GIVING LIFE TO POSSIBLE

Michael E. DeBakey Department of Surgery – Pediatric Surgery Residency Program

Residency Handbook

August 2020-July 2021

2020-2021 RESIDENT HANDBOOK
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SECTION I – PROGRAM OVERVIEW

Introduction

The Baylor College of Medicine (BCM) Pediatric Surgery Residency Program's mission is to provide Residents with a broad-based education in all phases of Pediatric Surgery and allow Residents to develop advanced proficiency in the management of pediatric surgical patients.

This is accomplished through a large and diverse patient population in two affiliated hospitals, the Texas Medical Center facilities, a diverse faculty and unique experiences in research and technology development available at BCM. Each affiliated hospital, Texas Children's Hospital, and the Memorial Hermann Hospital, has extensive clinical volume to provide the pediatric surgery resident enough experience to attain proficiency in the management of pediatric surgical patients. In addition, at each facility, the Pediatric Surgery Resident will assume supervisory and administrative roles and mentorship of each of the assigned faculty.

The length of the educational program is 24 months. The first year resident will spend two months rotating at Memorial Hermann Hospital in addition to ten months at Texas Children's Hospital. The second year resident spends the entire 12 months at Texas Children's Hospital.

The Pediatric Surgery Resident interacts with the residents, (each sharing level-appropriate responsibility in patient management decisions), medical students, and staff. The Pediatric Surgery attendings assist the primary service and the Pediatric Surgery Resident with issues as they relate to the patient. For unstable or particularly difficult cases, the Attendings and Pediatric Surgery Residents work in close collaboration with the other surgical Attendings and General Surgery Residents. This model provides continuous care to the patient. This arrangement impacts positively on the Surgery Residents' education permitting a greater interaction with more senior physicians and improved supervision.

The Pediatric Surgery Program Director assures that there is no adverse impact on the resident experience as a member of the Surgery Education Committee. It is the focus of the Pediatric Surgery Program Director to ensure a balance of responsibility between the residents and the Pediatric Surgery Resident. In addition, Dr. Todd Rosengart (Chairman of the Department of Surgery) and Dr. Bradford G. Scott (Vice Chair for Education and General Surgery Residency Program Director) review the activities of the Pediatric Surgery Residency Program. Any conflicting issues are resolved as they occur in a collaborative manner with the patient's care as the primary focus.

Overall Goals & Objectives

The resident education will follow the ACGME competencies:

1. **Patient Care and Procedural Skills**

    a. Fellows must be able to provide patient care that is compassionate,

appropriate, and effective for the treatment of health problems and the promotion of health.

b. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:

    i. must demonstrate competence in surgical peri- operative management, including:

    ii. congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs; diaphragm and thorax, exclusive of the heart; endocrine glands; head and neck; gonads and reproductive organs; integument; and blood and vascular system;

    iii. operative and non-operative traumatic conditions of the abdomen, chest, head and neck, and extremities, with sufficient experience in the management of children who have sustained injuries to multiple organs;

        1. endoscopy of the airway and gastrointestinal tract, including laryngoscopy, bronchoscopy, esophagoscopy, gastroduodenoscopy, and lower intestinal endoscopy;

        2. recognition and management of clotting and coagulation disorders;

        3. advanced laparoscopic and thoracoscopic techniques; and,

        4. care of the critically-ill infant or child, including:

            i. cardiopulmonary resuscitation (CPR);

            ii. management of patients on ventilators); and,

            iii. nutritional assessment and management.

        5. must demonstrate competence in the pre-operative evaluation of patients, the making of provisional diagnoses, initiation of diagnostic procedures, formation of preliminary treatment plans, and

            i. provision of outpatient follow-up care of surgical patients.

            ii. Follow-up care should include not only short-term but long-term evaluation and progress as well, particularly with major congenital anomalies or neoplasm cases.

2. **Medical Knowledge**

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

        i. must demonstrate competence in their knowledge of the basic principles of cardiothoracic surgery, gynecology, neurological surgery, orthopedic surgery, otolaryngology, anesthesia, urology, vascular surgery, transplant surgery, and the management of burns;

        ii. must demonstrate knowledge of the principles in the management of patients on ventilators and extracorporeal membrane oxygenation (ECMO); and,

        iii. must demonstrate competence in their knowledge of invasive monitoring techniques and interpretation.

3. **Practice-based Learning and Improvement**

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

        i. Fellows are expected to develop skills and habits to be able to meet the following goals:

            1. identify strengths, deficiencies, and limits in one's knowledge and expertise;

            2. set learning and improvement goals;

                a. identify and perform appropriate learning activities;

                b. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

c. incorporate formative evaluation feedback into daily practice;

d. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

e. use information technology to optimize learning;

f. participate in the education of patients, families, students, fellows and other health professionals;

i. during their chief pediatric year, personally organize the formal pediatric conferences and morbidity and mortality conferences, and be directly responsible for a significant share of these conferences; and,

1. have significant responsibilities for teaching junior residents and medical students.

4. Interpersonal and Communication Skills

a. Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

i. Fellows are expected to:

1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

2. communicate effectively with physicians, other health professionals, and health related agencies;

3. work effectively as a member or leader of a health care team or other professional group;

a. act in a consultative role to other physicians and health professionals;

b. maintain comprehensive, timely, and legible medical records, if applicable; and,

c. provide care as consultants, under appropriate supervision, in the emergency department and with other specialists such as neonatologists and intensivists.

5. Professionalism

a. Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

i. Fellows are expected to demonstrate:

1. compassion, integrity, and respect for others;

2. responsiveness to patient needs that supersedes self-interest;

3. respect for patient privacy and autonomy;

4. accountability to patients, society and the profession; and,

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

6. Systems-based Practice

a. Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Fellows are expected to:

a. work effectively in various health care delivery settings and systems relevant to their clinical specialty;

b. coordinate patient care within the health care system relevant to their clinical specialty;

1. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population- based care as appropriate;

2. advocate for quality patient care and optimal patient care systems;

3. work in interprofessional teams to enhance patient safety and improve patient care quality; and,

4. participate in identifying system errors and

5. implementing potential systems solutions.

Texas Children's Hospital

Weekly Schedule:

- Fellows Conference: Monday evening
- Pathology and Radiology Conference: Thursdays 4-5 PM
- M&M Conference: Thursdays 5-6 PM

Goals and Objectives:

First Year

Pediatric Surgery at Texas Children's Hospital

1. **Knowledge**

    - Detailed understanding of congenital, neoplastic, infectious and other acquired conditions of the GI tract, other abdominal organs, the vascular system, the skin, the diaphragm and thorax (exclusive of the heart), the endocrine glands, the gonads and reproductive organs and the head and neck (exclusive of the CNS)
    - Expertise in the management of pediatric multi-system trauma
    - Some experience in esophagoscopy, bronchoscopy, thoracoscopy, laparoscopy, cystoscopy and procto-sigmoidoscopy
    - Understanding of the basic principles of cardiac surgery, gynecology, neurosurgery, orthopedics, ENT surgery, anesthesia, vascular surgery, transplant surgery and burn care as they apply to children

2. **Skills**

    - Bowel resection and anastomosis
    - Lung resection
    - Pediatric CPR
    - Ventilator care
    - Invasive monitoring and vascular access
    - Nutritional assessment and support
    - Diagnosis and treatment of clotting disorders

Neonatology at Texas Children's Hospital

- Special care needs for premature neonates <30 weeks' gestation
- Cardio-respiratory care of premature babies including ventilator management
- Endotracheal intubation
- Placement of arterial and venous catheters
- Insertion of intercostal drains

- Pharmacology, fluid and electrolyte management, and nutritional support for the neonate

Urology Elective

- Diagnostic workup for intersex
- Urologic management of complex anorectal malformations including imperforate anus and cloacal exstrophy
- Understanding of the basic principles of management of neurogenic bladder, bladder exstrophy, hypospadius, vesico-ureteric reflux and congenital malformations of the kidney

Other Elective Rotations

- Goals and objectives tailored to each specific resident and elective

Second Year

Pediatric Surgery at Texas Children's Hospital

1. **Knowledge**

- Detailed knowledge of controversial and unresolved areas in pediatric surgery including antenatal diagnosis and treatment, surgery of the trachea and bronchi, long gap esophageal atresia, complex anorectal malformations and advanced malignancies

2. **Skills**

- Esophageal reconstruction
- Laparoscopic surgery
- Resection of large abdominal and thoracic tumors
- ECMO
- Leadership skill development as the chief resident on the service at Texas Children's Hospital

Memorial Hermann Hospital

Goals and Objectives:

The overall goal for the pediatric surgery residency program at Memorial Hermann Hospital/The University of Texas Medical School at Houston is to train highly skilled surgeons capable of managing a broad range of surgical conditions in infants and children. It is expected that graduates of this program will achieve board certification in pediatric surgery after completion.

The program utilizes a defined didactic curriculum, exposure and supervised training in a range of clinical activities and research. The total length of the program is a structures two year program. The Baylor College of Medicine PGY-6 Pediatric Surgery resident rotates for a total of two months at Memorial Hermann Hospital/The University of Texas Medical School at Houston during their first year of pediatric surgery residency training. The specific educational goals for the PGY-6 are outlined below:

- Understand the unique anatomic, pathophysiologic, and genetic conditions that affect the fetus, the neonate and the child.

- Learn the principles of stabilization, appropriate preoperative diagnosis, and preparation of the sick neonate and child.

- Understand the anatomic and physiologic principles which guide successful operative repair of neonatal and pediatric diseases.

- Learn principles of postoperative care and postoperative critical care management in the neonate and child.

1. Patient Care
    - The resident should be able to correctly describe the capabilities and limitations of various diagnostic modalities used in neonatal care.
    - The resident should be able to formulate an appropriate care plan for neonates with a wide range of surgical conditions.
    - The resident should correctly perform under supervision some of the major surgical procedures performed on the pediatric surgery service. This would include head and neck, thoracic, abdominal genitourinary and extremity surgery.
    - The resident should be able to indentify, cannulate and manage infants and children for both venoarterial and Venovenous ECMO.
    - The resident should be able to evaluate, triage and manage injuries in infants and children.
    - The resident should accurately evaluate pediatric patients for and direct the preoperative, operative and postoperative care for many of the problems in pediatric surgery such as listed below:

        a) Integument
            1) Large skin grafts for burns
            2) Subcutaneous mastectomy
        b) Craniocervical
            1) Brachial cleft cyst

2) Thyroglossal duct cyst
3) Cystic hygroma

c) Thoracic
1) Laryngoscopy
2) Bronchoscopy
3) Esophagoscopy
4) Tracheostomy
5) Thoracotomy for biopsy

d) Cardiovascular
1) Repair of patent ductus arteriosus
2) Support of a child on extracorporeal membrane oxygenation (ECMO)

e) Gastrointestinal
1) Flexible endoscopy
2) Anti-reflex procedure
3) Bowel resection for:
i. Inflammatory bowel disease
ii. Intussusceptions
4) Biopsy of tumor (open, laparoscopic or endoscopic)
5) Laparotomy for trauma
6) Splenectomy (laparoscopic or open)
7) Splenorrhaphy
8) Repair of hepatic injury
9) Repair of renal injury
10) Repair of bladder injury
11) Cholecystectomy (Laparoscopic or open)

f) Gynecologic
1) Neuroblastoma
2) Wilm's tumor
3) Rhabdomyosarcoma
4) Sarcomas
5) Hodgkin's lymphoma
6) Non-Hodgkin's lymphoma
7) Acute lymphocytic leukemia

g) Genitorurinary
1) Polycystic kidney

h) Musculoskeletal
1) Torticollis
2) Ganglion cyst

2. Interpersonal and Communication Skills

- The PGY-6 resident should be able to clearly, accurately and succinctly present pertinent information to faculty regarding patients new to the service including newly admitted patients and patients for whom the service has been consulted.

- The resident should clearly, accurately and respectfully communicate with nurses and other hospital employees.

- The resident should clearly, accurately and respectfully communicate with patients and appropriate members of their families indentified disease processes (including complications), the expected courses, operative findings and operative procedures.

- The resident should maintain clear, concise, accurate and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, and orders, operative notes and discharge summaries.

- The resident should be able to clearly and accurately teach junior residents and medical students about the procedures performed on this rotation when qualified to do so by hospital and program policy.

3. Practice Based Learning and Improvement

- The resident should maintain a detailed log of procedures and operative cases in which (s)he participates including:
    a) Diagnosis
    b) Procedure performed
    c) Postoperative course of the patient including any complications sustained and an analysis of the origin(s) of each complication

- The resident should maintain a portfolio of rotation related literature searches.

4. Systems-Based Practice

- The resident should be able to appropriately utilize in a timely and cost efficient manner ancillary services including:
    a) Social work
    b) Discharge planning
    c) Physical therapy
    d) Occupational therapy
    e) Respiratory therapy
    f) Nutrition services

g) Enterostomal therapy
h) Pharmacists
i) Physician extenders including physicians' assistants and nurse practitioners

- The resident should be able to appropriately utilize consultations from other surgical and medical specialties in a timely and cost efficient manner to facilitate and enhance patient care.

- The resident should be able to offer sound justification for all diagnostic tests (including laboratory studies) they order.

5. Medical Knowledge

- The resident should be able to accurately describe the pathophysiology of an appropriate evaluation for the following conditions in the neonate:
    a) Respiratory distress
    b) Cyanosis
    c) Gastroesophageal reflux
    d) Jaundice
    e) Bilious emesis
    f) Abdominal distention
    g) Bloody diarrhea
    h) Body wall defects
    i) Necrotizing enterocolitis

- The resident should gain a detailed knowledge of a wide range of neoplastic, congenital, infectious and other acquired conditions of the GI tract, skin, vascular system, diaphragm, thorax, endocrine and reproductive organs and the head and neck.

- The resident will learn the basic principles of the following surgical areas: Pediatric cardiac surgery, otolaryngology, anesthesia, transplant, gynecology and neurosurgery.

- The resident should be able to accurately describe appropriate fluid and electrolyte management of the premature neonate, term neonate, toddler and child.

- The resident should be able to accurately describe appropriate nutritional requirements of the premature neonate, term neonate, toddler and child and calculate appropriate enteral and parenteral support.

- The resident should be able to accurately describe the embryology of the following anomalies:

a) Craniocervical
    1) Choanal atresia
    2) Cleft lip
    3) Cleft palate
    4) Cystic hygroma
b) Foregut:
    1) Laryngotracheal cleft
    2) Duodenal web
    3) Duodenal duplication
    4) Annular pancreas
    5) Preduodenal portal vein
    6) Biliary atresia
    7) Esophageal atresia
c) Respiratory
    1) Congenital lobar emphysema
    2) Congenital pulmonary sequestrations
d) Cardiac
    1) Complex cyanotic and acyanotic cardiac malformations
e) Midgut
    1) Intestinal duplication
    2) Volvulus
    3) Meconium peritonitis
    4) Jejunoileal atresia
f) Hindgut
    1) Neuronal intestinal dysplasia
    2) Hirschsprung's disease
    3) Imperforate anus
    4) Cloacal exstrophy
g) Body wall defects
    1) Pentalogy of Cantrell
    2) Jeune's thoracic dystrophy
    3) Gastroschisis
    4) Omphalocele
h) Renal
    1) Renal agenesis
    2) Renal fusion
    3) Renal ectopia
    4) Bladder exstrophy
    5) Prune-belly syndrome

i) Lower GU tract
    1) Ambiguous genitalia
    2) Urogenital sinus abnormalities

- The resident should be able to accurately describe the diagnosis, preoperative evaluation, operative management, and postoperative care of the congenital anomalies listed above.

- The resident should be able to accurately describe the appropriate respiratory support of the neonate, including conventional ventilation, high frequency ventilation and extracorporeal membrane oxygenation.

- The resident should be able to correctly describe indications for technical aspects of endoscopic evaluation of the neonate.

- The resident should be able to accurately describe the indications for and the technical aspects of the following procedures in the neonate:
  Endotracheal intubation
  Tube thoracostomy
  Percutaneous central venous access

- The resident should be able to correctly explain the approach to surgical management (including diagnosis, perioperative care, surgical therapy and postoperative follow-up) of the following complex surgical procedures in infants and children:
  Large skin grafts
  Myocutaneous flaps
  Flexible endoscopy
  Antireflux operation
  Bowel resection
  Splenectomy
  Splenorrhaphy
  Nonoperative management of the seriously injured child

- The resident should be able to correctly describe the pathophysiology, diagnosis and management operations for treatment of short-gut syndrome.

6. Professionalism
   - The resident must be honest with all individuals at all times in conveying issues of patient care.

   - The resident should place the needs of the patient above the needs or desires of self.

- The resident should maintain high ethical behavior in all professional activities.

- The resident must demonstrate commitment to continuity of care through carrying out his/her own personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead.

- The resident should, at any time while engaged in patient care, be properly and professionally attired including adherence to any extant dress code.

- The resident should, at any time while engaged in patient care, be properly and professional groomed.

- The resident should demonstrate sensitivity to issues of age, race, gender and religion with patients, families and all members of the health care team.

- The resident should at all times treat patients, families and all members of the health care team with respect.

- The resident should reliably be present in pre-arranged places and at pre-arranged times except when the resident is actively engaged in the treatment of a surgical or medical emergency. Under such circumstances, the residents should provide timely notification to the appropriate individual(s) of his/her inability to engage in the pre-arranged activity.

These goals will be met by clinical teaching involving experience in hospital settings. The residents will be trained under the direct supervision of the Department of Pediatric Surgery at Memorial Hermann Hospital/The University of Texas Health Science Center at Houston faculty physicians.

With cooperation of the Division of Pediatric Surgery of the Michael E. DeBakey Department of Surgery at Baylor College of Medicine, Memorial Hermann Hospital/The University of Texas Health Science Center at Houston will be responsible for the day to day activities of the resident(s) to ensure that the outlined goals and objectives are met for the resident(s) during rotation at Memorial Hermann Hospital/The University of Texas Health Science Center at Houston.

General Program Requirements

The following document outlines various administrative responsibilities of all residents. Compliance with the following is mandatory. Non-compliance will weigh heavily on assessment of the resident's achievement in the Professionalism core competency. This information can be found in the GME Policy 27.4.01.

The primary responsibility of the resident is the attainment of professional competence in his/her chosen field along with a sense of commitment to the practice of medicine, and to the safe, effective, ethical, and compassionate care and treatment of patients as individuals. These goals are achieved through the resident's devoting himself/herself to his/her professional education in all forms, including supervised service to patients as well as emphasis on the scientific and objective studies of disease. All Baylor College of Medicine (BCM) residents will be expected to achieve competence in patient care and medical knowledge pertinent to their chosen field of medicine. All BCM Residents will also be expected to achieve competence in professionalism, interpersonal and communication skills, systems-based practice and practice-based learning and improvement. We concur with the Council on Medical Education of the American Medical Association that "a well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital," and further recognize that a high quality of patient care is essential to maintaining excellence in a residency education program.

Education and training within the Accreditation Council for Graduate Medical Education six core competencies are the principle objectives of all BCM sponsored residency and Fellowship programs. The relationships established between faculty and residents are based upon mutual respect and collaboration toward those principle objectives. Responsibility for in-patient care is of prime importance in providing high quality graduate medical education and training, and thus as the resident progresses in training and competence, his/her responsibilities in the care of patients will increase. In addition, residents shall be provided with an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and of how to apply cost containment measures in the provision of patient care.

The functioning of a resident as a responsible physician and teacher is also an integral part of graduate medical education. Each resident has the duty and responsibility to teach and to demonstrate his/her skill and knowledge to medical students and resident members of the house staff. This duty includes supervising patient care and patient work-ups as well as demonstrating and teaching procedures commensurate with good patient care. The teaching aspect of being a resident is both a rewarding and unique responsibility and should be willingly accepted.

While performing their professional duties, residents are representing BCM, as well as their particular residency program. As such, BCM and individual training programs have a vested interest in ensuring that residents appropriately represent them while working in a BCM-sponsored program. Thus, individual programs are empowered to establish policies that include standards of acceptable personal behavior and dress to be adhered to by their residents. The department chair should resolve any disputes between individual programs and their residents regarding the appropriateness of these policies.

All residents should abide by the policies, procedures and rules of the respective affiliated hospitals to which they are assigned. Any disputes should be resolved through the medical staff channels provided at each of the affiliated hospitals.

Medical Records 27.4.04
Baylor College of Medicine (BCM) requires that residents use the established system of medical records for patient care documentation when they are performing in the capacity of a supervised trainee. Access to protected health information is subject to the "minimum necessary standard" under the Health Insurance Portability and Accountability Act (HIPAA). Generally, this law allows health care providers to access a patient's protected health information only when the providers are involved in the treatment, payment or operations of that patient and to access only as much of the information as necessary to complete the provider's work. HIPAA also requires providers to safeguard the privacy and security of the information that is accessed. Breaches of privacy can result in serious legal consequences.

A resident must document his/her findings, make any modifications following discussion with the teaching physician, complete an attestation, and sign his/her notes. The resident note must be completed and signed the day of service. A teaching physician cannot modify the resident's notes. A teaching physician must complete an attestation (*Teaching Physician Attestation)* as noted below and make his/her own observations or revisions to the resident's note in a separate document signed by the teaching physician. The teaching physician must also complete an attestation on the date of service.

Procedure Case Logs
ACGME created the Resident Case Log System to allow residents to enter surgical and clinical case data. Cases should be entered daily. Procedures may be entered on a hand-held computer or other device with Internet access. The Surgery Education Office will provide the residents with their individual login and password.

The Program Director and Coordinator for the Pediatric Surgery Residency Program review reports regularly to ensure that data entry is occurring in a timely manner. Reports are reviewed monthly at the department Education Committee meeting and every six months at the semi and annual review meeting.

Department Holidays
Residents are required to work/take call during the holidays as dictated by the rotation schedule and the call schedule.

Parking
Residents are responsible for payment of parking fees. Parking at the Michael E. DeBakey Veterans Affairs Medical Center is free. Parking at Ben Taub and Texas Medical Center garage parking is rotation-dependent and is arranged as directed by the College and coordinated with the resident and Program Coordinator at the expense of the Resident. Parking in the Texas Medical Center/Ben Taub garages is deducted from the residents' payroll checks as per the College.

Evaluations
All Baylor College of Medicine (BCM) graduate medical education programs must follow Accreditation Council for Graduate Medical Education (ACGME) accreditation standards for evaluations (CRP VA.2.). All residents should receive, at the minimum, an evaluation from MedHub by appropriate faculty at the end of each rotation or learning experience, and semi-annual/summative reviews with the program director twice a year. If the rotation is more than a standard calendar month, one evaluation for the entire rotation period is acceptable. However, if the rotation lasts longer than two months, it is advisable for the faculty to provide feedback at shorter intervals, such as at the rotation midpoint.

Program directors should discuss with the resident any evaluation in which a resident fails to meet expectations for his/her level of training. This discussion should occur when the evaluation is submitted and should not be delayed until the resident's semi-annual evaluation.

All BCM programs will use a Clinical Competency Committee (CCC) (ACGME Common Program Requirements V.A.1) to review all resident evaluations semiannually, prepare milestone evaluations for each resident semiannually, and advise the program director regarding resident progress. In addition, it is required that program directors complete a written summative evaluation at the end of the training period for all residents, following ACGME guidelines (CRR V.A.3). These meetings will be documented in the resident's cumulative record. Meetings with the Pediatric Surgery Program Director and an individual resident may be more frequent in the event of problems or complaints against a resident, or whenever complaints are received from residents against an attending(s) or other residents. Residents shall have the opportunity to enter a written reply to all evaluations into their training files.

The program director must appoint a Program Evaluation Committee (PEC) to evaluate program curriculum at least annually to review and prepare an Annual Program Evaluation (APE) (CPR V.C.1-3.) as outlined by ACGME and its requirements. APE summary is submitted through MedHub per the College Graduate Medical Education Office

All residents, in return, will be expected to complete evaluations on MedHub of faculty, rotations, program, peers, and students, in a professional and timely manner.

Milestones
As required by the ACGME, each resident will be evaluated twice a year on its milestones (semi-annually and annually). Please visit ACGME for detailed information regarding the milestones for Pediatric Surgery.

Certifications
All residents are required to maintain Advanced Cardiac Life Support (ACLS) status. One must be re-certified every two years. A copy of up-to-date cards must be kept on file in the resident's folder as proof of certification. If the cards are current, re-certification courses are available that require much less time commitment. If the cards have expired, one must repeat the entire course including lectures. Courses are available throughout the year at facilities in the Texas Medical Center. Residents are also responsible for maintenance of their Texas Medical Board permit/license, along with DEA/DPS numbers if obtaining a full license. The Michael E.

DeBakey Department of Surgery and its Surgery Education Office are not responsible for lapses in these licensures.

Final Clearance Form
Graduating residents must "check out" with the Program Coordinator and the Office of Graduate Medical Education to receive a diploma or certificate. All items specified on the departmental clearance form as well as the GME clearance form must be completed in order for the resident to receive a diploma.

Pediatric Surgery Residency Program Specific Requirements

Scholarly Activity / Research
All Pediatric Surgery Residents are expected to pursue scholarly activities and participate in on-going department research projects. Scholarly activities can include but are not limited to: articles, abstracts, chapters, presentations, and data collection. An abstract or other research is expected to be presented at the yearly Michael E. DeBakey Department of Surgery Research Day in June.

Call Schedule
Pediatric Surgery Residents will take call per the requirements of the specific institutions. This will include home call and in-house call no more frequent than once a week as allowed by the ACGME Duty Hour rules.

Holidays
Holidays are treated as regular workdays. Pediatric Surgery Residents will be allowed one major Holiday (24 hours) off at their choosing.

Vacations
Vacations are as directed by BCM policies (24.35 covering "leaves and vacations" as noted on page 26). That being said, vacations must be submitted in July for the academic year. There will be no vacations approved for the last two weeks of July.

Personal Time Off
Personal time off (PTO) requires approval by the Program Director and/or Vice Chair for Education.

SECTION II – POLICIES

The responsibility of a Resident is considered a job and not just an education. As with any employer, there are policies in place to protect both interests. This section will familiarize you with the policies in place for the Pediatric Surgery Residency Program.

The Michael E. DeBakey Department of Surgery, Baylor College of Medicine, has policies governing the Pediatric Surgery Resident, which are in addition to, but do not replace, the policies and procedures stated in the House Staff Policy by Baylor College of Medicine.

Residents are to comply with the Baylor College of Medicine House Staff Policies; the Policies, By-laws, and Procedures of the College and its Affiliated Institutions; the Medical Practice Act of the State of Texas; the State Board of Medical Examiners; and the additional policies of the Department of Surgery, Baylor College of Medicine, as set forth on the following pages.
Baylor College of Medicine serves as the Sponsoring Institution for 91 ACGME-accredited programs. Residents rotate through various affiliated hospitals, and their training is managed by both their program, and the Office of Graduate Medical Education.
Residents are defined as post-graduate trainees in an initial residency program. Trainees in a subspecialty field are defined by BCM as residents, though both have identical benefits packages, and are governed by the same policies and procedures.
All programs and program directors are held accountable to all standards, policies, and procedures, as established by BCM, the Accreditation Council for Graduate Medical Education (ACGME), individual Residency Review Committees (RRCs), the Texas State Board of Medical Examiners, and any appropriate licensing Board or College.

Eligibility and Appointment Requirements

Residents accepted into this program have completed a General Surgery Residency of 5 years within the United States, are board eligible in that specialty, and have graduated from their previous program in good standing. A letter indicating good standing from the program director is required before entering the program.

GME 27.2.2. Requirements for Appointment and Procedures: All new resident physicians receive a formal letter of appointment to the Baylor College of Medicine (BCM) Affiliated Hospitals Graduate Medical Education (GME) Program. This appointment is contingent upon the following:

1) Issuance by the Texas Medical Board (TMB) to the resident physician of an active TMB Physician-in-Training (PIT) permit or Texas Medical License (TML) prior to assuming duties at BCM;
2) Successful completion by the resident physician of all requirements specified by the BCM GME program that is offering the appointment;

3) Successful completion of the credentialing process, which includes satisfying the TMB credentialing requirements. The credentialing process is outlined on the BCM intranet and is also distributed to applicants to BCM-sponsored GME training programs.

A resident physician may train under the BCM PIT permit or may train with a TML. Any resident physician without an active PIT permit or TML, as reflected in the records of the TMB, must be immediately removed from duty without pay until proof of active PIT permit or TML is provided to the GME Office. This removal from service must be made regardless of whether the resident is training outside the State of Texas. Time spent training with an expired PIT permit or TML must be made up by the resident physician whose permit or license to practice medicine expired.

Resident physicians with a PIT permit must be registered with the TMB for the specialty/subspecialty program in which they are currently enrolled. If a resident physician changes programs, he/she must apply for a new PIT permit, as it is granted by the TMB only for the duration of a given residency program. This requirement for a new PIT permit exists even for a resident physician who finishes an initial training program at BCM and matriculates into a different residency or subspecialty program at BCM. The TMB considers maintenance of a current PIT permit or TML to be the resident physician's personal responsibility. Program Directors and the GME Office will help remind resident physicians about soon-to-expire PIT permits and/or TMLs, but the actual responsibility to keep a valid PIT permit or TML lies with the individual resident physician.

Resident physicians shall be required to sign a certificate indicating that they know of nothing that would, in any way, inhibit or prohibit their ability to provide safe and proper medical care to patients and have a continuing duty to report any change in their status to their program directors.

The Senior Associate Dean for Graduate Medical Education shall resolve any disputes involving the resident physician's fitness for duty (e.g. disagreements between the resident physician, Program Director, Occupational Health Director, etc.). A resident physician who provides written notice indicating that he or she is not fit for duty due to illness or temporary incapacity will be immediately placed on sick leave under the procedures set forth in the GME Leaves of Absence and Vacation Policy.

Resident physicians shall abide by BCM Human Resources policies, including but not limited to BCM's Harassment policy, Substance and Alcohol Abuse policy, Social Media policy, and Fitness for Duty policy, which can be found on the BCM intranet website. Resident physicians shall also abide by other BCM policies and procedures. In addition, resident physicians are required to comply with, and are subject to, the individual policies of the respective participating clinical sites to which they rotate. These policies are available through the medical staff offices of the respective participating sites. Any questions regarding these policies can be directed to the respective participating sites or BCM's GME Office. Resident physicians should be aware that these policies might include random drug testing at some sites.

All new resident physicians are required to provide proof of immunization or proof of immunity to Hepatitis-B, rubella, mumps, varicella, and tetanus-diphtheria in accordance with all applicable federal and state laws, as well as in accordance with the policies of the BCM Occupational Health Program (OHP). Current requirements are available through the OHP Office. All returning resident physicians are required to remain current with immunizations as

stipulated by the OHP Office. There shall be a 45-day grace period for new and returning resident physicians to obtain any required immunizations. Resident physicians who fail to comply with policies on immunizations within the 45-day grace period may be relieved of duty without pay at the discretion of the Director of OHP.

A tuberculosis screening examination (as specified by the OHP) is required of each resident physician during the first month of training in accordance with all applicable federal and state guidelines, as well as in accordance with the policies of the OHP. A resident physician who properly documents a prior positive tuberculin skin test (PPD) is excused from further testing. There shall be a 45-day grace period for new and returning resident physicians to comply with screening. Resident physicians who fail to comply with policies on tuberculosis screening within the 45-day grace period may be relieved of duty without pay at the discretion of the OHP Director.

If a resident physician's PPD converts to positive while employed by BCM, he/she must be evaluated by a faculty physician and cleared for return to duty by BCM OHP. Failure to comply with this requirement may result in the resident physician being relieved of duty without pay at the discretion of the OHP Director.

To minimize the risk of transmission of blood borne pathogens to resident physicians during their training, all resident physicians are required to receive standard education and training on the prevention of transmission of blood borne pathogens. This training is in compliance with current Occupational Safety and Health Administration (OSHA) guidelines. Resident physicians who do not comply with the requisite training within 14 days of the start date of training may be relieved of duty without pay at the discretion of the Director of the Office of Environmental Safety.

All resident physicians are required to obtain training in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and to provide the GME Office with proof of such training before beginning work. ACLS training must be current, as per the policies of an appropriate certifying organization recognized and approved by the American Heart Association. Additional life support training (e.g. PALS, NALS, and/or ATLS) may be required by an individual GME program. Consequences for failing to comply with the policies of individual programs will be at the discretion of the program director or department chairman.

Responsibilities of House Staff

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.4.01 governing "*Responsibilities of House Staff*." The content of that policy is as follows:

The primary responsibility of the resident is the attainment of professional competence in his/her chosen field along with a sense of commitment to the practice of medicine, and to the safe, effective, ethical, and compassionate care and treatment of patients as individuals. These goals are achieved through the resident devoting himself/herself to his/her professional education in all forms, including supervised service to patients as well as emphasis on the scientific and objective studies of disease. All Baylor College of Medicine (BCM) residents will be expected to achieve competence in patient care and medical knowledge pertinent to their chosen field of

medicine. All BCM Residents will also be expected to achieve competence in professionalism, interpersonal and communication skills, systems-based practice and practice-based learning and improvement. We concur with the Council on Medical Education of the American Medical Association that "a well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital," and further recognize that a high quality of patient care is essential to maintaining excellence in a residency education program.

Education and training within the Accreditation Council for Graduate Medical Education six core competencies are the principle objectives of all BCM sponsored residency and residency programs. The relationships established between faculty and residents are based upon mutual respect and collaboration toward those principle objectives. Responsibility for in-patient care is of prime importance in providing high quality graduate medical education and training, and thus as the resident progresses in training and competence, his/her responsibilities in the care of patients will increase. In addition, residents shall be provided with an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and of how to apply cost containment measures in the provision of patient care.

The functioning of a resident as a responsible physician and teacher is also an integral part of graduate medical education. Each resident has the duty and responsibility to teach and to demonstrate his/her skill and knowledge to medical students and resident members of the house staff. This duty includes supervising patient care and patient work-ups as well as demonstrating and teaching procedures commensurate with good patient care. The teaching aspect of being a resident is both a rewarding and unique responsibility and should be willingly accepted.

While performing their professional duties, residents are representing BCM, as well as their particular residency or residency program. As such, BCM and individual training programs have a vested interest in ensuring that residents appropriately represent them while working in a BCM-sponsored program. Thus, individual programs are empowered to establish policies that include standards of acceptable personal behavior and dress to be adhered to by their residents. The department chair should resolve any disputes between individual programs and their residents regarding the appropriateness of these policies.

All residents should abide by the policies, procedures and rules of the respective affiliated hospitals to which they are assigned. Any disputes should be resolved through the medical staff channels provided at each of the affiliated hospitals.

Clinical Experience and Educational Hours and the Working Environment

All ACGME-accredited training programs in the Department of Surgery at Baylor College of Medicine are required to adhere to the duty hour policies mandated by the ACGME.
The goal of this policy is to maintain compliance with the ACGME requirements governing duty hours as described below. All residents in the program will follow this policy as outlined. Resident duty hours will be monitored on a continual basis by the Pediatric Surgery Program Coordinator, and the Office of Graduate Medical Education.

Clinical Experience and Educational Hours

All clinical and academic activities of the Pediatric Surgery Resident related to the residency program which include patient care, administrative duties, transfer of patient care, time spent in-house during call activities and scheduled activities such as conferences will be included as part of duty hours. Duty hours will be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call activities. Pediatric Surgery Residents will be provided 1 day in 7 free from all educational and clinical responsibilities averaged over a 4-week period inclusive of call and any institutional moonlighting. Adequate time for rest and personal activities will be provided and will consist of a 10-hours' time period provided between all daily duty periods and in-house call. These requirements are in compliance with the BCM written policies and procedures for resident duty hours and the working environment. Duty hours will be monitored monthly to ensure an appropriate balance between education and service. Furthermore, back-up support systems are provided such as the use of mid-level practitioners as well as the Pediatric Surgery Faculty when patient care responsibilities are unusually difficult or prolonged, or when unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

The BCM GME Committee does not permit programs to request an expansion or extension of duty hours beyond the standards currently set by the ACGME.

Every BCM resident must log his/her duty hours on MedHub in a regular and timely manner. Failure to log duty hours as expected is viewed as a professionalism failure and will result in the resident or resident not being considered "in good standing" by the Office of Graduate Medical Education.

On-Call

On call duties for the Pediatric Surgery Resident will be primarily home call, the frequency of which will not be so frequent as to preclude rest and reasonable personal time for each resident (as depicted above). When the Pediatric Surgery Resident is called into the hospital from home, the hours spent in-house will be counted toward the 80-hours limit. The Program Director will monitor the demands of at-home call and will make necessary schedule adjustments to ensure that there are not excessive service demands and/or fatigue. The Program Director will also ensure that any moonlighting activities do not interfere with the ability of the Pediatric Surgery Resident to achieve the goals and objectives of the educational program. These activities will be in compliance with BCM written policies and procedures regarding moonlighting, in compliance with the ACGME institutional requirements.

On-Call Activities

1. In-house call cannot occur more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every third night limitation, or 24+4 limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

Principles
The Michael E. DeBakey Department of Surgery Pediatric Surgery Residency Program is committed to and is responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.

Duty hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Supervision of Residents
The Program will ensure qualified faculty will provide appropriate supervision of residents in patient care activities. Supervision will include direct supervision-the supervising physician physically present with the resident and patient, and indirect supervision-with direct supervision available, but the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by telephone and/or electronic modalities, and is available to provide direct supervision. In addition, oversight is also provided where the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Moonlighting
Pediatric Surgery residents are permitted to moonlight only at home institutions. Any moonlighting activities are limited to moonlighting at Baylor College of Medicine affiliated hospitals only and are considered part of the 80-hour weekly limit on duty hours. The program director will also insure that any moonlighting activities do not interfere with the ability of the SCC resident to achieve the goals and objectives of the educational program. These activities will be in compliance with BCM written policies and procedures regarding moonlighting and in compliance with ACGME institutional requirements. All moonlighting must be approved by the program director and the Graduate Medical Education Office.

All moonlighting hours, either external or internal, must be logged into MedHub.

Internal moonlighting hours must be logged into MedHub by the 5th of a given month. For example, on August 5th, the duty hours for training plus the internal moonlighting hours for July must be entered into MedHub. This reporting is vital for each program and the sponsoring institution to assure compliance with ACGME requirements. Failure to report internal moonlighting as required will result in:

- The first offense will result in suspension of moonlighting privileges for 90 days.

- The second offense will result in suspension of moonlighting privileges for the remainder of the academic year, or six months, whichever time period is longer.
- The third offense will result in permanent suspension of moonlighting privileges.
- Subsequent offenses will result in additional disciplinary measures, including adverse actions per GME policy.

Moonlighting privileges, once granted, are valid for the remainder of that academic year or less, depending on the period requested on the moonlighting approval form. It is the resident responsibility to ensure that an updated packet for approval is filed with the GME Office at least 60 days prior to the start of a new academic year if the resident wishes to continue moonlighting.

Vacations and Leaves of Absence

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.3.5 governing "*Leaves/Vacation*" The content of that policy is as follows:

All Residents are provided 44 paid days off per academic year (August 1 – July 31). This time off is non-vested (meaning the house staff physician is not paid for it if he or she leaves before having utilized), does not accrue, and does not roll over from one academic year to the next. Vacation also needs to be approved by the Pediatric Surgery Program Director and written consent provided to Program Coordinator for documentation. These 44 days include:

*21 vacation days

*14 sick days (to be used only for personal illness)
A treating physician's statement, from a non-house staff physician, is necessary if the illness or injury extends beyond three (3) consecutive calendar days. In addition, to return to work, a statement is required from the treating physician that stipulates the involved house staff physician is fit to return to duty. Further, if a house-staff physician is absent from work for more than four (4) non-consecutive days in a calendar month, a statement may be required from the treating physician. The Senior Associate Dean for Graduate Medical Education shall resolve any disputes regarding the house staff physician's fitness for duty (e.g., disagreements between the house staff physician, program director, or director of the Occupational Health Program).

A house staff physician may be eligible to use sick days under the federal Family and Medical Leave Act (FMLA).

Baylor College of Medicine (BCM), effective July 1, 2014, provides a Core benefit of Short Term Disability (STD) insurance to all Residents. After 44 consecutive calendar days of personal disability (including maternity leave), the STD insurance policy would be available, and provide benefits up to a maximum of 20 weeks. Approval for STD benefits is made by the insurance carrier based on treating physician reports and the type of disability. As a Core benefit STD is provided at no cost to Residents.

These STD benefits would include 60% weekly earnings, up to a maximum of $750 per week for a maximum of 20 weeks depending on the type of disability.

*9 Paid Time Off (PTO) days
This includes personal days, holiday, and educational leave (standard leave). A program is not permitted to provide any additional leave without the written approval of the Office of Graduate Medical Education.

In addition to the standard leave, the following policies will apply.

Jury Duty: Paid leave will be provided for jury duty as required by law.

Military Leave: House staff physicians with U.S. military obligations are allowed up to 14 calendar days of unpaid military leave per year. House staff physicians whose military obligations exceed 14 days are required to request an unpaid leave of absence. House staff physicians called to active duty will have a residency slot when they are released from such duty, pursuant to federal law. The house staff physician is required to submit to Human Resources – Regulatory Compliance a copy of his or her military orders or written statement from the appropriate military authority as evidence of a call to training or duty.

Personal Leave: A male house staff physician may be eligible to take personal leave under the federal Family and Medical Leave Act for the birth of his child, if they meet the minimum criteria for eligibility under the FMLA.

Unpaid Leave-of-Absence: A house staff physician may request and take unpaid leave of absence for up to 12 months for personal or family problems with the approval of the program director or his/her designee. Additionally, enrollment with at least half-time status in a degree program at an institution of higher education that is related to the house staff physician's medical career is an acceptable reason for requesting and being approved for leave of absence. A letter stating the purpose of the leave, arrangements made for completing the Graduate Medical Education (GME) program, and the mechanism for payment of medical, dental, basic life, basic accidental death and dismemberment, short-term and long-term disability insurance premiums, the psychiatric counseling service benefit, and any supplemental benefits, if applicable, shall be signed by both the program director and the house staff physician with a copy kept on file in the Office of GME and the Human Resources – Benefits office. If all or any part of this leave of absence is due to illness or injury, the GME program director shall require a treating physician's statement. Leave under the federal Family and Medical Leave Act may be granted in accordance with the guidelines set forth in this policy, if applicable.

Family and Medical Leave Act: A house staff physician may be eligible for job protection under the federal FMLA for his/her own serious medical condition or that of a spouse, child, or parent. Other qualifying events are the birth of a child or the house staff physician's adoption or foster placement of a child. Job protection under this law is a maximum of 12 weeks within a 12-month rolling calendar time period. All requests for leave under this law must be reported to the Offices of GME and Human Resources. Final approval shall be made by the Human Resources Regulatory Compliance Office.

In order to be eligible for FMLA, a house staff physician must meet the minimum requirements under the FMLA. The requirements are a minimum of 12 months of employment at BCM (does not have to be consecutive) and at least 1,250 hours worked during the 12-month period immediately preceding the start of the leave of absence.

Absences due to illness, whether the house staff physician's or a family member's, must be verified by a completed FMLA medical certification in order to be considered for leave under the FMLA. The medical certification must be completed and signed by the treating physician of the house staff physician or the physician of his/her family member. A statement is required from the court system or the involved social services agency to confirm the foster placement or adoption of a child; a birth certificate, alone, is also acceptable when adopting. A fit for duty certificate (work release) must be presented to Human Resources – Regulatory Compliance no later than the first day the house staff physician returns to work from a leave under the FMLA for his/her own serious health condition.

If the house staff physician and his/her spouse are both employed at BCM, they are limited to a combined total of 12 workweeks of FMLA leave if the reason for the request is for the birth and care of a newborn child, foster care placement, or adoption of a child.

A house staff physician taking leave under FMLA for his/her own health condition must first use sick days, and if necessary, may take any available paid vacation and PTO.

A house staff physician who needs to take leave under FMLA must contact the Coordinator and the Program Director to file paperwork and gain approval.

Medical Leave: A house staff physician who suffers from a serious health condition including the recovery period due to childbirth may be eligible for Medical leave if her/she does not meet the minimum requirements to be eligible for leave under the FMLA.

Makeup: GME programs shall provide house staff physicians with certifying Board requirements. Time missed for any reasons beyond that permitted by the relevant certifying Board must be made up. All made up time required for GME program completion will be paid. Each GME program shall have a written policy regarding makeup time and shall provide a copy of this policy to its house staff physicians.

When total (cumulative) time lost for any reason exceeds that permitted by the appropriate certifying Board, the house staff physician's promotion to the next level of training will be delayed by an amount equal to the time that needs to be made up. This delay supersedes any existing letter of appointment regarding dates, year of appointment, and stipend, but does not negate the reappointment.
It is the responsibility of the program to document and report all time off as required per Baylor Human Resources and Payroll policies.

General: All accrued paid time off must be used for absences before any unpaid leave may be taken.

Resident Interview Policy:

The Michael E. DeBakey Department of Surgery support our residents to attend professional interviews after preliminary year, post graduate training in fellowships and career job positions after training. In order to be compliant with BCM and ACGME policies regarding clinical experience and education requirements and approved time off as outlined by the BCM policies (add link).

The interview policy for residents in our departmental residency and fellowship programs includes the following:

- Time off for interviews must be approved by the Program Director and Academic Coordinator for the perspective residency and fellowship program in the Surgery Education Office (SEO).

- Two week notice before the rotation in writing is required. An email including with the interview request form attached must be sent to SEO for approval of time off request.

- If a last minute interview is requested, the approval will need to be given by the rotation attending/chief, followed up with an email notification to the SEO. **If the time off is not approved by the rotation, then the resident is not cleared to attend the interview.**

- The requested day(s) off will be documented as follows:
    - Four days off of rotation will be used first
    - Personal time off (PTO) will be used next (total nine days per year)
    - Vacation days will be deducted if needed (total 21 days per year)

- Flights should be booked in the evenings when available after completed rotation duties for next day interviews.

    - If a resident requests to attend a night before event for the interview, these will be considered on a case-by-case basis and will only be approved if coverage on the rotation is available.

- If a flight requires the resident to leave before their scheduled shift is complete, it is strongly encouraged the resident comes to work for as long as possible until leaving for their flight to assist with coverage.

- Interviews and vacation time should not coincide in the same rotation. As you choose your vacation dates, plan them with your peak interview months in mind and avoid scheduling during these months.

The interview request form and checklist is also available via BCM BOX.

Research Day (Every June)

All Residents in the Michael E. DeBakey Department of Surgery are required to submit an abstract for presentation at the June Research Day. Faculty mentors are available to assist Residents on such submissions for Research Day. Residents should begin their planning at the start of every new academic year (June/July) with their faculty mentor.

Travel

In order to encourage legitimate research and academic efforts, the department will pay for travel for residents to present at surgical meetings. However, to insure that the money is spent fairly and appropriately, the department has instituted a policy concerning resident travel policy.

Which Residents are eligible for travel reimbursement?
All residents in Pediatric Surgery who are ***first author*** on a submitted paper. Only oral presentations will be considered. Reimbursement for poster presentations will be decided on a case-by-case basis by the Pediatric Surgery. If the resident is able to obtain funding from another source for a poster presentation, they will be given permission to attend the meeting, but the department will not pay their expenses.

All residents are expected to write one paper per year with a faculty mentor. If this requirement has not been met subsequent travel to a meeting will ***not*** be paid for by the department.

Which meetings are eligible?
Meetings on the departmental list of legitimate meetings may be considered legitimate for resident presentations. In general, meetings that are national multi-specialty surgical meetings are more likely to be accepted than smaller, specialty meetings. The final decision about meetings will be at the discretion of the Pediatric Surgery. This decision will be based on both the type of meeting and the proposed presentation. Trips outside the continental United States will be funded at the maximum allowed for continental U.S. meetings.

How to get reimbursed?
In order to obtain permission to attend the meeting and be reimbursed, the following *must* occur.

Please note: There will be NO exceptions to these rules.

1. Any submitted abstract must be sent to the Surgery Education Office within one week of submission. The easiest way to handle this is to make sure you submit your abstract to the Surgery Education Office at the same time you submit it to the meeting.

2. The Surgery Education Office must be notified of any abstract accepted ***within a week of receipt***. Please send your acceptance, abstract, exact dates of travel, and estimates for expenses to your Coordinator who will send the request to Dr. Scott LeMaire, Vice Chair for Research, for approval. If approved, a Pre-Travel Authorization will be created by the Coordinator.

3. Airfare and meeting registration can be arranged by the Surgery Education Office for resident travel. Hotel reservations and payment must be completed by the resident. Please note that

the Surgery Education Office will ***not*** pay late registration fees. Baylor College of Medicine will not reimburse additional baggage fees.

4. All expenses during the trip, including the hotel, will be paid for by the resident. Any expense incurred should have an itemized receipt collected by the resident.
    a. No reimbursement for resident expenses will be made without receipts. The resident will need to submit a detailed list of expenses, with receipts to back up each expenditure two weeks of returning from the meeting. Receipts should be submitted for shuttle service to and from airport, room charges at the hotel, food expenses, and airport parking. Your airline receipt must be submitted as well, even if the airfare was paid in advance by the Surgery Education Office. Baylor College of Medicine requires a copy of your hotel invoice (showing a $0 balance) and your airfare invoice, credit card statement, and/or cancelled checks for any payments made on this trip, as well as a copy of the front cover of the program brochure (listing conference name, location, and dates) as supporting documentation for reimbursements.

5. Residents will be reimbursed for meals using the same guidelines as Baylor College of Medicine faculty (see below):
    a. For trips within the United States, travelers are required to provide meal receipts not to exceed $55 per day including tip.
    b. Tips may not exceed 20% of the cost of the meal.
    c. For travel beginning after 3:00 p.m., the maximum meal allowance is ½ the regular daily maximum.
    d. Meals will not be reimbursed when attending a local (within a 50-mile radius of the Texas Medical Center) conference or seminar or when claiming local travel.
    e. Itemized receipts are required for all meal reimbursements.

6. The hotel bill must show a $0 balance (BCM Travel Services requirement). Paid movies in room, mini bar, and other expenses are not reimbursable. Car rental must be pre-approved through the Surgery Education Office before travel occurs.

7. Remote parking should be used at airports; no terminal parking will be reimbursed.

8. Airport shuttles should be used when available rather than taxis.

9. Please plan ahead for presentations; expenses for copying and audiovisual needs incurred while traveling will not be reimbursed.

The Surgery Education Office will make reservations for airfare and will pay for the airfare. There is a $1000 limit on travel reimbursements. Overages will not be covered by the Department, but can be requested from your Research Mentor. Any overage requests require a justification and an itemized budget report sent to your Research Mentor, copying your Coordinator and Dr. Massarweh on the email. Overages are only given in certain circumstances on a case-by-case basis.

Conference Travel for Pediatric Surgery Residents

Each Pediatric Surgery resident will be allowed to travel to one conference in each academic year. The first year resident will travel to the American Pediatric Surgical Association Annual Meeting, and the second year resident travels to the American Academy of Pediatrics Annual Meeting. All travel is at the discretion of the Program Director and determined by funding resources. All travel must be approved and submitted through the Surgery Education office, and reimbursement must be submitted within two weeks of arrival back in Houston. Reimbursements follow the protocol outlined under "Travel" (pages 29-30).

Adverse Actions

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.6.1 governing "*Adverse Actions*." The content of that policy is as follows:

A resident/fellow exhibiting academic, clinical, or professional behavior not meeting the standards of his/her program, Baylor College of Medicine (BCM), any of BCM's affiliated hospitals, or the Texas Medical Board (TMB) may be subject to an Adverse Action by the Program Director or designee. Adverse actions will be implemented as described in this policy.

If a resident/fellow fails to demonstrate the appropriate academic, clinical, professional or other skills necessary to continue in a BCM GME program, then he or she may face Adverse Action at the discretion of the involved department's Clinical Competency Committee, upon recommendation of the Program Director or designee. In the event of a Conflict of Interest, the relevant Department Chair or Vice Chair for Education will intervene and serve as the Program Director's designee, as appropriate. Adverse Actions imposed by the appropriate Clinical Competency Committee will be implemented in consultation with the Office of GME, and the affected resident/fellow will receive notice as described below (see "Procedures for Implementation and Review").

If a resident/fellow violates the Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26) by engaging in Prohibited Conduct, or engages in sex or gender-based harassment in violation of the BCM Harassment Policy (02.2.25), then the Title IX Coordinator(s) will serve as the relevant Program Director's designee and impose appropriate sanctions on the resident/fellow as described in the appropriate Policy, including Adverse Actions. A resident/fellow facing Adverse Action for violation(s) of the BCM Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26), or for sex or gender-based misconduct (02.2.25), will receive notice as set forth in those policies. Adverse actions imposed by the Title IX Coordinator(s) will be implemented by the Office of GME, the resident/fellow's Program Director, and the involved department's Clinical Competency Committee.

As described in Policy 27.6.2 (Appeal of Adverse Action), the imposition of any Adverse Action is appealable, with the exception of suspension. The imposition of a suspension is in every case subject to an automatic administrative review by the Office of GME, and any resident/fellow who is subject to suspension may also seek redress by filing a grievance (see 27.4.12 – Grievances for more information).

Adverse Actions arising out of violations of the Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26) must be appealed using the procedure described therein.

The Program Director or designee must report all Adverse Actions to the TMB using the Program Director's Duty to Report Form, which must be submitted no more than seven days after the appeals process concludes. The Senior Associate Dean for GME must review and approve the Form, revising as necessary, before the Program Director may send it to the TMB. The form is available on the BCM graduate medical education (GME) Webpage.

Most adverse actions may be appealed by the resident. Details on the process of appeal are found in the GME Appeal of Adverse Actions Policy.

Probation

When there is concern that a resident performance fails to meet the academic, clinical, or other standards of the GME program, the resident may be placed on probation by the program director or his/her designee following review by the involved department's Clinical Competencies Committee. A resident may also be placed on probation for behavior, which is considered to be misconduct.

Notice of this decision and the reason for the action will be set forth in writing to the resident, which will be delivered in a meeting with the program director or his/her designee. The GME program must provide the resident a written delineation of the deficiencies, which must be corrected in order for the resident to be removed from probation. The duration of the probation must be specified. In the event circumstances warrant, the relaying of the action of failure to promote by telephone by the program director or his/her designee or by mail will be considered sufficient, with a personal meeting to follow as quickly as available.

For issues not involving misconduct, an appropriate period will be allowed for the resident to correct the identified deficiencies. If at the end of the probationary period the resident has not corrected the identified deficiencies, the probationary period may be extended or the resident may be dismissed from the program. If the program is satisfied that the resident has corrected the identified deficiencies sooner than the probationary period is scheduled to end, the probationary status may be lifted earlier.

If other issues not involved in the original decision to place the resident on probation arise, these should not be considered to be automatically covered by the probation and will most likely be dealt with as additional areas of concern. A resident under a probationary status is not exempt from dismissal, if performance or behavior warrants such action.

Probationary status for misconduct does not afford the same protection as provided for non-misconduct issues. The GME program is under no obligation to allow the misconduct to continue. Thus, during this period of probation, additional acts of misconduct can result in increased disciplinary action, up to, and including, immediate dismissal.

A resident may be placed on probation at any time. The decision about reappointment of a resident on probation may be deferred until the end of the probationary period. Removal of probationary status shall not constitute reappointment.

An adverse action of probation may be appealed by the resident pursuant to BCM GME policies.

Suspension
Suspension is a disciplinary action by which a resident is temporarily relieved of his/her duties. At the discretion of the program director or other GME leadership, suspension may be with or without pay. Time on suspension may not be counted as creditable time in a training program, nor made up for by relinquishing vacation. Any time on suspension will result in an extension of the GME program.

Notice of this decision and the reason for the action will be set forth in writing to the resident, which will be delivered in a meeting with the program director or his/her designee. However, in the event circumstances warrant, the relaying of the action of suspension by telephone by the program director or his/her designee or by mail will be considered sufficient, with a personal meeting to follow as quickly as available.

An adverse action of suspension may not be appealed by the resident.

Non-Reappointment
If a resident fails to demonstrate the appropriate academic, clinical, professional or other skills, which are necessary to continue in a BCM GME program, the program director may decline to reappoint the resident for continued training. Such a decision shall be relayed to the resident no later than 120 days prior to the end of his/her current contract.

Notice of this decision and the reason for the action will be set forth in writing to the resident, which will be delivered in a meeting with the program director or his/her designee. The resident shall be allowed, and is expected to complete, the terms of the current contract, unless other arrangements are approved by the program director or his/her designee. In the event circumstances warrant, the relaying of the action of failure to promote by telephone by the program director or his/her designee or by mail will be considered sufficient, with a personal meeting to follow as quickly as available.

An adverse action of probation may be appealed by the resident pursuant to BCM GME policies.

Failure to Promote
If a resident fails to demonstrate the academic, clinical, or other standards necessary to advance in his/her training program, the program director may decide not to promote this resident to the next postgraduate year level of training. In these circumstances, the resident is asked to repeat a portion of his/her training, until such time as competency is demonstrated. While these periods are usually for one full academic year, if deemed appropriate by the program director or his/her designee, a resident may be asked to repeat a portion of an academic year.

When a resident is not promoted, his/her pay level and postgraduate year level of training will remain the same for the next contracted period. Notice of this decision and the reason for the action will be set forth in writing to the resident, which will be delivered in a meeting with the program director or his/her designee. Such written notice shall clearly delineate the reasons for non-promotion as well as construct a plan for the resident to gain and demonstrate required competencies. However, in the event circumstances warrant, the relaying of the action of failure to promote by telephone by the program director or his/her designee or by mail will be considered sufficient, with a personal meeting to follow as quickly as available.

An adverse action of probation may be appealed by the resident pursuant to BCM GME policies.

Dismissal
A resident may be immediately dismissed by the program director or his/her designee for reasons including, but not limited to the following:

- If his/her performance presents a serious compromise to acceptable standards of care or jeopardizes patient welfare;
- If he/she is impaired (as defined by the Texas Medical Board [www.tmb.state.tx.us] and/or the American Medical Association [www.ama-assn.org]);
- For unethical conduct (as embodied by in the *Principles of Medical Ethics* of the American Medical Association [www.ama-assn.org/ama/pub/category/2512.html]);
- For illegal, threatening or harassing conduct;
- If he/she fails to report to work as scheduled without justification acceptable to the program director or his/her designee;
- For violations of the rules, regulations and/or policies of BCM or its affiliated hospitals;
- For failure to meet training level expectations of professionalism and/or interpersonal and/or communication skills.

Written notification of the dismissal shall be delivered by the program director or his/her designee in a personal meeting with the resident. However, in the event circumstances warrant, the relaying of the action of dismissal by telephone by the program director or his/her designee or by mail will be considered sufficient, with a personal meeting to follow as quickly as available.

If the resident chooses to appeal the dismissal, he/she will remain on BCM payroll until the appeals process is concluded. However, time spent in the appeals process will not be counted towards requirements to graduate and may result in an extension of training time.

An adverse action of probation may be appealed by the resident pursuant to BCM GME policies.

Appeal of Adverse Actions

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.6.2 governing "*Appeal of Adverse Actions*." The content of that policy is as follows:

An adverse action is defined as any action, which could have a negative impact on the resident's educational or professional record (probation, non-reappointment, failure to promote, dismissal).

1. In the event of an adverse action for which appeal is allowed per Graduate Medical Education (GME) policy, the resident has the right to appeal such action to the chairman of his/her department. This appeal shall be by written letter and must be delivered to the chairman within seven working days of receipt of notice of the adverse action. The resident's appeal letter must specify, in detail, the basis for the appeal.
2. Upon receipt of the notice of appeal by the resident, the department chairman will set a date to convene a departmental ad hoc committee to hear the appeal. Requests by a resident for rescheduling shall be honored to the extent practical.
3. All proceedings before the department's ad hoc review committee shall be conducted in a manner which ensures that the resident is given an adequate opportunity to fairly present the case for full review and to state the basis for his/her appeal. The appeal mechanism is not a court proceeding and is not bound by the rules of a court of law. The departmental ad hoc committee shall take adequate minutes of any proceedings and maintain adequate records of all materials presented.
4. In preparation for and presentation of the appeal, the resident and/or the program director, may utilize a faculty advisor.
5. After hearing all of the evidence, the departmental ad hoc review committee shall meet and decide if the evidence presented supports the appeal. The resident and the program director will be given written notice of the ad hoc committee's final decision. The entire appeals process should be completed within 30 calendar days of receipt of the resident's notice of appeal, unless there are extenuating circumstances.
6. If the departmental ad hoc committee's decision is to dismiss the appeal, the resident may further appeal the decision to the chair of the Graduate Medical Education Committee (GMEC), within seven working days of the departmental decision.
7. Upon receipt of the notice of appeal by the resident, the chair of the GMEC will set a date to convene a GMEC ad hoc committee to hear the appeal. Requests by a resident for rescheduling shall be honored to the extent practical. The GMEC ad hoc committee will consist of at least five members and at least one must be a resident with whom the resident making the appeal has no working relationship. The other members shall be faculty of Baylor College of Medicine (BCM), from departments other than the one involved in the appeal.
8. All proceedings before the GMEC ad hoc committee shall be conducted in a manner, which ensures that the resident is given an adequate opportunity to fairly present the case for full review and to state the basis for his/her appeal. The appeal mechanism is not a court proceeding and is not bound by the rules of a court of law. The GMEC ad hoc committee shall take adequate minutes of any proceedings and maintain adequate records of all materials presented.
9. In the preparation and presentation of the appeal, the resident may utilize a faculty advisor.
10. After hearing all of the evidence, the GMEC ad hoc committee shall meet and decide if the evidence presented supports the appeal. The decision of the GMEC ad hoc committee shall be presented to the resident, department chair and program director. The resident will be notified of the GMEC ad hoc committee's final decision in writing. The entire appeals process should be completed within 30 calendar days of receipt of the resident's notice of appeal, unless there are extenuating circumstances.

11. The resident or the GME program may appeal the decision of the GMEC ad hoc committee in writing to the Sr AD for GME within seven working days after receipt of the GMEC ad hoc committee's decision. The Sr AD for GME, or his/her designee, will adjudicate the matter with a final decision rendered within 14 calendar days of receipt of the notice of appeal, unless there are extenuating circumstances. The Sr AD for GME's adjudication requires neither a meeting with any persons involved in the appeal nor a hearing. The decision of the Sr AD for GME is binding and cannot be appealed further.
12. Program directors must report adverse actions to the Texas Medical Board within seven days of the time at which all appeals are final. The Sr AD for GME will review and revise the form as necessary before the program director may send it to the TMB. The form is available on the BMC GME webpage: Reporting/Record Retention 27.6.3
13. All files pertaining to an adverse action will be kept in perpetuity in the Graduate Medical Education Office, and must also be kept at the program level. Program directors are cautioned not to hold any documents out of the permanent record.
14. Evaluations are considered part of the peer review record and therefore "privileged and confidential" in accordance with Texas law, and as such, are not discoverable in other legal proceedings. For this reason, trainees may view these documents and take notes, but they may not be provided copies. For this reason, also, programs should not release any training file documents, unless requested to do so via a subpoena, and approved by the BCM General Counsel's Office.
15. Adverse actions should not be reported to the Texas Medical Board until all avenues for appeal have been exhausted. At that time, standard requirements apply.

Grievances and Due Process

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.4.12. governing "*Grievances."* The content of that policy is as follows:

Residents with complaints or grievances should discuss them first with an appropriate individual in the involved department(s) (e.g. chair, program director, or section head) or the affiliated hospital (e.g. administrator or unit director). Complaints and grievances which cannot be resolved by discussion with these individuals may then be presented to the chair of the Graduate Medical Education Committee (GMEC) in the form of a letter detailing the nature of the problem, the name(s) of the resident(s) who wishes to enter the compliant or grievance, and the individual(s) with whom the resident(s) have attempted to resolve the problem.

Within 14 days of receipt of the letter, the Chair of the GMEC shall appoint an ad hoc subcommittee to hear and adjudicate the complaint or grievance. The ad hoc subcommittee shall consist of no less than five (5) and no more than nine (9) persons, at least two of whom shall be residents not involved in the compliant or grievance. If the complaint or grievance involves one or more clinical department(s), no member of this ad hoc subcommittee (faculty or resident) shall be from the involved departments. However, in the event that the complaint or grievance involves more than half of the clinical departments, then persons from these departments may be included on the ad hoc subcommittee.

There will be no formal hearing, but the ad hoc subcommittee may meet to discuss the written complaint or grievance and to conduct its investigation. The ad hoc subcommittee shall render its

decision for resolution of the problem to the involved resident(s) and the involved departments within 30 days of its appointment. The ad hoc subcommittee shall forward a copy of its report and decision to the Senior Associate Dean for Graduate Medical Education. Either party shall have the right to appeal this decision to the Senior Associate Dean. This appeal shall be sent to the Senior Associate Dean in writing within five (5) calendar days of notification of the ad hoc subcommittee's decision. The Senior Associate Dean will adjudicate the matter with a final decision, which shall be binding on all parties involved. The mechanism for adjudication of complaints and grievances is not a court proceeding and is not bound by the rules of a court of law.

Texas Medical Board Reporting

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.5.07. governing "*Texas Medical Board Reporting."* The content of that policy is as follows:

Duty to Report

The program director of each approved GME training program shall report in writing to the executive director of the Texas Medical Board (TMB) the following circumstances within seven days of the program director's knowledge for any physician-in-training permit (PIT) holder or any holder of a full TML if enrolled in post-graduate training at Baylor College of Medicine:

- If a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);
- If a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave) and the reason(s) why;
- If a physician has been arrested after the permit holder begins training in program;
- If a physician poses a continuing threat to the public welfare as defined under Tex. Occ. Code §151.002(a)(2), as amended;
- If the program has taken final action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;
- If the program has suspended the physician from the program;
- If the program has requested termination or terminated the physician from the program, requested or accepted withdrawal of the physician from the program, requested or accepted resignation of the permit holder from the program, and the action is final.

If a resident applies for and receives a full Texas Medical License (TML), the PIT permit is immediately invalid, regardless of the date of expiration on the original PIT permit. The license holder is required to provide proof of licensure to the Office of Graduate Medical Education within seven (7) days of receipt. It is the responsibility of the license holder to meet all requirements for maintenance of the license. In addition, per Texas law, a resident must immediately apply for and obtain a DPS and DEA registration number, regardless of the intent to prescribe. At the time the full TML is issued, a trainee may no longer utilize an institutional DPS or DEA number.

If a TML holder allows the license to expire, he/she will be taken off duty without pay immediately, and credit for training done with an expired license may be disallowed. It is also the TML holder's responsibility to report any and all required information to the TMB as defined by TMB.

Sexual Harassment

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.4.07 governing "*Sexual Harassment."* The content of that policy is as follows:

It is the policy of Baylor College of Medicine (BCM) to provide a work environment free from sexual harassment in accordance with all state and federal laws. Any resident who wishes to report an incident of sexual harassment should contact the Office of Graduate Medical Education or the Office of Employee Relations, if he or she does not wish to report the incident to his/her program director. Reports may also be made anonymously, or not, to the BCM Integrity Hotline at 855-764-7292.

Vendor Interaction Policy

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.4.08 governing "*Sexual Harassment."* The content of that policy is as follows:

Per Accreditation Council for Graduate Medical Education (ACGME) and American Medical Association requirements, the relationship between residents and pharmaceutical or other commercial vendors is one that must be closely monitored by the Sponsoring Institution (SI). Over the past decade, peer-reviewed research has demonstrated both the public perception of and the very real possibility that financial gain provided by commercial entities to practicing physicians could influence patient care decisions.

For the purposes of this policy, a vendor is defined as "someone who exchanges goods or services for money" (www.wordnet.princeton.edu) and thus applies, but is not limited, to representatives of the pharmaceutical industry, financial services, medical device suppliers, or information technology companies. The purpose of the BCM policy is to manage interactions between house staff physicians in such as way as to avoid or at least minimize conflicts of interest.

To that end, all interaction between residents and commercial entities must be channeled through the appropriate program director. Support for activities, which are education-based, such as support of a speaker or research program, must be approved and managed by the program director or his/her designee. Support, which is not educationally based, such as event tickets, drug samples for personal use, or travel funds, is not allowed.

The Baylor College of Medicine Conflict of Interest Policy is reprinted here.

Disaster Response

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.5.02 governing "*Disaster Response."* The content of that policy is as follows:

The Accreditation Council for Graduate Medical Education requires all Sponsoring Institutions to have a policy that addresses administrative support for graduate medical education (GME) programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

For the purposes of this policy, "resident" includes all residents in training. Further, a disaster is defined as "something (such as a flood, tornado, fire, plane crash, etc.) that happens suddenly and causes much suffering or loss to many people" (merriam-webster.com). These disasters may occur with little or no warning (e.g. bombing), some warning (e.g. hurricane), or as an insidious disruption (pandemic disease). In all cases, the event causes a disruption in the normal activities of daily training for residents.

Communication
Baylor College of Medicine (BCM) residents are responsible for ensuring that accurate contact information is entered into the Baylor Emergency Notification System (BENS), available on the **Crisis Information** page of the BCM Intranet.

Contact Information:
*Home Phone
*Cell Phone
*Pager
*Home Address
*BCM Email
*Alternate Email
*Emergency Contact Information

This system will alert all BCM faculty, residents, staff and students of an emergency situation. This information is also required to be maintained by each GME program in a redundant fashion to ensure availability in the event of loss of BCM IT support. The BCM GME Office also maintains this information in the MedHub system, with multiple off-site redundancies.

In the event of a disaster/emergency situation, residents on-site in the Texas Medical Center are expected to follow the instructions of their immediate supervisor to ensure both their safety and the continuation of patient care. Residents not on duty during the time of a disaster are expected to secure their personal safety and then communicate with their immediate supervisors for instructions.

GME programs must develop individual procedures for emergency communication and distribute these plans as part of a standard program orientation. If BCM loses central IT support and is forced to relocate temporarily, the American Association of Medical Colleges will host emergency instructions on its home page (www.aamc.org).

Finance
Residents are considered essential personnel in the event of a disaster/emergency situation and are required to report to work as instructed by their program director. Residents will continue to receive their stipends during and immediately following a disaster event and recovery period, and/or accumulate these funds until such time as BCM is able to resume payments.

Maintenance of Records/Administrative Support
All BCM GME programs are responsible for maintaining original and redundant files on their training programs and residents. The BCM Office of GME maintains employment files through original and redundant systems via SAP technology. All resident and/or program records maintained through the MedHub/egme platform and/or housed electronically on central BCM servers are redundant through multiple off-site disaster recovery locations. As soon as appropriate, in the disaster recovery phase, central personnel will access and transmit these electronic records to assist GME programs and residents.

Administrative Support
The BCM Office of GME will continue to provide administrative support to all GME programs and residents from a safe and secured location in order to continue to provide appropriate access to needed resources. Communication with central agencies, such as the Texas Medical Board and the ACGME, will occur through the BCM Office of GME.

Manpower/Resource Allocation During Disaster Response and Recovery
Each BCM GME program is required to develop and maintain a disaster recovery plan. These plans should include, but are not limited to, designated response teams of appropriate faculty, staff and residents, pursuant to departmental, BCM, and affiliated hospital policies. GME programs should review response team listings and response team members' responsibilities on a regular basis.

As determined to be necessary by the Program Director and/or Chief Medical Officer at the affiliated institutions, and/or BCM leadership, physician staff reassignment or redistribution to other areas of need will be made, superseding departmental team plans for staffing management. Information on the location, status and accessibility/availability of residents during the disaster response and recovery period is derived by the Designated Institutional Official (DIO) and/or his/her designee communication with program directors and/or program chief residents. The DIO or designee will then communicate with the Chief Medical Officer of affiliated institutions as necessary, to provide updated information throughout the disaster recovery and response period.

Due to the unique nature of the Texas Medical Center and the presence of four sponsoring institutions (SI), Baylor College of Medicine, The Methodist Hospital, The University of Texas Health Science Center at Houston, and The University of Texas M.D. Anderson Cancer Center, as well as the proximity of The University of Texas Medical Branch at Galveston, it is intended that each of the SIs will strive to provide support, such as resident placement, to area SIs in times of disaster or in the case of other events resulting in the interruption of patient care. DIOs, GME officials and other administrative personnel at the SIs will maintain open communications to determine the scope and impact of the disaster on each other's GME programs.

Legal and Medical-Legal Aspects of Disaster Response Activity
It is preferred, whenever and wherever possible, that notwithstanding other capacities in which residents may serve, they also act within their BCM function when they participate in disaster recovery efforts. While acting within their BCM function, residents will maintain both their

personal immunity to civil actions under the Texas Tort Claims Act, their worker's compensation coverage, and their coverage for medical liability under their BCM policy.

Communication with the ACGME
The BCM DIO, or his/her designee, will be responsible for all communication between BCM and the ACGME during a disaster situation and subsequent recovery phase. Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee (IRC) to discuss particular concerns and possible leaves of absence or return to work dates for all affected programs should there need to be a) program reconfigurations to the ACGME and/or b) resident transfer decisions. The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME. If within ten (10) days following a disaster, the ACGME has not received communication from the DIO, the ACGME will initiate communication to determine the severity of the disaster, its impact on residency/resident training, and plans for continuation of educational activities.

The DIO, in conjunction with program directors, will monitor the progress of patient care activities returning to normal status and the functional status of all GME programs for their educational mission both during a disaster and the recovery phase. These individuals will work with the ACGME and the respective Residency Review Committees (RRCs) to determine if the impacted sponsoring institution and/or its programs: 1) are able to maintain functionality and integrity; 2) require a temporary transfer of residents to alternate training sites until the home program is reinstated; or 3) require a permanent transfer of residents. If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the resident must be taken into consideration by the home sponsoring institution. Program directors must make the keep/transfer decision timely so that all affected residents maximize the likelihood of completing their training in a timely fashion.

ACGME Disaster Policy and Procedure
Upon declaration of a disaster by the ACGME Chief Executive Officer, the ACGME will provide information on its website, and periodically update information relating to the event, including phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and residency programs.

DIOs should call or email the IRC Executive Director with information and/or requests for information. Program Directors should call or email the appropriate RRC Executive Director with information and/or requests for information. Residents should call or email the appropriate RRC Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident email information on WebAds.

Institutions offering to accept temporary or permanent transfer of residents from BCM residency programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected residency programs and residents. Subject to authorization by an offering institution, the AGCME will post information from the form on its website. The ACGME will expedite the processing of requests for increases in resident complement from non-disaster-affected programs to accommodate resident transfers

from disaster-affected programs. Each specialty RRC will expeditiously review applications and make and communicate decisions as quickly as possible.

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs for:

a) the addition or deletion of a participating site;
b) change in the format of the educational program; and,
c) change in the approved resident complement.

At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If, and when, a residency program decides that a temporary transfer will continue to and/or through the end of a training year, the residency program must so inform each such transferred resident.

Professionalism

The Pediatric Surgery Residency Program's expectations and standards of professionalism that are mandated in the program, their significance and the implications as far as residents' compliance with these standards are outlined below.

Professionalism Standards and Program Expectations

- Interpersonal communication that adheres to professional courtesy and mutual respect among residents.
- Mature professional behavior: Avoidance of negativism such as gossip, stereotyping, hostility, defamation, slander, inappropriate comments, argumentative behavior, anger and undermining of colleagues, the program and the organization
- Commitment to serving as a role model for resident colleagues, students, staff and subordinates regardless of level of training
- Willingness to engage in conflict resolution with colleagues in a courteous and a timely manner
- Exercise of high leadership and moral skills
- Full commitment to sustaining work team relationships through cooperation and collaboration with resident colleagues and other team members
- Full commitment to protect and advance the program reputation by each resident and the team of residents
- Exercise a high level of ethics, honesty and integrity in all aspects of interpersonal relationships and patient care
- Compliance with administrative responsibilities including call schedules, responsiveness to pages with courtesy and professionalism, and timely response of evaluations of program and faculty
- High professionally and responsive behavior to the needs of the patient, medical professionals and the community
- Full compliance with the policies, rules, and regulations of the program, Baylor College of Medicine, and the affiliated institutions.

Professionalism Misconduct
Substandard conduct or any occurrence of professional misconduct or deviation from the standards described above by a resident at any level will result in the following:

- Immediate counseling with resident(s)
- Immediate investigation and disciplinary action(s), the outcome of which may be:
- Documentation of such professional misconduct in the resident's permanent record and reporting to state licensing agencies and the American Board of Surgery of failure to comply with professional conduct standards of the Program
- Failure of reappointment and contract renewal in the program
- Repeat rotation(s) or year(s) of training
- Failure of graduation in the scheduled year with reporting of such to the Board in the professional conduct category
- Immediate dismissal from the program

Dress Code Policy

Objective:
This policy is being created in order for the Department of Surgery to maintain a professional and productive environment for patient care, teaching and student learning and to best present the department in a highly respectable fashion. This policy will be applied to all faculty, staff, fellows, residents, medical students rotating on Department of Surgery services and staff.

Integral to this policy, it is expected that all faculty, trainees and staff will exercise good judgment and meet acceptable norms for personal cleanliness, hygiene, and grooming.

Guidelines:
The following guidelines are meant to serve as a general outline for dress and appearance for Department of Surgery faculty, staff and trainees, and are not mean to be an all-inclusive list of acceptable or unacceptable forms of professional attire. When in doubt, or in the case of special needs, program directors or supervisors should be consulted.

Failure to comply with these guidelines may result in disciplinary actions.

<u>Dress and Appearance Guidelines:</u>
• It is expected that all personnel dress in a professional manner and present an appearance consistent with our roles as physicians, medical staff, medical trainees and/or staff.
• When hospital scrubs must be worn outside of the OR because of medical necessity, a clean white lab coat should be worn over the scrubs. Scrubs should be cleaned and laundered as appropriate.
• Green OR scrubs should not be worn outside of the Texas Medical Center.
• Sweatshirts or jackets, if needed during colder weather, should be worn under white coats.
• Shorts, denim fabrics, (jeans, jackets, skirts or pants), tee-shirts or leggings are not acceptable attire.
• Footwear may include clean sneakers, nursing shoes or clogs (closed toe). Flip-flops are not acceptable footwear.

• BCM or hospital identification badge must be worn in a visible location.

Wellness

Wellness Resources for Managing Challenges to Living Our Values

Baylor College of Medicine is committed to the values of integrity, respect, teamwork, innovation, and excellence. When everyone at the College lives these values we create a culture that supports all members of our community to thrive personally and professionally. During these challenging times, sustaining a culture that reflects our values is the responsibility of each of every individual at the College. The College has a number of resources available to help you manage interpersonal and personal challenges that may arise while navigating the current climate.

Please visit the following link for more details:

https://www.bcm.edu/coronavirus-preparedness/coronavirus-learners-and-educators/wellness-resources

Baylor College of Medicine Ombuds Office

The Baylor College of Medicine Ombuds Office is a confidential place for students, trainees, faculty, and staff to express concerns, resolve disputes, manage conflicts, and increase communication skills. The ombuds is available to discuss any issue of concern, including interpersonal conflict or misunderstandings, and academic or administrative concerns.

Reach out to the Ombuds Office as a first step, a last resort, or at any point along the way. You may also reach out anytime you would like to discuss something confidentially and aren't sure where to go.

The Ombuds Office promotes a neutral, fair and equitable approach to problem solving, conflict management and consensus building. At the visitor's option, the ombuds is happy to listen, to offer feedback, or to assist in developing alternatives for addressing concerns and problems. Where appropriate, the office supports systemic changes (e.g. through providing feedback to College leadership about trends, policies and procedures, and systemic issues) to achieve this.

The ombuds does not replace any formal College channels (e.g. regarding complaints or grievances). Communication to the ombuds does not constitute notice to Baylor College of Medicine. The ombudsman does not make binding decisions, mandate policies, or formally adjudicate issues. The ombuds does not provide legal advice; communication or information provided by the ombudsman does not constitute legal advice Please see following link: https://www.bcm.edu/about-us/ombuds

Baylor College of Medicine Title IX and Gender Discrimination

Baylor is committed to providing a safe and supportive environment for all community members, guests and visitors. We believe that all individuals have the right to be free from all forms of sex and gender-based discrimination, which includes sexual harassment, acts of sexual violence, domestic violence, dating violence and stalking. Respect is one of the College' core values. All campus community members are expected to conduct themselves in a manner that does not infringe on the rights of others. One way Baylor demonstrates its commitment to nondiscrimination is by maintaining compliance with Title IX of the Education Amendments of 1972. Baylor College of Medicine admits students of any race, sex, sexual orientation, color, national ethnic origin, disability or age to all the rights, privileges, programs, and activities generally afforded or made available to students at the College. Baylor does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, national or ethnic origin, disability or age, in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administrated programs.

This website provides educational information to help trainees, faculty and staff of the College understand and identify sexual harassment and sexual violence, options for reporting offenses, recommendations regarding reducing risk of sexual violence, suggestions on how you can support someone affected by sexual harassment or sexual violence, and support resources for seeking assistance.

Please see the following link https://intranet.bcm.edu/?tmp=/pa/news/provost/1-10-2020

Professionalism Integrity Hotline

Baylor College of Medicine is committed to providing an environment where open and honest communications are the expectation, not the exception. We want you to feel comfortable in approaching your supervisor, management, faculty member, peer or physician in instances where you believe violations of the BCM Code of Conduct, policies, standards, ethics, or laws have occurred, or if you have concerns regarding any other matter. The Integrity Hotline and Web Portal provides an additional method to report concerns

Please see the following link: https://intranet.bcm.edu/?tmp=/compliance-audit/hotline

Baylor College of Medicine and the Michael E. DeBakey Department of Surgery is committed to the ACGME requirements as outlined in the Program Requirements (VI.D) on Wellness (https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_general_surgery_2017-07-01_TCC.pdf). The Program Directors, Associate Program Director, faculty and staff provide the support of Wellness. Our Program makes every effort to monitor residents on their rotations for signs of stress, fatigue, and impairment. The resident may assist on his/her own behalf by adhering to clinical experience and education mandates and by communicating problems with supervising faculty, the Program Director, Associate Program Director, senior residents and/or administrative team members in the Surgery Education Office. The program strives to ensure that an environment conducive to communicating problems exists. The Department provides educational curriculum from workshops, small groups, leadership series, etc. to assist residents as related to wellness. The College also provides Employee assistance counseling for HouseStaff members and maintained as confidential as outlined below.

In situations of stress, fatigue, or impairment, the faculty or resident may approach the Program Director and Associate Program Director, or the Program Director and Associate Program Director may request a meeting with the resident. The problem will be discussed, and the Program Director and Associate Program Director will make recommendations for resolving the problem. Such recommendations may include use of services within Baylor College of Medicine such as the Employee Assistance Program, or referral to a counselor or psychiatrist.

Stress, Fatigue and Impairment

The Pediatric Surgery and faculty realize that residency training is a time of high stress. They will make every effort to monitor residents on their rotations for signs of stress, fatigue, and impairment. The resident can assist on his/her own behalf by adhering to duty-hour mandates and by communicating problems with his/her senior level resident, faculty, or the Pediatric Surgery. The program strives to ensure that an environment conducive to communicating problems exists. It is the responsibility of the entire department and program to be aware of signs and symptoms of these problems.

In situations of stress, fatigue, or impairment, the faculty or resident may approach the Pediatric Surgery or the Pediatric Surgery may call a meeting with the resident. The problem will be discussed, and the Pediatric Surgery will make recommendations for resolving the problem. Such recommendations may include use of services within Baylor College of Medicine such as the Employee Assistance Program, or referral to a counselor or psychiatrist.

Signs and Symptoms of Fatigue, Stress, or Impairment

Signs and symptoms or fatigue, stress, or impairment include some of the following:

- Recent changes in behavior, including irritability, mood swings, inappropriate behavior, a breakdown in logical thought, trembling, slurred speech
- Irresponsibility, such as failure to respond to calls, late arrivals at rounds or call, rounding at irregular times, neglect of patients, incomplete charting, unexplained absences
- Inaccurate or inappropriate orders or prescriptions
- Insistence on personally administering patients' analgesics or other mood-altering medications rather than allowing nursing staff to carry out orders.
- Poor concentration or poor memory, such as failure to remember facts about current and/or recent individual patients
- Depression
- Evidence of use or possession of alcohol or other drugs while on duty; intoxication at social events
- Anger, denial, or defensiveness when approached about an issue
- Unkempt appearance and/or poor hygiene
- Complaints by staff or patients
- Unexplained accidents or injuries to self
- Noticeable dependency on alcohol or drugs to relieve stress
- Isolation from friends and peers
- Financial or legal problems
- Loss of interest in professional activities or social/community affairs

Attending Clinician and Supervising Resident Responsibilities

1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence for excess fatigue and/or stress requires the attending or supervising resident to consider immediate release of the resident from any further patient care responsibilities.
2. The attending clinician or supervising resident should privately discuss his/her opinion with the resident, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending clinician should attempt to notify the Pediatric Surgery of the decision to release the resident from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the attending clinician must advise the resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident should go first to the on-call room for a sleep interval no less than 30 minutes. The resident may also be advised to consider calling someone to provide transportation home.
5. If stress is the issue, the attending, upon privately counseling the resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the resident stress has the potential to negatively affect patient safety, the attending must immediately release the resident from further patient care responsibilities at that time. In the event of a decision to release the resident from further patient care activity; notification of program administrative personnel shall include the Pediatric Surgery.
6. A resident who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
7. A resident who has been released from patient care cannot resume patient care duties without permission of the Pediatric Surgery.

Resident Responsibilities

1. Residents who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, and Pediatric Surgery without fear of reprisal.
2. Residents recognizing resident fatigue and/or stress in residents should report their observations and concerns immediately to the attending physician, and/or Pediatric Surgery.

Pediatric Surgery Responsibilities

1. Following removal of a resident from duty, the Pediatric Surgery will determine the need for an immediate adjustment in duty assignments for remaining residents in the program.
2. The Pediatric Surgery will review the resident's call schedules, work hours, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the resident.
3. The Pediatric Surgery will notify the director of the rotation in question to discuss methods to reduce resident fatigue.
4. In matters of resident stress, the Pediatric Surgery will meet with the resident personally. If counseling by the Pediatric Surgery is judged to be insufficient, the Pediatric Surgery will refer the resident to appropriate professionals for counseling.

Resources: Counseling Services for House Staff

Baylor College of Medicine, along with Graduate Medical Education, is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes

practitioner health. Medical and graduate training programs are rewarding and exciting, but they can also be stressful. The most common reasons for seeking counseling include relationship difficulties, anxiety and depression. For confidential services from the House Staff Physician Psychiatric Counseling Service call 713.798.4881 to schedule an appointment or for emergencies. There is no fee for these services.

This program serves medical students, graduate students, residents, physician assistants, nurse anesthetist students and clinical residents as well as their spouses and significant others.

Services Offered
Services are provided at no cost for up to 12 sessions.

- Individual Counseling
- Premarital Counseling
- Marital or Relationship Counseling
- Psychopharmacology

Services are provided by members of the faculty in the Department of Psychiatry & Behavioral Sciences.

All provided services abide by the strictest rules of confidentiality. The service does not issue any report to administrative personnel within your department or any others of Baylor College of Medicine.

How Will I Know I Need the House Staff Psychiatric Counseling Service?
Depression/Anxiety

- I'm depressed much of the time.
- I'm anxious much of the time.
- I feel angry much of the time.
- I'm drinking more.
- I think I have an eating disorder.

Work Problems

- I keep thinking I've chosen the wrong profession.
- My work is suffering.
- I feel pulled in too many directions.
- My relationship with my colleagues is strained.

Relationship Problems

- I am having serious doubts about my marriage or relationship.
- My partner tells me I'm retreating.
- I don't like going home.
- My relationship gives me little pleasure.

SECTION III – COMMUNICATION

Good communication is essential to the smooth operation of any organization and is especially critical where patient care is involved. This section discusses communication policies that must be followed both in and out of the clinical setting.

E-Mail
Each BCM employee is assigned a BCM email address. It is expected that residents will check their BCM email daily. No alternative email will be utilized for normal BCM or GME business correspondence. However, residents are requested to provide BCM a personal email address for use only in the event of a catastrophic emergency, which renders BCM servers non-functional.

BCM email is not to be forwarded to an outside account, such as Gmail or AOL under any circumstances. Email access is considered part of a trainee's BCM Enterprise Computing Account access, and will cease upon the last day of employment. Residents are requested to please be aware and make alternate arrangements prior to completing his/her training program. ***Not checking your email is not a valid excuse for not having or returning needed information.***

Up-to-date Contact Information
Personal contact information such as phone and address are to be maintained by the house staff physician through the Employee Self Service (ESS) function. This can be accessed on the home page of the BCM Intranet.

Mail – *All residents are to direct their mail to their home addresses, not the Surgery Education Office especially for vendor information.*

Pagers
Baylor College of Medicine issues pagers to residents to be used over the course of the training program. It is considered the preferred method of immediate contact for patient care and administrative needs. Rotation-specific pagers are required at some institutions. Pagers must be carried at all times. Pagers are the responsibility of the residents once issued and therefore the fee of $65 for any lost pagers will be at the expense of the residents. Pagers will also be collected during check-out from the program each June. Residents who do not return their pagers before leaving the program will be charged $65 and will not receive their diploma until this fee has been paid to the Michael E. DeBakey Department of Surgery in reimbursement for such charges.

SECTION IV - GUIDELINES FOR RESIDENT SUPERVISION

The purpose of this document is to outline the policy and procedure requirements for supervision of postgraduate residents within the Department of Surgery.

Definition of attending physician

Each patient will be under the direct care of an attending physician, and this will be clearly noted on the patient's admission card and paperwork. Residents work under the direct supervision of the attending physicians. Attending physician refers to those surgeons who staff the teaching service at each of the affiliated hospitals. Each surgeon must be board eligible/certified in general surgery or an appropriate subspecialty, and each must show interest in participating in the education of residents. Furthermore, surgeons on the teaching service must exhibit regular contributions to the education of the residents to maintain their status on the teaching service.

Lines of Supervision

The attending physician is ultimately responsible for the care of all patients under their care. Residents participate in this care under the direction of the attending. The attending physician controls resident participation through observation and direction, or consultation, and by imparting specific skills and knowledge to the residents. Attending supervision may be direct (person-to-person) supervision or by discussion, for example by telephone. At all times there will be an appropriately privileged attending surgeon immediately available to the resident or by telephone and able to be present within a reasonable period of time, if needed. The attending surgeons are responsible to assure continuity of care provided to patients.

It is recognized that other attending physicians may, at times, be delegated responsibility for the care of a patient and provide supervision instead of, or in addition to, the assigned attending surgeon. Within the scope of the training program, all residents, without exception, will function under the supervision of attending surgeons. A responsible attending must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, if needed. Each service will publish, and make available, "call schedules" indicating the responsible staff practitioner(s) to be contacted.

Graduated Responsibility in Resident Training

The Pediatric Surgery Residency program is structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment throughout the course of their training. Each facility must adhere to current accreditation requirements as set forth by Baylor College of Medicine for all matter pertaining to the training program including the level of supervision provided. The requirements of the American Board of Surgery and the ACGME will be incorporated into training programs to ensure that each successful program graduate will be eligible to sit for a certifying examination.

Roles and Responsibilities: The Department Chairman and Pediatric Surgery Faculty

The Department Chairman and Pediatric Surgery
Faculty are responsible for implementation of and compliance with the requirements of the American Board of Surgery and the ACGME.

Roles and Responsibilities: The Attending Surgeon
The Attending Surgeon is responsible for, and must be familiar with, the care provided to the patient as exemplified by the following:

1. Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Documentation of this supervision will be via progress notes, or countersignature of, or reflected within, the resident's progress note at a frequency appropriate to the patient's condition. In all cases where the provision of supervision is reflected within the resident's progress note, the note shall include the name of the attending surgeon with whom the case was discussed and the nature of that discussion.
2. Meet the patient early in the course of care (for inpatients, within 24 hours of admission) and document, in a progress note, concurrence with the resident's initial diagnoses and treatment plan. At a minimum, the progress note must state such concurrence and be properly signed and dated. If a patient is admitted during the weekend or holiday for non-emergent care, the resident may evaluate the patient and discuss the patient's circumstances via telephone with an appropriate attending surgeon. This discussion will be documented in the patient record. An attending physician will then see the patient within 24 hours, since there will always be an attending making rounds with the surgical team (residents and medical students) on weekends and holidays.
3. Participate in attending rounds. Participation in bedside rounds does not require that the attending surgeon see every patient in person each day. It does require physical presence of the attending in the facility for sufficient time to provide appropriate supervision of residents. A variety of face-to-face interactions such as chart rounds, x-ray review sessions, pre-op reviews, and informal patient discussions fulfill this requirement.
4. Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are:
   a) Medically indicated,
   b) Fully explained to the patient,
   c) Properly executed,
   d) Correctly interpreted, and
   e) Evaluated for appropriateness, effectiveness, and required follow up.

   Evidence of this assurance will be documented in the patient's record via a progress note(s), or through countersignature of the resident's progress note(s).
5. Assure that discharge, or transfer, of the patient from an integrated or affiliated hospital or clinic is appropriate based on the specific circumstances of the patient's diagnoses and treatment. The patient will be provided appropriate information regarding prescribed therapeutic regimen, including specifics on physical activity, medications, diet, functional

status, and follow-up plans. At a minimum, evidence of this assurance will be documented by countersignature of the hospital discharge summary or clinic discharge note.

6. Assure residents are given the opportunity to contribute to discussions in committees where decisions being made affect their activities. Facilities are encouraged, to the extent practicable, to include resident representation on committees such as Medical Records, Quality Assurance, Utilization Review, Infection Control, Surgical Case Review, and Pharmacy and Therapeutics.

Graduated Levels of Responsibility

1. Residents, as part of their training program, may be given progressive responsibility for the care of their patient. A resident may act as a teaching assistant to less experienced residents. Assignment of the level of responsibility must be commensurate with their acquisition of knowledge and development of judgment and skill, and consistent with the requirements of the accrediting body.
2. Based on the attending surgeon's assessment of a resident's knowledge, skill, experience and judgment, residents may be assigned graduated levels of responsibility to:
   a) Perform procedures or conduct activities without a supervisor present; and/or
   b) Act as a teaching assistant to less experienced residents.
3. The determination of a resident's ability to accept responsibility for performing procedures or activities without a supervisor present and/or act as a teaching assistant will be based on evidence of the resident's clinical experience, judgment, knowledge, and technical skill. Such evidence may be obtained from evaluations by attending surgeons or the Pediatric Surgery, and/or other clinical practice information.
4. When a resident is acting as teaching assistant, the staff practitioner remains responsible for the quality of care of the patient, providing supervision and meeting medical record documentation requirements as defined previously.

Supervision of Residents Performing Invasive Procedures or Surgical Operations

1. Diagnostic or therapeutic invasive procedures or surgical operations, with significant risk to patients, require a high level of expertise in their performance and interpretation. Such procedures may be performed only by residents who possess the required knowledge, skill and judgment to perform these procedures and under the appropriate level of supervision by staff physicians. Attending surgeons will be responsible for authorizing the performance of such invasive procedures or surgical operations. The name of the attending surgeon performing and/or directing the performance of a procedure should appear on the informed consent form.
2. During the performance of such procedures or operations, an attending surgeon will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending surgeon and is a function of the experience and competence of the resident, and of the complexity of the specific case.
3. Attending surgeons will provide appropriate supervision for the evaluation of patients, the scheduling of cases, and the assignment of priority, preoperative preparations, and the operative/procedural and postoperative care of patients.

Emergency Situations
An emergency is defined as a situation where immediate care is necessary to preserve the life of or prevent serious impairment to the health of a patient. In such situations, any resident, assisted by medical center personnel, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending surgeon will be contacted and apprised of the situation as soon as possible. The resident will document the nature of this discussion in the patient's record.

SECTION V EDUCATION TEAM

Educational Faculty

Michael E. DeBakey Department of Surgery
Educational Faculty and Administrative Team Members
Listed by Residency/Fellowship Programs, Medical Student Programs
And Undergraduate Programs

Faculty:
Chairman Todd K. Rosengart, M.D.
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Director of General Surgery Resident Research Track Nader Massarweh, M.D.

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Thoracic Surgery Residency Assistant Program Director Ourania Preventza, M.D.
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Fellowship Programs (TMB approved /non-ACGME programs):
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General Thoracic Surgery Fellowship Program Dr. Bryan Burt

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UME Medical Student Programs
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Associate Director for Core Medical Students Dr. Ron Cotton
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Director Sub Internship Dr. Stacey Carter
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Undergraduate Student Program:
Summer DeBakey Student Program-Shayan Izaddoost, M.D., Ph.D.
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The Surgery Education Office Administrative Team Members

The Surgery Education Office provides support for the students, residents and faculty of the General Surgery Residency Program.

The main telephone number is **713.798.6078** and the fax number is **713.798.8941**.

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