

**SAMPLE APPOINTMENT  
AGREEMENT**

September 7, 2022

Dear Dr. <<lastname>>,

This letter is your official Letter of Appointment as a PGY-<<pgy>> Housestaff Physician in <<program>> at Baylor University Medical Center. This appointment is effective 7/1/2022 to 6/30/2023. The 2022-2023 annual salary for a PGY-<<pgy>> is <<compensation>>.

To enter employment and remain employed, residents/fellows must remain in compliance with BUMC's Drug Free Workplace Policy (Attachment A) and all [BSWH Policies found here](#). Employment is also contingent upon maintaining a permit or license to practice medicine or dentistry (as applicable) in the State of Texas.

Subject to certain exceptions outlined in the ACGME guidelines and/or Housestaff Handbook, your continued employment is considered at-will and your employment may be terminated with or without cause by you or BSWH. Only an agreement signed by a duly authorized representative of BSWH can change the at-will status of your employment.

Please review the attached Housestaff Handbook, policies, and embedded links to the BSWH intranet for details on each of the following:

Attachments:

- B. Medical Education Mission and Aims
- C. Department of Medical Education Staff
- D. Housestaff Selection, Prerequisites, and Conditions of Employment
- E. Benefits and Resources (including professional liability insurance, vacations, and leaves of absence). Also see: <https://www.bswhealth.com/benefits>
- F. Housestaff Physician Responsibilities
- G. Policies (including statement of commitment of financial support for residents and fellows, grievance procedures, and work hours policy)

Board Eligibility

Please review the Board website for your specialty via the links below for information on future board eligibility.

- [American Board of Colon and Rectal Surgery](#)
- [American Board of Dermatology](#)
- [American Board of Emergency Medicine](#)
- [American Board of Family Medicine](#)
- [American Board of Internal Medicine](#)
- [American Board of Obstetrics & Gynecology](#)
- [American Board of Oral and Maxillofacial Surgery](#)
- [American Board of Orthopaedic Surgery](#)
- [American Board of Pathology](#)
- [American Board of Physical Medicine and Rehabilitation](#)
- [American Board of Radiology](#)
- [American Board of Surgery](#)

By my signature below, I hereby acknowledge receipt of this appointment letter and all policies (as indicated above).

\_\_\_\_\_  
Signature

Sincerely,

\_\_\_\_\_  
Cristie Columbus, MD, FACP, FIDSA  
Designated Institutional Official  
Vice President of Medical Education - BUMC  
Associate Dean, Texas A&M University College of Medicine Dallas Campus



<b>Title:</b>	Substance Abuse in the Workplace (Drug Free Workplace)				
<b>Department/Service Line:</b>	Human Resources				
<b>Approver(s):</b>	Chief Human Resources Officer, VP Employee Health				
<b>Location/Region/Division:</b>	BSWH				
<b>Document Number:</b>	BSWH.HR.COND.005.P				
<b>Effective Date:</b>	05/01/2021	<b>Last Review/ Revision Date:</b>	03/05/2021	<b>Origination Date:</b>	BHCS - 7/1991 SWH - 12/2005

## SCOPE

The Substance Abuse in the Workplace (Drug Free Workplace) policy ("Policy") applies to the Baylor Scott & White Health including Controlled Affiliates ("BSWH").

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Applicant** – any person who has applied and received an offer from any BSWH entity, including rehired individuals and individuals hired through an acquisition.

**Negative Dilute Result** – dilute specimen where a specimen with creatinine and specific gravity values that are lower than expected.

**Negative Result** – the result reported by a U.S. Department of Health and Human Services ("HHS")-certified laboratory when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

**Medical Review Officer ("MRO") Pending Result** – the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations and not yet determined positive by the MRO.

**Non-Employed Individuals** – any paid or un-paid individual engaged to provide services to BSWH including but not limited to: Contingent Workers, contractors, volunteers, and/or any other non-employees as determined by BSWH.

**Positive Result** – the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations and is determined positive by the MRO. Including Positive Dilute Results or a second diluted specimen.

**Prohibited Substances** – may include alcohol and any drug obtained illegally or legally. Prohibited Substances do not include prescription substances used in a prescribed manner.

**Reasonable Suspicion** – a reasonable belief, based on observation or other reliable information that an individual is in violation of this Policy.

**Screen ("Screening")** – a test to determine whether an individual violated this Policy based on a sample of the following: urine, blood, hair, saliva, and/or breath.

## **POLICY**

BSWH maintains a workplace free of alcohol, illegal drugs, and the abuse of legal drugs, and therefore Applicants, employees, and Non-Employed Individuals (collectively, "individuals") are prohibited from:

- Possessing, using, or being under the influence of Prohibited Substances while working or performing services for BSWH and/or on BSWH property.
- Possession or use of paraphernalia related to the use of Prohibited Substances while working or performing services and/or on BSWH property.
- Involvement in activities relating to the manufacturing, selling, or transferring of Prohibited Substances, or any paraphernalia related to the use of Prohibited Substances while working or performing services for BSWH and/or on BSWH property.

### **Searches for Prohibited Substances**

- Although BSWH respects an individual's privacy, that individual should have no reasonable expectation of privacy regarding work-related conduct or the use of BSWH property and equipment. This includes searches of offices, desks, lockers, and other BSWH property and, under certain circumstances, personal property, including but not limited to, bags, briefcases, purses, backpacks, and satchels. BSWH expects full cooperation by all individuals asked to undergo a search based upon Reasonable Suspicion.
- If an individual does not cooperate, BSWH may take appropriate action.
- If the search produces evidence that the individual violated this Policy, BSWH may take appropriate action.

### **Screening for Prohibited Substances**

BSWH expects full cooperation by all individuals asked to undergo a Screen. BSWH performs Screens under the following circumstances. BSWH Employee Health Services and/or an approved third-party vendor perform all Screenings.

#### **Initial (Post Offer/Pre-Employment)**

- BSWH performs a Screen on all Applicants who receive an offer or other Non-Employed Individuals before they are engaged to perform services.

#### **For-Cause Screening**

- BSWH may perform a for-cause Screening on employees and Non-Employed Individuals.
- For-cause screening must be based on Reasonable Suspicion.
  - Reasonable Suspicion includes individual(s) exhibiting clinical signs, behavior, or conduct that could be consistent with use of Prohibited Substances or violation or potential violation of BSWH policy.
  - Reasonable Suspicion may also include an individual or group based on an activity or event in violation or potential violation of BSWH policy.
- Upon selection and notification of For-Cause Screening, the individual must immediately proceed to the designated Screening location and undergo Screening. The individual notifies their supervisor/manager and, as applicable, hands-off their assignment/patients.
- An individual who has been asked to undergo for For-Cause Screening may be placed on suspension immediately pending the results of the Screening or may be allowed to continue work at BSWH Human Resources discretion depending on the activity or event that triggered the need for For-Cause Screening.

#### **Random Screening**

- BSWH may perform random Screening on all employees and Non-Employed Individuals by a scientifically valid method. Additionally, certain departments may have heightened random drug screening requirements.
- Upon selection and notification for random Screening, the individual must immediately proceed to the designated Screening location and undergo Screening. The individual notifies their supervisor/manager and, as applicable, hands-off their assignment/patients.
- Every individual's name selected for Screening is returned to the selection pool to ensure that all individuals have an equal chance of being selected at any time. Accordingly, an individual may be subject to multiple random tests throughout any given year.

### **Post-Accident or Workplace Injury**

BSWH requires employees submit to a Screening within twenty-four (24) hours of notice from the BSWH Safe Choice Department that the employee is subject to Screening post workplace accident or injury. The employee must comply with the requirements of this Policy.

### **Post-Motor Vehicle Accident**

Regardless of injury or fault, in accordance with the BSWH Vehicle Driver Safety policy, BSWH requires a Driver involved in an accident while operating any vehicle for BSWH company business to submit to a Screening within twenty-four (24) hours. The Driver must comply with the requirements of this Policy.

### **Drug Screen Results other than Negative**

BSWH complies with all Federal and state laws and regulations including licensing agency rules regarding the reporting of any violation of this Policy.

#### **Positive Results (including Positive Dilute Results)**

- BSWH rescinds the offer of employment to Applicants and does not permit Non-Employed Individuals to perform services. Applicants and Non-Employed Individuals are prohibited from future employment or engagement.
- BSWH employees may face separation from employment and Non-Employed Individuals may no longer be able to provide services to BSWH.
- The MRO must report positive findings to Federal Motor Carriers Safety Administration for BSWH employee CDL drivers.

#### **Negative Dilute Results**

- If the first Screen is a Negative Dilute Result, a second Screen is completed.
- If the second Screen is also a Negative Dilute Result:
  - BSWH rescinds the offer of employment to Applicants and does not permit Non-Employed Individuals to perform services. Applicants and Non-Employed Individuals are prohibited from future employment or engagement.
  - BSWH employees may face separation from employment and Non-Employed Individuals may no longer be able to provide services to BSWH.

### **Protesting Results**

An individual wishing to protest Screening results must do so by submitting a written request to Employee Health Services. Individuals requesting re-testing of are required to pay for the re-testing. The original specimen is sent to an independent laboratory and results from the re-testing are sent to Employee Health Services for review. BSWH reserves the right to take any action it deems appropriate including separation of employment, rescension of Applicant offers, or termination of contractual relationships regardless of the results of the re-testing.

### **Refusal to Cooperate**

If an individual refuses to cooperate or comply with this Policy including refusing to provide a sample, the employee may face separation from employment and the Non-Employed Individual may no longer provide services.

### **Drug-Free Awareness Program**

In order to increase awareness of this Policy, BSWH publishes this Policy on the BSWH intranet and may provide additional education and training as necessary. Further, BSWH may provide information on available drug counseling, rehabilitation, and employee assistance programs.

## **Employees Working on a Federal Contract or Grant**

- BSWH makes a good faith effort to comply with the Federal Drug Free Workplace Act requirements including requiring compliance with this Policy as a condition of employment for employees working on a Federal contract or grant.
- Employees working on a Federal contract or grant must notify their Human Resources (“HR”) contact of any criminal drug conviction for a violation occurring within the workplace within five (5) days of such conviction. Within ten (10) days of such notification or other actual notice, BSWH will notify the appropriate person in the contracting or granting Federal agency of such conviction. The notice must include the convicted employee’s position title and grant or contract identification number.
- It is the responsibility of BSWH to take appropriate corrective action up to and including separation from employment upon receiving notice of an employee’s conviction of a criminal drug violation in the workplace within 30 calendar days of notification. In the discretion of BSWH, any employee working on a Federal grant or contract who violates this may be required, in connection with or in lieu of disciplinary action, to participate in an approved drug assistance or rehabilitation program.

### **PROCEDURE**

None.

### **ATTACHMENTS**

None.

### **RELATED DOCUMENTS**

Driver Vehicle Safety (BSWH.RISK.005.P)

Post Offer/Pre-Employment Screening Process (BSWH.HR.EMPL.013.P)

Controlled Substance and Alcohol Abuse for Commercial Motor Vehicle Operators (BSWH.HR.COND.007.P)

Safe Choice Plan (BSWH.SAFE.001.P)

### **REFERENCES**

Drug Free Workplace Act of 1988

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.

## **Medical Education Mission and Aims**

### **The Baylor Scott & White Mission, Vision and Values**

**Mission:** Founded as Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families, and communities.

**Values:** We serve faithfully; We act honestly; We never settle; We are in it together.

**Strategies:** Heath, Experience, Affordability, Alignment, Growth

**Ambition:** To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

## **Medical Education Mission Statement and Aims**

### **Mission Statement:**

In Medical Education, we strive to provide a supportive, inclusive, respectful, and caring educational community by being trustworthy, resourceful, and responsive to individual and group needs.

Our goal is to produce diverse graduates and faculty who are superb clinicians that provide exceptional patient care; are professionally and personally fulfilled, healthy, and resilient physicians; are productive members of a community; and are role models of integrity and compassion for themselves and others.

### **Institutional Aims:**

- 1) To train and retain diverse, well-rounded, and resilient physicians who are personally and professionally fulfilled throughout their careers., so that they provide exceptional patient care to the communities they serve
- 2) To train and retain graduates that model integrity, compassion, a commitment to the reduction of health and healthcare disparities, and excellence in clinical education as well as patient care.
- 3) To train and retain superb, self-confident clinician scholars by focusing on an individualized approach to academic and personal growth and success in order to provide high quality, evidence-based patient care
- 4) To ensure an inclusive learning environment of the highest quality by focusing on personal and professional growth for faculty and the medical education administrative team and equipping them to meet the changing needs of the healthcare environment and the patients we serve

## Department of Medical Education

**Location:** Roberts, 6<sup>th</sup> Floor

**Phone:** 214-820-2361

**Department Executive Assistants:** Priscilla Lima and Kirsten Ryan

<b>Staff:</b> Cristie Columbus, MD	Vice Dean, Texas A&M HSC College of Medicine Dallas Campus Vice President of Medical Education ACGME Designated Institutional Official (DIO) Chair, Graduate Medical Education Committee
Jennifer Olvera, MBA	Director of Administration
Tom Cox, Psy.D.	Director of Faculty Development & Educational Research
Natalie Gittus, JD	Director of Accreditation
K. Waqiee Ahmed, MD	Clinical Research Coordinator
Megan Crowe	Marketing, Communication, & Constituent Engagement Coordinator
Julie Higginbotham	Resident Development
Emily Kaus	Wellness Program Manager
Nikie Sewell	Institutional Coordinator
Sylvia Snow, MAOM	Institutional Coordinator

### GME Responsibilities

The Department of Graduate Medical Education is responsible for

- Overseeing and providing administrative support to all GME training programs at BUMC
- Implementing administrative procedures defined by the Graduate Medical Education Committee and BUMC
- Communicating with Program Directors, Program Administrators, Housestaff, and resident/fellow rotators
- Communicating with state, national and international agencies

The Director of Medical Education and the ACGME Designated Institutional Official (DIO), along with the Graduate Medical Education Committee (GMEC), have the authority and responsibility for the oversight and administration of the Medical Education programs and assuring compliance with the ACGME Requirements. In the absence of the DIO, the Vice President of Medical Affairs will assume these responsibilities, which includes reviewing and cosigning all program information forms and other ACGME correspondence.

## Housestaff Selection, Prerequisites, and Conditions of Employment

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### **Eligibility and Selection**

BUMC utilizes the ACGME requirements for eligibility and selection of Housestaff physicians. Trainees must be eligible for employment in the United States and the State of Texas. H1B visas are not sponsored by BUMC for Housestaff training. BUMC does not discriminate with regard to any basis protected by law, including, but not limited to, sex, race, age, religion, color, national origin, disability, or veteran status.

### **Background Check and Drug Screening**

The Department of Human Resources conducts background checks on all housestaff prior to the first day of training at BUMC. Drug screening, which includes screening for nicotine and cannabis is required for all employees. BUMC will not hire applicants who test positive for nicotine or cannabis, even if it was consumed legally in another state or country. Employees must remain in compliance with BUMC's Drug Free Workplace Policy.

### **Immunizations**

Housestaff physicians must provide written documentation of immunizations in compliance with BUMC policy. If a Housestaff physician does not have documentation, s/he must provide titers. New Housestaff will receive a TB test as part of new employee on boarding.

***Continuing Housestaff will be required to complete an annual TB test and mask fit test to comply with OSHA regulations.***

### **Medical School Diploma and Transcript**

Each Housestaff physician must submit a notarized copy of his/her medical school diploma to the Medical Education Department.

### **Internship, Residency, and Fellowship Certificates**

If a Housestaff physician has had previous postgraduate training, s/he must submit a notarized copy of his/her internship, residency and/or fellowship certificate, as applicable.

### **BLS/ACLS**

Each Housestaff physician in a clinical training program must be certified in Basic Life Support and Advanced Cardiac Life Support techniques prior to beginning training at BUMC. Certification must be current, and each Housestaff physician must provide a copy of his/her BLS & ACLS cards to the Department of Medical Education. Each Housestaff physician's certification must remain current throughout postgraduate medical education training.

### **Mandatory Annual Training (LEARN Modules)**

Housestaff physicians are assigned various on-line classes. Although Housestaff physicians may sign up for additional classes, those assigned are mandatory and must be completed on or before the due date. The self-instructional modules are accessible 24/7. LEARN can be accessed via PeoplePlace on the Baylor Scott & White Intranet

### **Medical License/Physician-in-Training (PIT) Permit (Texas Medical Board)**

All Housestaff physicians must have a medical license or a PIT permit issued by the TMB in order to participate in the BUMC training programs.

- Housestaff physicians can access the TMB website at [www.TMB.state.tx.us](http://www.TMB.state.tx.us) for information.
- BUMC will reimburse Housestaff physicians for PIT permit fees.
- BUMC will not reimburse Housestaff physicians for full medical license fees.
- Housestaff physicians are responsible for renewal of licenses or permits.
- Housestaff physicians must provide the Medical Education Department with a copy of his/her renewal license prior to its expiration date.

If a Housestaff physician has a full medical license issued by the TMB, s/he should **NOT** let it expire. Although the TMB allows physicians 30 days after expiration to renew a license without additional penalty fees, a physician may not practice medicine if their license is expired.

***Note: If Housestaff physician's license expires, s/he will be placed on administrative leave or, in special circumstances, permitted to perform research or other non-patient care responsibilities until his/her license becomes current.***

### **Required Reports to the Texas Medical Board**

All holders of a PIT permit, must report the following to the TMB within 30 days of the occurrence. Please visit the TMB website for further details and for the reporting form: [Texas Medical Board \(state.tx.us\)](http://TexasMedicalBoard.state.tx.us).

1. the opening of an investigation or disciplinary action taken against the PIT holder by any licensing entity other than the TMB;
2. an arrest; a fine, citation or violation over \$250 (excluding traffic tickets, unless drugs or alcohol were involved); charge or conviction of a crime; indictment; imprisonment; placement on probation; or receipt of deferred adjudication; and
3. diagnosis or treatment of a physical, mental or emotional condition, which has impaired or impairs the PIT holder's ability to practice medicine.

### **BUMC Dictation Number**

Each Housestaff physician is assigned a 6-digit dictation number. This number can be found in New Innovations.

## DEA Permits (Drug Enforcement Agency)

### Institutional DEA Permits

If a Housestaff physician has a Physician-in-Training permit issued by TMB, s/he is eligible only for an institutional DEA number. It is valid only for use in treating BUMC patients. In order to meet Federal and State requirements, Housestaff who use an Institutional DEA number must include the assigned suffix when writing prescriptions. The assigned suffix is the physician's dictation number. Housestaff DEA numbers can be found in New Innovations.

Example:            AB2218077                            –            891022  
                          Institutional/Hospital DEA #            --            Housestaff Dictation Number

If a Housestaff physician rotates to another institution and will be writing prescriptions for controlled substances, s/he is required to obtain an institutional DEA from that institution.

***Use of BUMC's Institutional DEA number  
at other institutions or for patients seen outside the training program  
constitutes unauthorized use and can put a physician at risk for criminal  
investigation and possible loss of their medical license.***

### Federal DEA Permits

If a Housestaff physician has a full Texas medical license and will be moonlighting and writing controlled substance prescriptions for patients outside of the training program, the Housestaff physician must have a Federal DEA permit.

An application can be downloaded from the DEA registration website:

[http://www.deadiversion.usdoj.gov/drugreg/reg\\_apps/](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/)

Registration must be renewed every three years. Allow 4-6 weeks.

Housestaff physicians that have obtained a Federal DEA number prior to the start of training will need to request a modification of registration from the DEA to update their physical location. This can be requested online at [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov). If the change in address involves a change in state, the Texas issued license must be obtained prior to the approval of modification.

If a Housestaff physician has a Texas medical license, will NOT be moonlighting, and will NOT be writing prescriptions for patients seen outside the training program, the Housestaff physician is not required to have a Federal DEA permit. In this instance, the Housestaff physician must complete and sign the Use of Baylor Institutional DEA form, stating that s/he agrees to use the Baylor Institutional DEA number ONLY for patients seen as part of his/her training at BUMC.

### Compliance with Licensing and Accreditation Guidelines

Each Housestaff physician is responsible for providing and maintaining current documentation required by these entities: Federal & State Government, ACGME, The Joint Commission, and BUMC. Failure to do so may result in corrective and disciplinary measures.

**National Provider Identifier (NPI)**

Housestaff physicians are expected to use their NPI number on prescriptions, referrals, and orders. Claims for Medicare beneficiaries will be denied without this information, but most other organizations (insurers, home health agencies, pharmacies, etc) require it as well.

**Medicare Enrollment**

The Affordable Care Act requires physicians to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries.

Housestaff physicians should enroll and manage their account through the Internet-based Medicare Provider Enrollment Chain, and Ownership (PECOS) system <https://pecos.cms.hhs.gov/pecos/login.do>

**Texas Prescription Monitoring Program (PMP)**

The Texas PMP collects and monitors prescription data for all Schedule II, III, IV, and V Controlled Substances and provides a database for monitoring patient prescription history. Physicians are required to check the patient's PMP history before prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. Housestaff who may prescribe any of these substances are required to register with the PMP through the AWARe system <https://www.pharmacy.texas.gov/PMP/aware.asp>.

**ID Badges**

BUMC requires that all Housestaff, students, and rotators wear I.D. badges visibly above the waist. ID badges provide access to secure areas, call rooms, and assigned parking garages.

If a Housestaff physician loses his/her name badge, they should advise the Medical Education Department (extension 2-2361) and contact Baylor Public Safety immediately (extension 2-7275).

## **Required Reporting of Legal or Licensing Incidents**

### **Arrests, Convictions, and Criminal Charges**

Housestaff Physician must provide the Director of Administration with immediate written notification of: (1) all convictions (including sentences of probation, deferred adjudication in lieu of sentencing and pleas of no contest) for all offenses, (2) all unresolved criminal charges,

### **Licensing, Board Complaints, and other Professional Disciplinary Action**

Each Housestaff physician is also responsible for providing the Director of Administration with immediate written notification of: (1) any license, certification, registration, or similar type of permit/authorization ever held has been subject to disciplinary action, suspension, revocation, etc., (2) whether there is pending any investigation with respect to any license, certification, registration, or similar type of permit/authorization ever held, (3) whether Housestaff Physician has ever been subject to suspension, exclusion from healthcare program participation, or any adverse action of any kind by any law enforcement, regulatory or licensing agency, (4) whether any medical staff membership or clinical privileges ever held at any hospital or health care facility has ever been subject to disciplinary action, suspension, revocation, etc., (5) whether there is pending any investigation with respect to any medical staff membership or clinical privileges ever held at any hospital or health care facility, and (6) any action taken or contemplated, which may be related to events occurring before or after the beginning of employment at BUMC, for which the Housestaff Physician has received notice, which may subject any license, certification, registration or similar type of permit/authorization or any medical staff membership or clinical privileges at any hospital or health care facility ever held to disciplinary action, suspension, revocation, etc

## **Housestaff Physician Employment**

### **Status**

Resident and Fellow Physicians are employees of the hospital and licensed physicians engaged in post-graduate medical education. A Resident/Fellow Physician is not considered a member of the medical staff and is not entitled to any of the rights or privileges of a medical staff member.

### **Duration of Appointment**

Housestaff physicians are appointed on an annual basis by the Program Director after consultation with the Clinical Competency Committee (CCC). Training appointments are issued annually for one training year at a time. Housestaff physicians paid by the government also receive a medical education letter of appointment.

**Conditions of Reappointment**

Notification of intent to reappoint or not reappoint a Housestaff physician shall be made by the Program Director before completion of the Housestaff physician's term of appointment, provided the Housestaff physician is not on probationary status. If the Housestaff physician is on probation, the conditions of probation will apply. BUMC shall use reasonable efforts to provide the Housestaff physician with as much written notice of BUMC's intent not to reappoint as the circumstances will reasonably allow prior to the expiration of the Housestaff physician's term of appointment.

The determination not to reappoint a Housestaff physician is subject to appeal in accordance with the Appeal of Dismissal process.

Any reappointment is conditioned upon successful completion of the current training year. Upon receipt of an offer of reappointment, the Housestaff physician shall notify the Program Director of his/her intent to accept or decline the reappointment as soon as possible.

**Promotion**

Housestaff physicians are promoted to the next level based on performance and evaluation of ACGME competencies. Promotion is left to the discretion of the Program Director after consultation with the Clinical Competency Committee.

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## **Financial Support**

Housestaff physician stipends are paid through BUMC. Residents and Fellows are assigned a PGY year based on the number of years of prior training required for their current position, not based on actual prior years of training.

For example, the Advanced Heart Failure program requires 3 years of Internal Medicine plus 3 years of Cardiology training prior to starting the program. All fellows will start the program as a PGY-7. (A fellow that has completed 8 prior years of training would still start as a PGY-7. A fellow that is accepted as an “exceptionally qualified candidate,” who has not completed 6 prior years of training, would still start as a PGY-7).

There are 26 paychecks a year. A pay period begins on a Monday and ends on the second Sunday. Housestaff physicians will receive a paycheck the Friday after the pay period ends. Direct deposit is recommended, otherwise checks will be mailed directly to his/her home on payday. Housestaff physicians should contact the Medical Education office with any questions about paychecks.

## **Access to Benefits**

PeoplePlace is a Baylor Scott & White System website that provides employees with information about pay, benefits, policies and forms, etc. It can be accessed on campus through the [Baylor Scott & White Intranet](#).



## Health Benefits

Housestaff physicians and their families are eligible for benefits coverage on their first day of employment with BUMC. Information on health, vision, and dental coverage can be found at <https://www.bswhealth.com/benefits>.

## Other Benefits

Other benefits of employment, including discount programs, life insurance, supplemental accident/injury insurance, legal assistance, flexible spending and health savings accounts, adoption assistance, child-care assistance, and free confidential counseling are all available to housestaff physicians and their families. Details on additional benefits can be found at <https://www.bswhealth.com/benefits>.

## Counseling Services

The Employee assistance program (EAP), is a free, voluntary counseling service for employees and their families. EAP is available 24 hours per day, 365 days per year. It offers a variety of professional, confidential services such as short-term counseling and referral assistance, and provides access to a variety of internet resources. The program provides assistance to help employees or a family member cope with a range of personal issues, such as: marriage, family, work, or school conflicts, loss and grief, interpersonal conflicts, stress management, substance abuse, finding childcare, accessing legal help, locating eldercare services, managing finances, reducing medical bills and much more.

**Contact the Employee Assistance Program 24 hours a day, 365 days a year at 1-800-538-3543. Visit the [Employee Assistance Program Website](#).**

Counseling is also provided as a benefit of BSWH Health Insurance. To find a licensed counselor, psychologist, or psychiatrist covered by the BSW Health Plan use the [Find a Provider](#) resource.

**If you or a colleague are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741.**

## Peer Support

Trained peer support representatives are available to talk to housestaff who have experienced unexpected patient outcomes, traumatic patient outcomes, difficult disclosures, lawsuits, board complaints, and more.

**Peer Support Care Line  
888-674-7337 (PEER)**

## **Time Off**

### **Vacation**

Housestaff physicians will receive 15 paid weekdays (21 days total including weekends) for vacation per academic year.

Housestaff physicians must request the use of vacation, conference, and other time away through the Program Director, Program Administrator, and/or chief resident/fellows(s) with reasonable advance notice of the dates.

### **Sick Leave**

Housestaff physicians can take up to 3 paid sick leave days per academic year.

### **Holidays**

Each department will determine holiday time off and whether or not “make-up” days will be granted for worked holidays.

### **Other Leave**

Housestaff should refer to BUMC Policies for additional information on other available leaves including parental, FMLA, military, bereavement, or jury duty. All time off must be checked against Board Requirements and may require an extension of training (even if all leave is approved through BUMC). These leaves may be paid or unpaid depending on BUMC policy.

**Any time off that is not classified as vacation, holiday, or sick time must be reported to the Director of Administration as soon as possible.**

### **Medical Leave**

Housestaff physicians must request Company Medical Leave through Human Resources (People Place) and follow all policies and procedures related to the leave of absence and returning to work in the following circumstances:

- If more than 8 consecutive days are taken for illness, injury, or mental health concerns.
- If surgery is required, or
- If hospitalization is required

When Company Medical Leave is taken, a medical clearance is obtained through occupational health (contact the Director of Administration for more details). A housestaff physician may not return to work until the Director of Administration has received clearance from occupational health.

### **Pay During Leave**

The above-mentioned vacation, sick, and holidays are paid. Medical and Parental Leaves are paid if the housestaff physician has elected Short-Term Disability Coverage during Benefits enrollment and meets the coverage requirements spelled out in that policy. All other leaves are paid (or not) according to the BUMC Leaves of Absence Policy.

*NOTE: Housestaff physicians are ineligible for Reimbursement for Unused Vacation or Sick Leave. Unused vacation and sick leave does not roll over to the next academic year.*

## **Professional Liability/Malpractice Insurance**

BUMC is self-insured and provides legal defense and protection against claims reported or filed during (and after the completion of the program – a.k.a. tail coverage) if the alleged acts or omissions of the Housestaff physician are within the scope of the program.

- Name of Company: Baylor Scott & White System Self-Insured Trust
- Per Occurrence: \$200,000
- Per Aggregate: \$600,000

If and when a Housestaff physician is notified of a lawsuit, s/he should immediately contact the Medical Education Department at 214.820.6592 and Risk Management at 214.820.6475. The Housestaff physician shall not discuss the lawsuit with any other parties such as attorneys, patients or other physicians.

*NOTE: Oral and Maxillofacial Surgery Housestaff physicians' liability/malpractice insurance is provided through the Baylor College of Dentistry/TAMU as stated in the affiliation agreement between BUMC and BCD/TAMU.*

## **Transportation if too fatigued to drive**

Housestaff physicians who are fatigued after a shift should not attempt to drive. Housestaff physicians will be reimbursed for Uber or Lyft rides home after a shift and for return to the hospital the next day if they are too fatigued to drive home.

## **Seeger Simulation Lab**

The Sim Lab is located on the 3<sup>rd</sup> floor of T.Boone Pickens Hospital behind the Dialysis unit. Contact Lizzy Wooley ([lizzy.wooley@bswhealth.org](mailto:lizzy.wooley@bswhealth.org), 214-820-0294) for a tour or to schedule time in the lab. Residents have access to the lab during normal business hours. Fellows have badge access to the lab 24/7.

## **Call Rooms**

A large number of call rooms are available on a first come, first served basis in the Housestaff Quarters on 6 Roberts. Medical Education will find a place for all Housestaff physicians to rest after a shift before driving home if requested.

## **Food Services for Housestaff based at BUMC**

Housestaff have access to food services 24/7, either in the Truett Cafeteria, the Robert's Atrium Market Place, or vending machines.

All BUMC-based housestaff receive a meal card which can be used like a debit card at the Physicians' Cafeteria, the Truett Cafeteria and the Atrium Market Place. On the first of each month, \$60 is added to the card. The balance will roll over each month through June 30. On July 1, the card balance will be \$60.

## **Food Services for Housestaff based at Plano**

Housestaff based at The Heart Hospital Baylor Plano have 24/7 access to the Physician's Dining Room.

## Library

The main campus Library is located on the first floor of Truett, near the TAMU College of Dentistry, and is accessible online at <https://bhslibrary.tamhsc.edu/>

### Hours

- Monday – Thursday 7 a.m. - 10 p.m.
- Friday 7 a.m. - 6 p.m.
- Saturday 10 a.m. - 6 p.m.
- Sunday 1 p.m. - 10 p.m.

Library access includes a subscription to UpToDate®. Once registered, housestaff can access UpToDate® anywhere, including from the Mobile App.

## Medical Records (Health Information Management [HIM])

Housestaff have access to medical records 24 hours a day, 7 days a week. Baylor University Medical Center utilizes the EPIC software as the comprehensive medical record.

**Housestaff physicians should use discretion when accessing electronic medical records and remember that access does not equal authorization. Housestaff physicians should not access their own medical records, those of family members, or of anyone else for whom they are not providing care. Accessing records without going through the appropriate processes can result in disciplinary action up to and including termination.**

## Parking

BUMC provides free parking to all Housestaff. Housestaff are required to comply with applicable Baylor parking policies.

- Housestaff are assigned parking in relation to their residency/fellowship area.
- If a Housestaff physician parks in unauthorized locations, s/he will be ticketed. This includes the parking area in Lot 10 marked "Physicians" which is reserved for the BHVH attendings.
- During the training period, if a Housestaff physician purchases a different vehicle, s/he will need to register the new vehicle with Parking Services.
- Handicapped parking is available in assigned areas to qualified Housestaff who complete the necessary documentation.

## **Security/Safety**

Appropriate security and personal safety measures are provided to Housestaff physicians at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office buildings).

The Baylor Department of Public Safety (BDPS) reminds Housestaff to safeguard all personal items. Baylor Scott & White cannot assume responsibility for Housestaff physician's personal property that is damaged, lost, or stolen. If a Housestaff physician finds something missing, s/he should report it to the BDPS and the Department of Medical Education. The number for emergency officer assistance and general assistance is 214.820.4444.

## **Support Services**

Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transport services, are provided in a manner appropriate to and consistent with educational objectives and patient care.

## **Laboratory, Pathology, & Radiology Services**

BUMC provides appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the programs. This includes effective laboratory, pathology, and radiologic information systems.

- Central Collecting is open 24 hours a day, 7 days a week.
- Microbiology Laboratory - special hematology, hematology, and molecular biology.
- Surgical Pathology – on-call Housestaff physician pager, after 5:00 pm for any surgical pathology.
- Autopsies – chaplain contacts Housestaff physician.
- Pathology Lab open Monday – Friday, 7:30 am – 5:00 pm; reports until noon on Saturday.
- Radiology Services - PACS

## **Baylor PACS (Picture Archiving and Communication System)**

PACS is a network of computer and radiology equipment where images are created and stored in digital form. The images are stored on electronic computer storage media and viewed via special computer terminals called reading stations, which are located throughout the facility. Images may be viewed through EPIC, but Housestaff wanting direct access to PACS may request log in information and training.

## **Baylor Physician Portal BAYLOR PHYSICIAN PORTAL**

The Baylor Physician Portal is an Internet site where related sources of information, like Baylor Health Care System documents, resources, education, and training, are grouped together in a secure environment, making it easier and safer to search.

- Housestaff physicians may access the Baylor Physician Portal from home or at BUMC after registering with the Department of Medical Education.
- Housestaff physicians can view lab results; radiology reports, including x-rays, CT, MRI, sonogram results; face sheets; and transcription among other features.
- The physician portal is accessible through the [Baylor Scott & White Intranet](#)

## Housestaff Physician Responsibilities

Housestaff Physicians must comply with all BUMC, BSWH, and Medical Education Policies and Codes of Conduct. In addition, housestaff physicians are expected to:

- Fulfill the educational requirements of the training program
- Check and review BUMC email at least 3 times per week and remain updated on news and requirements from Medical Education, BUMC, and BSWH
- Use his/her best efforts to provide safe, effective and compassionate patient care under supervision from the teaching faculty
- Assume responsibility for teaching other residents/fellows and students as assigned, including becoming knowledgeable of the goals and objectives of the program, rotation and/or clerkship.
- Participate in faculty development related to teaching
- Report cases of inadequate supervision at the sponsoring institution or other participating sites to the Program Director, Director of Administration, or DIO
- Adhere to the highest level of professionalism at all times
- Participate in all program and institutional activities as assigned, including quality improvement activities, patient safety projects, and Graduate Medical Education required meetings and events
- Develop a personal program of learning to foster professional growth and life-long learning skills
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and the application of cost containment measures in the provision of patient care

### Change of Name, Address, and other Life Changes

Housestaff Physicians should keep their current address on file with PeoplePlace and with their Program Administrator.

If a housestaff physician legally changes his/her name, they must:

- 1) First make their name change with the Social Security Administration and Texas Department of Motor Vehicles
- 2) Request a name change with the Texas Medical Board
- 3) Contact PeoplePlace and notify them of the name change (for payroll and benefits)
- 4) Provide Medical Education with the following documents.
  - A copy of social security card showing new name.
  - PIT permit or Texas medical license showing new name.
  - Housestaff physician will be notified by Medical Education Department when s/he can obtain a new photo ID badge.

## **Completion of Training**

A certificate is awarded to a Housestaff physician who satisfactorily completes the medical education training program requirements for board eligibility. A certificate will not be issued to a Housestaff physician who does not complete the training requirements for board eligibility. These certificates are distributed at the end of the academic year by the Department of Medical Education.

Prior to leaving BUMC, each Housestaff physician must complete all tasks required by the GME office and turn in all BUMC owned property including keys, badge, pager, and other provided supplies.

## **Additional Resources and Reporting Mechanisms**

### **Housestaff Council**

Mission and Purpose: The Housestaff Council is a representative committee serving the residents and fellows of BUMC. The mission is to improve graduate medical education by creating an open forum to promote excellence, communication and exchange of ideas relevant to professional issues and trends affecting the work environment and the educational programs at BUMC.

#### **Housestaff Council Members**

All administrative chief residents/fellows are automatically members of the Council. Administrative chiefs who are unable to attend a council meeting should send a representative in their place. Any other member of the Housestaff that wishes to serve on the council may join by submitting a request to the GME office to be added to the council. Any member of the Housestaff (whether or not a council member) may attend Housestaff Council meetings.

#### **Expectations of Members:**

- Attend and actively participate in Council meetings
- Advocate for and represent all housestaff
- Disseminate information back to the programs they represent
- Assist the Chair and Co-Chair in completing projects and meeting goals
- Elect Council Officers who will lead the Council meetings and serve as voting members of the GMEC

#### **Housestaff Council Chair and Co-Chair**

In order to be elected as Chair or Co-Chair of the Housestaff Council, a member must be nominated by a current Council Member. Only those members who have been in attendance at a minimum of 4 meetings in the most recent academic year may be nominated. The Chair and Co-Chair will be elected by a majority vote of the members who are present at the meeting when elections are held. Ideally, the Co-Chair will not be in his/her final year of training, so that they can serve more than one term as either Co-Chair or Chair. However, both officers must be re-elected annually.

### **Expectations of Chair and Co-Chair**

- Create an agenda for each meeting
- Lead all meetings
- Lead Council in setting and achieving goals for the year
- Represent the Housestaff as voting members at each Graduate Medical Education Committee (GMEC) meeting (or designate a council member to vote in their place)
- Provide reports to the GMEC and escalate issues/topics for discussion
- Aid in the GMEC appeals process as outlined below

### **Ethics**

Housestaff physicians should reference Baylor's Compliance Guidelines for a detailed guide to ethical conduct. Housestaff physicians should contact the Compliance Ethics Line, 1.866.245.0815, or the Office of Corporate Compliance at extension 42-3569 with additional questions or to report ethics/compliance concerns.

### **GME Hotline**

The Department of Medical Education is available for medical students, residents and fellows to report concerns regarding the Medical Education program such as duty hours, supervision, professionalism, quality, harassment or general program concerns. Calls to the hotline are taken seriously and callers may remain anonymous. The GME Hotline is not monitored 24 hours a day, so emergency messages should not be left at this number.

***Confidential GME Hotline  
241-820-2000***



## List of Policies

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## Policies

### Application of Policies

Housestaff physicians are employees of Baylor Scott & White. As such, all employment policies and procedures adopted by Baylor Scott & White and Baylor University Medical Center will apply to housestaff physicians with the exception of the paid time off policies and inclusion in medical staff.

### BUMC/BSWH Policies

All BUMC and BSWH Policies can be located on the Intranet using the Policies and Procedures Quick Link or by clicking: <https://bswhealth.sharepoint.com/sites/BSWPoliciesandProcedures/SitePages/Home.aspx>

Housestaff physicians are all teaching faculty are expected to read and be familiar with the following policies:

- GME Commitment Statement
- Duty Hours Policy (which includes the policy on Moonlighting)
- Supervision Policy
- Transitions of Care Policy
- Wellbeing Policy
- Learning Environment Policy
- Promotion, Grievance, Appeal, Remediation, and Disciplinary Policies

### Fatigue and Alertness Management

Housestaff are responsible for recognizing the signs of fatigue and understanding the consequences of fatigue. Housestaff experiencing fatigue or recognizing signs or symptoms of fatigue in another Housestaff member should immediately report this to their Supervising Physician and/or Program Director. The Program Director is responsible for arranging for alternate coverage in the event a Housestaff member becomes too fatigued to continue with his or her patient care responsibilities.

The program will educate all Housestaff and faculty to recognize the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation, and develop processes to manage the potential negative effects of fatigue on patient care and learning.

Each program will have a process to ensure continuity of patient care in the event that a housestaff physician may be unable to perform his/her duties.

### Public Relations/News Media Inquiries

Releasing **any** information about patients, or even confirming their presence at a Baylor facility, is a HIPAA violation of patient confidentiality.

If approached by a member of the news media, Housestaff physicians should notify a Baylor marketing and public relations representative **before** providing any information, participating in an interview, or allowing a photograph to be taken. A representative is on call 24 hours a day (pager 214.825.0555).

**BAYLOR UNIVERSITY MEDICAL CENTER**  
**GME STATEMENT OF COMMITMENT TO EDUCATION**

Baylor University Medical Center (BUMC) sponsors and operates medical and dental educational training programs (collectively, "GME Programs") and assumes fiscal, educational, and administrative responsibility for the GME Programs. BUMC is part of Baylor Scott & White Health (BSWH). As stated in its mission, BSWH exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

BUMC has always had and shall continue to have a long-standing commitment to medical education, scholarly research and life-long learning in a supportive and challenging educational environment for its trainees. The governing authority, administration, and faculty of BUMC are committed to providing financial support for administrative, educational, financial, human, and clinical resources necessary to support the GME Programs. Those commitments continue as an essential component of BSWH's core mission of "providing exemplary care, education, and research."

BUMC is committed to ensuring that each GME training program defines and assesses the specific knowledge, skills, attitudes and educational experiences required for each trainee to acquire and demonstrate quality and competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice.

In Medical Education, we strive to provide a supportive, inclusive, respectful, and caring educational community by being trustworthy, resourceful, and responsive to individual and group needs. Our goal is to produce diverse graduates and faculty who are superb clinicians that provide exceptional patient care; are professionally and personally fulfilled, healthy, and resilient physicians; are productive members of a community; and are role models of integrity and compassion for themselves and others.



<b>Title:</b>	Duty Hour Policy				
<b>Department/Service Line:</b>	Medial Education				
<b>Approver(s):</b>	BUMC Graduate Medical Education Committee and Designated Institutional Official				
<b>Location/Region/Division:</b>	Baylor University Medical Center				
<b>Document Number:</b>	BUMC.GME.001.P				
<b>Effective Date:</b>	2/11/2017	<b>Last Review/ Revision Date:</b>	1/10/2017	<b>Origination Date:</b>	2/11/2014

## SCOPE

This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the ACGME Glossary of Terms located at [http://www.acgme.org/Portals/0/PDFs/ab\\_ACGMEglossary.pdf?ver=2015-11-06-115749-460](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2015-11-06-115749-460).*

**At-Home Call:** Same meaning as “Pager Call”. A call taken from outside the assigned rotation site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the trainee’s one free day per week (averaged over four weeks).

**Continuous time on duty:** The period that a trainee is in the hospital (or other clinical care setting) continuously, counting the trainee’s regular scheduled day, time on call, and the hours a trainee remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

**Duty-Hours:** Work hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the work site.

**External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the trainee is in training or at any of its related participating sites.

**Fatigue management:** Recognition by either a trainee or supervisor of a level of trainee fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

**In-House Call:** Duty hours beyond the normal work day when trainees are required to be immediately available in the assigned institution.

**Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the trainee is in training or at any of its related participating sites.

**Night Float:** Rotation or educational experience designed to either eliminate in-house call or to assist other trainees during the night. Trainees 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.

**One Day Off/Off-Duty Period:** One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

**Scheduled duty periods:** Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**Trainee:** refers to resident or fellow enrolled in a Baylor University Medical Center graduate training program.

## POLICY

All Baylor Scott & White Housestaff and Rotating Training Programs must implement policy and procedures consistent with the ACGME Institutional, Common and specific Program resident duty hour and work environment Requirements, including moonlighting, regardless of accreditation or regulatory governing body.

## PROCEDURE

Each program takes appropriate steps to provide that the learning objectives of the program are not compromised by excessive reliance on trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of trainees' time and energies. Duty hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patients.

- All BUMC trainees, regardless of program accreditation, are required to report their duty hours using the New Innovations system.
- Trainees are required to log their duty hours at the end of each month, at a minimum.
- Programs will have five days after the month ends to internally audit and confirm duty hours as reported by their trainees and submit their duty hours report to Medical Education.
  - If the trainee does not log his/her duty hours in the specified time frame, a New Innovations generated email will be sent to the Program Director, Coordinator, affected trainee(s) and Medical Education.
  - The Program Director will contact his/her affected trainee(s) and instruct the trainee(s) to log past due duty hours immediately.
  - A follow up email will be sent from Medical Education notifying the Program Director and Coordinator of the trainees who have violated the policy, how many days they are past due and that they have 24 hours to log their past due duty hours.
  - The next business day a status check will be done to verify the trainees have logged their past due duty hours.
  - The appropriate Program Director and Coordinator will be notified if any of their trainees remain on the "Delinquent Duty Hours" report.
  - Note: Trainees may be removed from clinical duties and may forfeit their meal card allotments until they record their hours.
- The Program Director may be asked to pull any affected trainee from duty to be sent home using a vacation day so that they may immediately log delinquent duty hours. (Note: Falsification of duty hours may result in suspension and/or termination from the training program.)
  - First Infraction: The Program Director may issue a verbal warning and reviews the Duty Hours Policy with the trainee.
  - Second Infraction: A written warning may be given to the trainee by the Program Director. It is to be documented that the Program Director has discussed the Duty Hours Policy with the trainee and strongly stressed to him/her that another infraction of noncompliance with regard to duty hours will be in violation of the Professionalism competency and may lead to formal performance improvement via the Medical Education office.
- The term of the performance improvement plan will begin on the day the plan is presented to the trainee and will continue through the remainder of the trainee's academic year. (Note: The end date of the plan may vary relative to off-cycle trainees.)
- At that point, the trainee must log duty hours weekly (every seven days) for the remainder of the performance improvement plan. If, at any time, the trainee fails to log his/her duty hours on a weekly basis while on performance improvement, the trainee may be terminated. (Medical Education will monitor the trainee's duty hour logging requirement of every seven days though it is expected that the Program Director will also monitor their remediated trainee(s) to determine compliance with the terms of the performance improvement plan.)
- Trainees are expected to log their duty hours before they leave for vacation/leave of absence.
- Trainees are prohibited from logging future duty hours. However, it is permissible to log future vacation/leave of absence (as described above), "day off," or annual leave hours.
- Trainees are expected to log their duty hours for all At Home Call.
  - Trainees 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". At Home Call that does not result in travel to the hospital or clinical site is NOT to be included in duty hours.
  - The requirement that 1 day in 7 be free of patient care responsibilities prohibits trainees being assigned At Home Call for an entire month. Assignment of a partial month (more than six days but less than 15 days) is permissible, however, programs may allow trainees to participate in call from home if the assigned service's call intensity and expected frequency of being called in from home is low.
  - Research time is included if it is a program-required activity. If the research is pursued on the trainee's own time (without program requirement), it is not included in duty hours.

- o BUMC requires programs monitor the intensity and workload resulting from At Home Call, through periodic assessment of workload and intensity of the in-house activities.
- At the end of each month, trainees, Program Directors, Coordinators and RMS Administrators within Medical Education may receive a “Delinquent Duty Hours” report via email (trainees via BUMC email) detailing which individual trainees are within 24 hours of violating the Duty Hours policy. This early warning gives the trainees one last chance to bring their hours current before the “Delinquent Duty Hours” report is generated on the 5th of each month, or the next business day.
- Trainees who encounter problems or difficulty complying with the Duty Hours policy should resolve this matter with their Program Director or Coordinator. If the matter cannot be resolved with the Program Director or if the trainee encounters violations, they should contact the Designated Institutional Official for GME.

## Program Director Responsibilities

- The program director must implement policies and procedures consistent with the institutional and program requirements for trainee duty hours and the working environment, including moonlighting, and, to that end, must:
- Distribute these policies and procedures to the trainees and faculty.
- Monitor trainee duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.
- Adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- Monitor demands of moonlighting on trainees and ensure compliance and tracking of time spent moonlighting is logged toward the 80-hour weekly limit.
- Obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting to the ACGME information or requests for requests for increases or any change to trainee duty hours.
- Comply with any additional requirements as outlined in specialty specific program requirement
- Notify the trainee of the impending probationary action.

## Institution Responsibilities

- The Institution is responsible for monitoring the following:
  - o Duty hours must be limited to 80 hours per week with one-day-off in seven averaged over a four-week (any clinical/administrative duties including home-call, conferences, research, etc. are not considered “free from duties” and should be counted as part of their duty hours) period, inclusive of all in-house activities and all moonlighting.
  - o Duty periods of PGY-1 trainees must not exceed 16 hours in duration.
  - o Duty hours for PGY-2 trainees and above may be scheduled for a maximum of 24 hours of Continuous time on duty in the hospital. After this period, trainees may remain on-site for 4 additional hours to accomplish effective transitions of patient care. After 24 hours of Continuous time on duty, trainees must not be assigned new patients or additional clinical responsibilities including attendance at ambulatory or continuity clinics.
- All trainees should have 10 hours, and must have eight (8) hours, free of duty between scheduled duty periods.
- Intermediate level trainees must have at least 14 hours free of duty after 24 hours of in-house duty
- Trainees must not be scheduled for more than six (6) consecutive nights of Night Float. However, the maximum number of consecutive weeks of Night Float, and maximum number of months of Night Float per year may be further specified by the Review Committee
- PGY – 2 trainees and above must be scheduled for In-House Call no more frequently than every third night when averaged over a four-week period
- Time spent in the hospital by trainees on At-Home Call must count toward the 80-hour maximum weekly hour limit.
- PGY-1 trainees are not permitted to moonlight. All other requests must be made to, in writing, and approved by, the Program Director prior to starting any moonlighting.
- Programs must comply with any other requirements as outlined in ACGME specialty specific program requirements.
- Medical Education is responsible for producing summary reports of the duty hours for institutional review. The GMEC will review the institutional monthly report on duty hours.
- The DIO and/or director of Medical Education will review the program and rotation results with the Program Director if these exceptions recur over time. The Program Director may be asked to provide a written reports
- The Medical Education office shall monitor trainee work environment by:
  - o Monitor New Innovations and reporting to the GMEC monthly
  - o Review each program’s Annual Physician Trainee Survey (ARS) from the ACGME and each program’s Annual Program Review (APR).
    - An aggregate report of the results of both the survey and the APE will be submitted to the GMEC
    - The APE will be reviewed for all of the required components as well as the responsiveness of the program to key issues that were noted by trainees and faculty.

- Each program will be required to create an action plan within the report for any identified areas of concern.
- The GMEC Program and Institutional Evaluation Subcommittee will monitor progress in completion of the action plans. If needed, they will provide support and advocacy on behalf of the trainees and/or Program Director.

## Program Responsibilities

The individual training programs are responsible for the following:

- Be familiar with the ACGME and specific specialty Review Committee policies and procedures governing Duty Hours and the procedures for requesting exceptions;
- Implement policies and procedures for duty hours consistent with the ACGME Institutional Requirements and specialty specific Program Requirements for trainee duty hours and the working environment, including moonlighting, stress and fatigue mitigation;
- Ensure Back-up support systems are provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create trainee fatigue sufficient to jeopardize patient care;
- Distribute the duty hour policies to faculty and trainees;
- Educate trainees and faculty members concerning the professional responsibilities of trainees to appear for duty appropriately rested and fit to provide the services required by their patients.
- Monitor honest and accurate reporting of duty hours by trainees annually; which shall include ensuring each trainee is responsible for the direct entry of his/her own duty hour information into the New Innovations online system;
- Provide documentation of the program's duty hours policies and monitoring at each internal review;
- Include all moonlighting in the duty hours limits;
- Monitor all moonlighting to assure it does not interfere with the goals and objectives of the program;
- Encourage trainees to use alertness management strategies in the context of patient care responsibilities.
- Monitor the intensity and workload resulting from At Home Call, through periodic assessment of workload and intensity of the activities required.
- Monitor and report any violations and/or noncompliance to the Medical Education office monthly.\
- Notify the DIO and Director of Medical Education of any impending performance improvement or probationary action(s)

## Exceptions

- BUMC programs may request an exception to the 80-hour duty hour limit.
  - Requests for an exception must be based on a sound educational justification.
  - Current accreditation status of the program and of the sponsoring institution should be provided in the formal request.
  - Duty Hours Exception Reports should be run in New Innovations quarterly by the Program.
  - Violations are investigated to determine the root cause, and the Program Director shall be notified.
- The GMEC must review and formally endorse the request for an exception.
- Exceptions to maximum 24 hours of Continuous time on duty in the hospital
  - In unusual circumstances, trainees, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
  - Under those circumstances, the trainee must:
    - Appropriately hand over the care of all other patients to the team responsible for their continuing care
    - Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.
      - The Program Director must review each submission of additional service, and track both individual trainee and program-wide episodes of additional duty.
- Criteria for requesting an exception from the applicable program Review Committee can be found in the Accreditation Council for Graduate Medical Education Accreditation Policies and Procedures: Subject 22.00 Procedures for Granting Duty-Hour Exception, and 22.30 Required Documentation.

## Reporting

- In addition to the usual lines of reporting concerns, trainees may report concerns about duty hours to the Baylor University Medical Center's institutional compliance hotline, which is available 24 hours a day and to which reports may be made anonymously.
- Call the GME Confidential Hot Line 24 hours a day, 365 days a year to report duty hour violations or programs at 214-820-2000.



<b>Title:</b>	Supervision Policy				
<b>Department/Service Line:</b>	Medical Education				
<b>Approver(s):</b>	BUMC Graduate Medical Education Committee and Designated Institutional Official				
<b>Location/Region/Division:</b>	Baylor University Medical Center				
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<b>Effective Date:</b>	2/11/2017	<b>Last Review/ Revision Date:</b>	1/10/2017	<b>Origination Date:</b>	2/11/2014

## SCOPE

This document applies to physician/dental trainees and students at Baylor Scott & White Health North Texas Division including Controlled Affiliates ("BSWH").

## DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the ACGME Glossary of Terms located at [http://www.acgme.org/Portals/0/PDFs/ab\\_ACGMEglossary.pdf?ver=2015-11-06-115749-460](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2015-11-06-115749-460).

**Direct Supervision** – the supervising physician is physically present with the student, trainee and patient.

**Indirect Supervision** – 2 classifications:

- 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.

**Medical Student** – refers to a student enrolled in an undergraduate physician or dental training program.

- M2(1) – Medical student in first semester, second year of training
- M2(2) – Medical student in second semester, second year of training
- M3 – Medical student in third year of training
- M4 – Medical student in fourth year of training

**Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**Teaching faculty** – refers to all appropriately privileged medical staff members at BUMC or an affiliated institution who function as supervising faculty members for the training programs.

**Trainee** – refers to resident or fellow enrolled in a graduate training program.

## POLICY

The responsibility of the teaching faculty is to enhance the knowledge of trainees while providing safe and effective care of patients. Such responsibility is exercised by observation, consultation, and direction, and includes the imparting of knowledge, skills, and attitudes/behaviors to the trainee and delivering care in an appropriate, timely, and effective manner.

It is the responsibility of BUMC and the programs to define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

## PROCEDURE



The program director and/or chief of service may supplement these general guidelines in order to meet specific requirements of the particular program, the LCME (Liaison Committee on Medical Education) or ACGME (Accreditation Council for Graduate Medical Education) Review Committees.

1. Programs must set guidelines for circumstances and events in which residents must communicate with supervising faculty member(s).
2. Trainees must be supervised at all times. Supervision may be exercised through a variety of methods.
3. PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.
4. Some activities require the physical presence of the supervising teaching faculty; others can be adequately supervised by the immediate availability of the teaching faculty or more senior trainee, either in the hospital or other site of patient care, or by means of telephonic and/or electronic modalities.
5. In some circumstances, supervision may include a post-hoc review of trainee-delivered care with feedback as to the appropriateness of that care.
6. The Program Director, Clerkship Director or Elective Director will determine which level of supervision is required for each level of training and teaching faculty must be aware of the supervision guidelines and are held accountable for proper execution of these responsibilities.
7. Each trainee must understand the limits of his/her scope of authority. Trainees must regularly communicate with teaching faculty, whether through formal learner/preceptor arrangements or through informal professional discussion.
8. Programs must have a written program-specific supervision policy consistent with this policy, their respective accreditation requirements, including those of ACGME Review Committees or the LCME, and must demonstrate that the appropriate level of supervision is in place for all trainees.
9. Programs must develop a written process and expectations for escalating care or events up the chain of command. In general, the chain of command should start with the student contacting the resident/ intern, the senior resident, the patient's attending physician, the Program Director, Clerkship Director, Elective Director, Vice Dean or Designated Institutional Official and ultimately the Chief Medical Officer/Vice President for Medical Affairs if a situation needs to be escalated. The hospital's Administrative Supervisor on call is reachable through the Page Operator if needed at any time.
10. Circumstances or events in which the trainee must communicate with supervising teaching faculty include:
  - a. Transfer of a patient to the intensive care unit;
  - b. Any significant event involving a patient including change in clinical status, procedural complications, medication errors, family issues, etc.;
  - c. End-of-life decisions;
  - d. Patient threatening or choosing to leave against medical advice (AMA), whether or not the patient has signed appropriate forms;
  - e. Significant disagreement with the Emergency Department physician(s) regarding medical management or the medical necessity of hospital admission or placing on inpatient observation status;
  - f. Patients, caregivers, or family threatening legal action;
  - g. Requested or planned transfer to another healthcare facility;
  - h. Accepting transfer of a patient from another healthcare facility;
  - i. Significant disagreement with a consultant regarding a patient's management or treatment plan;
  - j. Significant berating of the teaching team by a consultant or any member of the hospital staff;
  - k. Any sentinel event as defined by the Joint Commission, such as:
    - i. Wrong patient / wrong site surgery;
    - ii. Patient suicide;
    - iii. Retained foreign object after surgery;
    - iv. Radiation overdose;
    - v. Infant or pediatric abduction
  - l. Any unusual event that a trainee determines requires teaching faculty notification or involvement.
  - m. Any unusual event that an educational program determines requires teaching faculty notification or involvement.
11. Each program may supplement these guidelines for specific circumstances and events in which trainees must communicate with appropriate teaching faculty.

12. In the clinical and working environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is responsible and accountable for that patient's care.
  - a. This information should be available to trainees, teaching faculty, other members of the healthcare team, and patients.
  - b. Trainees and teaching faculty should inform patients and families of their respective role in the care of the patient.
  - c. On-call and rotation schedules should be distributed throughout the hospital as appropriate.
  
13. Trainees should be supervised by teaching faculty in such a way that they assume progressively increasing responsibility, conditional independence, and a supervisory role in patient care, according to their level of education, ability and experience.
  - a. Trainees may serve in a supervisory role to students if designated by the Program Director as having demonstrated the medical knowledge, competency, and teaching skills required to properly supervise these learners.
  - b. Teaching faculty must still be available to assume overall responsibility for patients cared for by trainees.
  - c. Trainee competency must be evaluated on a regular basis by teaching faculty.
  - d. The Program Directors, Clerkship Directors and Elective Directors must evaluate each trainee's abilities based on specific criteria as outlined in the program curriculum to provide a high quality education and safe and effective care of patients.
  
14. Trainee responsibilities, levels of independence, and supervisory roles must be assigned by the program director and faculty members. These shall be outlined on Supervision Grids which are reviewed with each trainee and student on an annual basis.
  - a. Supervision grids must be posted to the intranet outlining the level of supervision required for procedures.
  - b. These grids are accessible to nurses, technicians, teaching faculty and other hospital staff.
  - c. Supervision grids will be reviewed and updated as necessary.
  - d. Each trainee and/or student shall review their Supervision Grid with the Program Director or Clerkship Director and attest that they are aware of the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.
  
15. Trainees should report any circumstances of inadequate supervision to their Program Director, Clerkship Director, and Elective Director or to the Department of Medical Education.

## **Reporting**

1. In addition to the usual lines of reporting concerns, trainees may report concerns about supervision to the institutional compliance hotline, which is available 24 hours a day and to which reports may be made anonymously.
2. Call the GME Confidential Hot Line 24 hours a day, 365 days a year to report problems with supervision at 214-820-2000.
3. A process of periodic review of supervision assignments and the adequacy of supervision levels and regular institutional oversight is in place. It is through this process that the institution monitors training program compliance with the accreditation standards including those related to the supervision of trainees



<b>Title:</b>	Transitions of Care/Handoff Communications Policy				
<b>Department/Service Line:</b>	Medical Education				
<b>Approver(s):</b>	BUMC Graduate Medical Education Committee & Designated Institutional Official				
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## SCOPE

This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the ACGME Glossary of Terms located at [http://www.acgme.org/Portals/0/PDFs/ab\\_ACGMEglossary.pdf?ver=2015-11-06-115749-460](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2015-11-06-115749-460).*

**Handoff** – A standardized, real-time, interactive process of sharing patient specific information from one hospital staff member to another to ensure continuity and safety of care.

**Housestaff Physician** – refers to an intern, resident, or fellow enrolled in a Baylor University Medical Center graduate physician training program.

**Permanent Handoff** – A handoff when the patient is leaving the sending area and not expected to return.

**Trainee** – refers to a medical student, resident or fellow in a medical or dental training program.

**Student** – refers to a medical or dental student enrolled in an undergraduate physician/dental training program.

**Shift to Shift Handoff** - A handoff when trainee or student provider leaving at the end of the shift providing the incoming physician student or provider with information, but the patient remains in the same location.

**Teaching Faculty** – refers to all appropriately privileged medical staff members at BUMC or an affiliated institution who function as faculty members for the physician training programs.

**Temporary Handoff** – A handoff when the patient is leaving the sending areas and is expected to return.

**Transfer of Responsibility Handoff** – A handoff for break or meeting relief when the hospital staff gives brief information necessary for the care of the patient in the next 30 minutes or hour; the patient remains in the same location.

**Transitions of Care/Handoff Communications** - The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

## POLICY

- Programs, in partnership with their Sponsoring Institutions and programs, must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.
- Programs must develop and implement a standardized handover policy and handover procedure for patient transfers between services, locations and providers.

- Each policy must:
  1. Meet specialty-specific program requirements
  2. Include a procedure to optimize transitions of patient care, including their safety, frequency, and structure
  3. Include a process for monitoring an effective, structured hand-over process including how frequently monitoring will take place
- Each procedure must:
  1. Include a written template for trainees to follow
  2. Follow a standard process to ensure critical patient information is not lost (ex: SBAR,I-PASS, and/or others)
  3. Be interactive and involve an opportunity for questioning between the giver and receiver of the patient care information
- Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.
- Each program must ensure continuity of patient care, consistent with the program's policy and procedures in the event that a trainee may be unable to perform their patient care responsibilities due to excessive fatigue or illness.
- Programs must also ensure that
  1. Trainee schedules are structured to allow time for appropriate hand-overs without violating duty hour rules.
  2. Teaching faculty are scheduled and available for appropriate supervision levels according to the requirements for the trainees on duty.
  3. All parties involved in a particular program and/or transitions of care process have access to one another's schedules and contact information.
  4. Safeguards are in place for coverage when unexpected changes in patient care may occur due to circumstances such as physician trainee illness, fatigue, or emergency

## PROCEDURE

- Individual programs design rotation and call schedules and clinical assignments to maximize the learning experience for trainees as well as to provide for quality care and patient safety and adhere to institutional policies concerning transitions of patient care.
- Each program will be responsible for developing a standardized approach to handoff communications and a handoff communication template and determining competency for each physician trainee.
- Handoff communications procedures will be conducted in conjunction with the BUMC Handoff Communications Policy.
- When possible, trainees and teaching faculty will identify a quiet area for hand off communications that is conducive to transferring information with few interruptions.
- All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality. All written or electronic hand off communications documents are HIPAA and Work Hour policy compliant.
- The patient will be informed of any transitions of care or responsibility, when possible.

### **Monitoring and Review**

- The GMEC shall monitor transitions of care/handoff communication processes to analyze and monitor programs to mitigate risk
- The GMEC shall evaluate the effectiveness of transitions of care/handoff communication process, monitoring will be performed by each program using the evaluation method as outlined in the attachment of this policy.
- Programs develop and utilize a method of evaluating and monitoring the transitions of care process and update as necessary. Monitoring of hand-off communications at least once a month for both verbal and written handoff communication observations and submitted to the GME by the program no later than the last day of each month.
- The results of the monitoring shall be reported as requested by the GME Committee. The GMEC shall review elements of the transitions of care/handover communications process and make appropriate recommendations in order to continuously improve quality of care and patient safety.

- Recurring deficiencies may result in a more detailed monitoring review which could result in direct intervention by the GME Committee.

## Baylor University Medical Center Well-Being Policy

### **Purpose:**

This policy defines the ways in which medical students, residents, and fellows are supported in their efforts to become superb clinicians who provide exceptional patient care and who are professionally and personally fulfilled, healthy, and hopeful physicians that function as productive members of a community and role model integrity and compassion for themselves and others.

### **Scope:**

This policy applies to medical students, residents, fellows, faculty, program directors, program administrators, and medical education staff.

### **Definitions:**

**Burnout:** Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work.

**Resident/Fellow:** Any trainee currently employed in an Accreditation Council for Graduation Medical Education, Texas Medical Board, or Commission on Dental Accreditation training program.

**Well-being:** Refers to the state of being healthy, happy, and successful.

### **Policy:**

Baylor University Medical Center desires that all learners are professionally and personally fulfilled, healthy, and hopeful physicians during training and throughout their careers. To accomplish this goal, the following practices and resources are in place.

#### *Medical Education Office*

- All staff members strive to be trustworthy, resourceful, and responsive to individual and group needs.
- All staff members continuously assess processes to minimize non-physician obligations and provide administrative support to trainees.
- The medical education office evaluates workplace safety data (specifically MIDAS reports submitted by trainees and workplace exposure and injury reports) and works with the appropriate parties to ensure the safety of residents and faculty members.
- Annual wellness surveys (through the American Medical Association (AMA)) are conducted at the beginning of the academic year (for all residents and fellows) and at the end of training (for all graduates) so that the medical education office can track well-being throughout training with the goal of graduating residents and fellows as healthy or healthier than when they started training.
- A crisis management plan is in place to provide immediate, effective, and confidential assistance to any trainee who is experiencing an acute or sub-acute mental health crisis. Education on how to access care in a crisis for themselves or others is provided annually to all learners, program directors, and medical education staff members.
- The Employee Assistance Program (EAP) provides unlimited free counseling to employees over the phone 24 hours per day, 365 days per year. Three free face-to-face sessions with a behavioral counselor are also available through the EAP. In addition, the EAP provider has several other resources for managing common stressors including online articles and resources, legal consultation, pet care, financial services referrals, and emergency child/elder care. The EAP can be accessed by calling 1-800-538-3543 or online at [www.signalap.com](http://www.signalap.com).
- Baylor Scott & White's Peer Support provides confidential peer support for traumatic patient outcomes, medical errors, difficult disclosures, claims and lawsuits, depositions, testifying and board complaints, and any other events in which a health care provider can become a second victim during poor outcomes. There are residents and fellows trained in providing peer support from nearly every specialty program. Peer Support can be accessed through Sharepoint at [Peer Support](#) or by calling 254-724-6813.
- Wellness events are scheduled throughout the year and during an annual wellness week. These events are designed to alleviate trainee stress, teach healthy habits, and remind residents to engage in self-care in order to improve their well-being and resilience.
- If trainees are too fatigued to drive (at any time during the day or night), they are encouraged to use a taxi, Uber, or Lyft to get home or to sleep in the call rooms until they are able to safely drive home. Taxi, Uber, and Lyft rides will be reimbursed for trainees to get home and to return to the hospital to retrieve their vehicle.
- Mental Health counseling and support is also available through the Baylor Scott and White Insurance plan. Trainees can access care through the "Find a Provider" link on the health plan website.
- All trainees are provided with an AMA membership, which includes access to resources and online modules to increase resilience, manage stress, and improve well-being.
- Resources are available on the New Innovations home page for trainees to self-assess their level of burnout, depression, or if they have a substance abuse disorder.
- Trainees and faculty are educated on recognizing the signs and symptoms of burnout, depression, and substance abuse in themselves and others and on steps to take if they need help or are concerned about a colleague.
- A positive learning environment that is free from harassment, humiliation, and any form of discrimination or abuse is critical for trainee wellness. The Learning Environment Policy sets expectations for a professional learning environment and delineates a

reporting, investigation, and disciplinary process for violations of the policy. Reports of violations can be made to the GME hotline 214-820-2000

- Additional well-being resources are available to trainees through our SharePoint site [BSW Clinical Well-Being](#).

#### *Program Responsibilities*

- Continuously assess processes to minimize non-physician obligations, provide administrative support, promote progressive autonomy and flexibility, and enhance professional relationships in their departments.
- Regularly assess scheduling, work intensity, and work compression that impacts resident well-being.
- Provide annual fatigue management training (including signs of fatigue and sleep deprivation and alertness management) to residents/fellows and faculty.
- Ensure that trainees are able to easily access the EAP program and mental health counseling if they are to need it.
- Ensure that trainees are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.
- Maintain policies and procedures that enable coverage of patient care in the event that a resident is unable to attend work and implement these policies without fear of negative consequences for the resident who is unable to cover a shift due to fatigue, illness, or a family emergency.



## Safe and Healthy Learning Environment at Baylor University Medical Center

Baylor University Medical Center (BUMC) is committed to providing a supportive, respectful, and caring educational environment. Because the hospital trains individuals who are entrusted with the lives and well-being of others, we have unique responsibilities to assure that students, residents, and fellows learn as members of a community of scholars in an environment that is conducive to learning.

The Safe and Healthy Learning Environment Policy describes BUMC's expectations regarding the learning environment and applies to all members of the educational community including learners (students, residents, and fellows), faculty, medical education team members, and all staff members that interact with learners (e.g., nurses, advanced practice providers, technicians, non-clinical staff, etc.).

Behavior that violates the expectations stated below will be investigated, and, if found to represent mistreatment, may become the subject of disciplinary action by BUMC and/or Texas A&M College of Medicine.

### Expected Conduct

- A. Conduct that is expected of **all members of the educational community**:
1. Treating all members of the educational community with dignity and respect, regardless of their race, color, religion, national origin, sex, sexual orientation, gender identity or expression, parental or marital status, age, disability, citizenship or veteran status
  2. Abiding by the Duty Hours Policy and other policies of BUMC
  3. Adhering to BUMC's policies on Harassment and Consensual Relationships
- B. Additional conduct that is expected of **members of the education community that are responsible for learner supervision, education, and/or evaluation**:
1. Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
  2. Assigning tasks to learners based on their knowledge, skills and experience
  3. Providing supervision and appropriate remediation when learners are not adequately prepared
  4. Providing feedback to learners in a timely, honest, constructive, respectful, personalized and explicit manner
  5. Taking responsibility for learners assigned to one's course or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects learners' physical and social boundaries and encourages their development as medical professionals
- C. Additional conduct that is expected of **learners**:
1. A student, resident or fellow should act in accordance with the handbook associated with their educational program
  2. Be prepared and on time for all activities
  3. Be aware of the medical condition and current therapy of patients
  4. Put patients' welfare ahead of educational needs
  5. Know limitations and ask for help when needed
  6. Maintain patient confidentiality

7. View feedback as an opportunity to improve knowledge and performance skills

### Examples of inappropriate conduct

- A. Examples of conduct that are considered inappropriate for **all members of the educational community** include but are not limited to:
1. Threatening or intimidating behavior or words (e.g., verbal threat of intent to harm, making a gesture as if to strike, stating a desire to harm, screaming or yelling at another person except in the case of expressing urgency in an emergency situation, standing over another person or getting “in your face”)
  2. Using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at another person, OR using such verbal expressions so as to create a negative environment even if not directed at a specific individual. (e.g., cursing at a member of the team or using a gender- or racially-charged epithet to refer to any individual)
  3. Use of dehumanizing language to describe any person or group (i.e., comparing people to animals or objects)
  4. Using threatening or obscene gestures, cartoons, or jokes in the presence of a member of the team
  5. Degrading a person or group on the basis of a personal or cultural characteristic (e.g., “people like you are all stupid”, “you people all expect me to read your minds”, “I can’t believe you want to go into specialty X and become a drone,” “Millennials are all lazy”)
  6. Taunting, mocking, or humiliating a member of the team through acts and words (e.g., mimicking something the individual got wrong, giving highly pejorative feedback in the presence of others)
  7. Acting in retribution against any individual who reports perceived inappropriate treatment (e.g., telling others that a team member is a “snitch” or to “watch out for that one”)
  8. Sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g., commenting repeatedly on attractiveness or clothing, making sexually suggestive comments or gestures)
- B. Additional examples of conduct that are considered inappropriate for **educators, evaluators, and/or supervisors** include but are not limited to:
1. Using derogatory or dismissive language to describe learners as a group and/or behaving in a hostile manner toward learners on your service (e.g., “residents on this service just get in the way and slow things down.”)
  2. Ignoring learners assigned to you or failing to complete assigned learner evaluations
  3. Giving verbal feedback to a learner that dramatically differs from written evaluations or concerns expressed to others (e.g., telling a learner that they are doing great and progressing as expected, but telling other faculty members or the program director that the learner is doing terribly and is very behind)
  4. Requiring learners to perform personal services at any time (e.g., get me coffee, pick up my laundry, pet-sit this weekend, pick up something I forgot in my office, listen to my personal problems)
  5. Inviting learners you are or might be supervising, evaluating, or grading to romantic or sexual relationships or activities
  6. Using aggressive questioning to the point of badgering or humiliation in the guise of the “Socratic method” (e.g., after questioning the student to the limits of his/her knowledge, persisting in asking the same question the student can’t answer or more difficult questions for the purpose of humiliation)
  7. Endangering the safety of a learner (e.g., inflicting physical harm, requiring the learner to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking learners to perform tasks they are not trained to do, telling a learner not to report an occupational exposure)
  8. Arbitrarily or unfairly denying learners access to resources, equipment, or supplies that are needed to complete their job or assignment
  9. Categorically barring or banning a learner from participation in all future cases, procedures, or educational opportunities without due process. Instead, all decisions to allow a learner to participate should be made on a case-by-

case basis based on the learner's preparedness and ability to maintain patient safety. Temporarily banning a learner from participation in a case or cases to until patient safety can be ensured is always permitted.

10. Endangering the learner's professional development (e.g., telling learners to ignore institutional or school policy, inviting learners to do something unethical or illegal)
11. Grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the learner (e.g., giving a better grade because someone is going into your field or you like him/her best)
12. Acting in retribution against a learner who reports perceived inappropriate treatment (e.g., excluding the learner from cases or other educational opportunities, giving the learner a grade less than s/he deserves, calling a residency program to "warn" them about a learner)

### **Reporting Inappropriate Treatment**

Complaints regarding violations of this policy should be reported in as timely a fashion as possible. Depending upon the nature of the complaint, different avenues of reporting are available. Reports of mistreatment or perceived mistreatment, either experienced or witnessed, can be made through any of the following venues:

1. Verbally or in writing to the learner's clerkship director or program director
2. Using the appropriate method as outlined by the affiliated medical school (e.g., Texas A&M Conduct Awareness reporting system)
3. Using the anonymous Medical Education Hotline – 214-820-2000
4. Through MIDAS
5. Through the Compliance Helpline. Reports can be made online or by calling 866-245-0815. The Helpline is managed by a third-party vendor, is available 24/7, and anonymous reporting is available.
6. To the Director or Administrative Director of Medical Education
7. To the Campus Associate Dean or Assistant Dean of Student Affairs
8. To Human Resources

### **Investigations of Reports**

While we believe that professional behavior is generally practiced and respected by the members of our diverse community of scholars throughout BUMC, we recognize there may be occasions when real or perceived incidents of unprofessional behavior directed toward learners occur. In these circumstances, BUMC is committed to establishing the facts through a fair process, which respects, to the extent possible, the privacy of the involved parties.

All reports of inappropriate treatment of learners will initially be evaluated for a determination of merit. Reports will be tracked to determine whether multiple reports of inappropriate treatment by the same individuals occur. If a report warrants and provides enough information to support further investigation, the affiliated medical school, Department of Medical Education, or Human Resources will conduct the investigation. If requested by the learner, the timing of this investigation can be adjusted to protect the learner. If an investigation reveals that inappropriate treatment has occurred, the matter will be referred to the Chair, Residency Program Director, Course/Clerkship Director, or Supervisor of the individual involved for potential disciplinary action and for a report back to the Medical Education office of what action was taken to ensure that the behavior will stop.

If the Medical Education office is not satisfied that an appropriate action has been taken to prevent future inappropriate treatment, the concern will be escalated up the chain of command.

### **Confidentiality of Reporting Mechanisms**

While there are several anonymous and confidential ways to report inappropriate treatment of learners, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, we encourage

full reporting of incidents of inappropriate treatment of learners and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. The identity of learners reporting inappropriate treatment can often be protected by delaying action on the report until the learner is no longer vulnerable, or by collating reports so that individuals cannot be identified. The affiliated medical school and BUMC will keep confidential all records of complaints and investigations to the extent permitted by law. However, behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender of medical students, must be reported by any school so that they can be promptly acted upon in order to be compliant with Federal Law. Behaviors that pose an immediate danger to others (e.g., violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g., stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken.

#### **Protection of Rights of those Reporting Inappropriate Treatment**

The success of this policy and procedures in safe guarding the learning environment depends on the timely reporting of incidents of inappropriate treatment. In all cases, retaliation, or the encouragement of another to retaliate, against the person making such a report or the learner involved is strictly prohibited and, if found to exist, would become the focus of an investigation and disciplinary action.

#### **Protection of the Rights of those Accused of Inappropriate Treatment**

Intentional false or malicious reports of inappropriate treatment by learners will not be tolerated and will be handled as a disciplinary matter in the learner's program. All reports of inappropriate treatment will be handled confidentially with the exceptions noted above, and in a manner that accords the accused all rights under BUMC policies.

# Promotion, Grievance, Appeal, Remediation, and Disciplinary Policies

## Promotion

Residents and fellows must meet the academic standards and curricular requirements of their training program in order to be reappointed and promoted. The determination to promote, not to promote, or delay promotion of a Housestaff physician is made by the Program Director in consultation with the Clinical Competency Committee (CCC).

In the event that the Program Director decides not to promote or delay promotion of a housestaff physician, the Administrative Director will make the decision to permit the physician to repeat the training year or a portion thereof (if a position is available) or to dismiss the physician from the program. This decision will be made in consultation with the DIO, the Program Director, the program's CCC, and taking funding, accreditation, legal and human resources requirements, attempts at remediation, and other relevant factors into account.

In instances where a housestaff's training agreement will not be renewed, the physician will be dismissed, promotion will be delayed, or when he/she will not be promoted to the next level of training, the program must provide the housestaff physician with as much written notice as circumstances will reasonably allow prior to the end of the housestaff's current training year.

Housestaff are allowed to implement the Grievance and Appeal Procedures if the housestaff receives a written notice either of intent not to renew their training agreement or of intent to renew the agreement but not to promote or delay promotion of the housestaff to the next level.

## **Grievance Procedures**

A concern may be brought regarding any matter affecting the terms and conditions of a Housestaff Physician's training.

### **Housestaff may pursue grievances as follows:**

- 1) With the exception of concerns that should always be resolved formally (below), the housestaff physician should first attempt to resolve the concern informally by consulting with a chief resident/fellow, appropriate faculty, the Housestaff Council, an Associate Program Director or the Program Director.
- 2) If the housestaff has attempted to resolve the concern informally and does not believe it has been satisfactorily resolved, he/she may submit the concern in writing to the next highest authority (listed in order below). Housestaff should follow the chain of authority in raising concerns, but failure to do so does not negate any rights the housestaff physician has to appeal.
  - a) Program Director
  - b) Chair of the Department
  - c) DIO
  - d) Chief Medical Officer
  - e) Chief Executive Officer
- 3) Concerns submitted to any of the individuals above should be resolved within a reasonable time frame by a written response that contains a definitive statement of decision.

### **Concerns that should always be handled formally**

Housestaff physicians should not attempt to resolve the following concerns informally. Concerns of this nature should be directed formally to the next highest authority that was not involved in the incident/situation (listed above) and/or to Human Resources.

- 1) Concerns that involve sexual harassment, sexual misconduct, or violence
- 2) Allegations of discrimination based on any status protected by law, including, but not limited to, race, color, national origin, religion, age, veteran status, citizenship status, disability, sexual orientation, gender identity, or marital status
- 3) Ethical violations
- 4) Major deviations from Medical Education, BUMC, or BSWH policies

## **Appeal Procedures**

Housestaff physicians may appeal some decisions to the Executive Committee of the Graduate Medical Education Committee (GMEC) and bring concerns to the attention of the Executive Committee. All proceedings before the Executive Committee of the GMEC shall be conducted in a manner that gives the Housestaff physician an adequate opportunity to present fairly the case for full review and to state the basis for appeal.

These appeal mechanisms are not a court proceeding and are not bound by the rules of a court of law or due process. No party to the appeal is permitted to be represented by an attorney in these proceedings nor to be accompanied by legal council.

### **GMEC Executive Committee**

The GMEC Executive Committee is comprised of the following voting members:

- The DIO
- All current Program Directors in ACGME accredited programs
- The Housestaff Council Chair and Co-Chair or their designees

The GMEC Executive Committee will also include the following non-voting members

- All current Program Directors of non-ACGME accredited programs
  - In the event of an appeal by a fellow in a non-ACGME program, all non-ACGME Program Directors will become voting members.
- The Director of Administration of Medical Education
- Members of the GME office staff appointed by the DIO
- The BUMC Chief Executive Officer, Chief Medical Officer, and Chief Operations Officer

### **Quorum**

Attendance by 50% of the voting members of the Executive Committee, which must include two members of the Housestaff (Council Chair and Co-Chair or their designee(s)) will constitute a quorum.

### **GMEC Executive Committee Authority**

The GMEC Executive Committee may overrule any of the following decisions:

- 1) Decision to dismiss or not renew the training agreement of a housestaff physician due to failure to meet academic standards or curricular requirements.
- 2) Decision not to promote a housestaff physician to the next level of training or to delay promotion or make the housestaff physician repeat all or a portion of a training year.
- 3) Decision to place a housestaff physician on academic probation
- 4) Any other disciplinary action that is based on failure to meet academic standards or curricular requirements.

The GMEC Executive Committee may NOT overrule, review, or make recommendations on any decision to dismiss, not renew a training agreement, place on probation, or take any other disciplinary action against a housestaff physician that is based on misconduct. Misconduct shall be defined as violation of workplace rules or policies, applicable law, or widely accepted societal norms. Examples of misconduct include, but are not limited to: a. Unethical conduct, such as falsification of records; b. Illegal conduct (regardless of filing of criminal charges or criminal conviction); c. Sexual misconduct or sexual harassment; d. Workplace violence; e. Unauthorized use or disclosure of patient information; or f. Violation of BUMC's Substance Abuse Policies.

Similarly, the Executive Committee may NOT overrule any sanctions or restrictions imposed by the BUMC Chief Medical Officer for the purpose of ensuring patient safety. Trainees that are subjected to disciplinary action or restrictions due to misconduct or patient safety concerns may avail themselves of any recourse available to them as an employee of BUMC, but may not appeal to the GMEC.

In all other matters appealed to the GMEC, the Executive Committee may hear the housestaff's concerns and make a

recommendation to the Program Director, DIO, or other interested party, but may not overrule the decision.

### **Recusal and Abstention from Voting**

Any voting member of the Executive Committee that is the Program Director or a member of the Clinical Competency Committee in the same program in which the appellate housestaff is training will be recused from voting. If either the Housestaff Council Chair or Co-Chair are currently (or were ever) members of the same training program with the appellate housestaff, they must appoint a designee to vote in their place. Any voting member who has witnessed the facts in question, has first-hand knowledge of the housestaff's performance, or participated, in any way, in the adverse decision must be recused from voting. Only the Housestaff Council Chair and Co-Chair will be permitted and required to appoint a designee to vote in their place. All other recused members will not be replaced on the committee.

Other voting members may abstain from voting at their discretion if they believe they are unable to be objective or unbiased in the appeal.

The Housestaff Council Chair and Co-Chair may only select current members of the Housestaff Council (who do not have a conflict of interest) to vote in their place.

### **Procedures**

**Initiating an Appeal:** Housestaff wishing to submit an appeal to the GMEC Executive Committee must submit the details of their concern and the resolution that they desire, in writing, to the Chair of the GMEC. An appeal must be submitted in writing within 14 calendar days of the date the housestaff was notified of the decision. After this time period, the housestaff's right to appeal is forfeited and the appealable decision shall become final.

**Scheduling an Appeal Hearing:** All efforts shall be made to hold the appeal hearing within 30 calendar days of the written appeal letter. Written notice of the date and time set for the appeal hearing will be delivered via Baylor email to the members of the Executive Committee and to the appellate housestaff. The appellate housestaff must be given at least 10 calendar days from the issuance of the notice of hearing in which to prepare his/her appeal. Requests by a Housestaff physician for rescheduling shall be honored to the extent practicable.

**Access to files:** Prior to the hearing, the housestaff physician shall have access to his/her department file, which shall contain all reports, evaluations, and recommendations related to the action taken. The Executive Committee members shall each have access to said files, the letter of appeal, and any other documents the housestaff physician or the party opposing the appeal wishes to present at the hearing. All documents shall be deemed privileged and confidential and returned to the Department of Medical Education after a decision is rendered.



**Presence of Witnesses and other Parties:** At any presentation before such committee, the housestaff physician may bring any member of the Hospital medical staff or other housestaff members to accompany the housestaff physician, participate in the discussion, and advocate on behalf of the housestaff. The housestaff physician and opposing party will be limited to 5 additional parties and/or witnesses. All parties may ask others to submit written statements on their behalf to the committee.

**Submission of Documents:** All parties must submit any written documents that they wish the Executive Committee to review to the DIO at least 5 calendar days prior to the appeal hearing. Failure to submit documents in the time and manner required by the GME Office may result, at the discretion of the Housestaff Council Chair, in the material not being considered by the committee.

**Withdrawal of Appeal:** The housestaff may, at any time, withdraw the appeal by informing the DIO in writing of his/her decision to withdraw. The withdrawal shall become binding immediately upon receipt by the DIO. A housestaff who fails to appear within fifteen minutes of the set time for the appeal hearing will be deemed to have withdrawn the appeal. Once withdrawn, an appeal may not be reinstated.

**Conduct at the Hearing:** At the hearing of the Executive Committee, the Program Director or other party opposing the appeal shall inform the Housestaff physician of the reasons for the decision that is being appealed. The housestaff physician shall then have an opportunity to present his/her case. Following the housestaff's presentation, both parties will have the right to make final statements to the Subcommittee. All evidence offered must be reasonably related to the facts and statements concerning the reasons for the housestaff physician's appeal. The housestaff physician and the opposing party must personally represent themselves. A member of the GME office staff will be appointed as a referee to introduce the parties, keep testimony relevant, and redirect parties as necessary.

The Executive Committee may request additional documents or information and may defer or delay a vote until additional information can be gathered. If necessary, the amount of time allotted for each side to present and rebut and other procedural rulings will be determined by the Chair of the Housestaff Council or his/her designee. To ensure that all parties can speak freely, these proceedings will not and should not be recorded by any party present. Cell phones may be collected prior to these proceedings to ensure recordings are not being made.

After all parties have taken their opportunity to present, the housestaff bringing the appeal and all parties that are not members of the GMEC Executive Committee will be dismissed. Any Executive Committee Members that were involved in the appeal or opposition will also be dismissed. The Executive Committee will discuss their decision and hold a vote. These discussions will not and should not be recorded.

**Voting on decisions that may be overruled:** A fifty percent majority vote of the present voting members of the GMEC Executive Committee will be required to overrule the appealed decision and rule in favor of the appellate housestaff. In the event of a tie vote, the Housestaff Council Chair or his/her designee's vote will decide the outcome. A written summary of the GMEC Executive Committee decision will be given to the housestaff bringing the appeal and his/her Program Director within 7 days of the decision. The decision will be sent via Baylor email and postal mail to the appellate housestaff at the housestaff's address on record with PeoplePlace. The Executive Committee's decision is final and may not be appealed.

**Recommendations on other concerns brought to the Executive Committee:** For decisions that may not be overruled, the GMEC Executive Committee will create a written summary of their recommendations in the matter. The written summary will be delivered within a reasonable amount of time via Baylor email to the housestaff physician and the Program Director or other opposing party. These recommendations are advisory only and are not binding on any party. Recommendations may not be appealed by any party.

**Employment During Proceedings:** The Housestaff physician shall continue to draw full pay and, if on suspension, shall continue on suspension, until the end of his/her current appointment or until completion of the appeals process, whichever comes sooner.

**Housestaff Physician Records and Reporting:** Final adverse decisions shall become a permanent part of the housestaff physician's record. Both the housestaff physician and program director may have reporting responsibilities to the Texas Medical Board in relation to the final adverse decision.

No reporting of disciplinary action to any outside entity, including, but not limited to any certifying body, professional association, or other training program may be made until the appeal process has concluded, any appeal rights have expired, or the housestaff physician has withdrawn the appeal (unless any such disclosure is made pursuant to compulsory legal processes, accreditation, or Texas Medical Board regulations). The foregoing shall not prevent the program or GME office from notifying necessary persons or entities that the housestaff is on leave for purposes of ensuring appropriate patient coverage.

**Retaliation:** All forms of retaliation are prohibited against an individual who, in good faith, brings a grievance or appeal according to the policies above and against any party who participates in the appeal.

**Legal Action:** No legal action concerning appealable decisions may be brought by a housestaff physician unless and until:

- The housestaff has filed a written request for an appeal of the decision following the procedure and within the time periods prescribed above; and
- The housestaff has been notified in writing of the final decision by the Executive Committee.

## **Academic Improvement Plans**

### **Performance Coaching**

At BUMC, the focus is on each housestaff as an individual whose learning styles and educational needs may vary. It is, therefore, anticipated that many housestaff will require some form of additional coaching throughout their training careers. Coaching should usually be the first step taken by the program to correct deficiencies and improve the performance of a housestaff physician. The GME office has many resources to assist programs in coaching and the Director of Administration should be notified of coaching plans that are put into place. However, with notification to the Director of Administration, programs may devise their own coaching plans at any time.

A coaching plan should be put in writing, specifically identify the deficiencies it is designed to address, and indicate the actions that will be taken by the program and by the housestaff to cure the named deficiencies. Written coaching plans should be submitted to the Director of Administration, but will not become a part of the housestaff's permanent record if the housestaff physician successfully completes the program. Records of performance coaching will be removed from the housestaff's permanent file upon successful completion of the program.

The development of a coaching plan for a housestaff physician is not considered disciplinary action and is not appealable. Performance coaching is considered a standard educational practice and is, therefore, not reportable to state medical boards or any outside entities.

## **Performance Improvement Plans (PIP)**

Formal performance improvement plans are developed and used by the Program Director to assist and encourage a trainee to reach a desired level of performance. Ideally, a PIP will follow an attempt at performance coaching. However, for serious deficiencies, a program may skip performance coaching and enter directly into a PIP.

Before a trainee is presented with a PIP, the Program Director must first meet with the Director of Administration and his/her GME office designees to discuss the performance deficits and create an appropriate PIP.

A PIP will outline the desired areas of improvement and resources to help the trainee attain them. A PIP must clearly state how improvement and success will be measured. A PIP may be effective for 30 to 90 days. A meeting will be held with the Program Director, the Housestaff physician, and a GME office representative to present the housestaff with the written PIP. At the meeting, the Housestaff may ask questions or for clarifications on the PIP terms. If necessary, the PIP may be amended prior to going into effect to provide additional instruction or clarity.

Upon expiration of the PIP time period, the PIP may be successfully completed, extended for continued improvement, a new PIP may be issued for other improvement efforts, or the housestaff may be placed on academic probation.

Promotion to the next level of training may be delayed until the trainee successfully completes the performance improvement plan.

PIPs are not considered disciplinary action and being placed on a PIP is not appealable to the GMEC Executive Committee. The PIP will, however, remain in the housestaff's file and may be reportable to state licensing authorities depending upon the state's regulations.

## **Academic Probation**

Academic Probation is necessary when a housestaff physician is not meeting the program's academic standards, which are based on the ACGME core competencies. Examples of failure to meet academic standards include, but are not limited to: a. Issues involving knowledge, skills, job performance or scholarship; b. Failure to achieve acceptable exam scores within the time limits identified by the training program; c. Unprofessional conduct; and d. Professional incompetence including conduct that could prove detrimental to patients, employees, staff, volunteers, or visitors.

The decision to place a housestaff physician on academic probation will be made by the Program Director in consultation with the CCC, but must be approved by the Director of Administration and the DIO. The Director of Administration or the DIO may deny a request for probation if, in their sole discretion, the program has not adequately exhausted other remedies including performance coaching and PIPs or does not have appropriate evidence of deficiency. However, a program is not required to issue a housestaff physician any form of non-disciplinary remedial action as a prerequisite to probation.

An academic probation plan must be created by the Program Director and outline the desired areas of improvement and resources to help the trainee attain them. The plan must clearly state how improvement and success will be measured. A minimum of 60 calendar days will be allowed for the Housestaff physician to correct the identified deficiencies, and the Program Director should provide both a time and mechanism for re-evaluation. The plan must be approved by the Director of Administration and the DIO. Once a plan is finalized, a meeting will be held with the Program Director, the Housestaff physician, and a GME office representative to present the housestaff with the written plan. At the meeting, the Housestaff may ask questions or for clarifications on the plans terms. If necessary, the plan may be amended prior to going into effect to provide additional instruction or clarity.

Upon expiration of the plan time period, the plan may be successfully completed, extended for continued improvement, a new plan may be issued for other improvement efforts, or the Program Director, with express approval from the Director of Administration and the DIO may require the housestaff to repeat all or a portion of training, may elect to not renew the housestaff's training agreement for the next academic year, or may dismiss the housestaff from the program.

Promotion to the next level of training may be delayed until the trainee successfully completes the academic probation plan.

If the housestaff physician corrects the identified deficiencies and any other deficiencies that may have arisen during the probationary period and the probationary status is lifted, but the Housestaff physician's performance subsequently fails to meet the program's academic standards due to identified deficiencies that are the same or similar to the deficiencies resulting in the prior probationary status then the the Program Director, with express permission from the Director of Administration and the DIO may renew the probation, require the housestaff to repeat all or a portion of training, may elect to not renew the housestaff's training agreement for the next academic year, or may dismiss the housestaff from the program.

Academic probation is considered disciplinary action and is appealable to the GMEC Executive Committee. Records of academic probation will remain in the housestaff's file and may be reportable to state licensing authorities depending upon the state's regulations.

### **Suspension**

The Program Director, DIO, Chief Medical Officer, or Director of Administration of Medical Education may suspend a Housestaff physician in accordance with HR policies, in any of the following situations

- 1) A serious professional charge is brought against the housestaff physician
- 2) The housestaff physician breaches a term or provision of the Medical Education training agreement
- 3) There is concern that the housestaff physician's performance of his/her duties is seriously compromised or may present an imminent threat of injury to patients, staff physicians, or persons on the premises
- 4) The housestaff physician fails to meet the Texas Medical Board's requirements for professional licensure.

In the event of a suspension, the charges against the housestaff must be investigated and a disposition determined within 21 calendar days. The decision to suspend a housestaff physician is not considered disciplinary action and is not appealable.

The housestaff physician will be notified of his/her suspension by letter and will be verbally informed of the suspension by the Program Director or his/her designee as soon as is practicable.

The decision to reappoint a Housestaff physician who is on suspension may be deferred, at the discretion of the Program Director, until the end of the suspension period.

Housestaff physicians will continue to collect full pay and benefits during suspension. Housestaff physicians may attend educational sessions, but may not engage in any form of patient care during a suspension.

### **Dismissal**

A Housestaff physician may be dismissed for misconduct (as defined above), violation of BUMC or BSWH policies, for any of the reasons defined above, or for any conduct that would constitute a fireable offense under BUMC or BSWH Human Resource policies.

Additionally, a housestaff physician may be dismissed for any serious academic deficiency that poses a risk to patient safety regardless of whether the housestaff was previously on any form of remediation or probation.

The Director of Administration will make the final decision to dismiss a member of the housestaff. This decision will be made in consultation with the DIO, the Program Director, the program's CCC, and taking accreditation, legal and human resources requirements, attempts at remediation, and other relevant factors into account.

Written notification of dismissal shall be sent to the Housestaff physician. This letter will stipulate the reasons for such action.