

# The University of Texas System Medical Foundation

and



**The University of Texas  
Health Science Center at Houston**

**Medical School**

Graduate Medical Education  
Resident Handbook

*(Incorporated into and made a part of the annual Residency Appointment Agreement)*

*Effective for the 2018-2019 Academic Year*

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# THE UNIVERSITY OF TEXAS SYSTEM MEDICAL FOUNDATION

## GRADUATE MEDICAL EDUCATION RESIDENT HANDBOOK

### I GENERAL INFORMATION

#### A. GENERAL INFORMATION

- Resident Physicians:** Resident Physicians ("Residents"), which shall include both "residents" and "clinical fellows," pursuing their post-graduate training at The University of Texas at Houston Affiliated Hospitals Integrated Residency Training Program ("the Residency Training Program" or "the Program"), are appointed and employed by The University of Texas System Medical Foundation ("Foundation"). No property interest in employment is created by such appointment. The Foundation reserves the right to change any requirements affecting the terms and conditions of employment of Residents. Changes to this Handbook will become effective whenever the proper authorities so determine and will apply to both prospective Residents and those already enrolled in a Program.
- The University of Texas System Medical Foundation:** The Foundation, a not-for-profit corporation, in cooperation with The University of Texas McGovern Medical School ("Medical School"), a component entity of The University of Texas Health Science Center at Houston ("UTHealth"), administers all aspects of the Residency Training Programs. The Foundation is responsible for the administrative functions associated with the Programs. These functions include, but are not limited to, issuance of paychecks and other personnel services, maintenance of records, procurement and administration of benefits provided by the Foundation, and provision of mechanisms for effective coordination of the Programs among its Affiliated Hospitals (see Section I.B.). A Board of Directors oversees the Foundation; the Board consists of three physicians who maintain faculty and/or administrative appointments at the Medical School.
- Graduate Medical Education Committee (GMEC):** The GMEC is a committee of the Medical School Faculty Senate that provides academic oversight for the Residency Training Programs and ensures compliance with the Accreditation Council for Graduate Medical Education ("ACGME") Institutional, Common, and Specialty/Subspecialty Program Requirements. Additionally, the GMEC maintains oversight for the ACGME accredited status of UTHealth, the quality of the GME learning and working environment within UTHealth and its participating sites, and the quality of educational experiences in each Program. The GMEC establishes policy and develops procedures for the Graduate Medical Education ("GME") Programs. Appointed members include the Designated Institutional Official (DIO), Program Directors, other members of the faculty, Residents selected by their peers, representatives of clinical teaching sites, and other UTHealth administrative officials. All Program Directors that are not appointed as standing members of the GMEC are invited to attend and participate in GMEC activities.
- Graduate Medical Education Office:** The Graduate Medical Education Office provides administrative services for all residency and fellowship programs. Contact information for the GME Office:

*The University of Texas McGovern Medical School*

*Graduate Medical Education Office*

*6431 Fannin Street, J1L 310*

*Houston, Texas 77030*

*Phone: 713/500-5151*

*Fax: 713/500-0612*

*E-mail: [ms.gme@uth.tmc.edu](mailto:ms.gme@uth.tmc.edu)*

*Website: <https://med.uth.edu/oep/gme/>*

#### B. AFFILIATED HOSPITALS

Hospitals affiliated with UTHealth for the purpose of the Residency Training Programs include Memorial Hermann Hospital-TMC, Memorial Hermann-TIRR, and other hospitals in the Memorial Hermann Hospital

System, Harris County Hospital District (“HCHD”), including, e.g., Lyndon B. Johnson General Hospital and other Harris Health facilities, The University of Texas M.D. Anderson Cancer Center, St. Joseph Medical Center, St. Luke’s Episcopal Hospital, The University of Texas Harris County Psychiatric Center, The Methodist Hospital, Shriners Hospitals for Children-Houston, Texas Children’s Hospital, Veterans Affairs Medical Center, and Woman’s Hospital of Texas.

### **C. LEVEL OF TRAINING**

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

## **II. TERMS, CONDITIONS AND RESPONSIBILITIES OF APPOINTMENT**

### **A. RESIDENT RESPONSIBILITIES**

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

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

### **B. APPOINTMENT AND REAPPOINTMENT**

1. **Notice of Appointment:** Selection of the Resident for appointment to the Programs will be in accordance with ACGME Institutional, Common and Specialty/Subspecialty Program Requirements, as well as with Foundation, Medical School, and departmental policies and procedures. Generally, a Notice of Appointment should be issued to an “on-cycle” Resident no earlier than four months prior to the Resident’s proposed start date. The appointment term will generally be for a period encompassing the PGY year (typically 12 months); a Resident may be appointed for shorter terms at the discretion of the Program Director. As a condition of appointment, a Resident is not permitted to have concurrent agreements, appointments, and/or contracts with other hospitals or institutions while employed by the Foundation.
2. **Reappointment and Promotion:** Reappointment and promotion to the next level of training will be based on performance evaluations, supervisor review and comments, an assessment of the Resident’s readiness to advance (including, but not limited to attainment of the ACGME Competencies at the respective level of education, experience, demonstrated ability, clinical performance, professionalism), other academic criteria

specified by each Program, and the Resident's cumulative record of achievement and conduct. In instances where a Resident will not be promoted and/or reappointed, the Program Director must ensure that the Resident is provided with written notice, generally at least four months prior to the end of the Resident's appointment of intent not to promote or non-reappointment. When the primary reason(s) for the non-promotion and/or non-reappointment occur(s) within the four-month period preceding the end of the appointment term, the Program Director will provide the Resident with as much written notice of non-promote and/or non-reappoint as soon as circumstances will reasonably allow. Upon a Resident's timely written request, a Program Director's non-promotion or non-reappointment decision will be reviewed pursuant to Section II.U.2 of this Handbook.

3. **Federal Health Care Program Exclusions:** Employment by the Foundation shall be subject to the UTHealth Exclusion Check policy in UTHealth HOOP Policy 114, Exclusion Check, located on the UTHealth webpage: <https://www.uth.edu/hoop/policy.htm?id=1448076>
4. **Criminal Background Checks:** The Foundation conducts a criminal background check on applicants accepted into graduate medical education programs. Appointment is expressly contingent in part upon a Resident's consent to and timely completion of the background check as well as receipt of acceptable results of the background check. Criminal background checks may be periodically conducted on current Residents employed by the Foundation as may be requested by affiliated hospitals; when a resident transfers or moves to another UTMSH residency/fellowship program, or when a Resident has self-reported an incident as set forth in Program's and/or an affiliated entity's policy.
5. **Drug Screening:** It is the policy of the Foundation that applicants to a GME Program who are offered an appointment consent and submit to a drug screen. Applicants for a GME Program who do not consent to a drug screen will not be permitted to participate in the GME Program.

A Resident may be randomly screened periodically during appointment, with continuation of the current appointment and each successive appointment, if any, expressly contingent upon consent to such screenings, especially as required by affiliated hospitals/clinics or upon reasonable suspicion of impairment and/or possession or use of drugs or alcohol (on UTHealth property and/or while on duty). Residents who do not consent to a drug screen will be barred from clinical participation and are subject to disciplinary action, up to and including dismissal.

Residents who transfer programs within UTHealth or move from residency to fellowship will automatically be required to obtain a drug screen. A Resident who has had a break in service for more than 21 days in their GME training (LWOP, FMLA, etc.) may be subject to a drug screen before returning to duty.

Residents who have a positive drug screen will be immediately referred by the Program Director to the UT EAP for assessment. Residents who have a positive screening result will be promptly removed from clinical service and will not be allowed to continue their rotations until there is a negative drug screen and/or the EAP reports to the Program Director the Resident's compliance and completion of the EAP's recommendations.

The Foundation will designate the company(ies) approved to conduct the drug screening. Drug screen results are considered confidential and are accessible only to authorized persons in accordance with state and federal law. "Positive" screening results will be sent to the Designated Institutional Official ("DIO") for review of the test results. The DIO or designee may conduct a telephone or face-to-face interview with the candidate to determine if there is a valid medical reason for a positive result. The candidate may be required to provide evidence of any legally-prescribed drug use that may have caused a positive screening result.

When the DIO can determine that a legitimate medical explanation exists, the DIO will then "overturn" the results reported by the lab and will instead report the "final" result as "negative." The Foundation and GME Office will be notified of "final" positive drug screen results, and the GME Office in turn will notify the Program Director, who shall suspend the Resident from his/her clinical rotation.

6. **Restrictive Covenants:** Residents are not required to enter into a "non-compete" or other restrictive covenant employment agreement with either the Foundation or UTHealth as a condition of appointment or reappointment to a Residency Training Program.
7. **Verification of Training and Sharing of Information:** The Medical School GME Office and/or individual training programs may be contacted to verify a resident's training dates. In addition, ACGME may share relevant data, which may include social security numbers and Milestone data, with relevant certifying boards. ACGME may be requested to share data to a program to which a resident is entering, e.g., transfer or fellowship. Residents are advised to contact their program director regarding any questions or concerns.

### **C. CONTENT OF PROGRAMS**

1. **Program Summary:** Programs shall be of sufficient quality and duration so that a Resident who successfully completes a Program should be competent and qualified to sit for board certification examinations in the appropriate specialty area, subject to accreditation of the appropriate accrediting bodies. The graduate medical education of Residents in the practice of their specialties will include, but is not limited to provision of inpatient and outpatient settings within the program's specialty area; provision of equipment and other facilities for the care of patients; provision for supervision and evaluation of the professional work of the Resident by UTHealth or affiliated and cooperating institutions' teaching staff; and provision of didactic experiences to supplement practical clinical experiences. The Resident will be expected to participate actively in the care of all patients of the facility to which he or she is assigned.
2. **Residents as Teachers:** A Resident will generally be provided the opportunity to take an active role in the instruction of undergraduate medical students and/or other hospital personnel. As instructors, Residents are expected to maintain the highest standards of ethical conduct in their relationships with their students. The UTHealth Medical School "Appropriate Student Treatment" policy is included as Appendix A to this Handbook.
3. **Schedule:** Residents will be assigned to a regular schedule, including night rotations and weekend duties. The major objective of the Program is educational; consequently, the educational needs of the Resident will be a major priority of the Program.
4. **Supervision:** The teaching staff will supervise the Resident in a manner designed to facilitate the Resident's progressively increasing responsibility for patient care according to his or her ability, level of training, and experience. The level of responsibility assigned to each Resident will be determined by the Program Director and/or teaching staff.
5. **Research and Intellectual Property:** Residents who engage in scientific research at UTHealth are responsible for maintaining the integrity of all research activities. All Residents are subject to and shall comply with UTHealth HOOP Policy 201, Intellectual Property, located at <http://www.uth.edu/hoop/policy.htm?id=1701961>, which is derived from and references The University of Texas System Board of Regents' *Rules and Regulations*, Series 90000 ("Intellectual Property").
6. **Work Hours:** UTHealth and individual Programs have formal written policies governing Resident Work Hours. These policies are intended to foster resident education and well-being and to facilitate high quality patient care. Each Program's formal written policy shall be consistent with ACGME Institutional and Program Requirements for specialties and subspecialties. These formal policies apply to all institutions within which a Resident rotates. Compliance with these policies is a responsibility shared by the Program Director, Faculty, and Residents. The GME Program "Institutional Work Hours" policy is included as Appendix B to this Handbook.

### **D. COMPENSATION**

The Foundation shall provide stipends and benefits to Residents. Stipends are based upon the appropriate Post Graduate Year (PGY) in the appointed residency training program, according to specialty or subspecialty Board

requirements for certification. The amount of a stipend will be commensurate with the appropriate PGY level of training for the specialty and experience and responsibility of the individual Resident. Attainment of each additional level of training should generally merit an increase in the stipend; no increases are guaranteed.

#### **E. QUALITY ASSURANCE**

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

#### **F. MEDICAL RECORDS**

Residents are required to complete patient medical records in a timely manner. Mandatory components of patient recordkeeping in graduate medical education programs include, but are not limited to dictation of chart summaries, signing of patient orders, and compliance with the rules and regulations of the medical records departments of each affiliated hospital to which a Resident is assigned. Failure to complete medical records promptly and accurately is considered a failure to deliver adequate care to patients, is an issue of professionalism, and may be considered grounds for academic corrective action or disciplinary action (see Section II.U below). Medical records are the property of the respective hospital/clinic and/or treating facility and shall not be copied or removed without prior authorization.

NOTE: Residents are not “custodians” of medical records, and may not access or produce records in response to requests for or legal processes (including subpoenas) purporting to require such production. All requests for and/or legal processes purporting to require production of medical records must be immediately referred to an attorney in the Office of Legal Affairs immediately upon receipt. Similarly, all other legal processes (subpoenas to testify as a witness, requests for depositions, consultations, etc.) must be immediately referred to an attorney in the Office of Legal Affairs.

#### **G. FRINGE BENEFITS**

The benefits outlined below will be provided to all eligible Residents, and shall be provided by and administered through the Foundation. (See <https://med.uth.edu/oep/gme/medical-foundation/>):

##### **1. Group Insurance**

- Health Insurance is provided to a Resident at no cost. Residents may also buy into a premium plan at an additional monthly cost. Dependent coverage is not paid, but is available at group rates.
- Dental Insurance is provided at no cost to the Resident. Dependent coverage is not paid, but is available at group rates.
- Vision Insurance is provided at no cost to the Resident. Dependent coverage is not paid, but is available at group rates.
- \$100,000 of Group Life Insurance is provided at no cost to the Resident. Additional coverage of up to \$2,000,000 may be obtained at the Resident’s own expense. Dependent coverage is not paid, but is available at group rates. Spousal coverage may not exceed 50% of the Resident coverage amount and children up to 21 years of age are eligible for \$5,000 or \$10,000 of coverage.
- \$20,000 Accidental Death and Dismemberment coverage is provided at no cost to the Resident.
- Long-term Disability Insurance is provided to each Resident. This is a two-part benefit package. Part A coverage is through Ameritas Life Insurance Company. The nominal premium for Part A is paid through monthly payroll deductions, and a permanent stipend increase was given to cover this cost. Residents are required to participate. Part B coverage is sponsored by the Texas Medical Insurance Trust and is at no cost to the Resident. Information about the plans can be found on the Medical Foundation website: <https://med.uth.edu/oep/gme/medical-foundation/>. Dependent long-term disability coverage is not available.
- New dependents may be added during the annual enrollment period. Newborns are covered for the first 30

days after birth, but must be added to the covered Resident to continue insurance coverage after this period.

## 2. **Retirement**

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

## 3. **Vacation**

Residents are permitted the equivalent of three calendar weeks (15 weekdays and 6 weekend days) of vacation leave each 12-month appointment term. Vacation leave is pro-rated for appointment terms of less than twelve months.

To ensure adequate patient coverage, Residents must coordinate vacation scheduling with their respective Program Director, as well as with other Residents in the department. It is the responsibility of each Resident to cover other Residents' approved absences. No more than two consecutive weeks of vacation may be taken; exceptions must be authorized in writing in advance by the Program Director. Each Program is responsible for tracking that Program's Residents' vacation.

Unused vacation leave shall expire at the end of each appointment period; vacation leave time may not accumulate. A Resident is not compensated for unused vacation upon leaving the Program.

## 4. **Holidays**

The UTHealth holiday schedule does not apply to Residents. Any holidays taken by a Resident are at the sole discretion of the Program Director based in part on staffing needs during any "holiday" period. Time off must be approved by the Program Director in writing in advance; a Resident may be required to use vacation time.

Patient care is every Program's first priority; leave for religious observances cannot be guaranteed. When requested leave for religious observances conflicts with scheduled clinical duty, it is the responsibility of the Resident to make appropriate arrangements with the Program Director in advance to ensure adequate patient care coverage. It is the Resident's responsibility to ensure that his or her assigned rotation duty is covered. Appropriate substitute coverage must be approved in writing in advance by the Program Director.

## 5. **Paid Sick Leave**

Paid sick leave accrues at a rate of one day per month and may accumulate to a maximum of 30 days. Paid sick leave carries forward from year to year to a maximum of 30 days; however, unused sick leave remaining as of the date of separation from the Program is forfeited without compensation. Residents are not eligible for the UTHealth "sick leave pool" leave. Each Program is responsible for tracking Residents' sick leave.

In the event an illness exceeds accumulated paid sick leave and vacation time, a leave of absence without pay may be granted at the discretion of the Program Director, in consultation with the Designated Institutional Official. See Section II.G.6.

## 6. **Leave of Absence (Extended Leave, Military Leave, Leave Without Pay and Family Medical Leave)**

### **Leave of Absence:**

All requests for a leave of absence (LOA) must be in writing and approved in advance by the Program Director; any leave granted will comply with state and federal law and any applicable specialty board and accreditation requirements.

LOA is comprised of paid leave (including both paid sick leave and vacation leave). When an LOA is requested



for any medical reason, a Resident must first exhaust all accumulated paid sick leave followed by accumulated vacation leave prior to being eligible for LWOP.

**Military Leave:**

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

**Family Medical Leave:**

The Foundation may grant a Resident up to an aggregate total of 12 calendar weeks of Family Medical Leave (FML) in any 12-month period for one or more of the following reasons:

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

Residents are responsible for completing and submitting the appropriate FML paperwork to their Program Director. Accumulated sick leave shall be used first followed by vacation time when taking FML. Once all paid leave has been exhausted, any remaining FML leave will be unpaid.

Maternity/Paternity leave is provided under the Family Medical Leave Act as described in this section. Requests for maternity/paternity leave must be submitted to Program Director and the GME Office prior to the Resident beginning maternity/paternity leave. In those cases when it is not possible to submit the required paperwork in advance of the leave, the Resident should submit it as soon as possible after leave has commenced (preferably within one week). The GME Office will require a memo from the program director including the beginning date of leave, the expected return date, and the type of leave that will be utilized (i.e., vacation, sick, LOA). The memo must include the number of days allowed for each type of leave.

**Extended LOA:**

An extended LOA (exceeding the aggregate total of 12 weeks available as FML) may necessitate a Resident's termination of appointment to the Program. The Resident may seek reappointment to the Program at a later date. Residents are not eligible for UTHHealth "sick leave pool" leave.

**Insurance Coverage during LOA:**

A Resident may continue personal insurance coverage and dependent insurance coverage during a period of LWOP at his or her own personal expense. Arrangements for these premium payments must be made prior to the commencement of the leave. The Program is responsible for payment of the Resident's premium normally paid by the affiliated hospital when the LOA is provided under the FMLA.

**Duration of Leave and Board Eligibility:**

The duration of any vacation, sick leave, or any other leave of absence must be consistent with satisfactory completion of training requirements. The amount of vacation, sick leave, or any other leave of absence that will necessitate prolonging the training time (e.g., credit toward specialty board qualification) for the Resident is determined by the Program Director and the requirements of the pertinent ACGME Resident Review Committee

and/or relevant specialty board. Programs must provide Residents with timely notice of the effect of leave(s) on the ability of the Resident to satisfy requirements for program completion. Residents should contact their Program Director for information relating to access to eligibility for the relevant specialty board examination. Additional training after an LOA may be needed for successful completion of Program Requirements, including all board certification requirements.

**Bereavement Leave:**

With the prior approval of the Program Director, a Resident may be granted up to three days of paid bereavement leave for the death of a member of the immediate family. Solely for the purposes of this leave, "immediate family" shall be defined as a Resident's spouse, or the Resident's or spouse's parent, children, brothers, sisters, grandparents or grandchildren. Bereavement leave shall be granted only for scheduled work days.

**Educational Leave:**

A Program Director may authorize paid leave for a Resident to attend educational meetings. Such paid leave is generally limited to one week (5 weekdays and 2 weekend days) each year, is not considered part of the Resident's vacation and may not be carried forward to subsequent years. Attending local, state or national practice specialty meetings would constitute appropriate use of this leave. Additional leave, such as for job or fellowship interviews or attending additional educational conferences, is at the discretion of the Program.

**9. Jury Duty, Court Appearance, Administrative Proceeding**

When summoned to serve on a jury or subpoenaed to serve as a witness in a court or administrative proceeding to which the Resident is not a party, a Resident will be allowed time off and will continue to receive scheduled pay. The Resident will not suffer any loss of accrued leave time or any reduction in salary as a consequence of the receipt of any amount for jury duty. A Resident summoned for jury duty may (but is not required to) request to be excused from participation in jury duty by checking the exemption on the jury summons that states "Are a person enrolled and in actual attendance at an institution of higher education." If a Resident does not declare an exemption, and appears for jury service (and/or is selected), the Resident must furnish documentary proof of such service in order to qualify for pay during periods of court service. A Resident is expected to report for duty when not in court.

Residents must report the receipt of all subpoenas for witness testimony to the UTHealth Office of Legal Affairs by contacting an attorney in that office directly and delivering the subpoena (and any attachments) to the Program's Residency Coordinator with information regarding how the subpoena was received by the Resident (personal delivery, mail, fax, etc.). Residents may not contact any non-university attorney or any other official in response to a subpoena without first informing the Office of Legal Affairs.

**10. Work-Related Injury:**

Injury incurred by a Resident within the course and scope of his or her appointment may be covered by workers compensation through a workers' compensation insurance policy. This includes not only needle sticks and exposure to blood borne pathogens, but also slips, falls, cuts, abrasions, etc. Injuries that occur within the course and scope of employment should immediately be reported to the supervisor and Program Director. A Program Director is required to complete and submit a First Report of Injury form in order for the Resident to qualify for workers compensation. Leave taken in connection with an injury not incurred during the course and scope of the appointment will be considered sick leave.

**11. Professional Liability Insurance and Risk Management Education:**

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

Except as otherwise described below, a Resident will be covered by the Plan when performing his or her assigned duties within the Program. Such coverage is valid only at the affiliated hospitals and clinics to which the Resident

is assigned through the Program. A Resident who takes electives outside the affiliated hospitals is covered by the Plan as long as the elective is required by the Program through which a Resident is seeking specialty board certification. There must be documentation in the department office of the elective agreement.

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

Residents covered by the Plan are required to complete five hours of Risk Management Education each year as an express condition of PLI coverage. Failure to complete the required courses may result in the Resident being ineligible for coverage; the Resident may be placed on LWOP until the requirement is satisfied. To meet this requirement, Residents must successfully complete all online training required and provided by UT System.

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

The Plan does not cover any professional activities other than those assigned through the Program. (See Section L – "Moonlighting")

## **12. Counseling and Support Services and Referrals for Counseling:**

Fellow and Resident assistance services are provided to Residents through UTEAP, coordinated by UTHealth Office of Employee Assistance Programs. UTEAP offers 5 visits per issue of confidential counseling services and referrals to mental health resources to assist Residents resolve difficulties in their personal lives that may affect performance in their program such as difficulty with a marital, family or other significant relationship, stress/burnout, depression and grief, as well as attitudinal/behavioral and/or professionalism problems noted in the workplace. In addition, well-being coaching helps identify positive steps for life balance and burnout prevention. Appointments are available on campus at 7000 Fannin Street, Suite 1670, M-F 8-4, or Residents can request services with one of the EAP mental health network providers located throughout Texas. Some of these providers offer evening and weekend appointments. UTEAP also offers 24 hour/365 days crisis assistance to assist during after-hours and holidays by calling 713 500-3327.

Refer to the UT EAP web page, located at <http://go.uth.edu/FRAP> for specific available services. You can also explore the website for self-directed access to a large number of helpful resources. The service is also available to Resident family members who can call our office to obtain authorized services.

Assistance may be obtained from the EAP as a result of:

Self-Referral – a completely confidential method of getting help for yourself by calling (713) 500-3327 or toll free (800) 346-3549.

Informal Referral – a recommendation is made to the Resident to access EAP for an evaluation. During this type of referral, with the Resident's permission, the EAP will let the referring party know that the Resident participated in the counseling program.

Mandatory Referral – a formal referral to the EAP is provided to the Resident. During this time, the EAP will work with the Resident and the program to ensure participation and compliance with the EAP recommendations as a way to improve performance, professionalism, conduct, or other issues.

## **13. Professional Memberships:**

Residents are enrolled as members of the Harris County Medical Society and the Texas Medical Association during Resident orientation. The Texas Medical Association Insurance Trust pays the annual dues for these organizations on behalf of each Resident. Dues and fees for membership in other such organizations are the

responsibility of the individual Resident.

**14. Lab Coats/Identification Badges:**

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

Each Resident receives an official identification badge subject to security conditions applicable in each Program and is required to display the badge to identify themselves and their association with UTHealth at all times while duty or on the premises of UTHealth owned or leased space. ID badges shall not be loaned to other Residents, family members, or any other persons. Each Resident is responsible for replacement of lost or damaged badges. Although Residents may have more than one role at UTHealth, only one identification badge will be issued, which will be for their position as a Resident.

**15. Sleep Quarters and Food Services:**

Residents on call will have access to safe, quiet and private call rooms, with available bathroom facilities, for study or to mitigate fatigue. Additionally, Residents have 24-hour access to food services while on duty at affiliated institutions.

**16. Pagers:**

Pagers, with batteries, are originally assigned to Residents by the programs at no initial cost. Residents must supply any replacement batteries. For nonworking pagers, Residents should contact the Memorial Hermann Telecommunications office (713-704-2506) to have the pager replaced. Once assigned to a Resident, the Resident is responsible for the pager and must reimburse Memorial Hermann Hospital for a lost or stolen pager. The replacement cost is \$100. Residents should return pagers to their respective Program Coordinator upon completion of their program.

**17. Parking:**

Subsidized parking is available to Residents in the UT Professional Building and Prairie View A&M parking garages. All Residents will be given an opportunity to sign up for parking at Resident orientation; a copy of the parking policy and rules will be provided at that time. Residents who sign up for parking must do so for the entire academic year. Residents who cancel parking during the academic year are not eligible to re-enroll until the following open enrollment period and are not entitled to any refunds. Residents who permit use of their parking card by any other individual(s) or otherwise attempt to circumvent the parking system will lose all parking privileges for the duration of their residency/fellowship. Each Resident is responsible for replacement of lost or damaged parking cards.

**18. Security:**

UTHealth and the affiliated hospitals will make efforts to provide a safe and secure work environment. Residents are provided with a pocket card detailing the availability of security escorts.

**H. IMMUNIZATIONS**

Upon acceptance into a Program, Residents must provide documentation of immunizations or reports showing positive results of antibody titers for immunity to Tetanus-Diphtheria-Pertussis (Tdap), Hepatitis B, Measles, Mumps and Rubella. A positive antibody titer is REQUIRED for Chicken Pox (Varicella). The GME Office covers the costs of this testing and provides laboratory requisition forms for LabCorp.

A Quantiferon gold test for tuberculosis taken within six months of appointment to a GME Program is required.

Thereafter, annual Quantiferon gold testing must be reported to the GME Office. The GME Office covers the costs of this testing and provides laboratory requisition forms for LabCorp. Residents will receive an email reminder, along with the lab form, for the annual testing.

Residents providing services in a healthcare facility have the potential for exposure to patients. Each affiliated hospital maintains its own policy on influenza vaccination. Residents rotating at such facilities are expected to adhere to such policies and the GME Office will work with affiliates, Programs and Residents to ensure compliance.

## ***I. USE OF THE UTHEALTH NETWORK; E-MAIL; PERSONAL COMPUTERS SOCIAL NETWORKING; PHOTOS***

**UTHealth Network:** After satisfying all prerequisites, completing all paperwork relevant to appointment and signing the User Responsibilities & Accountability Acknowledgment Form, and subject to the approval of the UTHealth Information Technology Department, a Resident will be assigned UTHealth e-mail address and allowed acceptable use of UTHealth computer resources, particularly e-mail, during their appointment. Residents are subject to and shall abide by the terms of all applicable information technology policies and guidelines contained in the UTHealth HOOP (see, e.g., HOOP Policies 98, 132, 175-181, and 198). All use of the UTHealth information technology network, including access to and use of the internet and UTHealth email, is a privilege that must not be abused. Any prohibited or inappropriate use of the network and/or the e-mail system may result in the withdrawal of such privilege, and may be grounds for additional adverse action, up to and including dismissal from the Program.

**E-Mail:** E-Mail is the predominant means of communication between the Resident, the Program and the GME Office. Communications may include information regarding stipends and benefits, important announcements from affiliated hospitals, notification of house staff meetings, etc. Residents must routinely check their UTHealth-assigned email and periodically delete unnecessary messages from the email inbox. Residents may not use the UTHealth email system for personal business. Residents are strictly accountable for the content of their UTHealth network email, and are encouraged to conduct personal business utilizing personal email accounts (e.g., Gmail, Yahoo, etc.). Residents are reminded that all email communications through the UTHealth information technology network are subject to review. Residents have no expectation of privacy in any communications through the UTHealth network, including email, telephone voice mail, instant messaging facilities, text messages through UTHealth resources, etc.

**Personal Computers:** Bringing personally-owned computers to UTHealth to conduct any kind of University business is not allowed. If there is a special circumstance where a personally-owned computer must be brought to UTHealth, it must be approved in advance by the Director of Medical School Information Technology. The computer hard drive must be encrypted using one of the UT System-approved encryption methods. Personal smartphones and tablets are allowed only if your UT Health e-mail account is configured on the device via AirWatch, and UTHealth IT has the ability to remotely erase the data on the device should it be reported as lost or stolen.

Storing patient data on unencrypted devices or transmitting it via non-encrypted communication methods (text messages, unencrypted e-mails, etc.) is strictly prohibited. Any violations to this policy must be reported to IT Security; violators are subject to disciplinary action, up to and including dismissal from the Program. All Residents will receive a LOK-IT encrypted flash drive and a TigerText license. TigerText is a HIPAA-compliant communication method which will allow Residents to send and receive secure (encrypted) messages. The LOK-IT encrypted flash drive provides a secure location where university data can be saved. For more information please contact the GME Office or your department's LAN Manager.

**Social Networking:** Social networking sites (e.g. Facebook, LinkedIn, Twitter, YouTube, etc.) are increasingly used for communication. Residents are advised to use discretion in use of any of these sites.

**Resident Photos:** Photographs of Residents may be used on the premises, on the departmental webpage and other official pages maintained by UTHealth.

## **J. HOUSE STAFF EXECUTIVE COUNCIL/ASSOCIATION**

The House Staff Executive Council and House Staff Association are resident forums established to provide a venue for Residents to exchange ideas, express concerns and disseminate information relevant to the clinical learning environment and to foster professional and social development of its members via educational programs, networking opportunities, and leadership experience. The Association is comprised of all Residents, and the Executive Council is comprised of the officers elected by the Association. The Executive Council and Association meet monthly and all Residents are encouraged to participate. The House Staff Senate is comprised of no more than four Residents from each UTHealth clinical department and advises the Executive Council. Full descriptions of the Executive Council and Senate are listed in the House Staff Association Constitution found on the House Staff website at <https://med.uth.edu/oep/gme/ut-house-staff-association/>

## **K. DRESS CODE/APPEARANCE**

Professional appearance and demeanor are a demonstration of respect for the patient, faculty, staff and employees. This professional appearance and demeanor should be maintained at all times. In accordance with departmental/program and hospital policy, Residents are expected to be properly attired and appropriately groomed for their patient care roles. Access to, usage and proper maintenance of scrubs, lab coats and similar attire shall follow departmental and/or hospital regulations. Accommodations may be made upon written request for Residents whose cultural and/or religious beliefs require certain types of attire. Residents must wear white coats and official identification at all times when interacting with patients.

## **L. MOONLIGHTING**

Residents are not required to engage in professional activities outside the educational program (moonlighting). Under Texas law, professional activities involving the practice of medicine outside the program to which they are appointed are available only to a Resident who holds a medical license from the Texas Medical Board. A physician-in-training (PIT) permit **does not** entitle a Resident to engage in professional activities (i.e., any practice of medicine) outside the educational program. A Resident engaging in moonlighting activities may not represent himself or herself as a UTHealth Physician, nor may Residents use the UTHealth, GME Program, Medical School, or other UT-affiliated names in such moonlighting activities.

Benefit coverage, including coverage for any injury or disability (see Section II.G.1 and G.10) suffered, does not apply during outside or unassigned activity. Professional Liability Insurance (Section II.G.11) will not cover the Resident for any liability exposure incurred in outside professional activity.

All moonlighting activities require completion of the appropriate moonlighting request form and approval in writing in advance from the Program Director. A signed copy must also be provided to the GME Office. The Program may revoke approval or initiate corrective action in the event of any unauthorized outside professional activity and/or if such activity interferes with the ability of the Resident to satisfactorily fulfill the obligations of the Program.

All hours that a Resident moonlights both at UTHealth's primary clinical sites or elsewhere shall be considered part of the 80-hour weekly limit on duty hours.

## **M. ESSENTIAL PERSONNEL**

Residents with clinical duties have a professional obligation to be available for work during periods of adverse weather conditions and other declared emergencies, and unless released by the Program Director, are required to report to their designated work site during their appointed schedule even if the UTHealth is closed due to adverse weather or other conditions. Residents should contact their Program Director to determine their status during times of adverse weather conditions or other emergencies. Residents are not authorized to be absent from their assigned rotations without the specific written advance approval of their Program Director. Residents

who fail to report to their scheduled rotation because of weather conditions without the approval of their Program Director shall be subject to corrective action.

## **N. PROFESSIONAL FEES**

As a condition of acceptance to the Program, the Resident waives all rights to fees for professional services to patients, regardless of the level of participation in the care of those patients. Such fees will be collected on behalf of the supervising professional staff in accordance with the regulations of the hospitals or other clinical settings in which the work is performed; the practices of the professional staff of each hospital or clinical setting; and the regulations, where applicable, of third-party payers.

## **O. TEXAS MEDICAL BOARD**

### **1. Physician-in-training permits**

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

A PIT permit does not entitle the Resident to assume professional activities outside of the Residency Program (see Section II.L).

### **2. Permanent Texas Medical License**

A Resident who obtains a permanent medical license from the TMB during his or her training is required to maintain a current medical license at all times. Additionally, the Resident is responsible for notifying the GME Office of a newly issued license. A Resident who has not renewed his or her license as necessary will lose PLI coverage effective on the license expiration date and will be removed from clinical duties and placed on LWOP until the license is reinstated by the TMB.

### **3. Professional Name Presentation on Permit or License**

Pursuant to TMB policy, all Residents employed by the Foundation will be required to practice utilizing only the name under which they are licensed by the TMB. Failure to do so may be considered unprofessional conduct by the TMB, and in addition, may subject a Resident to corrective action.

A Resident's PIT will be applied for and issued under the name as shown on the Resident's medical school degree unless acceptable documentation of a legal name change is supplied with the initial permit application. If a name change occurs during the Resident's training, the Resident must contact the GME Office and provide proper documentation reflecting such name change.

### **4. Duty to Report**

The TMB requires all Residents with PIT permits to report, in writing, the following circumstances to the Executive Director of the Board within 30 days of their occurrence:

- the opening of an investigation or disciplinary action taken against the PIT permit holder by any licensing entity other than the Texas Medical Board;

- an arrest, fine (over \$250), charge or conviction of a crime, indictment, imprisonment, placement on probation or receipt of deferred adjudication; or
- diagnosis or treatment of a physical, mental or emotional condition which has impaired or could impair the PIT holder's 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 corrective action, including disciplinary action up to and including dismissal from the Program.

#### **P. DEA AND DPS NUMBERS**

Institutional Drug Enforcement Administration (DEA) numbers are assigned by the affiliated hospital to the Resident. The institutional DEA number allows prescription-writing privileges for only educational training program activities. Institutional DEA numbers are not valid for moonlighting or any other activities outside of the educational training program.

Institutional Department of Public Safety (DPS) numbers are assigned to Residents that hold a Texas Medical Board PIT permit. These numbers are assigned by the GME Office in coordination with affiliated hospitals. The DPS number allows prescription-writing privileges for controlled substances only as part of educational training program activities. DPS numbers are not valid for moonlighting or any other activities outside of the educational training program.

Once a Resident obtains a full, unrestricted Texas medical license, the licensed Resident must apply for and obtain individual DPS and DEA numbers. All fully licensed Residents are responsible for obtaining their own individual DPS and DEA numbers and are required to provide a copy of their DEA and DPS registrations to the GME Office.

#### **Q. EVALUATION AND ADVANCEMENT**

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

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

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

#### **R. GRIEVANCES**

UTHealth strives to provide a learning environment in which Residents have the opportunity to communicate and exchange information, raise concerns and provide feedback without fear of intimidation and retaliation and in a confidential manner. It is the policy of the Foundation to encourage fair, efficient, and equitable solutions for problems that arise out of the Foundation's appointment of a Resident.

Grievances may involve payroll, hours of work, working conditions, clinical assignments, and issues related to the program or faculty, or the interpretation of a rule, regulation, or policy. The grievance process set forth in this section is not intended to address any aspect of the evaluation of academic or clinical performance or



professional behavior, other academic matters relating to failure of the Resident to attain the educational competencies of the Programs, or issues related to non-promotion or non-reappointment. These matters as they relate to corrective or adverse actions are handled pursuant to Section II.U of this Handbook.

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

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

## **S. RESIDENT IMPAIRMENT**

The policy regarding substance abuse among Residents recognizes the importance of prevention through education, recognition of the impaired Resident, and the counseling and rehabilitation of the impaired Resident, guided by the GME Committee's Resident Impairment Policy (*see Appendix C*).

## **T. SEXUAL MISCONDUCT; EQUAL OPPORTUNITY; DISCRIMINATION AND HARASSMENT; DISABILITY ACCOMMODATION**

Complaints of sexual misconduct (including sexual harassment and sexual assault) are addressed in accordance with the regulations found in UTHealth HOOP Policy 59, Sexual Misconduct (<http://www.uth.edu/hoop/policy.htm?id=1447966>).

Complaints of discrimination and harassment are addressed in accordance with the regulations found in UTHealth HOOP Policy 183, Equal Opportunity, Discrimination and Harassment (<http://www.uth.edu/hoop/policy.htm?id=1448214>).

Residents who believe they have a disability requiring an accommodation should contact the 504 Disability Coordinator, through the GME Office, at 713.500.5196. Requests for reasonable accommodation(s) must be made in accordance with UTHealth HOOP Policy 101, Disability Accommodation (<http://www.uth.edu/hoop/policy.htm?id=1448050>).

## **U. CORRECTIVE AND/OR ADVERSE ACTIONS**

### **1. Summary Actions when the Resident may pose a threat to Patient Safety**

Under any circumstances in which the Program Director or the clinical department's Clinical Competency Committee determines that the unsatisfactory performance and/or any conduct of a Resident may constitute an immediate threat to patient safety, the Program Director may reassign or suspend the Resident pending further investigation and a determination by the Program Director regarding the ability of the Resident to continue in the Program. If the Program Director's determination regarding whether the Resident is able to continue in the Program is appealed, the appeal shall be conducted under the provisions for "Academic Actions" below, except that the Resident need not have been provided prior "notice and guidance" regarding the conduct prompting the summary suspension.

### **2. Academic Actions**

UTHealth maintains a policy that promotes fairness and minimizes conflict of interest in the adjudication of issues related to evaluations or disciplinary actions. In the event a Resident encounters difficulty meeting and/or

maintaining performance standards as they pertain to the ACGME Competencies, and/or professional judgment and/or professional conduct standards (collectively, "academic difficulty"), the Resident should seek out the advice and guidance of the Program Director. Likewise, if the clinical department's education or clinical competence committee and/or the Program Director have reason to believe that a Resident's performance is unsatisfactory, the Program Director will contact the Resident and provide adequate verbal and/or written notice and guidance to the Resident about his or her performance and possible corrective action (consistent with Section II.Q.).

If the Program Director has notified the Resident about his or her unsatisfactory performance, including, but not limited to unsatisfactory or inappropriate professional judgment and/or unprofessional conduct, and has provided advice and guidance (including, as appropriate, but not limited to initial or prior training in or out of the Program, program handbooks, evaluative material, etc.) regarding the academic difficulty that would enable the Resident to act in a manner consistent with the law, training, Program guidelines and requirements, and the reasonable exercise of professional medical judgment, and, if appropriate, has taken corrective action, and the Resident's performance continues to be less than satisfactory, the Program Director, at his or her discretion, may take appropriate academic corrective and/or adverse action. Corrective/adverse actions include, but are not limited to remedial assignments, letters of warning, academic watch/warning, probation, suspension, non-promotion, non-reappointment, or dismissal from the Program. Corrective/adverse actions are not "progressive" or sequential, i.e., no one corrective/adverse action is required before another more severe action may be imposed.

### **3. Procedural Guidelines for Academic Actions:**

In cases where a Resident has been notified of non-promotion, suspension, probation, or a Program has taken other action that could lengthen the duration required to complete the ACGME-accredited program, or the Resident is to be dismissed or non-reappointed, and believes that such action was imposed without the appropriate notice and guidance prior to the corrective/adverse action that would have enabled the Resident to improve his or her performance and to act in a manner consistent with the law, the Program, Program guidelines and requirements, and the reasonable exercise of professional medical judgment, the Resident may request that a subcommittee of the GMEC review such action. The Resident must make a written request for review of this decision to the DIO within seven calendar days of the date that the academic corrective/adverse action in question was imposed.

The subcommittee review will generally be scheduled no later than within 30 calendar days of the Resident's request for review. The review panel will consist of at least three members of the GMEC or other faculty as determined by the DIO. The DIO is a standing *ex officio* member of the subcommittee, but does not participate in any deliberations or recommendations. The GME Office will determine the date of the review. The review will be presided over by the chairperson nominated by the DIO. The conduct of the review is at the sole discretion of the chairperson.

The review by the GMEC subcommittee is generally restricted to the determination of whether, in the opinion of the subcommittee, the Resident was provided the requisite notice of deficiencies and the opportunity and guidance (including, as appropriate, prior or concurrent training in or out of the Program) to enable the Resident to correct the deficiencies and to act in a manner consistent with the law, the training program, Program guidelines and requirements, and the reasonable exercise of professional medical judgment. Such prior notice and guidance need not have been provided in matters involving summary suspensions for patient safety reasons.

The Resident will be notified of the date, time and location of the subcommittee review and may attend in order to present any documentation that (s)he did not receive the requisite notice and guidance noted above. If the Resident does not attend, the subcommittee may meet and render a determination in the Resident's absence.

The subcommittee will review the Resident's file and hear statements made by both the Resident and Program Director and render its decision whether, in the opinion of the subcommittee, the Resident received the requisite notice and guidance as noted above. This decision will be communicated to the Resident, the Program Director, and the Dean of the Medical School within seven calendar days after the review. In academic cases that do not

involve dismissal or non-reappointment, the Resident may appeal the determination to the Designated Institutional Official (DIO) by submitting a written request within three working days of receipt of the subcommittee's decision. The DIO will review the subcommittee's decision and may accept or reject the subcommittee's decision or may require that the original review be reopened. The DIO shall determine whether the Program Director's action will be upheld, and shall communicate that determination in writing to the Resident, the Program Director and the subcommittee chair within five calendar days of receipt of the request for appeal. The decision of the DIO is final.

In cases of dismissal or non-reappointment, the Resident may appeal the decision to the Dean of the Medical School by submitting a written request within three working days of receipt of the subcommittee's determination. The Dean (or designee) will review the subcommittee's determination and may accept or reject the subcommittee's determination or may require that the original review be reopened. The Dean (or designee) shall determine whether the Program Director's action will be upheld, and shall communicate that determination in writing to the Resident, the Program Director and the subcommittee chair within five calendar days of receipt of the request for appeal. The decision of the Dean (or designee) is final.

The Resident shall remain on the Foundation payroll for the duration of any review and appeal to the DIO or the Dean for a period not to exceed 90 days.

#### **4. Non-Academic Actions**

In the event allegations of illegal or prohibited conduct (including, but not limited to any conduct prohibited by UTHealth – see, e.g., HOOP Policy 186, Student Conduct and Discipline, Appendix A – or The University of Texas System, federal, state, or local law, and/or Texas Medical Board rules) are levied against a Resident, the Program Director or the Foundation may take action against the Resident, including, but not limited to termination of the appointment of the Resident prior to the end of the appointment term.

If such allegations are levied against a Resident, the Program Director will conduct an inquiry into the allegations in cooperation with the GME Office or other appropriate office(s). If the inquiry substantiates the allegations against the Resident, the Program Director will notify the DIO.

Upon receipt of a notice of allegations from a Program Director, the DIO will promptly notify the Resident of the allegations and provide a copy of the following procedural guidelines for non-academic actions.

#### **5. Procedural Guidelines for Non-Academic Actions:**

If the Resident does not dispute the allegations, the Resident will be asked to sign a Waiver of Hearing, and the Resident will be assessed an administrative penalty at the discretion of the Program Director, after consultation with the DIO. The Resident may appeal only the administrative penalty to the Dean, whose decision is final. An appeal to the Dean must be submitted within three days of the Resident signing the Waiver of Hearing. This administrative disposition shall be final and there shall be no subsequent proceedings regarding the allegations.

If the Resident disputes the allegations, he or she may request that the DIO arrange for the facts to be heard by a hearing officer appointed by the Dean.

The Resident will be provided with 10 calendar days' notice of the date, time and place for the hearing, the name of the hearing officer, a written statement of the allegation(s), and a summary statement of the evidence supporting the allegation(s). The hearing notice will establish a deadline by which the Resident must notify the hearing officer if the Resident intends to appear with a representative or legal counsel; such notification must occur by no later than seven calendar days prior to the hearing. If the Resident chooses to appear with legal counsel, the Program or other institutional representative may be represented by legal counsel provided by the UTHealth Office of Legal Affairs. Legal counsel (or another representative) may attend the hearing, but may not present evidence or argument, and may not examine witnesses.

The notice of hearing will be delivered in person, by U.S. mail to the Resident at the address appearing in the

records of the GME Office, and/or by email to the Resident's UHealth email address. A notice sent by U.S. mail will be considered to have been received on the third day after the date of mailing, excluding any intervening Sunday or postal holiday.

The date for a hearing may be postponed by the hearing officer for good cause or by agreement of the Resident and DIO.

The Resident may challenge the impartiality of the hearing officer by submitting the reasons for the challenge in writing to the hearing officer by no later than seven calendar days prior to the hearing date. The hearing officer is the sole judge of whether he or she can serve with fairness and objectivity. If the hearing officer disqualifies himself or herself, a substitute will be appointed by the Dean, and the Resident will be so informed.

In a hearing of the allegations, the Program or other institutional representative has the burden of going forward with the evidence and proving the charges by the greater weight (i.e., a preponderance) of the credible evidence admitted at the hearing for consideration by the hearing officer.

The hearing will be conducted as follows:

1. By no later than 5:00 o'clock p.m. on the seventh calendar day prior to the hearing, each party will provide to the GME office a complete list of all witnesses, a brief summary of the testimony to be given by each, and a copy of all documents to be introduced at the hearing. Each party will be provided copies of the above by the GME office at least six calendar days prior to the hearing. Deadlines concerning the submission of materials will be set by the hearing office and communicated by the GME office.
2. Each party has the right to appear and present evidence and testimony of witnesses and documentary evidence, and cross-examine witnesses on relevant matters. As noted above, if the Resident (or the Program) is accompanied by legal counsel, the attorney(s) may attend but may not actively participate in the hearing (e.g., may not present evidence or argument or question witnesses).
3. The hearing officer shall ensure that an accurate record of the hearing is kept by electronic recording. If either party wishes to appeal the findings, the recording will be provided to both parties.
4. The hearing officer is responsible for conducting the hearing in an orderly manner and controlling the conduct of the witnesses and participants in the hearing. The hearing officer will rule on all procedural matters and on objections regarding exhibits and testimony of witnesses, and may question witnesses. The hearing officer will render and send to the DIO and Program Director and the Resident a written decision that contains findings of fact and a conclusion as to the whether the Program or other institutional representative has proven the allegations by the greater weight of the credible evidence admitted at the hearing (a "preponderance of evidence"). If the allegations are so proven, the hearing officer will assess the appropriate penalty(ies), and communicate that decision to the parties.
5. Within five calendar days after the parties have been notified of the decision of the hearing officer, either party may give written notice of appeal to the Dean stating the specific reasons for the appeal with any supporting documentation and any argument. If the hearing officer's decision is sent by regular mail or email, the date the decision is mailed or emailed commences the five-day period. The hearing officer's decisions will be reviewed by the Dean (or designee) solely on the basis of the record and documentary evidence, if any, considered at the hearing. In order for the appeal to be considered, all necessary documentation, including written argument, must be filed by the appealing party with the Dean within five calendar days after notice of appeal is given and the record is available. The non-appealing party may submit a response to the appeal, which must be received by the Dean no later than five days after receipt of the appeal; a copy of the response will be provided to the other party. The Dean (or designee) may approve, reject, or modify the hearing officer's decision or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the hearing officer's determination. The action of the Dean (or designee) shall be communicated in writing to the Resident and Program Director no more than 14 calendar days after the appeal and related

documents have been received. The decision of the Dean (or designee) is final.

## **V. CONDITIONS OF SEPARATION**

### **1. Resignation**

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

### **2. Separation**

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

### **3. Termination**

A Resident's appointment may be terminated prior to the end of the appointment term as described in Section II.U.

## **W. VENDORS -Clinician Relationships with Industry**

Industry support of residency programs must be provided through official channels at the Medical School in accordance with UTHealth policy. Such support will be used for educational purposes as determined solely by the Department Chair and Program Director.

Program Directors and faculty should be sensitive to potential abuses arising from direct interaction between Residents and industry representatives. Accordingly, Program Directors should monitor and provide guidance to Residents in their interactions with industry representatives. Program Directors and faculty should ensure that support of residency programs by industry through funding mechanisms such as scholarships, reimbursement of travel expenses, or other non-research funding in support of scholarship or training are free of any actual or perceived conflict of interest and/or any appearance of impropriety. Residents are subject to and shall abide by UTHealth HOOP Policy 20, [Conflict of Interest and Outside Activities](http://www.uth.edu/hoop/policy.htm?id=1447888) (<http://www.uth.edu/hoop/policy.htm?id=1447888>), and specifically the section pertaining to clinician relationships with industry, and with HOOP Policy 165, [Solicitation on Campus](http://www.uth.edu/hoop/policy.htm?id=1448178) (<http://www.uth.edu/hoop/policy.htm?id=1448178>).

## **X. PROGRAM CLOSURE/REDUCTION**

If the Medical School, at the sole discretion of the Dean, determines to either reduce the size of or close one or more Programs or certain elements of one or more Programs, or should UTHealth intend to close, Residents will be notified as soon as practicable. Residents in the affected Program(s) will be allowed to complete the Program at UTHealth, or will be assisted in identifying another ACGME Program in which they may continue their education.

## **Y. CHECKOUT PROCEDURE**

Residents departing a Program, whether through completion, program closure, resignation, separation, termination, or other means, shall check out through their Program in accordance with the check-out procedures set forth by the Program, their training hospitals, and the GME Office. Certain affiliated hospitals may also require a separate check out process.

## APPENDIX A

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

#### I. Standards for Conduct in the Teacher-Learner Relationship

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

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

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

Examples of unacceptable behavior include but are not limited to:

- Physical or sexual harassment or abuse
- Discrimination or harassment based on race, gender, age, ethnicity, national origin, religion, sexual orientation, veteran status or disability
- Speaking in disparaging ways about an individual including humor that demeans an individual or a group
- Requesting or requiring students to engage in illegal or inappropriate activities or unethical practices
- Loss of personal civility, such as shouting, displays of temper, publicly or privately abusing, belittling, or humiliating a student
- Use of grading or other forms of evaluation in a punitive or retaliatory manner

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

#### II. Procedures for Reporting and Investigating Violations

Students enrolled in the Medical School (or Medical School portion of the M.D./Ph.D. program) should report abuse or mistreatment to the Vice Dean for Student Affairs, or they may contact the Human Resources Department or the UTHealth Compliance Hotline (which permits anonymous reports and/or complaints).

UTHealth policies concerning misconduct by faculty and staff, including allegations of discrimination (including harassment) and retaliation, are outlined in the Handbook of Operating Procedures (HOOP). Relevant policies that can be found at <http://www.uth.edu/hoop/index.htm> include Policies 39, 59, 108,109, 183 and 186. The Vice Dean for Student Affairs will advise and assist the student in following applicable procedures of the institution.

#### III. Dissemination and Education

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

The Policy will be added to the Medical School website on the main student, faculty, and GME Office resident/fellow web pages.

Current residents will receive an annual email reminding them of the policy. A copy of the policy will also be provided to new house staff during orientation.

A paper copy of the Policy will be provided to current students, and thereafter to entering students at orientation. The policy will be reviewed and discussed at orientation for entering students and at the third-year orientation.

A paper copy of the Policy will be provided to faculty and distributed at faculty orientations. Department Chairs and Directors will be responsible for ensuring that the Policy is discussed at departmental/division meetings.

Each course director, clerkship director and/or Program Director will be responsible for providing a paper or electronic copy of the Policy to their respective teaching faculty and to all students at the start of each course, clerkship or rotation.

**APPENDIX B**  
**UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON**  
**POLICY FOR RESIDENT WORK HOURS**  
**AND THE LEARNING AND WORKING ENVIRONMENT**

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Work hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

### **1. Supervision of Residents**

Programs must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. (Also see GMEC Policy on Supervision of Residents/Resident Training Protocols)

- **Level of Supervision**

Supervision may be exercised through a variety of methods. To ensure oversight of resident supervision, Programs must use the following classification of supervision:

- **Direct Supervision**

The supervising physician is physically present with the resident and patient.

- **Indirect Supervision**

- 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.
- 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.

- **Oversight**

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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.

Resident must know the limits of their scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to the resident the appropriate level of patient care authority and responsibility. Faculty schedules should be structured to provide residents with continuous supervision and consultation.



## 2. Work Hours

### Definitions:

- Work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- At-home call (pager call) is defined as call taken from outside the assigned institution. At-home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
  - Time spent in the hospital (exclusive of travel time) by residents on at-home call must count towards the 80 hour per week limit.
  - The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for 1 day in 7 free of duty when averaged over a 4-week period.
  - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
  - 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".
- Night Float is defined as a rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night.
  - Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments.
  - Rotation must have an educational focus.
  - Programs must further abide by any program specific requirements.

### Policy:

- Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- Residents should have eight hours off between scheduled clinical work and education periods.
  - There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80- hour and the one-day-off-in-seven requirements
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4-weeks). At home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education
    - Additional patient care responsibilities must not be assigned to a resident during this time.
- In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to

remain or return to the clinical site in the following circumstances:

- to continue to provide care to a single severely ill or unstable patient;
- humanistic attention to the needs of a patient or family; or
- to attend unique educational events
- These additional hours of care or education will be counted toward the 80-hour weekly limit.

### **3. Moonlighting**

- Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Each program must have a written moonlighting policy that:
  - specifies that residents must not be required to engage in moonlighting
  - requires a prospective, written statement of permission from the program director that is made part of the resident's file;
  - states that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.
  - states that PGY-1 residents are not permitted to moonlight.
  - time spent by residents in internal and external moonlighting (as defined by the ACGME) must be counted towards the 80-hour maximum weekly hour limit .

### **4. Oversight**

- Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- Programs must:
  - educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
  - educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
  - 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.
- 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.

**Work Hour Policy Approved by GMEC 12/13/2010 and updated 4/5/2018.**

**APPENDIX C**  
**THE UNIVERSITY OF TEXAS SYSTEM MEDICAL FOUNDATION**  
**RESIDENT IMPAIRMENT POLICY**

**STATEMENT OF POLICY OVERVIEW**

The University of Texas System Medical Foundation (Foundation) and UTHealth are committed to maintaining and assisting in the restoration of the physical and mental health of Residents, as well as to maintaining a drug-free environment. The primary goal related to substance abuse in the Resident community is prevention. UTHealth recognizes that substance abuse is a treatable medical condition, and as an institution dedicated to health, facilitates the treatment and rehabilitation of this condition for both patients and healthcare providers.

**POLICY**

The unlawful purchase, manufacture, distribution, possession, sale, storage, or use of any controlled substance or illegal drug by Residents while on duty, or while in or on premises or property owned or controlled by UTHealth or any of its affiliated institutions, is strictly prohibited.

The unauthorized use or possession or being under the influence of alcohol or controlled substance or illegal drug by Residents while on duty or while in or on premises or property owned or controlled by UTHealth or any of its affiliated institutions, is strictly prohibited. State law will be enforced at all times in or on all premises or property owned or controlled by UTHealth or any of its affiliated institutions.

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

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

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

1. educates both Residents and faculty about the problems associated with substance abuse and behavioral problems, and trains them to recognize the associated signs and symptoms;
2. provides a means for immediate evaluation and appropriate referral for diagnosis, treatment and follow-up, including monitoring; and
3. complies with state and federal law as well as policies included in the UTHealth Handbook of Operating Procedures (HOOP).

**I. Educational Efforts**

UTHealth relies on the observations and judgment of Program Directors, teaching faculty, and peers to evaluate the behavior of Residents. Presentations regarding the impaired resident are part of new resident online orientation and are periodically made during House Staff Association meetings.

## II. UT EAP

### A. Course of Action: Referral and Treatment

- It is the duty of the Program Director to establish the mechanisms for evaluating the performance of Residents, including written progress reports to the Residents. If a Resident is not performing satisfactorily, the Program Director should document the deficiencies and outline a plan or program to correct the deficiencies. The plan or program may be formal or informal and may include corrective action, including a referral to UT EAP (see Sections II.T and II.P, above).
- Residents whose behavior or performance gives rise to reasonable suspicion of impairment may have exhibited performance problems prior to being referred to the UT EAP for assessment. The Program Director will work with other departmental supervision sources to document a Resident's failure to meet program expectations. The Program Director will meet regularly and counsel Residents regarding performance issues.
- Drug and/or alcohol use and/or impairment may constitute an immediate or incipient threat to patient safety; under such circumstances, the Program Director may immediately relieve the resident of all clinical responsibilities (see Section II.U above).
- The UT EAP will assess the Resident's condition and determine the likelihood that the observed behavior might be caused by drug and/or alcohol use or other behavioral problems. The assessment may include a recommendation for drug and alcohol screening.
- The Resident will be required to sign a release of information allowing UT EAP to release and discuss information with the Program Director, the GME Office and other individuals as may be appropriate to the situation. The evaluation, when completed, will be forwarded to the appropriate Program Director and may include recommendations for further evaluation, if needed, as well as treatment and monitoring. A "last chance" agreement between the Resident and the Foundation (through the Residency Program) will be developed and provided to the Resident. This contract will include the requirements and expectations of the treatment and monitoring for the duration of the residency. Guidelines for actions to be taken in those instances of a relapse or refusal to comply with recommendations or other requirements will also be included.
- Program Directors and Department Chairs should make every effort to communicate the message that mandatory referrals are not meant to be punitive. Instead, these referrals are intended to assist the Resident in addressing use, abuse and/or impairment issues; the Program's intent, whenever possible, is that the Resident ultimately returns to full participation and productivity while ensuring the health and safety of the Resident, patients and others.
- Rehabilitative actions, including return-to-work restrictions, and regular random unannounced blood and/or hair and/or urine screening, monitoring, regular follow-up, or other actions as a consequences of the Resident's conduct will be determined by the Program Director, after consulting with the Department Chair (and as appropriate, the UT EAP) following consideration of pertinent information, including any evaluations, treatment recommendations, and the requirements of the "last chance return to duty" agreement.
- The UT EAP will coordinate the necessary follow-up and monitoring and will inform the Resident's Program Director as to whether or not the Resident has cooperated. Regular reports of the Resident's progress will be provided as needed to ensure smooth transitions back to full employment. Reports will ultimately be provided a minimum of twice annually to the Program Director/Department Chair and the GME Office by the UT EAP.
- Failure to comply with treatment and or positive results from drug/alcohol screenings or other tests for prohibited substances will be reported to the Program Director.
- The UT EAP will participate in a return-to-duty meeting in all cases when the treatment and monitoring plan are fully in place. The assessment and referral function of the UT EAP provides a measure of protection for the Resident who has made a good faith effort towards recovery.
- Reinstatement to the UTHealth Residency Program of a Resident who was previously monitored by the UT EAP should be referred back to the UT EAP upon re-admission. The Resident will be assessed and evaluated for risk factors. The Program Director, after consulting the UT EAP, will decide if the resident should continue with ongoing counseling or other supervision.

## **B. Course of Action: Self-referral**

Residents who wish to obtain assistance for the treatment of a drug- and/or alcohol-related problem are encouraged to seek assistance through "self-referral" to UT EAP, which may help coordinate evaluation and potential resolution.

Residents may use health insurance to defray the cost of many treatment programs, although certain restrictions may apply, depending on the type of treatment recommended. In addition, medical leaves of absence may be granted at the discretion of the Program Director to address needs imposed by outpatient and/or extended hospital care.

Involvement with the UT EAP will not grant special privileges or exceptions from normal performance and/or conduct standards. Confidentiality between the Resident, Program Director and Department Chair, and the UT EAP will be maintained in accordance with state and federal law and UTHealth and Foundation policy.

Residents should also self-refer to the Texas Physician's Health Program (TXPHP). Alternatively, the Program Director or the TMB may make a referral to the TXPHP. The TXPHP offers a confidential program to serve physicians, physician assistants, acupuncturists, and surgical assistants (applicants and licensees) affected by substance use disorders, physical illnesses and impairment, and/or psychiatric conditions. A TXPHP program participant file is not available to the TMB so long as the participant is in compliance with the parties' agreement. Additional information can be found at <http://www.txphp.state.tx.us/index.html>.

## **C. Reporting**

In all cases, regardless of the method of referral, the rules and regulations of the Texas Medical Board (TMB), including the required initial and follow-up reports, must be strictly observed. Residents are required to self-report under TMB Rules to report the following within 30 days of occurrence: diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair the PIT holder's ability to practice medicine. Program Directors are required to report the following within 30 days of the Program Director's knowledge: 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.

## **III. Sanctions**

Corrective actions or other consequences of the Resident's conduct will be determined exclusively by the Program Director or Department Chair, in consultation with the GME Office, following their consideration of the pertinent facts and circumstances.

A Resident who is arrested for and/or charged with a drug-related offense while either on or off-duty shall notify the Program Director no later than 24 hours after such arrest or charge. In turn, the Program Director shall immediately notify the Office of Graduate Medical Education after receiving notice of such arrest.

Any Resident convicted (for the purposes of this policy including, but not limited to any "pre-trial diversion" or deferred adjudication premised on a plea of guilty or *nolo contendere* or "no contest") of any drug-related offense, including, but not limited to use, possession, dispersion, distribution, or manufacture of an illegal drug, shall be suspended from the Program and the Resident may ultimately be dismissed or non-reappointed. The GME office will notify the Texas Medical Board of any such suspension and/or dismissal or non-reappointment and the nature of the conviction. Additionally, Residents are expected to self-report any matters to the TMB, as may be required by the TMB.