

RESIDENT HANDBOOK

Graduate Medical Education
Policies and Procedures

2006 Edition

The University of Oklahoma
College of Medicine
Oklahoma City, Oklahoma

University of Oklahoma College of Medicine, 2006

Notice

The *Resident Handbook* is a convenient first reference for general information regarding the University's major policies and regulations, facilities, and organization as they relate to graduate medical education and the residency programs. It is not intended as an exclusive reference manual for all University policies and procedures.

The information contained in this handbook is current only at the time of publication and may change from time to time by action of appropriate segments of the institution.

A complete posting of all relevant College policies is available at:

www.medicine.ouhsc.edu/policy/index.pdf

A complete posting of all relevant University staff policies is at:

www.ou.edu/web/staff

Included are the following policies: (1) Prevention of Alcohol Abuse and Drug Use on Campus and in the Workplace, (2) Discrimination, (3) Racial and Ethnic Harassment, (4) Sexual Harassment/Sexual Assault, and (5) Consensual Sexual Relationships. The Grievance Procedure for Complaints Based Upon Discrimination, Sexual Harassment, Consensual Sexual Relationships or Racial and Ethnic Harassment is also explained.

Every effort will be made to ensure that the policies published in the *Resident Handbook* are updated as necessary. However, it is the responsibility of the user to determine that he or she is relying on the most current version of any particular policy. Questions concerning policies should be directed to your Program Director or the Office of Graduate Medical Education.

Contents

INTRODUCTION.....	1
RESIDENCY APPOINTMENTS	3
ELIGIBILITY CRITERIA	3
SELECTION CRITERIA	5
FIRST POSTGRADUATE YEAR	6
SECOND POSTGRADUATE YEAR AND ABOVE	7
GRADUATES OF FOREIGN MEDICAL SCHOOLS	8
RESIDENCY AGREEMENT	9
RESIDENT BENEFITS.....	10
SALARY (STIPEND)	10
VACATION LEAVE.....	10
SICK LEAVE	11
HOLIDAY LEAVE.....	11
EDUCATIONAL LEAVE.....	11
FAMILY LEAVE POLICIES	12
COUNSELING, PSYCHOLOGICAL SUPPORT SERVICES.....	13
INSURANCE BENEFITS	14
PARKING	15
MEDICAL LIBRARY PRIVILEGES.....	15
MAIL.....	16
PERSONAL HEALTH REQUIREMENTS	17
WORK RELATED EXPOSURE OR INJURY	18
PROFESSIONAL LIABILITY INSURANCE	19

OKLAHOMA MEDICAL LICENSURE.....	20
ALLOPATHIC PHYSICIANS (M.D. DEGREE)	20
OSTEOPATHIC PHYSICIANS (D.O. DEGREE)	24
NARCOTICS PRESCRIBING REGISTRATION	26
RESIDENT PHYSICIAN RESPONSIBILITIES.....	28
PRINCIPLES OF MEDICAL ETHICS.....	29
EVALUATION AND PROMOTION.....	31
CERTIFICATES OF TRAINING.....	33
MEDICAL RECORDS.....	34
DRESS GUIDELINES.....	37
EQUIPMENT	38
RESIDENT DUTY HOURS.....	39
RESIDENT MOONLIGHTING.....	40
OFFICE OF GRADUATE MEDICAL EDUCATION.....	43
GRADUATE MEDICAL EDUCATION COMMITTEE.....	44
ADMINISTRATIVE ACADEMIC ACTIONS	49
A. PROBATION	49
B. SUSPENSION	50

C. TERMINATION.....	52
GRIEVANCES	54
A. DEFINITION OF A GRIEVANCE.....	54
B. GRIEVANCE PROCEDURE	55
MEDICAL EXAMINER CASES.....	60
PHYSICIAN RECOVERY PROGRAM.....	62
KEY TELEPHONE NUMBERS	65

Introduction

Welcome to the University of Oklahoma College of Medicine and the University of Oklahoma Health Sciences Center in Oklahoma City. The College of Medicine, our residency programs, and our affiliated teaching hospitals have a long, respected tradition of excellence in clinical training. We believe you will find your educational experience and training at this medical center stimulating and rewarding. Our goal is to provide excellent preparation for your ultimate career in medicine.

Graduate medical education (GME) includes all of the medical, surgical and other specialty and subspecialty residency programs and fellowships offered by the University of Oklahoma College of Medicine and its affiliated teaching hospitals. Hereafter, all clinical training programs are referred to in this handbook as *residency programs*. All clinical trainees, whether residents or fellows, are referred to in this handbook as *residents*.

The College of Medicine and its affiliated institutions provide graduate medical education programs that meet the standards established by the Accreditation Council for Graduate Medical Education and its designated Residency Review Committees. The College's institutional oversight of residency programs and residency affairs is conducted through the Graduate Medical Education Committee and the Associate Dean for Graduate Medical Education.

As a physician in residency training, your primary responsibilities are participating in the educational aspects of your program and

2 *Resident Handbook*

in the direct care of patients under the supervision of your Program Director and his/her faculty associates. Your Program Director will provide an orientation for you to the following: the organization and structure of your residency program including educational goals and objectives; duties and responsibilities; rotation, call, and vacation schedules; issuing of equipment (pagers, etc.) and parking; and a variety of other matters that are important to you.

Because of the complexity of graduate medical education and academic medical centers in general, administrative policies and procedures are necessary. The Graduate Medical Education Committee and Program Directors, the affiliated teaching hospitals, the College of Medicine administration, and the Board of Regents of the University of Oklahoma developed the policies and procedures contained in this handbook.

The *Resident Handbook* has been compiled for your benefit. It sets forth the guidelines that govern our residency training programs as well as certain regulations, benefits and policies. It is your responsibility to become familiar with the material in this handbook. As stipulated in your residency agreement, you are obligated to abide by the policies, procedures and regulations in the *Resident Handbook*. If you have questions concerning the information contained herein, please contact your Program Director or the Office of Graduate Medical Education.

Residency Appointments

Eligibility Criteria

Applicants for graduate medical education programs sponsored by the University of Oklahoma College of Medicine and its clinical departments are eligible for appointment if they meet *one* of the following qualifications:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education who have passed *both* Step 1 and Step 2 CK and CS of the United States Medical Licensing Examination (USMLE). (No more than three attempts per USMLE step are allowed by state licensing board.)
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association who have passed *both* Step 1 and Step 2 CE and PE of the COMLEX USA.
3. Graduates of medical schools outside the United States and Canada who meet *each* of the following qualifications:
 - a. Hold a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), the requirements for which include passing *both* Step 1 and Step 2 CK and CS of the USMLE.
 - b. Are citizens of the United States OR hold either a J-1 visa or a permanent immigrant visa (“green card”). An H1-B visa will be considered only in unusual circumstances approved

4 *Resident Handbook*

in advance in writing by the Associate Dean for Graduate Medical Education.

Note: Foreign nationals who are graduates of medical schools in the United States and Canada are not considered international medical graduates and do not require ECFMG sponsorship.

Additionally, applicants to residency programs will be considered if at the time of application, they are eligible for all of the following three items:

1. Appropriate licensure in the State of Oklahoma. For allopathic physicians, refer to Oklahoma Administrative Code Sections 435:10-4-4 through 435:10-4-6 available at the Oklahoma State Board of Medical Licensure website www.okmedicalboard.org under Rules, Laws and Policies. For osteopathic physicians, refer to the Oklahoma Board of Osteopathic Examiners website www.docboard.org/ok/ok.htm.
2. Participation in Federally qualified health programs such as Medicare and Medicaid. A list of individuals with sanctions that would disqualify their participation can be found on the Health and Human Services Office of Inspector General website at: www.oig.hhs.gov.
3. Professional liability insurance through the carrier designated by the University of Oklahoma College of Medicine at the usual and customary rates offered all other residents in the same discipline at the same PGY level.

Issues that may preclude eligibility for the above three items include, but are not limited to, prior felony convictions, substance

abuse, malpractice convictions, or disciplinary actions by a state medical board.

Initial appointment and all reappointment of residents currently in GME programs to levels of training beyond the PGY-1 must meet the following:

1. Allopathic (MD) applicants and reappointments for positions at the level of PGY-2 must have passed *both* Step 1 and Step 2 CK and CS of the USMLE. Before applicants and current residents are appointed at the PGY-3 and above, they must have passed Steps 1-3 of the USMLE and possess a full license in the State of Oklahoma. The only exception will be if the allopathic physician is a graduate of a foreign medical school, where he or she has not been allowed application for a full license until at least 24 months of training in U.S. programs have been completed. In this event, the international medical graduate may be appointed to a PGY-3 position contingent upon obtaining full licensure within 90 days of completing 24 months of training. Failure to obtain full licensure within 90 days of completing 24 months of training may result in termination.
2. Osteopathic (DO) applicants and re-appointments for positions of PGY-2 or above must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.

Selection Criteria

Residents are selected from among eligible, qualified applicants on the basis of their academic credentials, abilities, aptitude, pre-

6 *Resident Handbook*

paredness, communication skills, and personal qualities including motivation and integrity.

First-year residency positions offered to U.S. graduating seniors will be filled through an organized matching program, such as the National Resident Matching Program (NRMP) or one of the alternative matching programs, depending on the specialty. First-year residency positions offered to candidates other than U.S. graduating seniors will also be filled through an organized matching program, except in special circumstances, allowed by matching program policies. Selections for advanced level positions are generally made through an organized matching program when a matching program exists for the specialty or subspecialty.

This institution, in compliance with all applicable Federal and State laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

First Postgraduate Year

First-year residency positions offered to U.S. graduating seniors will be selected through an organized matching program, such as the National Resident Matching Program (NRMP) or one of the alternative matching programs utilized by certain specialty programs. Most residency programs require applicants to apply through the Electronic Residency Application Service (ERAS). First-year residency positions offered to candidates other than U.S.

graduating seniors will also be selected through an organized matching program, except in special circumstances allowed by national matching program policies. Applicants for these positions should consult the publications of the NRMP or alternative matching program for specific requirements and date deadlines.

Second Postgraduate Year and Above

Appointments for second year and above levels are made in accordance with policies established by each specialty program in compliance with the standards of the Accreditation Council for Graduate Medical Education, its Residency Review Committees, and the requirements of the respective American specialty certification boards.

Selections for advanced level positions are generally made through an organized matching program when a matching program exists for the specialty or subspecialty. The PGY level of the initial appointment is determined in part by the amount of previously completed graduate medical education that is acceptable for credit by the specialty board of the training program to which the resident is appointed. Whenever there is uncertainty in this regard, the applicant shall obtain from the specialty board a written appraisal of previous training and a statement of additional training requirements that must be met to qualify the resident for certification by that board.

Graduates of Foreign Medical Schools

Residency appointments for graduates of medical schools outside the United States and Canada may be offered only to those individuals who meet all requirements of federal and state laws applicable to such appointments including visa requirements. They must hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or have a full unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.

Foreign national physicians admitted to the United States for graduate medical education training under the authority of the University of Oklahoma College of Medicine must hold either a J-1 visa under the sponsorship of the ECFMG, or a permanent immigrant visa ("green card"). An H1-B visa will be considered only in unusual circumstances approved by the Associate Dean for Graduate Medical Education.

Eligibility requirements can be found at www.ECFMG.org. It is the responsibility of the applicant to complete all ECFMG requirements, visa requirements, and licensure requirements before appointment to a residency position and before beginning residency training.

Residency Agreement

Each individual offered a residency appointment will be provided with a contract known as the Residency Agreement. Each resident is expected to read, sign and abide by the Residency Agreement. The policies and procedures published in the *Resident Handbook* are referred to in the Residency Agreement and are applicable as stipulated in the agreement.

Residents are appointed for a period of one year or as specified in the individual resident contract. **Renewal of the residency appointment is contingent upon satisfactory performance and is not automatic.** Intention by either party not to renew the appointment should be accompanied by appropriate notification as stipulated in the Residency Agreement. Under ordinary circumstances, four (4) months written notice of intent not to renew the agreement will be given. Notwithstanding the notice provision, the University may terminate the appointment of a resident or give notice of intent not to renew the appointment for academic or disciplinary reasons within the four months prior to the end of the contract period, with as much written notice as circumstances will reasonably allow. See Administrative Academic Actions.

Please Note: Residents are not allowed to begin work if they have not completed the Employment Eligibility Verification Form within three (3) days of employment. Federal law requires this form and failure to complete this form may result in termination.

Residents are required to complete Advanced Cardiac Life Support training as stipulated by each training program.

Resident Benefits

Salary (Stipend)

A salary will be paid to each resident on a monthly basis. Salaries are based upon the resident's level of postgraduate training in the specific program in which he or she is currently training. Salaries are adjusted periodically upon review and recommendation of the Graduate Medical Education Committee and upon approval by the affiliated institutions. Checks for salaries are issued by the central payroll office of the University of Oklahoma Health Sciences Center and are distributed by electronic direct deposit. Additional information about salary distribution will be provided to the resident by the Program Director's office.

Vacation Leave

Each resident earns 15 days (M-F) of vacation leave per year. Training regulations imposed by the national certifying boards in some specialties limit the amount of leave which may be taken by a resident to a lesser amount. Earned but unused vacation time may not be carried over from one academic year to another. No additional payment will be made for unused vacation upon completion of residency training.

There is a legitimate need for Program Directors to limit the number of residents who are absent at any one time and to otherwise assure continuity of quality health care for the patients on their service. Vacation requests shall be honored according to the policy established by each residency program.

Sick Leave

Sick leave accrues at the rate of 1.25 days per month for a maximum of 15 working (week) days. Unused sick leave will not be carried forward to the next year. Leave without pay is possible contingent upon recommendation by the Program Director. The University complies with the Family Medical Leave Act.

Holiday Leave

Residents do not receive credit for holiday time during hospital rotations. Since hospitals do not observe a holiday schedule for patient care, residents are expected to follow their assigned schedule. If vacation time is scheduled during a holiday period, then the holiday must be scheduled as vacation. If the resident is assigned to a clinic that observes a holiday schedule, then the resident need not count that time toward his/her vacation time. Residents should check with their Program Director's office for further clarification of holiday leave time.

Educational Leave

Residents may request up to five days of educational leave each year. The request should be submitted at least six (6) weeks prior to the requested leave date. The meeting can be no more than one week in duration and must be within the USA. Approval is granted solely at the discretion of the Program Director, who also deter-

mines the travel reimbursement policy for the individual residency program.

Residents are encouraged to allow the department support staff to handle travel arrangements in order to maximize reimbursement potential. Commercial air travel must be booked by the resident's academic department through approved travel agencies. There can be NO reimbursement for air travel unless an approved travel agency is used.

The resident must submit receipts for all claims, hotel bills, and registration fees within ten (10) days to the department support staff. The staff will file the necessary travel reimbursement forms. Reimbursement will be based only on those items documented with receipts and in accordance with current travel policy. Consult your Program Director's office.

Family Leave Policies

Family Leave Guidelines

Federal law mandates that, after one year of University employment, qualified employees may take up to 12 weeks of leave (available paid leave and then unpaid leave) during any 12-month period for (1) the birth of a child; (2) the placement of a child for adoption or foster care; (3) the care of a spouse, parent, or child with a serious health condition; and (4) a serious health condition that makes the employee unable to perform the employee's job functions. Contact Human Resources for additional information.

Resident Family Leave Policy

Depending on specialty board requirements, periods of family leave may extend the length of the residency training needed to meet specialty board requirements.

Maternity Leave

Available sick leave, vacation time, or leave without pay may be used in accordance with the Family Leave Act guidelines as described above. Specific questions should be addressed to your Program Director.

Paternity Leave

Available vacation time, or leave without pay, may be used in accordance with the Family Leave Act guidelines as described above. Specific questions should be addressed to your Program Director. Sick leave is not used for this purpose.

Requests for Family Leave

Residency program schedule changes require considerable planning to assure that patient care and your residency colleagues' education are not impacted negatively. Therefore, requests for family leave should be made in writing to your Program Director as soon as the need is known.

Counseling, Psychological Support Services

The Employee Assistance Program provides assistance for employees in dealing with personal problems including alcohol and

drug abuse or dependency, mental or emotional disturbance, or other conditions that may adversely affect their job performance. The Employee Assistance Program Office is located in the Williams Pavilion on the 3rd floor, Room 3070, telephone 271-5272, 8:00 a.m. to 5:00 p.m. Monday-Friday.

Insurance Benefits

Residents are provided group health, dental, long-term disability, accidental death and dismemberment and term life insurance coverage without cost (active residents only). Reimbursement accounts are also available to residents (consult Benefits Office). Group health, dental, accidental death and dismemberment, and term life insurance coverage may be obtained for dependents for an additional premium paid by the resident. Details regarding these programs and the various options available will be provided to residents annually by the Human Resources Office of the University. In order to receive these insurance benefits, enrollment or enrollment change forms must be completed and returned promptly to the designated office. Requests for information concerning insurance benefits should be directed to your Program Director's office or to the Office of Graduate Medical Education.

Parking

Parking is provided at no cost to the residents through the affiliated institutions. All parking facilities in the Health Sciences Center are under the regulation of OU Parking and Transportation Services. Hospitals, medical school departments, and residency programs are issued parking allocations. The Program Director or service chief makes parking assignments, depending on the location of a specific rotation. Residents are expected to abide by all rules regarding parking registration, hang tags, etc. Failure to do so can result in a citation with a fine or towing of your vehicle.

Medical Library Privileges

Each resident is entitled to use the Robert M. Bird Health Sciences Library, located at 1000 Stanton L. Young Boulevard on the campus. The library has an extensive periodical subscription and complete information retrieval and audiovisual services in addition to its large book collection. In order to use the library, one must have a "University I.D." card which bears a photograph of the individual. Consult with your Program Director's office for information about obtaining a photo ID card.

Library Hours

Monday-Thursday: 7:00 a.m. to midnight

Friday: 7:00 a.m. to 11:00 p.m.

Saturday: 8:00 a.m. to 9:00 p.m.

Sunday: Noon to midnight

Holiday & Final hours: closed on major holidays and has extended hours for finals.

Mail

Residents are requested to direct their mail, as much as possible, to their home addresses. This serves to expedite and insure efficient handling of personal mail. Residents should promptly provide their Program Director's office with change of address notices whenever moving. Departments will make available a distribution system for mail received at the Health Sciences Center. Check with your Program Director's office.

Personal Health Requirements

Evidence of adequate immunization including measles, mumps, rubella, polio, and hepatitis B is required on initial entry into a residency training program or must be promptly obtained. Influenza immunization is recommended annually for individuals involved in providing care to high-risk patient groups. TB skin tests are required upon entry into a program and annually thereafter. The University's tuberculosis policy was adopted pursuant to federal and state guidelines. Copies of the policy are available from the Office of Environmental Health and Safety.

All residents must participate in required annual health screening as determined by University and hospital(s) administration and the Graduate Medical Education Committee. Information will be provided to you through your Program Director's office.

Residents must comply with all infection control and infectious exposure policies applicable to the medical staff in the affiliated hospitals and facilities to which they are assigned for rotations.

Familiarity with Occupational Safety and Health Administration (OSHA) requirements is essential and periodic instruction is mandatory. Compliance with "universal precautions" as defined by the Centers for Disease Control and institutional infection control practices is expected.

Failure to comply with the above noted requirements may result in termination from the residency program.

Work Related Exposure or Injury

During the hours of 8:00 a.m. to 5:00 p.m., Monday-Friday, residents exposed to potentially infectious and/or hazardous materials including needle sticks, blood, or bloody body fluids should report for evaluation and treatment within two (2) hours of the exposure to the OU Employee Health Clinic. For exposures occurring at times other than those stated above, report for treatment to the emergency room of the facility in which you are working within two (2) hours of the exposure. Residents requiring post-exposure treatment protocols for HIV, HBV and other infectious diseases must report to OU Employee Health Clinic located on campus at the Family Medicine Center, 900 N.E. 10th Street, telephone 271-3100, 8:00 a.m. to 5:00 p.m., Monday-Friday.

All work-related illness or injuries must be reported as soon as possible directly to the Program Director or his/her office for verification. Failure to document a work-related injury/illness could result in the denial of the claim and/or delay of payment for medical services.

Contact the following offices to obtain the necessary reporting forms to document a work-related illness or injury: Human Resources Workers' Compensation Section, Room 119, Service Center Building, telephone 271-2189. Residents should complete only the "Employee Report of Injury." The resident's program department is responsible for completing the additional required forms to file with the University's Workers' Compensation Third Party Administrator.

Professional Liability Insurance

Any graduate physician may be held liable by the law for accidents, errors, or omissions in professional judgement, or professional acts uncommon to the practice of medicine in the community. All residents must therefore be able to obtain and maintain professional liability coverage through the carrier designated by the University of Oklahoma College of Medicine at the usual and customary rates offered all other residents in the same discipline at the same PGY level. Issues that may preclude eligibility for the above include, but are not limited to, prior felony convictions, substance abuse, malpractice convictions, or disciplinary actions by a state medical board. The institution provides a special policy for residency programs that provides current and tail coverage. You will receive further instructions from your Program Director regarding professional liability insurance.

Professional activities outside the scope of the residency training program are not covered by the residency program policy. This includes so-called “moonlighting” activities. Residents possessing a regular license and engaging in any outside professional activities must apply for and purchase, at their own expense, additional professional liability insurance covering these outside activities.

If you are, or suspect that you might be, named in any legal actions involving a patient, immediately notify your Program Director.

Oklahoma Medical Licensure

Failure to comply with (1) the medical licensure laws of the State of Oklahoma and/or (2) the institutional requirements regarding licensure shall be sufficient grounds for suspension and termination of residency training. It is the responsibility of each resident to complete all licensure applications and documents in a complete manner in compliance with established deadlines. This section reflects policies in place at the time of publication of this edition of the *Resident Handbook*. Policies governing medical licensure, differing from those listed below may be enacted by the respective medical licensing Boards or by statute. Residents are required to follow policies in effect at the time of any licensure question or issue. Residents will not be allowed to start unless they are licensed.

Allopathic Physicians (M.D. Degree)

The Oklahoma State Board of Medical Licensure and Supervision (Board) licenses allopathic physicians to practice medicine in the State of Oklahoma. Residents in training programs must hold either a special license or full license issued by the Board. The Board requires the United States Medical Licensing Examination (USMLE). Any applicant for licensure who fails *any step* of the USMLE three (3) times or takes longer than a seven year period to obtain all steps of USMLE will not be eligible for licensure.

A. Special Licensure

Medical graduates in the first and second year of graduate medical education training in Oklahoma are required to have a special license for this purpose. All allopathic applicants must have passed *both* Step 1 and Step 2 Clinical Skills (CS) and Clinical Knowledge (CK) of the United States Medical Licensing Examination (USMLE). A completed application with fees must be filed in time to allow issuance of the special license certificate by July 1 of the PGY-1 year.

The Oklahoma State Board of Medical Licensure and Supervision allows "no tolerance" on deadlines for licensure matters. **A resident may not begin the PGY-1 year or be placed on the payroll without having a special license.** Individuals holding a special license may apply for a full and unrestricted medical license upon meeting all requirements for the full license.

B. Full Licensure

The law requires that applicants for full licensure possess a valid degree of Doctor of Medicine from a medical college or school located in the United States, its territories or possessions, or Canada that was approved by the Board or by a private nonprofit accrediting body approved by the Board at the time the degree was conferred. Applicants from foreign medical schools must possess the degree of Doctor of Medicine or a Board approved equivalent based on satisfactory completion of educational programs from a school with education and training substantially equivalent to that offered by the University of Oklahoma College of Medicine.

The law requires 12 months of progressive postgraduate medical training approved by the Board. The law further requires graduates of foreign medical schools 24 months of progressive postgraduate medical training by the Board. The allopathic applicant must have passed the examination stipulated by the Board, i.e., the USMLE (Steps 1-3).

One may also apply for licensure based on (1) endorsement of a valid current medical license in another state, the District of Columbia, a territory or possession of the United States, or Canada; (2) endorsement of National Board of Medical Examiners scores; or (3) examination taken in Oklahoma.

The Board considers each application individually and meeting the above criteria does not guarantee issuance of a license. Factors considered include, but are not limited to, examinations, educational background, post-graduate training, achievement in specialties, and personal history of moral and ethical conduct.

Graduates of foreign medical schools must meet additional requirements. A translator approved by the Board must translate documents not printed in the English language into English. If the Board is unable to verify information related to an international medical graduate applicant or their medical school, it may reject the application or require the applicant to score ten (10) percentage points higher on a medical licensure examination than is otherwise required. Applicants who are graduates of foreign medical schools must pass an English proficiency examination. Applicants who are not United States Citizens must also provide written proof of ability to work in the United States as authorized by the United States

Citizenship and Immigration Services.

C. Applying for a Medical License

Completion of the application process for either a full license or special license is the sole responsibility of the resident. Applications are detailed and include requirements for several documents and forms that must be mailed to the applicant's medical school, to examination boards for verification of scores, to any other institution in which the resident has completed any residency training, and to the licensing board of any other state in which the resident is currently or has been previously licensed to practice medicine. This procedure takes weeks, and occasionally months; therefore, residents are advised to obtain the necessary forms and begin the process as early as possible.

D. Licensure Board Address

At the time of publication of this handbook the mailing and website address for the Board of Medical Licensure and Supervision is as listed below.

Oklahoma State Board of Medical
Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

or

5104 North Francis Street, Suite C
Oklahoma City, OK 73118
Telephone: (405) 848-6841
www.okmedicalboard.org

E. Institutional Policy

It is the policy of the University of Oklahoma College of Medicine that all allopathic applicants for residency positions must have passed *both* Step 1 and Step 2 CK and CS of the USMLE. All appointments at the PGY-3 level and above must have passed Steps 1-3 of USMLE and possess a full license in the State of Oklahoma. The only exception will be if the allopathic physician is a graduate of a foreign medical school, where he or she has not been allowed application for a full license until at least 24 months of training in U.S. programs have been completed. In this event, the international medical graduate may be appointed to a PGY-3 position contingent upon obtaining full licensure within 90 days of completing 24 months of training. Failure to obtain full licensure within 90 days of completing 24 months of training may result in termination.

Osteopathic Physicians (D.O. Degree)

A. General Policy

Osteopathic physicians must meet the licensure requirements of the Oklahoma State Board of Osteopathic Examiners and must be licensed by July 1 of their first year of post-internship training. No special license is required during the first year of graduate medical education training for osteopathic physicians. Many of the osteopathic board's licensure requirements for documents and verifications are similar to those stated above for allopathic physicians. Accordingly, the applicant should begin the process as early as possible in order to meet all deadlines.

B. Osteopathic Licensure Board Address

At the time of publication of this handbook the mailing and web-site address for the Board of Osteopathic Examiners is:

Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Suite 100

Oklahoma City, OK 73105-3335

Telephone: (405) 528-8625

www.docboard.org/ok/ok.htm

C. Institutional Policy

It is the policy of the University of Oklahoma College of Medicine that all osteopathic applicants for residency positions must have passed Step 1 and Step 2 CE and PE of the COMLEX USA. All osteopathic residents must pass the final step of the osteopathic examination by the end of the first year (PGY-1) of residency training.

Any individual considered initially for any clinical training position at the PGY-2 or above levels, must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.

Narcotics Prescribing Registration

Prescribing and handling of narcotics and controlled substances in Oklahoma without possessing an active controlled substance registration from the Oklahoma State Bureau of Narcotics and Dangerous Drugs (OSBNDD) and the United States Drug Enforcement Administration (DEA) is illegal. State and federal registrations are required for both allopathic (MD) and osteopathic (DO) physicians. Until residents obtain their own unique registration numbers, they may use institutional numbers (see below).

It is the responsibility of the resident to obtain the necessary information and application forms for these registrations and to keep his or her registrations current. The OSBNDD will only provide an application to those who can provide an Oklahoma medical license number (regular or special). New residents can obtain an application after July 1 by calling the OSBNDD's toll free number (800) 522-8031. The registration number is usually issued promptly.

Residents should contact the United States Drug Enforcement Administration directly regarding an application form and the procedures to follow. The DEA usually takes a total of 6 to 8 weeks (from the date of receipt) to process the resident's application. The application is initially sent to Washington, DC, processed there, and then forwarded to the regional DEA office in Dallas, Texas. Authorities from the Dallas DEA office will contact the OSBNDD to verify that an OSBNDD number has been issued to the resident before completing the process and issuing the resident a federal nar-

cotic prescribing certificate.

If you move to Oklahoma from another state and hold an existing DEA registration, you must modify your DEA registration to show your Oklahoma practice address. If you intend to practice in more than one state, you must have a DEA registration for each state in which you practice.

Within the confines of institutional (teaching hospital) practice only, residents may utilize an institutional DEA number with a special suffix identifying the resident until obtaining their own unique DEA registration numbers. This situation primarily applies to OU Medical Center and the Veterans Affairs Medical Center. Please note that use of the “institutional number” applies only within the scope of medical practice in the hospital, i.e. in residency program assigned activities. Consult your Program Director’s office for additional information.

Resident Physician Responsibilities

General and specific duties and responsibilities are assigned by the individual Program Directors. Physicians engaged in the residency training programs of the College of Medicine generally are expected to:

- Develop a personal program of self-study and professional growth with guidance from the Program Director and faculty.
- Participate in safe, effective and compassionate patient care under supervision, commensurate with their level of advancement and responsibility.
- Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- Satisfactorily fulfill the requirements of the training program.
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institutions and affiliated hospitals.
- Foster the principles of medical ethics and participate in peer review.
- Participate in institutional committees and councils, especially those that relate to patient care review activities.
- Apply cost containment measures appropriately in the provision of patient care.
- Refrain from engaging in any outside employment or professional activities that interfere with obligations to or satisfactory performance in the training program.

Principles of Medical Ethics

The following Principles adopted by the American Medical Association are standards of conduct, which define the essentials of honorable behavior for the physician.

- A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- A physician shall continue to study, apply and advance scientific knowledge; maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public; obtain consultation; and use the talents of other health professionals when indicated.
- A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

30 *Resident Handbook*

- A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- A physician shall support access to medical care for all people.

Evaluation and Promotion

Appointments to a Graduate Medical Education program sponsored by the University of Oklahoma College of Medicine are limited to a one year period of time. Shorter periods of appointment may occur in special circumstances. While it is anticipated that the majority of participants will gain reappointment and promotion through all required levels of training, initial appointment to a residency does not, in and of itself, guarantee promotion.

Residents are regularly evaluated by attending physicians and program directors. In addition, many programs incorporate evaluation methods that include peers, nursing staff, and patients in the process. Other recognized methods that provide assessment of core competencies outlined by the Accreditation Council for Graduate Medical Education (ACGME) may be added and evaluated by programs in an ongoing process. Evaluation of resident performance and competency occurs in many different venues including, but not limited to: inpatient unit activities, outpatient clinics, conferences, seminars, and journal clubs. Each program maintains appropriate documentation of evaluation and competency assessment, and as required by accrediting bodies, provides appropriate feedback to residents and completes summary assessments. The final determination of satisfactory performance and competency rests with the faculty and Program Director.

Reappointment and promotion to a higher level of postgraduate training is based upon completion of all required curricular and program requirements for the current level of training, satisfactory

evaluation, and evidence of expected level of competency. In addition, candidates for any reappointment must also meet all eligibility requirements as outlined in the OU College of Medicine policy number 716 Resident Eligibility and Selection.

Certificates of Training

Certificates of training are issued officially by the University at designated times. Certificates for ACGME accredited programs are requested through the Office of Graduate Medical Education by Program Directors. Issuance of a training certificate is contingent upon satisfactory completion of the requirements of the specific training program. Certification of completion of residency training will be provided only for those residents who have fulfilled all requirements established by their training programs, including fulfillment of time requirements. Time away from the training program, regardless of circumstances, must be made up to the satisfaction of the Program Director before a resident will be considered to have completed his/her training program.

Certificates of residency training issued by the University are not equivalent to certification or attestation by the Program Director of eligibility to take the certifying examinations of the various American specialty boards. Certification or attestation of eligibility to take the certifying examinations of the specialty boards is done at the individual residency program level by the Program Director and implies exacting standards of excellence that must be met. Each specialty board defines these standards. Residents should consult with their Program Directors regarding specific board certification issues.

Certificates for non-ACGME accredited programs are issued as outlined in OU College of Medicine Policy number 702 Non-Accredited Graduate Medical Education Training.

Medical Records

Properly maintained and completed medical records are of the utmost importance in caring for patients and also serve as a basis for some clinical investigative work. Therefore, great emphasis is placed on the preparation, maintenance and preservation of medical records in the hospitals and clinics. Although computerized clinical information systems continue to expand in all our patient care facilities, there is still great use of and dependence on written medical records. Accordingly, residents should be aware of the rules and regulations regarding medical records.

Specific rules concerning medical records vary with the different services and hospitals, and each resident is responsible for the instruction of junior residents on the service in these rules. General rules apply to all services, and they are:

Preservation of Medical Records

1. No medical record may be removed from the files without a proper sign-out of the record to show where it has been taken and who is responsible for it.
2. If a medical record, subsequent to its removal from the files, is transferred from one person to another, it is the responsibility of the person to whom the record is charged to notify the appropriate Medical Records Department.
3. Medical records must not be taken from the hospital.
4. Medical records of patients previously treated are available to residents for approved education or research purposes.

Preparation and Maintenance of Medical Records

1. A complete history and physical examination shall be written or dictated within 24 hours after admission of each patient, or within the guidelines determined by the hospital's medical staff executive committee.
2. Adequate, up-to-date progress notes should accurately reflect the patient's hospital course.
3. Residents must date and sign each entry made in the clinical record.
4. Each patient has a unique medical record number. This identifies him/her for all medical purposes. The medical record number must be placed on every sheet of the record and on every form requesting ancillary services. Generally, a pre-printed sticker will be available for this purpose.
5. When it is known that a patient is to be discharged, all residents responsible for the preparation of items in the record must attempt to complete those items before the patient leaves the hospital.
6. The service discharging a patient is responsible for the summary of the patient's entire hospitalization in dictated form.
7. Residents on duty in an emergency department should complete the medical record immediately after a patient is treated. Emergency department records are needed by many. The record must not be taken elsewhere; if copies are needed, photocopies will be prepared.
8. At regular intervals, the Medical Records Committees of the hospitals will review medical record delinquencies, including

those of residents. Serious deficiencies will be reported to the appropriate Program Director for administrative action.

Confidentiality of Medical Records

1. Residents are cautioned that medical records are confidential. The use and disclosure of the health information contained in a medical record are restricted by the regulations (Privacy Regulations) promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
2. Residents must comply with the University's Privacy Policies and Procedures (Privacy Policies) implementing the Privacy Regulations. The failure to comply with the Privacy Policies will result in corrective action, including the possibility of termination.
3. Residents must make reasonable efforts to safeguard medical information. For example, residents should not discuss particular patients in public and should not leave medical records in places where unauthorized persons could access them.
4. Residents must use extreme caution when storing health information on portable devices.
5. Residents must comply with any policies developed by the University related to the security of health information.

Dress Guidelines

The University of Oklahoma Health Sciences Center and the College of Medicine have no formal dress code for residents. However, given the special nature of dealing with patients and their families, there are certain guidelines that seem appropriate.

Professional appearance and demeanor are a demonstration of respect for the patient and the profession, and of self-respect. This professional appearance and demeanor should be maintained at all times by faculty, residents, and medical students. Individual programs will inform residents of standards or requirements unique to that department or program. The resident must abide the prevailing standards of the facility.

In general, clothing should be clean and in good repair. Blue jeans, shorts, t-shirts, hats, and exercise clothing are not acceptable. Hair should be kept well groomed and neat. Mustaches and beards should be neatly trimmed. A clean clinical jacket, or other appropriate attire, should be worn at all times while on duty. Name tags are issued to each resident and must be worn so that patients, families, and hospital and clinic personnel can easily identify you.

Equipment

Residents may be assigned pagers, keys, electronic pass cards, parking cards, and other equipment or items as necessary. Residents are responsible for the equipment originally assigned to them and should not exchange their equipment with other residents unless authorized to do so by the Program Director. If equipment malfunctions, it should be returned to the department for exchange or repair.

Pagers will be issued, returned for repairs, exchanged, logged or checked in, in accordance with the policies of the individual residency programs. In the event of loss or destruction, the resident to whom the equipment was assigned will be responsible for the replacement cost of the pager.

Before a resident completes or leaves an OUHSC training program, the equipment, keys, and other items assigned to the resident must be returned in good working order by the last working day.

Resident Duty Hours

The safety of residents and patients is of foremost concern to the College of Medicine and its affiliated institutions. Excessive periods without sleep or rest can result in effects on both the physical and emotional well being of the resident. In recognition of this and in accordance with the policy of the Accreditation Council for Graduate Medical Education (ACGME), the College of Medicine, its residency programs and affiliated institutions will provide carefully constructed duty hour assignments that support the physical and emotional well being of residents, promote an educational environment, and facilitate patient care. The College, its programs, and affiliated institutions will also monitor duty hours and call schedules in order to assure compliance with the requirements of the ACGME and their Residency Review Committees.

Each program will provide to residents a formal written policy governing duty hours that are consistent with institutional and program specific requirements. The duty hour policy will focus on the needs of the patient, continuity of care, and the educational needs of the resident. Adjustments in call schedules, service requirements, and educational time may be periodically necessary in order to address excessive service demands and/or resident fatigue.

Resident Moonlighting

“Moonlighting” refers to professional medical activity in which a resident engages outside the context of the residency program. Some residents may work in their free time to supplement their incomes or to extend their education to include experiences not otherwise found in their formal training programs. This practice of moonlighting can in some instances be beneficial to the individual if prudently employed. If abused, patient care may suffer, the training program for the individual may be impaired, the burdens imposed upon peers may become excessive, and the University’s reputation as a center for educational excellence may suffer. Some residency programs restrict moonlighting activities, while other programs accept such activities as long as they do not compromise the resident meeting his/her obligations to assigned patient care and satisfying program performance requirements.

No resident in programs at the University of Oklahoma Health Sciences Center may be required to engage in moonlighting activities.

Moonlighting activities may count toward work hour limitations of academic programs set by the Accreditation Council for Graduate Medical Education or other oversight body. Therefore, as stipulated in the residency contract, residents agree not to engage in any outside employment or professional medical activity without the explicit knowledge and prior written approval of the residency’s Program Director. This written agreement must become a part of the residents file. Based on these limitations and/or resident’s

performance in the program, the Program Director will inform the resident of any limitations on his or her outside employment. Any type of moonlighting without knowledge and prior written approval of the Program Director would be considered grounds for immediate dismissal from the training program.

Residents will be monitored by the Program Director for the effect of moonlighting on their performance. Evidence of adverse effects will be considered grounds for withdrawal of permission.

A resident may not open or work in a self-owned private practice office while in training. Sufficient professional liability insurance coverage for extracurricular employment is the responsibility of the resident.

The practice of medicine without licensure is illegal. In Oklahoma, residents must satisfactorily complete at least one full year of approved postgraduate training before unrestricted licensure is granted. Unsupervised moonlighting by residents holding a restricted (special) license is illegal and against University policy. Violators of this policy are subject to immediate dismissal and possible criminal prosecution. It is the responsibility of the institution hiring a resident to moonlight to determine whether an unrestricted licensure is in place, whether the resident has adequate liability insurance, whether the resident has the appropriate training and skills to carry out assigned duties.

In promulgating this policy, the University of Oklahoma College of Medicine is not encouraging its residents to engage in extracurricular professional employment. The University accepts no responsibility for the financial consequences to residents who engage in

42 *Resident Handbook*

moonlighting if permission for that employment is withdrawn as a consequence of poor performance in the training program or for other causes such as work hour restrictions.

Residents on visas may also be prevented from working outside the residency training program. Consult with the Office of Human Resources Special Actions Office with questions regarding proposed activities. To contact the Special Actions Office: Health Sciences Center Campus, Room 119, Service Center Building, Telephone: 271-2189

Office of Graduate Medical Education

The Office of Graduate Medical Education is the central administrative office for the University's graduate medical education programs. This office operates under the overall direction of the Associate Dean for Graduate Medical Education. Official records of training, certification, and other matters relevant to residency training are maintained in this office. The administrative staff serves as a resource for residency programs and residents. The office is located in Room 357, Biomedical Sciences Building, College of Medicine, 940 Stanton L. Young Boulevard, P.O. Box 26901, Oklahoma City, Oklahoma 73190. Telephone: (405) 271-2265, extension 48516 or 48523.

Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) is responsible for institutional oversight of residency training programs under guidelines established by the national Accreditation Council for Graduate Medical Education. The membership of the GMEC includes designated Program Directors, appointed Program Directors serving staggered terms, administrative representatives of the major teaching hospitals, and residents selected annually by their peers. The committee works with the College administration and all Program Directors to carry out its functions. The GMEC's responsibilities are to:

1. Establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. Review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
3. Establish and maintain appropriate oversight of and liaison with Program Directors and assure that Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.
4. Establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. The GMEC must assure that the following requirements are met:

- a. Each ACGME-accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
 - i. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,
 - ii. Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus

- on the needs of the patient, continuity of care, and the educational needs of the resident.
- b. The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements.
 - c. The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
5. Assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Supervision of residents must address the following:
- a. Residents must be supervised by teaching staff in such a way that the residents assume progressively increas-

- ing responsibility according to their level of education, ability, and experience.
 - b. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
 - c. The teaching staff must determine the level of responsibility accorded to each resident.
6. Assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements.
 7. Establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
 8. Regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
 9. Regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
 10. Review and approve prior to submission to the ACGME:
 - a. all applications for ACGME accreditation of new programs and subspecialties;
 - b. changes in resident complement;
 - c. major changes in program structure or length of training;

- d. additions and deletions of participating institutions used in a program;
 - e. appointments of new Program Directors;
 - f. progress reports requested by any Review Committee;
 - g. responses to all proposed adverse actions;
 - h. requests for increases or any change in resident duty hours;
 - i. requests for "inactive status" or to reactivate a program;
 - j. voluntary withdrawals of ACGME-accredited programs;
 - k. requests for an appeal of an adverse action; and,
 - l. appeal presentations to a Board of Appeal or the ACGME.
11. Conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

Residents serving on the Graduate Medical Education Committee are appointed by members of the OU Medical Center Resident Council.

Administrative Academic Actions

Administrative academic actions include probation, suspension, and termination from the residency program. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. In the event a resident is subject to any administrative action, the resident shall be provided a written statement of these actions by the Program Director.

A. Probation

1. A resident may be placed on probation by a training program for reasons including but not limited to any of the following:
 - a. Failure to meet the performance standards of an individual rotation.
 - b. Failure to meet the performance standards of the training program.
 - c. Misconduct that infringes on the principles and guidelines set forth by the training program.
 - d. Documented and recurrent failure to complete medical records in a timely and appropriate manner.
 - e. Failure to meet the requirement to inform the Program Director of any professional employment outside the residency program or to comply with limitations established.
 - f. When reasonably documented professional misconduct or ethical charges are brought against a resident, which bear on his/her fitness to participate in the training program.

- g. Failure to comply with University's compliance program.
 - h. Failure to participate in required Institutional Health Screening and OSHA Training.
2. When a resident is placed on probation, specific remedial steps shall be established by the Program Director and provided to the resident in a written statement in a timely manner, usually within a week of the notification of probation.
 3. The probation action will establish a length of time in which the resident must correct the deficiency or problem.
 4. Depending on compliance with the remedial steps established by the Program Director, a resident may be:
 - a. continued on probation,
 - b. removed from probation,
 - c. placed on suspension, or
 - d. terminated from the residency program.

B. Suspension

1. A resident may be suspended from a residency program for reasons including, but not limited to, any of the following:
 - a. Failure to meet the requirements of probation.
 - b. Failure to meet the performance standards of the training program.
 - c. When reasonably documented professional misconduct or ethical charges are brought against a resident, which bear on his/her fitness to participate in the training program.

- d. Failure to meet the requirement to inform the Program Director of any professional employment outside the residency program or to comply with limitations established.
 - e. When reasonably documented legal charges have been brought against a resident, which bear on his/her fitness to participate in the training program.
 - f. If a resident is deemed an immediate danger to patients, himself or herself, or to others.
 - g. If a resident fails to comply with the medical licensure laws of the State of Oklahoma.
 - h. If a resident becomes ineligible to participate in federally sponsored health programs.
 - i. Failure to comply with University's compliance program.
 - j. Failure to participate in required Institutional Health Screening and OSHA Training.
 - k. Failure to pass required medical licensing exams and obtain required license.
2. When a resident is suspended, a written notice of the suspension and the reasons for the action shall be provided to the resident by the Program Director with a copy of the notice forwarded to the Associate Dean for Graduate Medical Education.
 3. Suspension may be with or without pay as appropriate depending upon the circumstances.

4. Suspension must be followed by appropriate measures determined by the Program Director to assure satisfactory resolution of the problem(s). During this time, the resident will be placed on "administrative leave" and may not participate in regular duties, rounds, or educational conferences.
5. Subsequent to suspension a resident may be:
 - a. reinstated with no qualifications,
 - b. reinstated on probation,
 - c. continued on suspension, or
 - d. terminated from the program.

C. Termination

1. Termination from a residency program may occur for reasons including but not limited to any of the following:
 - a. Failure to meet the performance standards of the training program.
 - b. Illegal conduct.
 - c. Unethical conduct.
 - d. Performance and behavior which compromise the welfare of patients, self, or others.
 - e. Failure to comply with the medical licensure laws of the State of Oklahoma.
 - f. Failure of the resident to pass the requisite examinations for licensure to practice medicine in the United States and obtain appropriate licensure as stipulated elsewhere in this Handbook.

- g. If a resident becomes ineligible to participate in federally sponsored health programs.
 - h. Failure to comply with University's compliance program.
 - i. Failure to participate in required Institutional Health Screening and OSHA Training.
2. The Program Director, at the time of notification to the resident, shall provide the resident a written letter of termination stating the reasons for such action and the date termination becomes effective. A copy of this notice shall be forwarded to the Associate Dean for Graduate Medical Education.

Grievances

The University, through its designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and certification of resident physicians participating in the University's graduate medical education programs. This section defines the policies and procedures for resident grievances.

A. Definition of a Grievance

1. An allegation of wrongful administrative action (e.g. failure of the Program Director to follow established procedures) resulting in probation, failure to promote, suspension, or termination of residency training.
2. A complaint concerning interpretation or application of rights under the residency agreement.
3. A formal complaint concerning work environment or issue related to the residency program or faculty.
4. Actions, including termination of residency training, resulting from a resident's failure to comply with the requirements of the medical licensure laws of the State of Oklahoma are not subject to the grievance procedure(s).
5. Actions, including termination of residency training, resulting from a resident's repeated failure to pass or failure to be eligible to take all of the requisite examinations for licensure to practice

medicine in the United States are not subject to the grievance procedure(s).

B. Grievance Procedure

1. Complainants who exercise their right to use this procedure agree to accept its conditions as outlined.
2. A resident may have a grievance only on the matters stated in Section A.1, A.2, A.3 above.
3. The resident shall first discuss his/her grievance with the training Program Director and attempt to resolve the issue within the program. This must occur within seven (7) calendar days of the date on which the resident was notified by the Program Director of the action in question.
4. If the resident is unable to resolve the matter at the level of the Program Director, he/she may request a meeting with the Associate Dean for Graduate Medical Education for the purpose of addressing his/her grievance. This request must be in writing and must contain the specific grounds for filing the grievance. The request must be submitted within seven (7) calendar days of the failed attempt to resolve the issue with the Program Director.
5. The Associate Dean for Graduate Medical Education shall meet with the resident to discuss his/her grievance and then explore the grounds for the grievance.
6. The Associate Dean for Graduate Medical Education shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the Associate Dean

for Graduate Medical Education of the resolution, or if he determines that the matter cannot be resolved.

7. Within seven (7) calendar days of notification of the resident by the Associate Dean for Graduate Medical Education that the matter cannot be resolved, the resident may request a grievance hearing by a Resident Appeals Committee. The request for a hearing shall be written and submitted to the Executive Dean of the College of Medicine. If no appeal is filed within the seven (7) calendar day period, the case is considered closed.
8. Upon receipt of a properly submitted request for a hearing, the Executive Dean of the College of Medicine shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident physician.
9. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the College of Medicine clinical departments and three (3) selected from residents within programs in the Center, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the Executive Dean from the faculty members appointed. The Associate Dean for Graduate Medical Education shall serve *ex officio*, without vote, on the appeals committee. The parties shall be notified of the membership of the committee. Committee members with a conflict of interest will be replaced.
10. The Chair of the Appeals Committee or the Associate Dean for Graduate Medical Education shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (1)

giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (2) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate.

11. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have legal counsel present at the hearing, the resident must notify the Associate Dean for Graduate Medical Education in writing at least fifteen (15) calendar days prior to the Appeals Committee hearing. Legal counsel for the complainant and the respondent may advise their clients at the hearing but may not directly address the Appeals Committee or witnesses. Legal Counsel for the University may advise the Appeals Committee.
12. If the resident is accompanied by legal counsel at the hearing or, if allowed at any prior steps where the resident and University official(s) meet, University legal counsel shall also be present.
13. The parties shall each submit a list of the witnesses to be called and the actual exhibits to be presented at the hearing to the Associate Dean for Graduate Medical Education at least seven (7) calendar days in advance of the hearing. The parties are responsible for acquiring evidence and requesting witnesses' attendance. The list of witnesses and exhibits from each party will be provided to the other party and to the appeals committee chair.

14. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement recommended by the parties and shall be signed and dated by each party and by the Chair of the Appeals Committee. This agreement shall be filed with the Executive Dean of the College of Medicine, with a copy to the Associate Dean for Graduate Medical Education for the administrative file maintained in the Office of Graduate Medical Education.
15. The Resident Appeals Committee shall hear the grievance. The Committee shall determine the procedure and conduct of the meeting. The hearing shall be closed unless all principals in the case agree to an open hearing. The Associate Dean for Graduate Medical Education shall arrange audio tape recording of the hearing and copies will be provided to the parties upon request.
 - a. Witnesses will be asked to affirm that their testimony will be truthful.
 - b. Witnesses other than the complainant and the respondent shall be excluded from the hearing during the testimony of other witnesses. All parties and witnesses shall be excluded during the deliberations of the Appeals Committee.
 - c. Burden of proof is upon the complainant and must be by a preponderance of the evidence.
 - d. Formal rules of evidence shall not apply.
 - e. The parties will have reasonable opportunity to question witnesses and present information and argument deemed relevant by the Appeals Committee Chair.

- f. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting.
- 16. The responsibility for academic evaluation and evaluation of patient care skills rests with the faculty of the training program. The primary responsibility of the Appeals Committee is to review disputes as defined in Section A.1 and A.2 which have not been satisfactorily resolved at any steps prior to the hearing.
- 17. The Appeals Committee shall render a signed, written report of its findings and recommendations regarding the dispute in question to the Executive Dean of the College of Medicine. The Committee's report shall be prepared and properly transmitted within seven (7) calendar days after conclusion of its deliberations.
- 18. The Executive Dean of the College of Medicine shall review the findings and recommendations of the Appeals Committee and render a final decision regarding the grievance and appropriate action. Within fifteen (15) calendar days of receipt of the Appeals Committee's findings and recommendations, the Executive Dean shall inform the resident and the Program Director of the findings of the Appeals Committee and of the Dean's decision. A copy of the Dean's decision shall be transmitted to the Chair of the Appeals Committee and to the Associate Dean for Graduate Medical Education to be placed in the resident's administrative file maintained in the Office of Graduate Medical Education.

Medical Examiner Cases

There is often confusion as to which deaths come under the purview of the medical examiner. State law (63 Okla.Stat. §938) is quite specific and requires that the medical examiner be notified of deaths in the following categories:

- Violent deaths, whether apparently homicidal, suicidal, or accidental, including but not limited to, deaths due to thermal, chemical, electrical, or radiational injury, and deaths due to criminal abortion, whether apparently self-induced or not;
- Deaths under suspicious, unusual or unnatural means;
- Deaths related to disease which might constitute a threat to public health;
- Deaths unattended by a licensed medical or osteopathic physician for a fatal or potentially-fatal illness;
- Deaths of persons after unexplained coma;
- Deaths that are medically unexpected and that occur in the course of a therapeutic procedure;
- Deaths of any inmates occurring in any place of penal incarceration; and
- Deaths of persons whose bodies are to be cremated, buried at sea, transported out of state, or otherwise made ultimately unavailable for pathological study.

Unattended by licensed physician:

The individual must have been under care for a fatal or potentially fatal illness. Deaths in this category are usually

- Persons found dead without obvious cause;
- Unattended at any time by a licensed physician;
- Unattended by a physician during terminal illness that appears unrelated to previous diagnoses;
- Sudden death, when in apparent good health;
- After rapidly fatal, unexplained illness;
- Fetal death attended by a midwife.

Cases constituting a possible hazard to the public health often fall into these categories.

It is emphasized that a nonviolent death within 24 hours after hospital admission is not necessarily a medical examiner case. Patients dying shortly after entering emergency rooms are not necessarily medical examiner cases. If the probable cause of death can be ascertained from the history and physical examination, and if the cause of death can be said to be natural, a medical examiner's investigation is unnecessary. In general, the medical examiner's office should be notified if the deceased has not been treated for a fatal or potentially fatal illness within 14 days prior to death.

All deaths following injury must be reported to the medical examiner regardless of the interval between injury and death, if the injury is in any way related to the death.

Physician Recovery Program

The College of Medicine recognizes the importance of providing an avenue for intervention and treatment for physicians in residency and/or fellowship training who develop or have alcohol or other chemical dependence problems. The College and its residency programs want our residents to understand that there is a desire to work with them in a strongly supportive manner for their rehabilitation if they are discovered to have a chemical dependence problem.

The College of Medicine has developed working agreements with the Oklahoma State Medical Association (OSMA) Physician Recovery Program as a method to deal with these problems and develop workable recovery programs. The Physician Recovery Program (PRP) is a special program of the OSMA. The program's purpose is to provide a peer-sponsored program for physicians who have developed a chemical dependence problem. The program approaches individuals suffering chemical dependence with the following resources: (1) a method for confronting physicians regarding their problems, (2) provides a mechanism for evaluation of chemical dependence problems, and (3) identification of appropriate treatment programs for these individuals.

The Oklahoma State Board of Medical Licensure and Supervision has recognized the PRP for its activities, and the Board allows the program to supervise physicians who voluntarily commit to its program and ongoing monitoring activities. The Board respects the

confidentiality of the PRP program except where otherwise required by law.

The following procedures are followed in the case of residents entering the PRP. The residency Program Director contacts the Chair of the OSMA PRP Committee to discuss options for dealing with a resident who is discovered to have a problem or potential problem. The PRP Committee will meet with the resident and others who have collaborative information. The PRP meeting is a “pre-evaluation” session that normally leads to a formal multidisciplinary evaluation, but it may lead directly to a treatment program. The residency Program Director requires the resident to follow the PRP’s recommendations as a condition of continuing in the residency program. The expense of these evaluation and treatment programs is the responsibility of the resident, but may be covered partially by health care insurance.

The residency program can and should require periodic verification that individuals continue in the PRP. Failure to continue in the PRP will result in termination from residency training. The PRP includes a monitoring testing schedule. Residents who are participants in the PRP must submit to the program’s testing schedule. A “miss” in monitoring testing is considered a positive unless a satisfactory explanation is received from the individual scheduled for testing. Testing sites are designated by the PRP. After participating in the Oklahoma PRP, an individual moving from Oklahoma can generally transfer to another state’s physician recovery program.

Key Telephone Numbers

OUHSC Direct Access Line (405) 271-8801 + Extension

	Extension
Administrative Offices	
Graduate Medical Education Office	48516
Graduate Medical Education Compliance Officer	48523
Dean's Office, College of Medicine	12265
Associate Dean for Graduate Medical Education.....	48512
Office of the University Legal Counsel	12033
University Human Resources Office.....	12180
Affirmative Action Office	12110
Campus Police	14300
Employee Assistance Program	15272
Employee Health	13100
Residency Program Offices	
Anesthesiology	55112
Dermatology	48002
Family Medicine	
Oklahoma City	32633
Sports Medicine.....	18818
Enid	(580) 242-1300
Lawton.....	(580) 248-4797
Geriatric Medicine	18558
Internal Medicine	15963
Cardiovascular Disease	44742

Clinical Cardiac Electrophysiology.....	37507
Chronic Heart Failure Management.....	12916
Interventional Cardiology.....	270-1564
Endocrinology & Metabolism.....	15896
Gastroenterology	15428
Hematology/Oncology.....	48362
Infectious Disease.....	270-0501, X3284
Nephrology	16842
Pulmonary Disease & Critical Care Medicine.....	16173
Rheumatology/Immunology/Allergy	17217
Vascular Medicine.....	44773
Medicine/Pediatrics	14417
Neurology.....	46020
Clinical Neurophysiology.....	46020
Neurosurgery.....	46012
Obstetrics & Gynecology	18470
Gynecologic Oncology.....	48151
Ophthalmology	17816
Oral Surgery	14955
Orthopedic Surgery.....	15964
Otorhinolaryngology.....	47902
Pathology.....	58030
Pediatrics	14417
Endocrinology.....	43085
Medical Genetics	18685
Neonatal-Perinatal Medicine.....	15215
Pediatric Surgery.....	15922

66 Resident Handbook

Plastic Surgery	14864
Psychiatry	47683
Child and Adolescent	47607
Radiology.....	37893
Musculoskeletal Radiology	37893
Pediatric Radiology	37893
Nuclear Medicine	37893
Vascular and Interventional Radiology	37893
Surgery	16308
Thoracic and Cardiovascular Surgery	15789
Urology	16900

Affiliated Hospitals

OU Medical Center	
Everett Tower	
Administration	15911
Chief of Staff.....	15911
Medical Director	15911
Presbyterian Tower	
Administration	15911
Chief of Staff.....	15911
Medical Director	15911
Children's Hospital at OU Medical Center	
Administration	16165
Chief of Staff.....	16165

Medical Director.....	16165
Veterans Administration Medical Center	
Office of the Director	270-5133
Chief of Staff	270-5135
Medical Director	270-5199
Integris Baptist Medical Center, Medical Education	949-3284
Bone & Joint Hospital	272-9671
St. Anthony Hospital, Medical Education	272-8472

Index

A

Accreditation Council for Graduate
Medical Education, 1, 7, 44
Administrative Academic Actions, 49
 probation, 49
 suspension, 50
 termination, 52
Administrative Offices, 65
Affiliated Hospitals, 67

C

Certificates of Training, 33
Counseling Psychological Support
Services, 13

D

Disability insurance. *See* Insurance
Dress Guidelines, 37
Drug Enforcement Administration,
 United States, 26
Duty Hours, 39

E

Educational Leave, 11
 reimbursement, 12
electronic pass cards, 38
Electronic Residency Application
 Service, 6
Employment eligibility verification, 9

Equipment, 38
Evaluation, 31
Exposure, work related, 18

F

Family Leave Policies, 12
 requests for family leave, 13
fellows
 defined, 1

G

GMEC. *See* Graduate Medical
 Education Committee
Graduate Medical Education
 Committee, 1, 10, 44
Grievances, 54
 definition, 54
 hearing procedure, 58
 legal counsel, 57
 procedures, 55
 resident appeals committee, 56
 witnesses, 57

H

Health requirements, personal, 17
health screening, 17
Holiday Leave, 11

I

infection control, 17

infectious exposure policies, 17
Injury, work related, 18
Insurance
 accidental death, 14
 benefits, 14
 dental, 14
 health, 14
 long-term disability, 14
 reimbursement accounts, 14
 term life, 14
International Medical Graduates
 residency appointments, 8

K

keys, 38

L

Library, medical, 15
 hours, 15

M

Mail, 16
Maternity Leave, 13
Medical Ethics, 29
Medical Examiner cases, 60
Medical Records, 34
 preparation and maintenance, 35
 preservation, 34
Moonlighting, 40

N

Narcotics prescribing registration, 26
 institutional number, 27
National Resident Matching Program,
 6

O

Office of Graduate Medical
 Education, 43
Oklahoma Medical Licensure, 20
 allopathic physicians, 20
 application, 23
 full licensure, 21
 graduates of foreign medical
 schools, 22
 institutional policy, 24
 special license, 21
 failure to comply, 20
 osteopathic physicians
 general policy, 24
 institutional policy, 25
 special license, 21
Oklahoma State Board of Medical
 Licensure and Supervision, 20
Oklahoma State Board of Osteopathic
 Examiners, 24
Oklahoma State Bureau of Narcotics
 and Dangerous Drugs, 26

P

paggers, 38

70 *Resident Handbook*

Parking, 15
parking cards, 38
Paternity Leave, 13
Physician Recovery Program, 62
Probation, 49
Professional Liability Insurance, 19
 activities outside scope of residency
 program, 19
Promotion, 31

R

Residency Agreement, 9
 intent not to renew, 9
 period of appointment, 9
 renewal, 9
Residency Appointments, 3
 eligibility criteria, 3
 first postgraduate year, 6
 second postgraduate year and
 above, 7
 selection criteria, 5
Residency Program Offices, 65
Residency Review Committees, 1, 7
Resident Appeals Committee, 56
Resident Benefits, 10
residents
 defined, 1
Responsibilities, resident physicians,
 28

S

Salary, 10
 direct deposit, 10

Sick Leave, 11
 unused sick leave, 11
special license. *See* Oklahoma
 Medical Licensure
Stipend. *See* Salary
Suspension, 50

T

Telephone, key numbers, 65
Termination, 52
tuberculin skin tests, 17

U

United States Medical Licensing
 Examination, 3, 20, 21
USMLE, 3, 20, 21, 22, 24

V

Vacation, 10
 limits, 10
 unused time, 10

The University of Oklahoma Health Sciences Center in compliance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, and other Federal laws and regulations, does not discriminate on the basis of race, color, origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

This publication, printed by the University Press, is issued by the Board of Regents of the University of Oklahoma as authorized by 70 Okl. Stat. 1981 §3305(o). One thousand copies have been prepared and distributed at no cost to taxpayers. Copies have been deposited with the University of Oklahoma Health Sciences Center Library and this publication is listed with the Publications Clearinghouse of the Oklahoma Department of Libraries. (2006)