date</td>
</tr>
<tr>
<td>(MM/DD/YYYY)</td>
</tr>
<tr>
<td>Sponsoring Institution</td>
</tr>
<tr>
<td>Specialty</td>
</tr>
<tr>
<td>Residency Program Address</td>
</tr>
<tr>
<td>Address 1</td>
</tr>
<tr>
<td>Address 2</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Country, Postal Code</td>
</tr>
<tr>
<td>Dates of Residency</td>
</tr>
<tr>
<td>Began: ___________________ Expected Completion: ________________</td>
</tr>
<tr>
<td>Current Specialty</td>
</tr>
<tr>
<td>PGY Level</td>
</tr>
<tr>
<td>Number of post graduate years</td>
</tr>
<tr>
<td>completed including current training year.</td>
</tr>
<tr>
<td>Program Director</td>
</tr>
<tr>
<td>Program Director &amp; Program Coordinator</td>
</tr>
<tr>
<td>Contact Information</td>
</tr>
<tr>
<td>Initial Program (first yr out of medical school)</td>
</tr>
<tr>
<td>Rotation Request at UTHSCSA</td>
</tr>
<tr>
<td>Specialty</td>
</tr>
<tr>
<td>Dates</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

**Today’s Date**

Please mail this application form, checklist, $100.00 (US) application fee (non-refundable), and required documents to:

Graduate Medical Education  
The University of Texas Health Science Center at San Antonio  
7703 Floyd Curl Drive, MC 7790  
San Antonio, TX 78229-3900

The resident and home program will be notified once the application packet has been approved by the GME office. The UTHSCSA program will have final approval of the requested rotation and dates.

**Approval of this application does not guarantee acceptance of a Clinical Rotation by the program.**
## VISITING RESIDENTS 2 – CLINICAL ROTATION APPLICATION AND CHECKLIST

### Print Full Name

Curriculum Vitae (Please explain any gaps in dates.)

Medical School Documents

- [ ] LCME-Accredited Medical School Graduates – provide the following items:
  - Copy of Final Medical School Transcript (with conferred on dates) or Diploma
  - Texas State Medical License (if applicable) OR Texas Physician in Training Permit
  - Copy of J-1 Visa (if applicable)

- [ ] Non-LCME-Accredited Medical School Graduates – provide the following items
  - Copy of Final Medical School Transcript (with conferred on dates) or Diploma (original and English translation)
  - Valid ECFMG certificate
  - Full and Unrestricted license Texas Medical License or Texas Physician In Training Permit
  - Copy of J-1 Visa (if applicable)

**Letter** from resident’s Program Director, co-signed by the DIO or Director of GME addressing the following:

- [ ] Name of sponsoring institution and current ACGME or AOA accredited training program of the resident
- [ ] Authorization and eligibility to pursue elective experiences
- [ ] Statement of desired clinical rotation(s) including curricular requirements and length of rotation
- [ ] Name of person assuming responsibility for resident at UTHSCSA
- [ ] Financial source of stipend & benefits during training at UTHSCSA
- [ ] Current level of training
- [ ] Dates resident began and completed Medical School
- [ ] Date resident began residency training and anticipated completion date
- [ ] Brief description of resident’s prior clinical experiences
- [ ] Statement that resident is in good standing in the residency program
- [ ] Copy of Program Letter of Agreement (PLA)

Additional documentation required. Please attach:

- [ ] Evidence of passing USMLE Steps 1 and 2 or COMLEX Steps 1 and 2
- [ ] Evidence of health insurance (copy of certificate required)
- [ ] Proof and source of payment of malpractice insurance (professional liability insurance) during rotation (copy of certificate required)
- [ ] Ethic and HIPAA Training: Provide proof of training from home program
- [ ] Evidence of passing a UTHSCSA Security Background Check
- [ ] Signed Voluntary Disclosure of Social Security Number form
- [ ] Complete the Confidentiality/Safety Acknowledgement Form
  - [http://www.uthscsa.edu/GME/documents/confacknowledge.pdf](http://www.uthscsa.edu/GME/documents/confacknowledge.pdf)

**$100 (US) Application fee – non-refundable – certified check made payable to the Office of Graduate Medical Education at UTHSCSA**

Reviewed and approved by Dr. Lois Bready, Senior Associate Dean for Graduate Medical Education

______/_______/_______

(date)

Packet forwarded to program on ______/_______/_______ by _______________________________

Texas Physician in Training Permit or Texas Medical License # ________ and date of expiration _________.
Academic Year __________
The University of Texas Health Science Center at San Antonio
Housestaff Data Sheet for Rotators

Name: ____________________________________________
       (Last)    (First)    (Middle)    (Degree Type)    (Gender)

Local Address: __________________________________
                (Street)    (City)    (State)    (Zip Code)

Work e-mail address: ________________________________

Phone Number: ____________________________
                (Home)    (Cell)    (Pager)

Date of Birth: ___________ Social Security #: ___________ PIT/License #: ___________

Medical School: __________________________________
                (name)    (location)

Current Residency/Fellowship Program: ________________
                (specialty)

List bedside procedures rotator can perform without direct supervision:

Reviewed and Approved by:

_________________________  _______________________
Rotator’s Program Director’s Signature       Date

_________________________  _______________________
Hosting UTHSCSA Program Director’s Signature       Date
Please detail your activities each year from your graduation date from medical school through the present. Be sure to include any post-graduate education activities and their locations.

**Example:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
<th>Accredited Program</th>
<th>Research Year</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>PGY 1 Internal Medicine, University of Texas Medical Branch</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>PGY 2 Internal Medicine, University of Texas Medical Branch</td>
<td>☒</td>
<td></td>
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<tr>
<td>2006-07</td>
<td>PGY 3 Internal Medicine, University of Texas Medical Branch</td>
<td>☒</td>
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</tr>
<tr>
<td>2007-08</td>
<td>Private practice, Internal Medicine, Galveston, Texas</td>
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<td>☒</td>
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<tr>
<td>2008-09</td>
<td>Private practice, Internal Medicine, Galveston, Texas</td>
<td>☐</td>
<td></td>
<td>☒</td>
</tr>
<tr>
<td>2009-10</td>
<td>Private practice, Internal Medicine, San Antonio, Texas</td>
<td>☐</td>
<td></td>
<td>☒</td>
</tr>
<tr>
<td>2010-11</td>
<td>Gastroenterology fellowship, UTHSCSA</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical School Graduation**

(year) (activity, or program) | Accredited Program | Research Year | Not Applicable |
<table>
<thead>
<tr>
<th></th>
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</tbody>
</table>
Military Rotators
Military Rotator Packet

Purpose

To ensure that accurate information on military residents rotating on one of the sponsored programs' rotations is entered into New Innovations. Back-up documentation is required by the UTHSCSA Graduate Medical Education Office in case of an audit.

Goal

To ensure each military resident has provided the necessary documentation to allow him/her to begin his/her rotation with minimal problems.

UTHSCSA GME Contact:

MedGME@uthscsa.edu

210-567-4431

Location of Packet on UTHSCSA GME Website:

http://www.uthscsa.edu/gme/documents/Military%20Rotator%20Packet.pdf
Visiting Residents 3 – Military Rotators

Policy

The UTHSCSA is ACGME-accredited as a sponsor of Graduate Medical Education (GME) programs. Under the accreditation standards, as well as the regulations of the Texas Medical Board (TMB), The Joint Commission (TJC), and other regulatory bodies, certain rules apply which govern the institution's process for accepting military rotators. While the primary obligation of the institution is the education of our residents, this policy has been developed to add some uniformity of experience and guidance to clinical departments that choose to offer rotations to military residents.

The availability of clinical experiences to military rotators from other programs is at the discretion of individual clinical departments, and is based on the departments’ availability of resources and preferences. The existence of these guidelines creates no obligation on the part of any clinical department to provide such experiences.

Eligibility:

Clinical Rotations of any length may be granted on a case-by-case basis to military rotators who are graduates of a medical school and who are members in good standing in a military GME program within an ACGME accredited institution.

Application Process: Application packet must be received in the GME office no later than 15 business days prior to requested clinical rotation start date.

The application packet consists of the following:

1. Completed Military Rotators Processing Checklist (Policy 4.4.3.1) for UTHSCSA GME Office
2. All documents requested in the checklist

The UTHSCSA program coordinator is responsible for:

1. Receiving and reviewing the packet for completeness.
2. Notifying the appropriate military program coordinator that the packet is complete and the rotation(s) is approved.
3. Forwarding the packet to GME (this indicates that the packet is
complete and the UTHSCSA program approves the rotation) and ensuring the packet is forwarded to the GME office in no later than 15 business days of the start of the rotation.

The UTHSCSA GME Office is responsible for:

1. Entering the military rotator’s pertinent information into New Innovations (Ni) and ensuring the rotator’s Ni file is activated 10 days prior to the start of the rotation.
2. Notifying UHS, VA, military program coordinator, and the hosting program’s coordinator that the military rotator is cleared for the approved rotation.

After the military rotator has been cleared, the hosting program coordinator must enter a block schedule into New Innovations for the rotator.

After the military rotator is cleared, he/she must, with assistance from the hosting program coordinator:

1. obtain a photo identification badge from UTHSC Police Office to include access to the MARC and/or CTRC (if necessary).
2. complete all of the required paperwork and training of the facility through which he/she will rotate (i.e., UHS, VAH).
3. Must obtain a resident parking permit from the GME office in order to park at the MARC and/or CTRC (if necessary).

At that time, the military rotator has all of the privileges and responsibilities of all other residents within GME programs sponsored by UTHSCSA. During the rotation period, all bedside and clinical procedures will be performed with direct supervision.

No stipend support, insurance coverage, or housing will be provided by the UTHSCSA or the teaching hospitals.

The rotation packet is valid for the entire academic year; however, residents will be cleared per contiguous rotation within a single hosting program.

Multiple, non-contiguous rotations within the same program require reactivation of the clearance. The hosting program’s coordinator must notify the GME office at least 7 business days prior to, but no more than 30 business days in advance of the start of the rotation.

Multiple rotations in different programs require the approval of each hosting program.

Military rotators are expected to out-process through the GME Office at
the conclusion of each contiguous rotation block.
Military Rotators Processing Checklist

Instructions: The coordinator of the hosting UTHSCSA program is responsible for submitting this packet in its entirety to the GME Office no later than 15 business days prior to the intended start date of the UTHSCSA rotation, but no more than 60 business days in advance. Incomplete packets will NOT be processed or accepted. If the packet is not complete 15 business days prior to the intended start date of the rotation, a timely start date is not guaranteed. Expedited applications will incur a charge of $100 which must accompany the packet.

Packets will NOT be accepted directly from rotators or from SAUSHEC administrative staff. Receipt of the packet from the UTHSCSA program indicates that the program has approved of the rotation and that the education of UTHSCSA trainees will not be compromised by the presence of these additional learners.

Complete packets contain:

<table>
<thead>
<tr>
<th>SAUSHEC</th>
<th>UTHSCSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided</td>
<td>Reviewed</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Housestaff Datasheet -- Timeline (pg. 2 of datasheet) and SSN must be filled in.</td>
<td></td>
</tr>
<tr>
<td>Signed Notice of Voluntary Disclosure of Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Current CV showing all years of post-graduate training</td>
<td></td>
</tr>
<tr>
<td>Copy of Medical School diploma or final transcript showing “conferred on date”</td>
<td></td>
</tr>
<tr>
<td>Documentation of HIPAA training – from your home program</td>
<td></td>
</tr>
<tr>
<td>Documentation of Ethics training – from your home program</td>
<td></td>
</tr>
<tr>
<td>Signed Confidentiality and Security Acknowledgement Form</td>
<td></td>
</tr>
<tr>
<td>Copy of PLA for the rotation</td>
<td></td>
</tr>
</tbody>
</table>

After GME processes packet, GME will notify participating institutions such as UHS and VA as well as involved PC’s of the GME Office’s clearance. It is the responsibility of the hosting UTHSCSA program’s PC to ensure visiting rotators have proper clearance from these participating institutions prior to beginning their rotations.

Upon completion of each rotation, the resident’s access is deactivated. If the military rotator will be participating in multiple rotations at UTHSCSA, it is the responsibility of the hosting UTHSCSA program’s PC to notify the GME office at least 7 business days prior to the intended start date, but no more than 30 business days in advance, for reactivation.

Rotator’s Name: ____________________________

<table>
<thead>
<tr>
<th>Program</th>
<th>Start Date</th>
<th>End Date</th>
<th>UTHSCSA Contact Information</th>
<th>SAUSHEC Contact Information</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Revised: May 2013
Name: ____________________________
  (Last) (First) (Middle) (Degree Type) (Gender)

Local Address: ____________________________
  (Street) (City) (State) (Zip Code)

Work e-mail address: ____________________________

Phone Number: ____________________________
  (Home) (Cell) (Pager)

Date of Birth: ______/____/____ Social Security #: ______-____-______
  PIT/License #: ____________________________

Medical School: ____________________________
  (name) (location)

Current Residency/Fellowship Program: ____________________________
  (specialty)

List bedside procedures rotator can perform without direct supervision:

______________________________
Program Director’s Signature

______________________________
Date
Please detail your activities each year from your graduation date from medical school through the present. Be sure to include any post-graduate education activities and their locations.

**Example:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
<th>Accredited Program</th>
<th>Research Year</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>PGY 1 Internal Medicine, University of Texas Medical Branch</td>
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<td>2005-06</td>
<td>PGY 2 Internal Medicine, University of Texas Medical Branch</td>
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<td>2006-07</td>
<td>PGY 3 Internal Medicine, University of Texas Medical Branch</td>
<td>X</td>
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<td>2007-08</td>
<td>Private practice, Internal Medicine, Galveston, Texas</td>
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<tr>
<td>2008-09</td>
<td>Private practice, Internal Medicine, Galveston, Texas</td>
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<td></td>
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<td>2009-10</td>
<td>Private practice, Internal Medicine, San Antonio, Texas</td>
<td></td>
<td>ME</td>
<td>ME</td>
</tr>
<tr>
<td>2010-11</td>
<td>Gastroenterology fellowship, UTHSCSA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical School Graduation**

(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
(year) (activity, or program) | Accredited Program | Research Year | Not Applicable
The University of Texas Health Science Center at San Antonio

NOTICE FOR VOLUNTARY DISCLOSURE OF SOCIAL SECURITY NUMBER
School of Medicine Resident Rotators

Disclosure of your social security number (SSN) is requested from you in order for the University of Texas Health Science Center at San Antonio (UTHSCSA) to provide accurate information to affiliated hospitals for Medicare reporting. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in your being denied the opportunity to complete clinical rotations. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information the University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

You may send any requests to:
The Office of the Vice President/Chief Financial Officer
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: PublicInfo@uthscsa.edu
By fax to: (210) 567-7027
In person at: Academic and Administration Building, Room 442

*********************************************************************************************
CONSENT FOR RELEASE

I consent for the release of my social security number for the stated purposes above.

Print Name: ___________________________

Signature: ___________________________

Date: ___________________________

Please return form to
Graduate Medical Education * 7703 Floyd Curl Drive MC 7790 * San Antonio, Texas 78229-3900
Confidentiality/Security Acknowledgement

The University of Texas Health Science Center at San Antonio (UTHSCSA) has a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. During your employment or affiliation with UTHSCSA you may hear information related to a patient’s health or read or see computer or paper files containing confidential health information, whether or not you are directly involved in providing patient services. You may also create documents containing confidential patient information, if it is part of your job description and/or as directed to do so by your supervisor.

As part of your employment or affiliation with UTHSCSA, you must strictly adhere to the following regarding confidentiality and security of patient information:

- **Confidential Health Information.** I will regard patient confidentiality as a central obligation of patient care. I understand that all information, which in any way may identify a patient or which relates to a patient’s health, must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my employment or affiliation speak about or share any patient information with any person or permit any person to examine or make copies of any patient reports or other documents that I come into contact with or which I create, except as allowed within my job duties or by patient authorization.

- **Permitted Use of Patient Information.** I understand that I may use and disclose confidential patient information only to other providers of health care services, if the purpose of the disclosure is for treatment, consultation, or referral of the patient. If my job description allows, I may also disclose information for payment and billing purposes and/or internal operations, such as use for internal quality studies and for internal education activities.

- **Prohibited Use and Disclosure.** I understand that I must not access, use or disclose any patient information for any purpose other than stated in this Acknowledgement. I may not release patient records to outside parties except with the written authorization of the patient, the patient’s representative, or for other limited or emergency circumstances. Special protections apply to mental health records, records of drug and alcohol treatment, and HIV related information. I must neither physically remove records containing patient information from the provider’s office, clinic, or facility, nor alter or destroy such records. Personnel who have access to patient records must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason.

I also agree to immediately report to my supervisor or to the UTHSCSA Privacy Officer any non-permitted disclosure of confidential patient information that I make by accident or in error. I agree to report any use or disclosure of
confidential patient information that I see or know of others making that may be a wrongful disclosure.

✓ Safeguards. In the course of my employment or affiliation if I must discuss patient information with other healthcare practitioners in the course of my employment or affiliation, I will use discretion to ensure that others who are not involved in the patient’s care cannot overhear such conversations. I understand that when confidential patient information is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgement.

Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.

✓ Computer Security. If I keep any identifiable patient information on a personal digital assistant (PDA), laptop, or other electronic device, I will ensure that my supervisor knows I am using it and has approved such use. I agree not to send patient information in an e-mail unless my supervisor directs me to do so in an emergency. I will not attempt to access information by using a user identification code or password other than my own, nor will I release my user identification code or password code to anyone, or allow anyone to access or alter information under my identity. I will ensure that my virus protection software is updated on a routine basis (once per week) and that I back up any confidential information using approved back up procedures.

✓ Physical Security. I will take all reasonable precautions to safeguard confidential information. These precautions include using lockable file cabinets, locking office doors, securing data disks, tapes or CDs, using a password protected screen saver, etc. I agree to store my electronic media in recommended containers and store back up media in approved locations.

✓ Return or Destruction of Information. If my employment or affiliation with UTHSCSA requires that I take patient information off the UTHSCSA campus or off the property of UTHSCSA affiliates, I will ensure that I have UTHSCSA’s or the other facility’s permission to do so. I will protect patient information from unauthorized disclosure to others, and I will ensure that all patient information is returned to the appropriate facility.

Unless specifically stated in my job description, I am not authorized to destroy any type of original patient information maintained in any medium, i.e., paper, electronic, etc.

✓ Termination. When I leave my employment or affiliation or complete my training or residency at UTHSCSA, I will ensure that I take no identifiable patient information with me, and I will return all patient information in any format to the
UTHSCSA or other appropriate facility. If it is not original documents, but rather my own personal notes, I must ensure that such information is destroyed in a manner that renders it unreadable and unusable by anyone. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality and security of patient information and to return or destroy any such information in my possession.

✓ Violations. I understand that violation of this Acknowledgement may result in corrective action, up to and including termination of my employment or affiliation. In addition, violation of privacy or security regulations could also result in fines or jail time.

✓ Disclosures Required by Law. I understand that I am required by law to report suspected child or elder abuse to the appropriate authority. I agree to cooperate with any investigation by the Department of Health and Human Services or any oversight agency, such as to help them determine if UTHSCSA is complying with federal or state privacy laws.

I understand that nothing in this Acknowledgement prevents me from making a disclosure of confidential patient information if I am required by law to make such a disclosure.

I understand that if I believe in good faith that UTHSCSA has engaged in conduct that is unlawful or otherwise violates clinical or professional standards, or that the care, services, or conditions provided by the UTHSCSA potentially endangers one or more patients, workers, or the public, a disclosure of confidential information may be made, but only to the appropriate public authority and/or to the attorney retained by me for the purpose of determining legal options with regard to the suspected misconduct.

My signature, on the following page, acknowledges that I have read the terms and conditions of this Acknowledgement. The signature page will be maintained by my department supervisor.

NOTE: To access specific policies regarding privacy or security issues, please refer to the Handbook of Operating Procedures (HOP), available at http://www.uthscsa.edu/hop2000/. Security policies are located in Chapter 5 and privacy policies in Chapter 11.
Confidentiality/Security Acknowledgement
Signature Page

By my signature below, I acknowledge that I have read the terms and conditions of the Confidentiality/Security Acknowledgement. I am maintaining the three page Acknowledgement for my own records.

Signature: ______________________________

Please circle
UTHSCSA Employee  Resident/Intern  Student  Non-employee

Printed name: _______________________________________________________

Date: _______________________________________________________________

Work Phone: _________________________________________________________

Department: _________________________________________________________
Acronyms
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
<td><a href="http://www.aamc.org">www.aamc.org</a></td>
</tr>
<tr>
<td>ABMS</td>
<td>American Board of Medical Specialties</td>
<td><a href="http://www.abms.org">www.abms.org</a></td>
</tr>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
<td><a href="http://www.acgme.org">www.acgme.org</a></td>
</tr>
<tr>
<td>ADS</td>
<td>Accreditation Data System</td>
<td><a href="http://www.acgme.org">www.acgme.org</a></td>
</tr>
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<td>AHA</td>
<td>American Hospital Association</td>
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<td>Association for Hospital Medical Education</td>
<td><a href="http://www.ahme.org">www.ahme.org</a></td>
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<td>AMA</td>
<td>American Medical Association</td>
<td><a href="http://www.ama-assn.org">www.ama-assn.org</a></td>
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<tr>
<td>AMG</td>
<td>American Medical Graduate</td>
<td></td>
</tr>
<tr>
<td>APD</td>
<td>Associate Program Director</td>
<td></td>
</tr>
<tr>
<td>APE</td>
<td>Annual Program Evaluation</td>
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<tr>
<td>BCMS</td>
<td>Bexar County Medical Society</td>
<td><a href="http://www.bcms.org">www.bcms.org</a></td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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</tr>
<tr>
<td>CCC</td>
<td>Clinical Competency Committee</td>
<td></td>
</tr>
<tr>
<td>CCRI</td>
<td>Children's Cancer Research Institute (Greehey)</td>
<td></td>
</tr>
<tr>
<td>CBE</td>
<td>Competency Based Education</td>
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<tr>
<td>COMLEX</td>
<td>Comprehensive Osteopathic Medical Licensing Examination</td>
<td><a href="http://www.nbome.org">www.nbome.org</a></td>
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<td>CME</td>
<td>Continuing Medical Education</td>
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<td>CPR</td>
<td>Common Program Requirements</td>
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<td>CSA</td>
<td>Clinical Skills Assessment, Part of USMLE Step 2</td>
<td><a href="http://www.usmle.org">www.usmle.org</a></td>
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<tr>
<td>CHOSA</td>
<td>Children's Hospital of San Antonio</td>
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Updated: June 30, 2015
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
<th>URL</th>
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</thead>
<tbody>
<tr>
<td>CTRC</td>
<td>Cancer Therapy and Research Center</td>
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</tr>
<tr>
<td>CV</td>
<td>Curriculum Vitae</td>
<td></td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
<td><a href="http://www.usdoj.gov/dea/">www.usdoj.gov/dea/</a></td>
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<tr>
<td>DHR</td>
<td>Doctors Hospital Renaissance</td>
<td></td>
</tr>
<tr>
<td>DIO</td>
<td>Designated Institutional Official</td>
<td></td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
<td></td>
</tr>
<tr>
<td>DPM</td>
<td>Doctor of Podiatric Medicine</td>
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<tr>
<td>ECFMG</td>
<td>Educational Commission for Foreign Medical Graduates</td>
<td><a href="http://www.ecfmg.org">www.ecfmg.org</a></td>
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<td>ERAS</td>
<td>Electronic Residency Application Service</td>
<td><a href="http://www.aamc.org/eras">www.aamc.org/eras</a></td>
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<tr>
<td>FAIMER</td>
<td>Foundation for Advancement of International Medical Education and Research</td>
<td><a href="http://www.faimer.org">www.faimer.org</a></td>
</tr>
<tr>
<td>FCVS</td>
<td>Federal Credentials Verification Service</td>
<td><a href="http://www.fsmb.org/fcvs_program/cvrhome.htm">www.fsmb.org/fcvs_program/cvrhome.htm</a></td>
</tr>
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<td>FMG</td>
<td>Foreign Medical Graduate</td>
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<td>FRIEDA</td>
<td>Fellowship &amp; Residency Electronic Interactive Database</td>
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<td>FSMB</td>
<td>Federation of State Medical Boards</td>
<td><a href="http://www.fsmb.org">www.fsmb.org</a></td>
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<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
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<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
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<tr>
<td>IR</td>
<td>Internal Review / Institutional Requirements</td>
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</tr>
<tr>
<td>IRC</td>
<td>Institutional Review Committee</td>
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<tr>
<td>IRD</td>
<td>Institutional Review Document</td>
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</tr>
<tr>
<td>IRIS</td>
<td>Intern and Residents Information System</td>
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<tr>
<td>JCAHO</td>
<td>Joint Commission (formerly known as JCAHO)</td>
<td><a href="http://www.jointcomission.org">www.jointcomission.org</a></td>
</tr>
<tr>
<td>LON</td>
<td>Letter of Notification</td>
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</tr>
<tr>
<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
<td></td>
</tr>
</tbody>
</table>

Updated: June 30, 2015
Acronyms

MARC  Medical Arts and Research Center
MCAT  Medical College Admission Test
MS    Medical Student
MHS   Methodist Healthcare System
NAS   New Accreditation System
www.acgme-nas.org
NBME  National Board of Medical Examiners
www.nbme.org
NI    New Innovations
www.new-innov.com
NRMP  National Resident Matching Program
www.nrmp.org
PC    Program Coordinator
PEC   Program Evaluation Committee
PD    Program Director
PD Plus Program Development Leadership Update Series
http://uthscsa.edu/gme/secure/PDPlus.asp
Username: gme Password: uthscsa
PGY   Postgraduate Year (residents)
PIF   Program Information Form (for site visits)
PIT   Physician In-Training (permit)
PLA   Program Letter of Agreement
PPR   Periodic Program Review
PSSR  Pre-Self Study Review
RAHC  Regional Academic Health Center
RRC   Residency Review Committee
www.acgme.org
RCA   Root Cause Analysis

Updated: June 30, 2015
# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAUSHEC</td>
<td>San Antonio Uniform Services Health Education Consortium</td>
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</tr>
<tr>
<td>SOAP</td>
<td>Supplemental Offer and Acceptance Program</td>
<td><a href="http://www.nrmp.org/soap.pdf">www.nrmp.org/soap.pdf</a></td>
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<tr>
<td>SPR</td>
<td>Special Program Review</td>
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<td>SS</td>
<td>Self-Study</td>
<td></td>
</tr>
<tr>
<td>SV</td>
<td>Site Visit</td>
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<tr>
<td>TAGME</td>
<td>Training Administrators of Graduate Medical Education</td>
<td><a href="http://www.tagme.org">www.tagme.org</a></td>
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<td>TJC</td>
<td>The Joint Commission</td>
<td><a href="http://www.jointcommission.org">www.jointcommission.org</a></td>
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<td>TMA</td>
<td>Texas Medical Association</td>
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<tr>
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<td>Texas Medical Board</td>
<td><a href="http://www.tmb.state.tx.us">www.tmb.state.tx.us</a></td>
</tr>
<tr>
<td>UHS</td>
<td>University Health System</td>
<td><a href="http://www.universityhealthsystem.com">www.universityhealthsystem.com</a></td>
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<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
<td><a href="http://www.usmle.org">www.usmle.org</a></td>
</tr>
<tr>
<td>UTRGV</td>
<td>UT-Rio Grande Valley</td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>Veteran’s Administration</td>
<td><a href="http://www.southtexas.va.gov">www.southtexas.va.gov</a></td>
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</tbody>
</table>

Updated: June 30, 2015
Timeline
Program Timeline

Recurring Monthly Tasks

In general, there are quite a few tasks that should be attended to on a monthly basis. These tasks are listed here and should be added every month to your schedule if applicable to your program’s circumstances. This list may not be inclusive of all that may occur in your program:

- Prepare and distribute monthly schedules (call, clinic, conferences, etc.)
- Ensure residents have meal tickets.

In New Innovations:
- Monitor and track duty hours.
- Ensure that block schedule changes are made in Ni before evaluations are released.
- Ensure that no evaluations are missing from sessions before evaluations released.
- Monitor response rates on evaluations.

Annual Events

In addition to monthly tasks, there are a few annual events, the timing of which vary from program to program. These annual events are listed here and are not inclusive of all that may occur in your program:

- In-training exams
- ACGME Resident Surveys
- ACGME Faculty Surveys
- Check PLA’s for expiration and update every 3 years
- Annual Program Evaluation
- Board application start times and deadlines vary from specialty to specialty. Remind residents to apply at the appropriate time.

JULY

July 1 is the beginning of the academic year for most programs. This is the day the majority of new residents and fellows begin their training. In general, when new residents begin, you’ll want to make sure that

- They have faculty advisors
- Ensure that vacation schedules are set up, being mindful of conflicts with rotations outside of your program and In-Training Exam dates.
New Innovations
- Check every resident's record to ensure he/she advanced properly to the correct status and cumulative PGY level. Review start and end dates of each year in training record.
- Put resident pagers, UTHSCSA email addresses, paysources and permits/licenses in Ni.
- Update resident addresses and phone numbers in Ni if you wish.
- Begin monitoring/tracking duty hours.
- Begin setting up evaluation sessions in Ni for the entire year if block schedules have been entered.

GME Track
- "GME Track Resident Census" release date - new residents should be entered into GME Track.

ADS
- New residents can be entered in ADS along with rotations and program information.

OTHER
- Send out new academic year pager list and photos to all appropriate faculty and staff.
- Assist new housestaff in their transition to the program.

AUGUST

ERAS
- For programs involved in the Main Match, training programs begin receiving their PDWS materials.

OTHER
- Periodically, throughout the year you should be reviewing your recruiting materials and interview process.
- Ensure your program website is updated for the new academic year.

SEPTEMBER

NRMP
- Around the first of the month, NRMP institution/program registration begins for those programs participating in the Main Match.

ERAS
- Download and install ERAS software.
- If you are involved in the Main Match, the ERAS Post Office opens.
- Residency applications begin to arrive.
- Work out processes and procedures with your Program Director for review and screening of applications.
- Set up local data field on ERAS

**ADS**
- Some programs are contacted to provide Annual Update to ADS.

**OCTOBER**

**ADS**
- Some programs are contacted to provide Annual Update to ADS.

**New Innovations**
- October New Innovations Conference

**OTHER**
- Continue interview/recruitment process.

**NOVEMBER**

**ERAS**
- If involved in the Main Match, download Dean's letters from ERAS.

**ADS**
- Some programs are contacted to provide Annual Update to ADS.

**OTHER**
- AAMC meeting this month
- Schedule semi-annual resident evaluation. You can do this in Ni, if you wish.
DECEMBER

GME Track
- This month is the final GME Track deadline for both the Program and Resident sections of the survey.

ADS
- Some programs are contacted to provide Annual Update to ADS.
- Some programs must report Milestones on each of their residents.

OTHER
- Semi-annual resident reviews

JANUARY

NRMP
If involved in Main Match,
- Rank order begins; applicants and programs may start entering their rank order list
- Confirm NRMP quota before deadline at end of month

ADS
- Some programs are contacted to provide Annual Update to ADS.
- Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

OTHER
- Ensure GMEC meeting for the year on all PD’s calendars

FEBRUARY

NRMP
If involved in Main Match,
- Rank order list certification deadline this month. Must ensure that ROL is confirmed and certified.
- Indicate in NRMP if your program will participate in SOAP.
- Register your programs for ERAS for the following year.
New Innovations
- GME Office will request updated rotation breakdowns.

ADS
- Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

OTHER
- Many programs hold their chief resident election at some point during this time.

MARCH

NRMP
If involved in Main Match,
- Match Day is mid-month
- Send GME Office ERAS text files of matched applicants for upload into Ni

ADS
- Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

OTHER
- Assemble TMB spreadsheet as soon as possible to obtain TMB ID’s for new residents.
- Complete liability spreadsheet for enrollment in UT System.
- Send out Welcome Letter to new residents and fellows.
- Check visa requirements for any international medical graduates joining the program.
- This is a good time to revise recruitment materials for next academic year.
- Distribute information on new housestaff to appropriate rotation sites.
- Send GME Office graduation certificate information
- ACGME National Meeting
APRIL

ADS
- Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

New Innovations
- Spring New Innovations Conference

OTHER
- By this time, you should have received TMB #’s for residents. This is about 120 days before July 1st, so you may tell residents they can apply to the TMB for permits.
- Schedule program-level new resident orientation
- Incoming resident processing via Onboarding in New Innovations.
- Complete UH incoming, departing, renewing, switching forms, switching funding by April 15. Send these to UH and to the VA.
- Review/revise evaluation questionnaires
- Review/revise logistics for evaluating other residents on your services
- Review goals and objectives for upcoming year
- Review and update resident manual
- Review and update policies and procedures
- Schedule graduation activities
- Schedule ACGME Competency Sessions with GME Office for next academic year

MAY

ERAS
- ERAS PostOffice closes to prepare for next academic year.

New Innovations
- Set up your next Academic Year according to your block schedule

You may begin the following tasks:

- Put resident pagers, UTHSCSA email addresses, paysources and permits/licenses in Ni. Permits and licenses must be entered into Permit section.
- Update resident addresses and phone numbers in Ni.
- Enter block schedules.
• Begin setting up evaluation sessions in NI for the entire year if block schedules have been entered.

**ADS**

• Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

**OTHER**

• Continue Onboarding.
• Follow up on licensure/permits for new residents, renewing, and switching residents
• Prepare to close out ERAS
• Make sure End-of-Year evals are scheduled.
• Final evaluations on departing residents; PD completes summative final eval using the letter template on GME website
• Finalize educational conference schedule for upcoming academic year

**JUNE**

**ADS**

• Some programs are contacted that their residents will be surveyed this month. Before your residents are surveyed, it is advised that you arrange a meeting with them to go over the questions that they will be asked to answer. The GME Office can help your residents understand the meaning of all the questions.

**New Innovations**

• Enter block schedules for residents

**Departing Residents**

• Graduation ceremony or graduation activities for graduating housestaff
• Collect forwarding addresses (for final paychecks and alumni surveys) and department-issued electronics, if applicable
• Departing residents may ask you to print out case logs/procedure logs
• Ensure your departing residents participate in TMA Survey.
• Ensure residents follow clearance procedure

**Incoming Residents**

• Incoming Residents Orientation
• New residents must do health screening
• Assemble program goals and objectives, policies and procedures, and other program documents for distribution among new residents
• Ensure new residents have completed all online training modules
• Continue Onboarding
• Send out pager list and photo sheet to all appropriate persons

OTHER
• Ensure your current residents participate in GME’s End-of-Year Survey
• Ensure your residents participate in the VA Survey.
• Send new rotation schedule to all faculty, residents, clinics, and staff
• Review your evaluation completion records for the academic year
Policies
Policies

1. ACGME
   a. Policies and Procedures -
      http://www.acgme.org/acgmeweb/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf
   b. Institutional Requirements –
      http://www.acgme.org/acgmeweb/Portals/0/InstitutionalRequirements_07012014.pdf
   c. Common Program Requirements –
      http://www.acgme.org/acgmeweb/Portals/0/PFassets/ProgramRequirements/CPRs2013.pdf
   d. Specialty Specific Program Requirements – Each specialty/subspecialty have
      requirement are incorporated into the common program requirements. Within
      the document, the common program requires are in bold letters.
      http://www.acgme.org/acgmeweb
      > Program & Institutional Accreditation > Find Your Program


   a. Each program must have written policy of the following:
      (1) Resident Duty Hours & Working Environment [New Common Program
           Requirement, II.A.4.j) & GME
           Policies 2.1.1. & 2.1.7.]
      (2) Moonlighting [New Common Program Requirement, II.A.4.j]]
      (3) Resident Selection
      (4) Resident Evaluation
      (5) Resident Promotion
      (6) Resident Discipline
      (7) Supervision of Residents (&GME Policy 2.1.5.)
      (8) Resident Transfer
      (9) Resident Dismissal
   b. Policies must be reviewed annually and submitted to the appropriate GMEC
      Subcommittee prior to voting at the GMEC meeting.
      (1) Duty Hours Subcommittee – Resident Duty Hours and Working Environment
          Policy and Moonlighting Policy.
      (2) Resident Supervision Subcommittee – Resident Supervision Policy.
      (3) Compliance & Accreditation Subcommittee – All other policies.

Reviewed: June 12, 2015
Policies and Procedures

1. Administration & Organization
   1.1. Statement of Commitment to Graduate Medical Education rev. 1/2013
   1.2. GME Organisational Chart rev. 11/2013
   1.3. Disaster Policy
   1.4. Responsibilities of the Designated Institutional Official
   1.5. GME Continuity of Oversight
   1.6. Responsibilities of the GME Committee

2. General Policies & Procedures
   2.1. GME General Policies rev. 12/2012
   2.1.1. Checklist for Fifth Pathway Applicants
   2.1.2. Policy on Resident Application Information and Form rev. 2/2012
   2.2. Essential Abilities Req. for Appointment, Reappointment, Retention, & Certification for GME rev. 7/2013
   2.3. Termination of Appointment, Conditions for Reappointment, and Non-Renewal of Resident Contracts
   2.4. Restrictive Covenants rev. 11/2006
   2.5. Resident Supervision Policy and Template rev. 4/2002
   2.6. Responsibilities of Residents rev. 7/2013
   2.7. Resident Duty Hours and Extension Request and Program-Specific Policy Template rev. 6/2011
   2.8. Resident Promotion rev. 5/2008
   2.9. Levels of Academic Status in Graduate Medical Education rev. 5/2011
   2.13. Processes for Non-ACGME Programs rev. 3/2011
   2.13.1. Checklist for Non-ACGME Programs
   2.13.2. Non-ACGME Fellowship Information Form
   2.13.3. TMR Application for Non-ACGME Fellowships
   2.14.2. International Travel for Training on Visas eff. 6/2012
   2.15. Special Electives rev. 10/2013
   2.16.1. Form: Request to Establish a New GME Program rev. 11/2006
   2.17. Medical Degrees Earned by International Medical Graduates eff. 12/2005
   2.18. Educational Resources – Similar or Competing Programs rev. 1/2004
   2.18.1. Critical Care Programs rev. 1/2014
   2.18.2. Sports Medicine Training Programs rev. 1/2014
   2.18.3. Pain Medicine Programs rev. 1/2013
   2.19. Records Retention rev. 12/2012
   2.20. Interactions Between Vendors and GME Programs/Residents
   2.20.1. Interactions Between Residents and Physician Recruiters eff. 12/2008
   2.21. Experimentation and Innovation eff. 5/2008
   2.22. Prescription Writing by Residents rev. 6/2013
   2.23. Access to Residents as Research Subjects rev. 4/2013
   2.23.1. Request to Survey Residents Template rev. 7/2013

3. Evaluation and Assessment Processes
   3.1. Internal Reviews of GME Programs
   3.1.1. GMEC Oversight of Non-ACGME, Non-ABMS Fellowships Needing TMR Approval
   3.2. Resident Evaluation
   3.2.1. Templates – Resident Final Letter
   3.3. Completion of USMLE Examinations
   3.3.1. Military Residents, Completion of USMLE Examinations, and State Licensure
   3.4. Residents’ Evaluations of Faculty, Educational Experience, and Overall Program
   3.5. Assessment of Educational Effectiveness of Programs
   3.6. Resident Concerns
3.7. Clinical Competency Committee Policy on Program-Level Review for Residents and CME Minutes Template

4. Program Policies & Procedures

4.1. Responsibilities of the Residency Program Director

4.1.1. Process for Change in Program Director

4.1.1.1. Change in PD Form rev. 11/2013

4.2. Application Process

4.2.1. Resident Applicant Information

4.2.1.1. Acknowledgement of GME Information Form for UTHSCSA

4.2.2. Security Background and Sanction Checks for Resident Applicants

4.3. Resident Selection and Appointment

4.3.1. Resident Transfer rev. 10/2012

4.3.1.1. Checklist for Resident Transfer

4.4. Visiting Residents

4.4.1. Visiting Residents 1 - Observerships rev. 6/2013

4.4.1.1. Checklist - Observership Requirements rev. 6/2013

4.4.2. Visiting Residents 2 - Clinical Rotations rev. 6/2013

4.4.2.1. Checklist - Clinical Rotation Requirements rev. 6/2013

4.4.3. Visiting Residents 3 - Military Rotators

4.4.3.1. Checklist - Military Rotators

4.5. Information about Board Eligibility

4.6. Responsibilities of the Teaching Faculty

4.7. Transition of Care (Hand-Off) eff. 6/2013

5. Information Management

5.1. Resident email Accounts at UT Health Science Center at San Antonio

5.2. Use of Internet and Social Networking Sites

6. Fiscal Policies & Procedures

6.1. Resident Compensation

6.1.1. Waiver request form

6.2. Residents' Graduate Medical Education Agreements (Contracts)

6.3. Compensation and Benefits

6.4. Moonlighting by Residents rev. 3/2013

6.4.1. Moonlighting Documentation Form rev. 10/2012

6.4.2. Additional Voluntary Programmatic Duties

6.5. Moonlighting by Fellows rev. 3/2013

7. Health & Wellness

7.1. Blood-Borne Pathogen Exposure

7.2. Resident Impairment rev. 4/2001

7.3. Family and Medical Leave

7.3.1. Information about Impact of Leave on Board Eligibility

7.4. Accommodation of Residents with Disabilities

7.5. Harassment

7.6. Disruptive Behavior by Residents and Fellows

8. Hospitals and Clinical Duties

8.1. Completion of Medical Records

8.2. HIPAA - Violation Disciplinary Guidelines for Residents

8.3. Disclosure of Adverse Events by Site

8.3.1. UTHSCSA Disclosure to Patients of Unanticipated Outcomes

8.3.2. UHS Communication of Unanticipated Outcomes

8.3.3. VA Disclosure of Adverse Events

8.3.4. CSR Disclosure of Medical Errors
Records Retention in GME Programs

Purpose
GME programs produce many documents in the process of administration of the programs and in the training and education of their residents and fellows. The purpose of this policy is to provide guidance to the programs and their leadership regarding retention of those records.

Policy
It is the policy of UTHSCSA to assign record retention times, as determined by the nature of the particular documents, institutional policy, and by government code.

The UTHSCSA Official Records Retention Schedule (RRS) is available on-line in a searchable format at http://libweb.uthscsa.edu/university/recordsRRS.cfm and includes relevant amendments.

Records may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of a retention period for the record or in the approved records retention schedule until the completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later.

For GME purposes, the academic year is defined as July through June.

Programs are advised to adopt written policies for the program's document retention. These policies must include retention times as outlined below.

Overview of retention schedule, by general categories of records, are as follows:

1. Applications to GME program – materials collected as part of the selection process.
   a. Applicants who are selected for the GME program will have these materials moved into their individual
personnel files (see below).

b. Files for those applicants who were not selected/matched may be destroyed two years after the end of the academic year in which application is made. Thus, for an application made during the 2012-2013 year, records can be destroyed at end of June, 2015.

2. Individual trainee’s file – created beginning at the time of enrollment in the GME program, continues through the duration of the program.
   a. These files contain evaluations, licenses, certificates, and other materials related to the education and training of the individual resident.
   b. All records must be retained for 5 years (American Medical Graduates) or 10 years (Foreign Medical Graduates) after the end of training or dispute resolution, whichever occurs later. (A few exceptions are noted in some of the records below.) Documents needed for credentialing or verification must then be kept permanently.
   c. Formative and summative evaluations
      i. **Formative evaluations** - created during the periods of training. These must be retained throughout the duration of the individual’s training, and must then be deleted.
      ii. **Summative evaluations** - created as ‘final’ evaluations, upon completion of a significant educational component, often a year of training) in paper and/or electronic forms should be retained for at least 5 years after the individual has completed the program (or left the program for other reasons).
   d. Other evaluations
      i. **Multisource Evaluations** – including peer and student evaluations, patient evaluations, patients’ family members evaluations, evaluations completed by other providers, etc. These evaluations, which are generally formative in nature, should be deleted at the end of training.
      ii. **Final Evaluation** - The final evaluation is prepared by the program director at the end of the training program, and addresses the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently in that specialty. The final evaluation must be part of the resident's permanent record maintained by the
3. **Assignments, schedules** – information regarding rotations, used in creation of IRIS report. These records (paper and electronic) should be retained for ten years after the end of the fiscal year, in order to provide primary verification of rotations in the event of a Medicare audit of prior training years.

4. **Program-specific Policies and Procedures** – these policies, typically collected as Program Policies, and addressing such matters as resident selection and appointment, evaluation, moonlighting, supervision, etc., which are specific to the program, and which are distributed to trainees and faculty, should be retained until they are superseded, plus 3 years.

5. **Accreditation records** – all records related to ACGME accreditation, including correspondence, letters of notification, citations, progress reports, etc. Correspondence with the GME Committee, action plans, minutes from annual reviews of program effectiveness, and other similar materials are included in this category. These records must be retained permanently.
### Administrative Records - General

<table>
<thead>
<tr>
<th>Item</th>
<th>Agency</th>
<th>Dept</th>
<th>Records Title</th>
<th>Retention Period</th>
<th>Security Code</th>
<th>Archival Code</th>
<th>Vital Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>206</td>
<td>LE, DN, DE</td>
<td>Affiliation Agreements.</td>
<td>AC+4</td>
<td>O</td>
<td>X</td>
<td></td>
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<tr>
<td>1.1</td>
<td>419</td>
<td>DE</td>
<td>Accreditation Records - Residency Programs. Includes correspondence to and from accrediting agency. Program Information Form (PIF) for each site visit, program requirements by year, internal reviews by GMEC (Graduate Medical Education Committee) and correspondence by GMEC regarding internal reviews, action plans developed to correct citations, correspondence with GMEC regarding action plans, residents' evaluations of rotations, and minutes of annual review of program effectiveness.</td>
<td>PM</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>686</td>
<td>DE</td>
<td>Residency Programs Curriculum Records. Includes but is not limited to schedules of conferences, curriculum used in residency programs, attendance sheets for conferences and special programs.</td>
<td>AC+1</td>
<td>O</td>
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### Personnel Records - Employee

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<tr>
<th>Item</th>
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<th>Vital Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>919</td>
<td>DE</td>
<td>Individual Personnel File - Faculty. A comprehensive record of all personnel actions affecting faculty employees. May also include licenses, certifications, training certificates, curriculum vitae, anything of value in responding to requests for credentialing or verification. Includes both academic and clinical faculty.</td>
<td>AC+5, AV</td>
<td>C</td>
<td></td>
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<tr>
<td>3.1</td>
<td>408</td>
<td>DE</td>
<td>Residency &amp; Fellowship Applicants Information. Includes, but is not limited to, AAMC Electronic Residency Application Service (ERAS) documents including common application form, photographs, letters of recommendation, USMLE certified transcript scores, Dean's letter, graduate transcripts, personal statements, ECFMG documents for foreign medical graduates, sanction checks, acknowledgement forms, ranking documentation, rank list to the National Resident Matching Program (NRMP) evaluations of candidates.</td>
<td>AC+2</td>
<td>C</td>
<td></td>
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<tr>
<td>3.1</td>
<td>527</td>
<td>DE</td>
<td>Individual Personnel File - Residents/Fellows (selected) - American Medical Graduates.. A comprehensive record of all personnel actions affecting residents and fellows. May also include application materials, licenses, certifications, training certificates, training permits, evaluations and performance appraisals, disciplinary records, boards records, clinical experiences, leave records, correspondence re: licensure or boards, anything of value in responding to requests for credentialing or verification.</td>
<td>AC+5, PM</td>
<td>C</td>
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### UTHSCSA Graduate Medical Education Policies

<table>
<thead>
<tr>
<th>Record Item #</th>
<th>Agency Item #</th>
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<th>Records Series Title</th>
<th>Retention Period</th>
<th>Security Code</th>
<th>Archival Code</th>
<th>Medium Code</th>
<th>Vital Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 699</td>
<td>HR, DE</td>
<td></td>
<td>Individual Personnel File - Residents/Fellows (selected) - International Medical Graduates (IMGs). Individual Personnel File - Residents/Fellows. A comprehensive record of all personnel actions affecting residents and fellows. May also include application materials, licenses, certifications, training certificates, training permits, evaluations and performance appraisals, disciplinary records, board records, clinical experiences, leave records, correspondence re: licensure or boards, anything of value in responding to requests for credentialing or verification. Remarks: AC = End of training or until any dispute involving the resident has been resolved, whichever occurs later. All documents should be kept for 10 years after separation from UTHSCSA. Documents needed in verification or credentialing (such as but not limited to evaluations/procedure logs) should be kept permanently. SEE #681 under Medical/Dental - Patient Records for Resident Physician Evaluations/Procedure Logs - Final Summative. NOTE: All records are confidential unless permission is given by trainee. Human Resources only keeps records for Residents/Fellows paid by UTHSCSA.</td>
<td>AC +/-10, FM</td>
<td>C</td>
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### Personnel Records - Personnel Administration

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<th>Archival Code</th>
<th>Medium Code</th>
<th>Vital Record</th>
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</thead>
<tbody>
<tr>
<td>3.3.020 109</td>
<td>HR, DE</td>
<td></td>
<td>Work schedules/block schedules/assignments. Work, duty, shift, crew, or case schedules, rosters, or assignments. Remarks: CAUTION: Texas State Retention Schedule requires at least 1 year retention. Paper schedules and electronic schedules for residents and fellows should be retained in the event of a Medicare audit for 10 years after PGY.</td>
<td>AV, 10</td>
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### Personnel Records - Personnel Administration

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<th>Archival Code</th>
<th>Medium Code</th>
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<tbody>
<tr>
<td>3.3.024 174</td>
<td>HR, DE</td>
<td></td>
<td>Personnel Policies and Procedures. Any internally distributed manuals, guidelines, or similar records that define University wide policies and procedures concerning the personnel of the University. Remarks: Internal Audit will expect the department to maintain this documentation in the event of an audit, rather than the institutional processing office (i.e. Human Resources). Paper and electronic versions kept.</td>
<td>US+3</td>
<td>O</td>
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### Medical/Dental - Patient Records

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<tr>
<th>Record Item #</th>
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<tbody>
<tr>
<td>8.1 681</td>
<td>HR, DE</td>
<td></td>
<td>Resident Physician Evaluations/Procedure Logs - Final. The final evaluation is prepared by the program director at the end of the training program, and addresses the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently in that specialty. Evaluations are completed by attending physicians, peer physicians, supervising physicians, residents, or medical students. Includes evaluative comments regarding clinical knowledge, skills, interpersonal relationships, and personal/professional characteristics. Procedure logs to assure accreditation process for future hospital privileges. Remarks: Records are confidential unless permission is given by trainee. May be filed with Individual personnel File for Residents/Fellows (SEE: 3.1 # 927). GME Policy2.19.</td>
<td>PM</td>
<td>C</td>
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</table>
### Resident Physician Evaluations/Procedure Logs - Formative

Resident evaluations are completed by attending physicians, peer physicians, supervising physicians, residents, or medical students. Evaluations include evaluative comments regarding clinical knowledge, skills, interpersonal relationships, and personal/professional characteristics.

**Remarks:** AC = end of training. Records are confidential unless permission is given by trainee. HOP 2.1.19.

<table>
<thead>
<tr>
<th>Retention Periods Codes</th>
<th>Archival Codes</th>
<th>Security Codes</th>
<th>Vital Codes</th>
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<tbody>
<tr>
<td>AC</td>
<td>1: Retain in University Archives. The record must be transferred to University Archives</td>
<td>C: Confidential</td>
<td>X: Open Record</td>
</tr>
<tr>
<td>AV</td>
<td>O: Review by University Archives. The records should be appraised for archival or historical value before destruction.</td>
<td>O: Open Record</td>
<td>X: Record Series is considered vital to ongoing agency business. Records identified as vital are to be safeguarded by routine maintenance of off-site backup.</td>
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<td>CA</td>
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