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MICHAEL E. DEBAKEY  
DEPARTMENT OF  
SURGERY

**2015-2016 SURGERY RESIDENT HANDBOOK**

# 2015-2016 RESIDENT HANDBOOK

## TABLE OF CONTENTS

The Program .....	4
The Hospitals .....	10
The Rotations .....	13
Hospital Site Directors .....	15
The Surgery Education Office Faculty and Staff .....	16
Core Competencies .....	18
Education Program .....	20
Graduate Medical Education House Staff Policies: .....	24
<b>BCM Policies and Procedures .....</b>	<b>24</b>
<b>Graduate Medical Education .....</b>	<b>24</b>
Recruitment and Selection of House Staff; .....	24
Eligibility & Appointment Requirements .....	24
Responsibilities of House Staff: .....	26
Reappointment .....	26
Appeal of Non-Reappointment .....	27
Appeal of Non-Promotion .....	28
Texas Medical Board Reporting .....	28
Sexual Harassment .....	28
Vacations and Leaves of Absence .....	29
Travel Policy .....	32
Professionalism .....	34
Duty Hours and the Working Environment .....	35
Stress, Fatigue and Impairment .....	37
Resident Responsibilities .....	40
Communication .....	45
Guidelines for Resident Supervision .....	46
Appropriate Procedures by PGY Level .....	49

## **Section 1:**

# **Program Overview**

# **The Program**

## **Introduction**

Welcome to the Baylor College of Medicine General Surgery Residency Program. This five-year program accepts eight categorical first-year residents and graduates eight Chief Residents each year. The residency provides basic surgical training to preliminary residents in the subspecialties of neurosurgery, otolaryngology, urology, and plastic surgery. Residents are exposed to an extraordinarily broad range of clinical opportunities during their rotations at two public hospitals (Harris Health System/Ben Taub Hospital and the Michael E. DeBakey Veterans Affairs Medical Center) and four private hospitals (St. Luke's Hospital, Texas Children's Hospital, and M. D. Anderson Cancer Center).

The General Surgery residency training program of the Michael E. DeBakey Department of Surgery at Baylor College of Medicine is supervised by Dr. Bradford Scott, Program Director and Dr. Eric Silberfein, Associate Program Director. The program is approved by the Residency Review Committee for Surgery with the Accreditation Council for Graduate Medical Education. After satisfactory completion of the program, residents are eligible for certification by the American Board of Surgery.

The program provides a sound and well-rounded experience for the general surgery resident. Considerable experience is gained in the management of all areas of general surgery, including abdomen, alimentary tract, breast, head and neck, vascular system, endocrine, trauma, and critical care. Experience is also provided in pediatric surgery, endoscopy, cardiothoracic surgery, minimally invasive surgery, transplantation, and the surgical subspecialties.

During the five-year training period, residents spend an average of 25 months at the private hospitals and 35 months at the public hospitals. The affiliated hospitals are full-service, and numerous teaching seminars and conferences are held at each one. Clinical rotations at all six hospitals offer extensive patient contact.

Opportunities are also available in basic and clinical science research in the laboratories of Baylor College of Medicine and at the individual hospitals. During the match process, applicants are able to select and rank with either our clinical or academic track.

Upon completion of the program, Baylor surgery residents are among the most experienced in the country and fully qualified to be examined by the American Board of Surgery, as evidenced by our trainees' high success rate for board certification.

## **Overall Goals**

The major educational goal of the General Surgery Residency Program at Baylor College of Medicine is to produce graduates who will be able to practice General Surgery competently and independently in either private practice or academic medicine. On completion of the program, the resident will be assessed as competent in the areas outlined under the ACGME's core competencies and will be well-prepared to sit for the Qualifying Examination of the American Board of Surgery. Our graduates will possess the knowledge, technical skills, and attitudes required to function as a board-certified general surgeon, providing the highest quality of patient care.

## **General Objectives**

The following **general educational objectives** apply to residents at all levels and characterize the general requirements for successful completion of the residency program. A continuum of achievement in accomplishing the following goals throughout residency training will serve as one marker of satisfactory progress:

- Demonstration of a humane and considerate approach to patients and family members.
- The ability to evaluate surgical patients, including recognition of medical or surgical emergencies which threaten life or limb and require initiation of emergency medical or surgical care.
- The ability to develop, evaluate and carry out a rational plan of care for surgical patients.
- Proficiency in written and oral communication in bedside care, case presentations, the medical record and manuscripts.
- Satisfactory and timely completion of medical record responsibilities.
- Demonstrated proficiency in use and application of the surgical literature.
- The ability to understand and participate in surgical education and research.

## **PGY-1 Overall Goals & Objectives**

**PGY-1** residents are expected to accomplish and maintain the following objectives:

- Develop personal values and interpersonal skills appropriate for the surgical resident (demonstrated by being available at required times, and giving patient care needs the highest priority).
- Provide care for patients assigned, follow up on issues, and communicate issues with the senior residents and attendings.
- Provide for the day-to-day care of patients.
- Develop a working knowledge of common problems in general surgery, vascular surgery, surgical oncology and trauma (demonstrated through achievement of an acceptable grade on pertinent rotation evaluations).
- Perform comprehensive histories and physicals, and communicate findings to senior residents and other team members.
- Evaluate laboratory and radiographic studies by directly viewing these studies and communicating results to senior residents.
- Master basic pathophysiology of surgical disease.
- Establish basic proficiency in the evaluation of patients under routine and emergency circumstances (demonstrate the ability to: recognize surgical emergencies, perform a history and physical examination, order appropriate basic ancillary studies, effectively communicate findings to other physicians).

- Establish basic proficiency in providing pre-operative and post-operative care (demonstrate the ability to: write appropriate pre- and post-operative orders for floor patients, handle nursing calls appropriately, manage most routine postoperative care with minimal intervention by supervisors).
- Arrive in the operating room on time and prepared with knowledge of the applicable anatomy and physiology.
- Assist in the operating room.
- Begin to learn surgical technique under the direct supervision of attending surgeons.
- Acquire basic operative skills necessary to perform less complex surgical procedures, such as hernia repair, central line procedures and minor outpatient surgery.
- Learn the basics of post-operative care in the hospital and in the clinic.
- Teach rotating medical students.
- Develop interpersonal skills to optimize patient care among all members of the healthcare team.

## **PGY-2 Overall Goals & Objectives**

**PGY-2** residents are expected to accomplish and maintain the following objectives:

- Develop organizational and teaching skills necessary for basic management of a surgical service (demonstrate the ability to attend to organizational duties of service such as organizing rounds and teaching sessions).
- Provide day-to-day care of patients.
- Perform comprehensive histories and physicals.
- Formulate plans of care based on acquired information.
- Understand decision making processes used in the care of surgical patients.
- Establish a knowledge base and skill proficiency for the management of the critically ill surgical patient and the burned patient (demonstrated through the ability to place endotracheal tubes, catheters, and arterial lines, and through the achievement of an acceptable grade on pertinent rotation evaluations).
- Acquire proficiency in surgical endoscopy (through successfully performing colonoscopy, EGD, anoscopy, bronchoscopy).
- Develop enhanced proficiency in the provision of pre- and post-operative care (demonstrate the ability to manage pre- and post-operative care of complex patients with minimal intervention by supervisors).
- Understand the anatomy of surgical procedures. Know the procedure well the night before and arrive in the OR on time and well prepared.

- Develop increased skill in operative technique required for procedures of increasing surgical complexity, such as skin grafting; more complex hernia repairs and complex soft-tissue surgery (demonstrate the ability to perform these operations with minimal assistance).
- Develop a post-operative plan of care with the senior residents and attendings and help implement that plan.
- Develop interpersonal skills in relationships with peers, nursing staff, attendings, patients and their families.
- Convey appropriate information to senior residents.
- Teach interns and rotating medical students.
- Continue a program of regular study of a basic textbook of surgery.

### **PGY-3 Overall Goals & Objectives**

**PGY-3** residents are expected to accomplish and maintain the following objectives:

- Establish a knowledge base, judgment and interpersonal skills necessary to function as a surgical consultant (demonstrated by successfully managing simple consults with minimal help).
- Develop enhanced skills in the management of a surgical service (demonstrated by managing service administrative duties assigned by chief resident or faculty).
- Develop knowledge and skills necessary to function as the trauma team leader for both adult and pediatric patients (demonstrated by successfully directing trauma resuscitation).
- Provide in house coverage for consultations and emergency room admissions.
- Assist at trauma admissions.
- Continue to develop technical skills necessary for the performance of more complex surgical procedures in general, pediatric, and minimally invasive surgery (demonstrated through the ability to perform laparoscopic cholecystectomy, small bowel resection, and other procedures of similar complexity).
- Learn more advanced surgical techniques.
- Develop proficiency in the rational use of surgical literature and evidence-based medicine (demonstrated by supporting clinical discussions and recommendations with scientific evidence).
- Continue a program of reading and study of basic surgical material, as well as leading scientific/academic journals on a regular basis.
- Teach junior residents in the emergency room, and on rounds.
- Teach rotating medical students.
- Refine interpersonal skills.

## **PGY-4 Overall Goals & Objectives**

**PGY-4** residents are expected to accomplish and maintain the following objectives:

- Broaden the depth of understanding of surgical illness, including basic science of surgery, non-operative and operative options, complications and their prevention, and surgical judgment.
- Continue to develop knowledge and skills necessary for the complete management of common problems in general, minimally invasive, vascular, and thoracic surgery (demonstrated through the ability to manage most common problems with minimal assistance).
- Demonstrate enhanced proficiency for functioning as the trauma team leader for both adult and pediatric patients (demonstrated by successfully directing trauma resuscitation).
- Conduct daily rounds.
- Communicate details to attendings as appropriate.
- Master the sophisticated pathophysiology of surgical patients.
- Master the details of pre-operative preparation of hospitalized patients and outpatients.
- Learn surgical techniques.
- Master the details of an operative plan along with an understanding of risks, benefits, alternatives and complications.
- Work with the attending surgeon in the development of a post-operative plan of care.
- Refine interpersonal skills.
- Educate junior residents and medical students.
- Demonstrate satisfactory performance as a teacher of junior residents and medical students (demonstrated by receiving acceptable feedback from students and peers).
- Competently manage a house staff team in the peri-operative care of the patient.
- Provide supervision to junior residents in carrying out patient care responsibilities.
- Review notes as appropriate with junior residents.
- Review laboratory data and studies with junior residents.
- Assist junior residents in the development and conduct of plans of care.
- Supervise junior residents in the execution of care plans.
- Conduct a regular program of advanced reading and study.
- Become conversant with a few surgical journals.



## **PGY-5 Overall Goals & Objectives**

**PGY-5 residents** are usually given the greatest responsibility in the operating room and in the management of non-operative patients. They are also given the significant responsibility of managing the team of residents that they lead. Most importantly, chief residents are expected to *lead by example*. In addition, chief residents are expected to accomplish and maintain the following objectives:

- Demonstrate personal and professional responsibility, leadership skills and interpersonal skills necessary for independent practice as a specialist in surgery (demonstrated by successfully managing the chief resident services).
- Develop knowledge and skills necessary to assume complete responsibility for the management of the surgical patient, including mastery of the fundamental components of surgery as defined by the American Board of Surgery (demonstrated by achieving acceptable scores on written and oral examinations and by receiving acceptable evaluations).
- Demonstrate proficiency in management of complex problems in general and minimally invasive surgery, and surgical oncology (as evidenced by the ability to treat complex problems in the discipline with minimal help).
- Develop a sophisticated understanding of the pathophysiology of surgical diseases represented on the service.
- Conduct daily rounds on all patients on the service.
- Communicate details of patient progress to the appropriate attending.
- Be directly involved in pre-operative management (especially co-morbid factors) and decision making along with the attending.
- Arrive in the operating room on time and armed with an in-depth knowledge of the anatomy of the procedure to be performed along with an understanding of appropriate physiology, surgical alternatives, risks, benefits and options.
- Develop a plan for post-operative care with the attending and help carry it out.
- Provide post-hospital follow-up in clinic.
- Demonstrate excellent interpersonal skills with all other members of the health care team.
- Serve as a role model and consultant for junior residents.
- Provide supervision to junior residents in carrying out patient care responsibilities for the group of patients assigned by the chief resident.
- Serve as an educator of medical students and junior residents.
- Carry out administrative tasks as requested by the Program Director and Associate Program Director.
- Assist the Program Director and Associate Program Director with administrative matters such as scheduling, etc.
- Assist in assuring coverage of the assigned service.

## The Hospitals

The Michael E. DeBakey Department of Surgery utilizes our affiliated hospitals: Baylor St. Luke's Medical Center, Harris Health System/Ben Taub Hospital (a Level 1 trauma center), Michael E. DeBakey Veterans Affairs Medical Center, Texas Children's Hospital (a nationally known and respected pediatric hospital), and the University of Texas M.D. Anderson Cancer Center. These institutions are located in the heart of the Texas Medical Center in Houston, Texas, the largest medical center in the world, and are conveniently located within walking distance of each other.

### **Baylor St. Luke's Medical Center**

Baylor St. Luke's Medical Center is the primary, private adult hospital affiliate of the College. Sixty percent of the hospital's active staff holds BCM faculty appointments.

The 912-bed non-profit hospital located in the Texas Medical Center cares for more than 30,000 inpatients and 200,000 outpatients each year. Cardiovascular care is a major focus at the hospital, which features the largest cardiac catheterization laboratory in the world with more than 10,000 diagnostic and therapeutic procedures performed each year. The Transplant Center, one of the largest in the world, has performed more than 1,000 heart transplantations since 1975.

The Texas Heart Institute at St. Luke's advances the understanding and treatment of cardiovascular disease through innovative and progressive programs in research, education, and patient care and, since 1990, has been recognized (by U.S. News & World Report) as one of the nation's top 10 centers for cardiology and heart surgery.

Baylor St. Luke's Medical Center's excellence also extends to 24 clinical services. Advanced treatment programs are available in orthopedics, oncology, urology, digestive disorders, and neurosciences. In addition to being one of only 30 referral centers in the United States for high-risk obstetrics, St. Luke's has a nationally and internationally recognized liver transplant team.

The 29-story O'Quinn Medical Tower at Baylor St. Luke's Medical Center, home to more than 200 medical specialists, is connected by a sky bridge to the hospital. Several floors are devoted to outpatient services, including radiology, endoscopy, urology and cardiology, as well as ambulatory surgery and rehabilitation.

## **Harris Health System/Ben Taub Hospital**

Ben Taub Hospital is a 650-bed medical and surgical hospital that is nationally recognized for its Level I trauma center, caring for more than 108,000 emergency patients each year. The acute care facilities feature psychiatric and pediatric emergency centers, and 12 operating rooms. Nearly 40 percent of Baylor College of Medicine's resident physicians are trained at Ben Taub Hospital and 11 community centers, which are also part of the Harris County Hospital District.

Ben Taub Hospital, at more than 730,000 square feet of space, features a variety of outpatient clinics for a number of medicine, surgery, and pediatric specialties, as well as comprehensive radiology and laboratory support facilities, including interventional radiology. Its outpatient clinics see more than 184,000 patients. In 2006, staff delivered more than 5,065 babies, performed 10,855 major surgical procedures, and took care of more than 26,000 hospital admissions.

As the largest hospital in the Harris County Hospital District, Ben Taub Hospital provides an impressive range of services, from outpatient general medicine and pediatric clinics, to the most complicated surgical procedures. U.S. military personnel from the Air Force, Army, and Navy have used Ben Taub Hospital to train their surgeons in advanced trauma care available in a large urban hospital.

## **Michael E. DeBakey Veterans Affairs Medical Center**

The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) has been affiliated with Baylor College of Medicine since 1949. Today, with 357 acute care, medical, intermediate medicine, and surgical beds, and a 120-bed nursing home, it is one of the VA's largest hospitals, serving Harris County and 27 surrounding counties.

Veterans receive treatment in this state-of-the-art hospital building that features advanced design and technology, including an automated robot transport system that hastens delivery of food, laundry, and other necessities. BCM researchers collaborate with MEDVAMC staff in studying various health problems, including AIDS and heart disease.

BCM department chairs and top administrators from the MEDVAMC serve on the hospital's Dean's Committee to set medical care standards and advise on education and research programs at the Center. The Committee recommends measures to assure that the highest quality of medical care is delivered to the veteran patients. BCM faculty serve as medical service chiefs at the hospital.

Supported with more than \$26 million annually, research conducted by MEDVAMC staff ensures veterans access to cutting-edge medical and health care technology. The MEDVAMC Research & Development Program is an integral part of the Medical Center's mission. New knowledge, techniques, and products have led to improved prevention, diagnosis, treatment, and control of disease, as well as correction of, or compensation for, defects.

MEDVAMC researchers continue to lead the way in finding a cause for illnesses in Gulf War veterans, treating Hepatitis C, and exploring the effectiveness of the new, stronger multi-drug treatments for fighting AIDS/HIV.

## **Texas Children's Hospital**

Texas Children's Hospital, licensed for 639 beds, is one of the nation's largest pediatric hospitals. Its physicians treat infants, children, and adolescents, and its units specialize in the diagnosis and treatment of rare disorders. Almost all of the geographically based physicians at the hospital are members of the BCM full-time faculty. More than 40 medical and surgical outpatient services are available to children.

Texas Children's Hospital and its integrated teams of specialists extend care to more than 2 million patient visits annually. Facilities include the Gordon Emergency Center, 22 pediatric surgery suites, a 31-bed Pediatric Intensive Care Unit, a 12-bed Cardiac Intensive Care Unit, and a 76-bed Level III Neonatal Intensive Care Unit.

The Texas Children's Cancer Center, housed at the hospital, is one of the largest cancer research treatment centers in the country and includes a 36-bed inpatient unit and a 15-bed bone marrow transplant unit.

With BCM, Texas Children's participates in approximately 400 research projects and receives more NIH research funding than any other pediatric hospital in the nation. Current projects include testing of medications to improve the quality of life for patients with HIV infection and AIDS, diagnostic methods based on DNA analysis for cystic fibrosis, muscular dystrophy and other genetic disorders, development of treatments through human gene therapy and other basic and applied research studies. The two institutions operate the Children's Nutrition Research Center, a U.S. Department of Agriculture facility that conducts research on the nutritional needs of pregnant and nursing women and their children.

Texas Children's has embarked on a \$1.5 billion expansion that includes a neurological research center, maternity center and development of the west campus.

## **M.D. Anderson Cancer Center**

The University of Texas M. D. Anderson Cancer Center is one of the world's most respected centers devoted exclusively to cancer patient care, research, education, and prevention.

Over the years, M. D. Anderson has developed the most ambitious cancer research program in the world, with services in gene therapy, molecular therapy, and new blood stem cell and bone marrow transplantation procedures. The institution offers hundreds of clinical trials for patients with every type of cancer, studies that hopefully will reveal new drugs and treatment regimens that help to prolong and improve patients' quality of life. This comprehensive program means that researchers can bring new treatments from the laboratory to the patient bedside several years before most other institutions.

## **The Rotations**

### **First & Second Year**

Training during the first two years in the General Surgery residency training program provides a sound background for increasing responsibility for patient care. Residents are assigned to surgical services at affiliated hospitals in the Texas Medical Center, where they gain invaluable surgical experience. They work directly with experienced surgical faculty in an environment where progressive, supervised operative experience is available. Rotations include many of the general surgical services as well as the intensive care unit, emergency center, and some surgical specialties.

At the Ben Taub Hospital, the PGY-2 resident serves as Chief of the Emergency Room (ER), and is responsible for coordinating all aspects of the emergency room. For example, residents run the shock room, managing penetrating and blunt trauma. At Ben Taub Hospital, PGY-2 residents also rotate the elective surgery service.

### **Third Year**

General Surgery residents rotate on the pediatric surgical service at Texas Children's Hospital, acute care/surgical oncology at the Michael E. DeBakey Veterans Affairs Medical Center, transplant service at Baylor St. Luke's Medical Center and the general surgery services at the Michael E. DeBakey Veterans Affairs Medical Center, Baylor St. Luke's Medical Center, and Ben Taub Hospital.

Residents receive clinical experience on the pediatric surgery service while rotating at Texas Children's Hospital, one of the nation's leading hospitals for children. While rotating on this service, the resident serves as Chief of the service, leading his or her team of residents under the direction of the pediatric surgery faculty.

At the Michael E. DeBakey Veterans Affairs Medical Center, the resident serves as the second-in-command of the general surgery and surgical oncology services, working with the Medical Center's Chief Residents and attending faculty. Residents gain a wide range of clinical operative experience as surgeons.

During the third year, residents receive increasing graded responsibility in the care of their patients, under the supervision of the Chief Resident and faculty. They find this time to be full of excitement and personal growth as they progress into their fourth year of training.

## **Fourth Year**

During their fourth year of General Surgery residency training, residents assist the Chief in the management of the general surgery service while at the Ben Taub Hospital. In addition, they assist the general surgery service at M. D. Anderson Cancer Center, functioning with a team on the surgical oncology service. The residents gain outstanding experience on the vascular service at Michael E. DeBakey Veterans Affairs Medical Center, general thoracic surgery at Baylor Clinic, and both vascular and thoracic surgery at the Ben Taub Hospital. During this year, residents continue to expand their technical skills and knowledge base and increase their operative numbers as surgeons.

## **Fifth (Chief) Year**

Chief Residents are assigned to surgical services at the Ben Taub Hospital, Baylor St. Luke's Medical Center, and the Michael E. DeBakey Veterans Affairs Medical Center, where they have the opportunity to assume responsibility for performing operations independently. They are the leaders of their teams and coordinate all clinical activities for their service with the appropriate assistance of their assigned faculty member. Residents are involved in directing service and administrative functions and report directly to the senior staff of the department at each institution, as well as to the Program Director and Associate Program Director and Chairman.

The Chief is expected to serve as a role model to junior residents and to develop leadership skills, which will strengthen throughout the year as graduation approaches. Each Chief Resident graduates the program with an outstanding clinical operative experience that meets the requirements of the American Board of Surgery and the Residency Review Committee for Surgery. Chief graduates are qualified to be accepted into competitive fellowship programs or outstanding practices either in academics or private practice.

## **Subspecialty (Preliminary) Residents**

For residents who need less than five years of general surgical training as a prerequisite for continued training in a surgical specialty, experience afforded by the General Surgery residency training program depends upon the needs of these residents in their chosen specialties. The Specialty Program Directors and Associate Program Directors and the General Surgery Program Director and Associate Program Director work collaboratively on the design of these rotations to ensure an outstanding, diverse experience. Assignments in general surgery are divided between the private and public hospitals.

## **Preliminary Residents**

The preliminary surgery program offers a wide variety of surgical experiences to residents who have not yet chosen a surgical subspecialty. The program will give these trainees one year of general surgery training before they go on to future graduate medical education.

## Hospital Site Directors

The faculty members listed below serve as Site Directors for each of the institutions at which General Surgery residents rotate. While there are designated Education Directors for each rotation at each institution who residents will meet with at the start of each rotation, the Site Directors are responsible for overseeing residents' educational experiences across rotations within their respective institutions.

**Harris Health System/Ben Taub Hospital** [Stephanie Gordy, M.D.](#)

Assistant Professor of Surgery  
Division of General Surgery  
713-798-4557  
[stephanie.gordy@bcm.edu](mailto:stephanie.gordy@bcm.edu)

**Texas Children's Hospital**

[Mark Mazziotti, M.D.](#)

Associate Professor of Surgery  
Division of Pediatric Surgery  
832-822-3135  
[mazziott@bcm.edu](mailto:mazziott@bcm.edu)

**Baylor St. Luke's Medical Center**

[George Van Buren, M.D.](#)

Assistant Professor of Surgery  
Division of Surgical Oncology  
713-798-8218  
[George.VanBuren@bcm.edu](mailto:George.VanBuren@bcm.edu)

**Michael E. DeBakey Veterans Affairs  
Medical Center**

[Louisa Chiu, M.D.](#)

Assistant Professor of Surgery  
Division of General Surgery  
713-794-1414  
[Louisa.Chiu@bcm.edu](mailto:Louisa.Chiu@bcm.edu)

## The Surgery Education Office Faculty and Staff

The Surgery Education Office provides support for the 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**.

**Vice Chair for Education**                      **Bradford G. Scott, M.D.**  
713-798-6078 (office) or 713-873-3949  
[Bradford.Scott@bcm.edu](mailto:Bradford.Scott@bcm.edu)

**Program Director**                              **Bradford Scott, M.D.**  
713-798-6078 (office) or 713-873-3949  
[Bradford.Scott@bcm.edu](mailto:Bradford.Scott@bcm.edu)

**Associate Program Director**              **Eric Silberfein, M.D.**  
713-798-6078 (office) or 713-873-5324  
[ejs@bcm.edu](mailto:ejs@bcm.edu)

**Education Manager**                          **Holly Church Shilstone**  
713-798-6190  
[Holly.Shilstone@bcm.edu](mailto:Holly.Shilstone@bcm.edu)

**Academic Coordinators**                    **Sydney Webster**  
713.798.8629  
[Sydney.Webster@bcm.edu](mailto:Sydney.Webster@bcm.edu)

**Allyson “Ally” Bremer**  
713-798-5302  
[Allyson.bremer@bcm.edu](mailto:Allyson.bremer@bcm.edu)

**Jaye Chambers**  
713.798.6417  
[Jaye.Chambers@bcm.edu](mailto:Jaye.Chambers@bcm.edu)

**Ashley Crummedyo**  
713.798.4163  
[Ashley.Crummedyo@bcm.edu](mailto:Ashley.Crummedyo@bcm.edu)



## **Section 2:**

# **Curriculum & Resident Experience**

## Core Competencies

The program requires that each resident obtain competencies in the following areas to the level expected of a new practitioner according to the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Surgery. The following information is an outline of the general expectations for Michael E. DeBakey Department of Surgery residents:

<b>Patient Care</b>	Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
<b>Medical Knowledge</b>	Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
<b>Practice-Based Learning &amp; Improvement</b>	<p>Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:</p> <ol style="list-style-type: none"> <li>1. Identify strengths, deficiencies, and limits in one's knowledge and expertise;</li> <li>2. Set learning and improvement goals;</li> <li>3. Identify and perform appropriate learning activities;</li> <li>4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;</li> <li>5. Incorporate formative evaluation feedback into daily practice;</li> <li>6. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;</li> <li>7. Use information technology to optimize learning; and</li> <li>8. Participate in the education of patients, families, students, residents and other health professionals.</li> </ol>
<b>Interpersonal &amp; Communication Skills</b>	<p>Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:</p> <ol style="list-style-type: none"> <li>1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;</li> <li>2. Communicate effectively with physicians, other health professionals, and health related agencies;</li> <li>3. Work effectively as a member or leader of a health care team or other professional group;</li> <li>4. Act in a consultative role to other physicians and health professionals; and</li> <li>5. Maintain comprehensive, timely, and legible medical records, as applicable.</li> </ol>

<b>Professionalism</b>	<p>Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:</p> <ol style="list-style-type: none"> <li>1. Compassion, integrity, and respect for others;</li> <li>2. Responsiveness to patient needs that supersedes self-interest;</li> <li>3. Respect for patient privacy and autonomy;</li> <li>4. Accountability to patients, society and the profession; and</li> <li>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.</li> </ol>
<b>Systems-Based Practice</b>	<p>Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:</p> <ol style="list-style-type: none"> <li>1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty;</li> <li>2. Coordinate patient care within the health care system relevant to their clinical specialty;</li> <li>3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;</li> <li>4. Advocate for quality patient care and optimal patient care systems;</li> <li>5. Work in interprofessional teams to enhance patient safety and improve patient care quality; and</li> <li>6. Participate in identifying system errors and implementing potential systems solutions.</li> </ol>

## Education Program

### Objectives

The program has developed goals and objectives for each rotation and for the overall training program which are provide to residents at orientation and via E\*Value before the start of each rotation. Residents progress through a structured educational environment from total supervision to essentially independent function, although faculty members are available to residents even after graduation for continued guidance and mentorship. Completing our program will qualify the graduate to sit for the qualifying examination of the American Board of Surgery.

During the surgery resident orientation program each year, all residents receive and are expected to sign an educational compact that provides a detailed description of the expectations that learners and educators should meet as members of our professional educational community.

*Please note that each Wednesday residents have protected time from 7:00 a.m. to 10:30 a.m. to attend the required weekly educational conferences.*

### Conferences

The Department is dedicated to providing an excellent educational experience for residents. We know that much learning occurs during clinical experiences, such as seeing outpatients or performing surgeries. We also realize that didactic lectures and conferences are also an integral part of increasing a resident's knowledge base. Therefore, we have set aside dedicated time for these lectures and conferences. Attendance at these meetings is mandatory, and attendance is taken. The Wednesday morning conference time is protected time, and the resident is relieved of clinical duties during this time to attend these conferences.

### Department of Surgery Grand Rounds

The Departmental Grand Rounds are scheduled each Wednesday morning, from September to May of each academic year, with a combination of local faculty and outstanding regional or national speakers. Topics include general, cardiothoracic, vascular, pediatric, and plastic surgery. Attendance at Grand Rounds is required for all General Surgery residents.

### Core Competency Curriculum in Surgery

The General Surgery Residency Program at Baylor College of Medicine follows the Surgical Council on Resident Education (SCORE) curriculum coordinated through the American College of Surgeons (ACS). For the duration of the academic year, residents are divided into multi-level small learning groups, each of which engages in a discussion-based approach to learning about and developing an in-depth understanding of the assigned SCORE topic/module for the week. These small group SCORE project sessions take place on a weekly basis on Wednesdays from 8-9am (7-8am during the summer session). Each small group is moderated by a faculty mentor who stays with the group for the entire academic year. Each group is also assigned a senior / chief resident who, on a rotating basis, serves as a co-facilitator/-moderator along with the

faculty mentor for that group. While each small group covers the same topic/module each at these weekly sessions, the pedagogical approach taken by each group varies depending on the composition of the group and the learning needs and dispositions of the group's members.

The format of the small group SCORE sessions is designed to facilitate on the part of residents a deep engagement in and associated understanding of basic science and clinical management topics in surgery. These sessions are structured to be interactive and discussion-based rather than strictly lecture-based. Each session features one or two topics on which a designated senior/chief resident, by working with the small group's faculty mentor for the session, becomes the local "expert" on the topic(s). At the session, the resident facilitator shares and reviews a brief set of slides outlining the key teaching points related to the topic. The faculty moderator elaborates on specific points, and also fields questions and makes clarifications as necessary during and following this review presentation. Using a Socratic approach, the faculty moderator then reviews questions relevant to the topic being covered, again elaborating on related teaching points. It is imperative that participants read the assigned material prior to the conference. The assigned material will be reviewed through discussion and completion of a series of review questions. *A core curriculum calendar is distributed on a monthly basis outlining the topics/modules to be covered at each of these small group SCORE project sessions.*

Educational goals of SCORE small groups include:

- Providing positive opportunities for didactic and interactive learning around basic science and clinical management topics in general surgery;
- Instilling in trainees an in-depth knowledge of the surgical sciences that enables graduating residents to pass their written boards and in-service exams with high scores;
- Engaging teaching faculty in resident education through discussion, lecture presentation, and case-based learning;
- Encouraging residents to develop consistent reading habits; and
- Monitoring individual resident's performance on a routine basis in order to promote positive learning outcomes.

### **Resident Research & Scholarly Activity Requirements/Expectations**

Although not all surgeons need to be trained to be independent researchers, understanding the basics of research is a core competency for all practicing surgeons. Therefore, our training program has developed learning opportunities for residents to gain an understanding of the fundamentals of research. Additionally, the department will provide mentorship and resources to optimize resident participation in research projects and scholarly activity. For example, junior residents will be matched with research resident mentors and guided in selecting faculty mentors. Further, residents will have access to a core of departmental experts in education, clinical study design and analysis, and scientific writing.

All categorical general surgery residents will be expected to submit three manuscripts to peer reviewed journals before the start of their chief year. The submission requirement will be phased in based on a given resident's level of training as of July 2013. Current PGY-1 residents will be expected to submit three manuscripts, current PGY-2 residents will be expected to submit two

manuscripts, and current PGY-3 and PGY-4 residents will be expected to submit one manuscript by the start of the chief year.

Manuscripts should be original research articles, review articles, or case reports, and should be submitted to established academic journals. Residents may be the first author or a co-author, as appropriate; manuscripts should comply with standard guidelines for authorship ([http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html)). Submissions falling outside of these parameters will need to be approved by the Vice Chair for Research to qualify toward the overall research requirement. During the semi-annual review with the Program Director and Associate Program Director, residents will review their research productivity.

Residents will be required to submit a copy of all abstracts, manuscript submissions, presentations (PowerPoint slides or poster) to the Program Director, Associate Program Director, and Vice Chair for Research. All resident research activities will be compiled by the Vice Chair for Research and will be submitted to the Department Chair and the Surgical Education Committee as an annual report.

Research Day (Every June):

Each year, all residents and fellows in the Michael E. DeBakey Department of Surgery are expected to submit an abstract for presentation at the June Research Day. Faculty mentors are available to assist residents and fellows on projects in preparation for Research Day. Residents and Fellows should begin their planning at the start of every new academic year (June/July) with their faculty mentor. All residents and fellows are required to attend the Research Day event.

## **Conference Attendance**

***Please note that each Wednesday residents have protected time from 7:00 a.m. to 10:30 a.m. to attend the required weekly educational conferences.***

***Attendance at all educational conferences (including SCORE small groups, Surgical Skills conference, and Grand Rounds) is mandatory. Residents must sign-in to receive credit for attending, so please do not forget to sign in.***

All General Surgery residents (categorical surgery, and preliminary residents) are ***required*** to attend at least 75% of the mandatory conferences in order to be eligible for promotion into the next year. Residents will be considered absent if they are more than fifteen (15) minutes late to any scheduled session.

## Section 3:

# Policies

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

The Michael E. DeBakey Department of Surgery has policies governing the General 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 Michael E. DeBakey Department of Surgery as set forth on the following pages.

## Graduate Medical Education House Staff Policies:

Please see the following Baylor College of Medicine website <http://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=25> for complete and up to date information about GME policies and procedures.

### BCM Policies and Procedures Graduate Medical Education

#### GME Leadership

- [27.1.6](#) - Administrative Structure, GMEC, Designated Institutional Official

## Recruitment and Selection of House Staff; Eligibility & Appointment Requirements

### Hiring: House Staff Physicians

- [27.2.1](#) - Recruitment/Selection of House Staff Physicians
- [27.2.2](#) - Requirements for Appointment and Procedures
- [27.2.3](#) - Financial Support for House Staff Physicians
- [27.2.4](#) - Length of Training
- [27.2.5](#) - Benefits' Packages/Stipend Development
- [27.2.6](#) - Electives (Away and Visiting)

The Program follows the Baylor College of Medicine Graduate Medical Education policies 27.2.1 regarding “Recruitment/Selection of House Staff.”

### Recruitment

It is the policy of Baylor College of Medicine (BCM) that recruitment into all graduate medical education programs at this institution follow the guidelines of fair practice established by the National Residency Matching Program (NRMP). This includes supplying all applicants who interview with a sample copy of the house staff physician contract.

All applicants will be treated equally. BCM prohibits discrimination: selection of resident/fellow physicians shall not be influenced by race, gender, age, religion, ethnicity, national origin, disability, veteran status, or sexual orientation, but shall be based upon such factors as preparedness, ability, aptitude, academic credentials, communication skills, motivation, and integrity. The evaluation of these qualifications shall be determined by each GME program individually. Each GME program shall have a written policy as to the criteria for selection of



resident/fellow physicians. A copy of this policy shall be forwarded to the Senior Associate Dean for Graduate Medical Education and the Graduate Medical Education Committee, which will be jointly responsible for assessing department and program compliance.

### **Selection of House Staff Physicians**

Selection of house staff physicians shall not be influenced by race, gender, age, religion, color, national origin, disability, veteran status, or sexual orientation, but shall be based upon such factors as preparedness, ability, aptitude, academic credentials, communication skills, motivation, and integrity.

The selection of General Surgery Residents is via the NRMP Match (through ERAS). A Resident Selection Committee is led by the Program Director and Associate Program Director to assist them in the selection process of qualified applicants for training in General Surgery at Baylor College of Medicine.

1. Applicants are eligible for appointment with one of the following qualifications:
  - a. Graduates of medical schools in the United States and Canada accredited by the LCME.
  - b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association.
  - c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
    - i. Have received a valid certificate from the ECFMG.
    - ii. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
  - d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. The resident applicant must apply through ERAS and the NRMP (Match) for General Surgery.
3. The resident applicant's application is reviewed by the Program Director and Associate Program Director and/or their designees.
4. The resident applicant is interviewed by at least two faculty members.
5. The Program Director and Associate Program Director, with the assistance of the Resident Selection Committee, establish the rank order of applicants for the General Surgery Match.
6. The Program Director and Associate Program Director provide the selected applicants with a contract for one year of training at the PGY1 level (first year of General Surgery).
7. The applicant must qualify for a Texas Educational Permit or have an active Texas license to practice medicine.

The goal of the Resident Selection Committee is to select and match the best-qualified applicants for the program based on factors as outlined above.

## Responsibilities of House Staff:

### Responsibilities and Policies: House Staff Physicians

- [27.3.1](#) - Contract/Compact Between Teachers and Learners
- [27.3.2](#) - Change in Specialty or Program
- [27.3.3](#) - Insurance/Benefits
- [27.3.4](#) - Prohibition of Restrictive Covenants
- [27.3.5](#) - Leaves/Vacation
- [27.3.6](#) - Moonlighting
- [27.4.01](#) - Responsibilities of House Staff Physicians
- [27.4.02](#) - Communication
- [27.4.03](#) - Duty Hours
- [27.4.04](#) - Medical Records/Affiliates Hospitals and BCM-Owned Patient Care Facilities
- [27.4.05](#) - Social Media
- [27.4.06](#) - Physician-Patient Relationships
- [27.4.07](#) - Sexual Harassment
- [27.4.08](#) - Vendor Interactions
- [27.4.09](#) - Licensure
- [27.4.10](#) - Criminal Incidents
- [27.4.11](#) - Committees
- [27.4.12](#) - Grievances
- [27.4.13](#) - Personal Transportation

House staff physicians shall abide by BCM's drug-free workplace policy. This policy can be found on the BCM intranet website under "Employee Relations → Substance Abuse" at <http://intranet.bcm.edu/?fuseaction=home.showpage&tmp=hr/employeerelations/subabuse>.

## Reappointment

### Program Methods for Assessment & Criteria for Promotion

The Surgery Education Office and the Program Director and Associate Program Director review the evaluations from each rotation. Problem areas are discussed further with the Surgery Education Committee that meets approximately every two months. Problems noted are considered and corrective actions are discussed.

Annual promotions are made contingent on satisfactory performance within the core competencies and are decided upon by the Surgery Education Committee each January.

The following performance assessment approaches are used by the General Surgery Residency Program to determine residents' eligibility for advancement from one rotation to the next and from one year/level of training to the next, as well as completion of the program and graduation:

- Core competency evaluations completed by supervising faculty for each rotation,
- Evaluations completed by medical students,
- Self-assessment evaluations,
- Direct and indirect supervision and evaluation by the Program Director and Associate Program Director,
- Semi-annual evaluations by Program Director and Associate Program Director,
- National in-service examination results, and
- Documented attendance at conferences.

## **Mechanism for Remediation and/or Disciplinary Action**

Failure of a resident to meet any one of the criteria for advancement will result in the following steps to be taken by the Program:

- The Program Director and Associate Program Director will counsel the resident regarding performance deficiency(ies), revisit the goals and objectives of the rotations and expectations of the program, and review the resident's overall performance in the training program.
- The Program Director and Associate Program Director will provide information to the Surgery Education Committee for the Committee to convene and discuss the resident's performance and to make recommendations and plans for remedial action in writing to the Program Director and Associate Program Director. The recommendations of the Surgery Education Committee are based on the severity of the deficiencies and on a majority vote (two-thirds) of the committee.
- The Program Director and Associate Program Director will meet with the resident again and provide a letter to the resident outlining the recommendations and plans for remedial action for acknowledgment and dated signature. If the resident is not available, the letter will be sent by certified mail (return receipt requested) to the resident's address on file.
- The Program Director and Associate Program Director will present outcomes of remedial plans and overall performance of the resident to the Surgery Education Committee on a monthly basis.

## **Appeal of Non-Reappointment**

Please refer to the BCM intranet website as follows for detailed information regarding appeal of non-appointment:

<http://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=25&expand=5>

## **Responsibilities and Policies: Programs**

- [27.5.01](#) - Program Letters of Agreement
- [27.5.02](#) - Disaster Response
- [27.5.03](#) - Evaluations
- [27.5.04](#) - Reappointment and Promotion
- [27.5.05](#) - Record Retention
- [27.5.06](#) - Residency Program Closure or Reduction in Size
- [27.5.07](#) - Texas Medical Board Reporting

- [27.5.08](#) - Scheduling/Billing
- [27.5.09](#) - Transitions of Care
- [27.5.10](#) - Supervision
- [27.5.11](#) - Issuance of Diplomas
- [27.5.12](#) - Online Modules

## **Adverse Actions: House Staff Physicians**

- [27.6.1](#) - Definition
- [27.6.2](#) - Appeal of Adverse Actions
- [27.6.3](#) - Reporting/Record Retention
- [27.6.4](#) - Conduct of Hearings

The Program bases the policy regarding non-reappointment on the Baylor College of Medicine Graduate Medical Education policy 25.4.2 governing “*Appeal of Non-Reappointment*.”

## **Appeal of Non-Promotion**

In the event that the Surgery Education Committee determines that a resident is not progressing as expected, remediation (non-promotion) may be required. Remediation will be considered for any resident that fails to achieve proficiency in any one of the six ACGME core competencies. Residents may seek appeal of non-promotion using the Graduate Medical Education policy “Appeal of Non-Promotion.”

## **Texas Medical Board Reporting**

### **Duty to Report**

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy governing “Texas Medical Board Reporting” as outlined by the Texas State Board of Medical Examiners ([www.tsbme.org](http://www.tsbme.org)).

## **Sexual Harassment**

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 25.3.15 governing “Sexual Harassment.” It is the policy of Baylor College of Medicine to provide a work environment free from sexual harassment. Any house staff physician who wishes to report an incident of sexual harassment should contact the Director of the Office of Graduate Medical Education (GME) (713-798-3356), the Office of Employee Relations (713-798-4346), or a member of the BCM Committee on Prevention of Sexual Harassment.

## Vacations and Leaves of Absence

The following are Department-specific guidelines for vacations and leaves of absence. For additional information regarding College-wide policies, please refer to Graduate Medical Education policy 27.3.5 on “Leaves of Absence and Vacation” via the BCM intranet.

Residents must properly complete their duty hours in compliance with any and all leaves. Reports of duty hours will be maintained in the Surgery Education Office and must reflect any time off including any type of leave and not limited to the following: vacation, sick, maternity/paternity leave, etc. as noted below.

All residents and fellows are provided 44 paid days off per academic year (July 1 – June 30). 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. 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 and fellows. 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 and fellows.

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.

Further information on the Family and Medical Leave Act (FMLA) can be found on the BCM Human Resources – Regulatory Compliance website or by calling 713/798-3310, or emailing [leavesofabsence@bcm.edu](mailto:leavesofabsence@bcm.edu)

**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.

## Travel Policy

### Education Office 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.

All residents in the Department of Surgery, including preliminary and non-designated preliminary residents who are **first author** on an oral presentation at an approved meeting (please contact the Surgery Education Office for list of approved meetings/conferences) within the continental United States or Canada. Reimbursement for travel for poster presentations will be limited to one trip per resident per year. If the resident is able to obtain funding from another source for additional poster presentations, they will be given permission to attend the meeting, but the department will not pay their expenses. Reimbursement for expenses will be provided by the Department of Surgery up to \$1000.00. Approval for all presentations must go through Dr. Scott LeMaire, Vice Chair for Research, with email documentation of the abstract and acceptance to the conference/meeting.

Senior residents will be given permission to attend one approved meeting during their PGY-4 **or** chief year. The expenses for this meeting will be reimbursed up to \$1000.00 if the resident has met their research publication submission requirement (see below). Residents who have not met the research requirement will be given permission to attend an approved meeting, but will not be eligible for travel reimbursement. Senior meetings must be first approved by the Program director before Pre-Trip Authorization can be created.

All categorical general surgery residents are expected to submit three manuscripts to peer reviewed journals before the start of their chief year. The submission requirement is being phased in based on a given resident's level of training as of July 2013. Current PGY-1 residents are expected to submit three manuscripts, current PGY-2 residents are expected to submit two manuscripts, and current PGY-3 and PGY-4 residents are expected to submit one manuscript. Please see the **Resident Research Requirements** section for additional details.

Meetings which are eligible for reimbursement are listed on the Departmental list of approved meetings. Residents wishing to attend meetings not on the departmental list may appeal to the Education Committee for funding.

You will be given permission to leave the day before your presentation and stay the night after your presentation. Permission to stay additional days will be at the discretion of the Program Director.

### Reimbursement:

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.**



Any submitted abstract must be sent to the Surgery Education Office Coordinator. 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.

The Surgery Education Office must be notified of any abstract accepted ***within a week of receipt***. At the same time an email request for travel must be submitted to the coordinator. The coordinator will need estimates of your travel expenses totaling no more than \$1,000.

- a. The Surgery Education Office can assist the resident with purchasing registration and airline tickets. A paper registration form is needed in order to be processed – it can not be done online. Airline tickets can be purchased through Baylor’s travel through the coordinator. The resident must send the coordinator flight information (date/time/airline) for the flight, and the coordinator can assist in booking. Both the registration and airline still comes out of the \$1,000 reimbursement limit.
- b. No reimbursement for expenses will be made without receipts. 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.
- c. Expenses eligible for reimbursement include
  - i. Shuttle service to and from airport
  - ii. Room charges, taxes
  - iii. Meals (see below for specific guidelines)
  - iv. Airport parking (Remote only)
  - v. Airfare
  - vi. Internet access in the room
- d. The following will be NOT reimbursable expenses
  - i. In room movies
  - ii. Taxis to and from the airport (if shuttles are available)
  - iii. Mini-bar expenses
  - iv. Entertainment expenses (other than meals), including alcoholic beverages
  - v. Car rental (unless pre-approved by the Program Director)
  - vi. Terminal airport parking
  - vii. Office expenses at the meeting (printing posters, handouts, etc.)

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.

# Professionalism

The expectations and standards of professionalism that are mandated by the General Surgery Residency Program, and their significance and implications with regard to residents' compliance with such standards and expectations are outlined below.

## **Professionalism Standards & Program Expectations**

- Exercise a high level of ethics, honesty and integrity in all aspects of interpersonal relationships and patient care.
- Highly professional and responsive behavior to the needs of the patient, medical professionals and the community.
- Interpersonal communication that adheres to professional courtesy and mutual respect among residents at all levels.
- 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 timely manner.
- Full commitment to sustaining work team relationships through cooperation and collaboration with resident colleagues and other team members.
- Exercise of high leadership and moral skills.
- Full commitment to protect and advance the Program reputation individually and as a member of a team.
- Compliance with administrative responsibilities including call schedules, responsiveness to pages with courtesy and professionalism, and timely response to requests for evaluations of program and faculty.
- 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) involved.
- 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 to reappoint and renew contract in the Program;
  - Repeat rotation(s) or year(s) of training;
  - Failure to graduate in the scheduled year with reporting of such to the Board in the professional conduct category;
  - Immediate dismissal from the Program.

## **Duty Hours and the Working Environment**

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 27.4.03 governing “Duty Hours.”

Baylor College of Medicine (BCM) requires all residency programs to be in compliance with the Accreditation Council for Graduate Medical Education (ACGME) duty hours requirements, as stipulated in the Institutional, Common and Specific Program Requirements. Each program must have its own duty hours policy. Program compliance with duty hours requirements and policies will be monitored through E\*Value and the internal review process. All residents/fellows are expected to limit their program and program-related moonlighting activities to the maximum number of hours allowed by ACGME policy. Any disputes or other issues related to compliance should be referred to the Senior Associate Dean for Graduate Medical Education. Any resident/fellow may use the online Graduate Medical Education email form to report concerns about duty hours noncompliance in an anonymous manner, or may report such concerns to the GME Committee Ombudsman.

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/fellow must log his/her duty hours on E\*Value 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 fellow not being considered “in good standing” by the Office of Graduate Medical Education.

### **Principles**

1. The Michael E. DeBakey Department of Surgery General Surgery Residency Program is committed to and responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program are not to be compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education have priority in the allotment of the resident’s time and energy.
4. Duty hours assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

### **Supervision of Residents**

1. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient.
2. Although senior residents require less direction than junior residents, even the most senior resident must be supervised. The program should establish a chain of command that emphasizes graded authority and increasing responsibility as experience is gained.

3. The attending surgeon who is ultimately responsible for the patient's care should make judgments on this delegation of responsibility; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.
4. A fellow may not supervise chief residents.

### **Duty Hours**

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours *do not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period between all daily work hours and after in-house call.

### **Duty Hours Compliance Monitoring**

The Program Director and Associate Program Director and faculty will monitor compliance with duty hour policies by monitoring call and duty schedules, direct observation of the residents, interviews/discussions with the residents, and review of residents' evaluations of rotations. Residents are instructed to notify the Program Director and Associate Program Director if they or other residents are requested or pressured to work in excess of duty hour limitations. The Program Director and Associate Program Director maintain an open-door policy so that any resident with a concern can seek immediate redress. If problems are suspected, the Program Director and Associate Program Director will gather duty hour data to clarify and to resolve the problem (BCM Policy 27.4.03).

### **On Call Activities**

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no 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 as defined in Specialty and Subspecialty Program Requirements.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before surgery.
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+6 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 they spend in-house are counted toward the 80-hour limit.

### **Moonlighting**

Because residency education is a full-time endeavor and duty-hours regulations must be adhered to, it is the policy of the General Surgery Residency Program that moonlighting is not allowed.

## **Stress, Fatigue and Impairment**

The Program Director and Associate Program Director 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 Program Director and Associate Program Director. 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 Program Director and Associate Program Director, or the Program Director and Associate Program Director may themselves call 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.

### **Signs & Symptoms of Stress, Fatigue, or Impairment**

Signs and symptoms of 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 & Supervising Resident Responsibilities**

1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence of excess fatigue and/or stress requires the attending or supervising resident 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 chief/supervising resident on-call and/or the Program Director and Associate Program Director 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 chief/supervising resident of the service, Program Director, and Associate Program Director.
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 Program Director and/or Associate Program Director.

## **Resident Responsibilities**

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

## **Program Director & Associate Program Director Responsibilities**

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

## **Resources: Counseling Services for House Staff**

Baylor College of Medicine, along with the Graduate Medical Education office, 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, residents should call 713.798.4881 to schedule an appointment. This number may also be used in case of emergencies. This counseling services program serves medical students, graduate students, residents, physician assistants, nurse anesthetist students and clinical fellows as well as their spouses and significant others.

### **Services Offered**

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

Services are provided at no cost for up to 12 sessions and are provided by members of the faculty in the Department of Psychiatry and 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?

- 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.
- 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.
- 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.

## Resident Responsibilities

The following document outlines various administrative responsibilities of all General Surgery residents. Compliance with the following is mandatory. Non-compliance will weigh heavily on assessment of the resident's achievement in the Professionalism core competency.

**FULL COMPLIANCE WITH DUTY HOUR REGULATIONS AS REQUIRED BY THE ACGME MUST BE FOLLOWED, AND NO EXCEPTIONS WILL BE TOLERATED.**

### **Duty Hours**

The ACMGE requires us to restrict duty hours to 80 hours per week. This rule applies to hours dedicated to clinical activities within the hospital. The 80-hour rule does not apply to time spent reading outside the hospital(s) or at-home call. Residents are charged with the self-reporting of all violations on this system. Please refer to "Duty Hours and the Work Environment" policy in the section above titled "Duty Hours and the Working Environment" for further information and explanation of duty hours restrictions.

Our program takes this requirement very seriously and monitors work hours on a regular basis. Recording of duty hours is ideally done on a daily basis in E\*Value. Residents must record their hours daily (not just for the week), and the record should reflect actual hours worked.



## **Conference Attendance**

All General Surgery residents (categorical surgery and preliminary residents) are ***required*** to attend at least 75% of the mandatory conferences in order to be eligible for promotion into the next year. Residents will be considered absent if they are more than fifteen (15) minutes late to any conference session.

## **Portfolios**

The residents' portfolios are maintained in the Surgery Education Office. Any lectures (even five-minute case presentations), M&M presentations, case reports, letters of appreciation, special projects, publications, research reports, abstracts, etc. should be placed in the portfolio. This needs to be done frequently and as academic/research work is completed and/or presented.

## **Procedure Case Logs**

As every resident knows, hospital privileges are earned by experience. These experiences must be recorded to prove that they have been completed. Accuracy is a necessity. Notably, if the experience is not recorded, it will not be considered to have been completed. Additionally, case log reports are reviewed regularly by the ACGME Surgery Resident Review Committee (RRC). These reviews require detailed records of resident experience in the program. Accurate case log statistics are critical to our successful continued accreditation.

The ACGME created the Resident Case Log System to allow residents to enter surgical and clinical case data. Cases should be entered on a weekly basis. Procedures may be entered on a hand-held computer or other device with internet access. The Surgery Education Office will provide residents with their individual login and password. ***All residents in the General Surgery residency program (categorical and preliminary residents) are required to enter cases in this system on a daily basis upon completion of the case – no exceptions.***

The Program Coordinators and Program Director and Associate Program Director review reports regularly to ensure that data entry is occurring in a timely manner.

## **Medical Records**

Residents are required to maintain up-to-date medical records in order to remain in compliance with their contract. Delinquent records are reported to the Program Director and Associate Program Director for follow up. Operative reports must be dictated by the responsible resident at the time of 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.

## **Lines of Supervision**

The General Surgery Program is a hierarchical program. When multiple levels of residents are working together as a team on a given service, it is expected that the senior level resident on the service will be ultimately responsible for the efficient conduct of the service. This will include assignment of duties to junior residents as appropriate. The senior level resident will also be responsible for communicating with the assigned attending. The junior residents on the service are expected to perform the duties assigned by the senior level resident and to report appropriately to the senior level resident. The attending physician is ultimately responsible for oversight of resident activities. In all cases, there is a designated attending physician who is readily available for resident consultation and oversight as defined by regulatory agencies that account for the hospital(s) and department policies. For further information regarding lines of supervision, please refer to “Guidelines for Resident Supervision.”

Teaching is an essential component of this residency program at all levels. The following is expected of residents in this program:

1. Residents at all levels will be responsible for the supervision and instruction of medical students.
2. Senior residents will be responsible for the supervision and instruction of junior residents.
3. Chief residents will be responsible for the supervision and instruction of all other residents and medical students.
4. Attendings will be responsible for the supervision and instruction of all residents in the program and medical students rotating through the program-affiliated institutions.

## **Evaluations**

1. Each resident will be assessed for competence in the six required core competencies as defined by the ACGME. Evaluation of the resident’s performance will occur at the end of each rotation using E\*Value. These evaluations are available for review by the program and the resident via E\*Value, and will be placed in the resident’s file in the Surgery Education Office (BCM Policy 27.5.03).
2. If at any time a resident’s performance is judged to be detrimental to the care of the patient(s), action will be taken immediately to assure safety of the patient(s). A face-to-face meeting with the resident and the attending staff from the individual institution will be mandatory for any resident receiving an unsatisfactory (rating of 1 or 2) grade after completion of the rotation. Residents will have a chance to voice their opinions and provide a response to the grade at this time, as well as at a later meeting with the Program Director and Associate Program Director if they so choose.
3. Each resident will be given the opportunity to complete a formal written evaluation of the appropriate attending surgeon via E\*Value, addressing the provision of clinical supervision

(e.g. availability, responsiveness, depth of interaction and knowledge gained). The evaluations will be reviewed by the Program Director and Associate Program Director and integrated into discussions with the clinical faculty. Evaluations will be completed at the end of the resident's rotation. The Program Director and Associate Program Director will strive to create an atmosphere that ensures residents are comfortable completing evaluations of attending faculty.

4. Semi-Annual Evaluations: The Program Director and Associate Program Director for the General Surgery Residency Program will meet personally with each resident semi-annually. These meetings will be documented in the resident's cumulative record. Meetings between the Program Director / Associate Program Director and an individual resident may be more frequent in the event of specific and repeated problems or complaints against that resident.
5. Residents who are placed on probation will be notified as per the guidelines set forth by the Graduate Medical Education Committee of Baylor College of Medicine.

### **Milestones**

As required by the ACGME, each resident will be evaluated twice a year on its milestones (semi-annually and annually).

Please visit

<https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/SurgeryMilestones.pdf> for detailed information regarding the milestones for General Surgery.

### **USMLE Step 3**

When you finish your residency, you will need to have passed all three parts of the USMLE Step examination. This is a prerequisite for taking the Qualifying Examination for the American Board of Surgery. *As such, we require that all residents complete USMLE Step 3 by the end of their PGY-2 year.*

Please note: We are not sent copies of your test scores. You will need the original report when you apply for the Board and for licensure. **Residents are responsible for maintaining copies of their reports.**

### **ABSITE**

The annual American Board of Surgery In-Training Exam (ABSITE) is given to all residents during the month of January and is a full-day exam. As per policy, no leave of any type will be granted during this time. All residents are relieved of clinical duties the night before and during the exam.

### **Department Holidays**

Residents are required to work and 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 must be arranged and paid for by the resident. Texas Medical Center garage parking is rotation-dependent and is arranged by the Surgery Education Office. Parking in the Texas Medical Center garages is deducted from the residents' payroll checks.

## **Final Clearance Form**

Graduating residents and those leaving the program (preliminary residents) must check out with the Surgery Education Office 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.

- ☐ GME – Complete all Duty Hours and Evaluations left in E\*Value
- ☐ Ben Taub Hospital – Attached Form
- ☐ MEDVA Medical Center– Attached Form
- ☐ Baylor St. Luke's – Return Badge to St. Luke's Hospital, 1<sup>st</sup> Floor Room G127 with Consuelo Kleemann
- ☐ TCH – Return all scrubs to TCH
- ☐ Confirmed all medical records completed at each institution
- ☐ Update your mailing address in the ESS system (so your W2 goes to the correct location in January)
- ☐ Return to the Surgery Education Office Academic Coordinator the following:
  - ☐ Badges for TCH, BCM, and MD Anderson
  - ☐ Pager
  - ☐ Provide forwarding contact information including address and email address

## Section 4:

# Communication

### 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 (BCM Policy 27.4.02).

#### **Up-to-Date Contact Information**

It is critical that we have your most up-to-date contact information, especially in the case of emergency. Please communicate any changes in address, phone number, emergency contact information, etc. to the Surgery Education Office immediately.

#### **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 and fellows once issued and therefore the fee of \$65 for any lost pagers will be at the expense of the residents and/or fellows. 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.

#### **Email**

Baylor College of Medicine establishes free e-mail accounts for all residents upon entry into the program. This account is to be used for the duration of the residency program. An address will be assigned along with a changeable password.

***Residents are required to check their email daily and respond in a timely and appropriate manner, as email is used as a standard means to communicate information within the department.***

## **Mail**

Residents are to use their home mailing address for their mail, not the Surgery Education Office.

## **Section 5:**

# **Guidelines for Resident Supervision**

## **Guidelines for Resident Supervision**

The purpose of this section of the handbook 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 must show interest in participating in the education of residents. Furthermore, surgeons on the teaching service must exhibit regular contribution 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 on his/her service. 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 resident. Attending supervision may be direct (person-to-person) supervision or through 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 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 & Responsibilities:**

#### **The Department Chair, Program Director, & Associate Program Director**

**The Department Chair, Program Director, and Associate Program Director** are responsible for implementation of and compliance with the requirements of the American Board of Surgery and the ACGME.

### **Roles & 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, a senior 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 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-operative 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 the 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 that 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 patients. A senior level resident may act as a teaching assistant to less experienced residents. Assignment of the level of responsibility must be commensurate with the resident's 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, the resident 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 Program Director and Associate Program Director, and/or other clinical practice information.

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 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, pre-operative preparations, and the operative/procedural and post-operative 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 of 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.

## **Appropriate Procedures by PGY Level**

The following are lists of procedures appropriate for resident physicians based on years of experience within the training program. In surgery, as in any other discipline, some residents will gain proficiency in certain procedures at a faster rate than their peers. Conversely, some residents will require a longer time than some of their peers to become proficient in certain operative procedures. It is the responsibility of the attending physician to modify this list in individual cases to ensure that each resident performs at the appropriate level, and with the appropriate level of supervision.

## **PGY-1**

The following are examples of activities or procedures appropriate for the PGY-1 year:

- Take history and perform physical exam
- Start peripheral IV
- Insert central IV lines
- Insert Foley catheter
- Insert nasogastric tube
- Write orders for routine meds
- Write orders for routine diagnostic test
- Assist in operative procedures
- Perform simple surgical procedures
- Insert chest tubes
- Insert pulmonary artery catheters
- Tap pleural space
- Tap or lavage peritoneal cavity
- Tap CSF
- Tap joint space
- Ventilator management
- Manage initial resuscitation from shock.
- Excision of superficial lesions
- Perform biopsies
- Splint fractures
- Upper & lower endoscopy
- Review X-rays / CT scans
- Close lacerations

The PGY-1 resident **may not** perform technically complex diagnostic and therapeutic procedures or high-risk medical treatments without direct supervision of attending surgeon or senior level resident designated as teaching assistant.

## **PGY-2**

The following are examples of activities or procedures appropriate for the PGY-2 year:

- Perform all procedures listed for PGY-1 residents
- May supervise routine activities of PGY-1 residents
- Attending surgeon or chief resident will determine which cases are suitable to perform or for which to act as a teaching assistant

## **PGY-3**

The following are examples of activities or procedures appropriate for the PGY-3 year:

- Perform all procedures listed for PGY-1 and PGY-2 residents
- May supervise routine activities of PGY-1 and PGY-2 residents

- Perform all routine diagnostic and therapeutic procedures performed by surgical subspecialists
- Attending surgeon or chief resident will determine which cases are suitable to perform or for which to act as a teaching assistant

## **PGY-4**

The following are examples of activities or procedures appropriate for the PGY-4 year:

- Perform all procedures listed for PGY-1, PGY-2 and PGY-3 residents
- May be assigned as teaching assistant for routine operative procedures
- Attending surgeon or chief resident will determine which cases are suitable to perform or for which to act as a teaching assistant

## **PGY-5**

The following are examples of activities or procedures appropriate for the PGY-5 year:

- Perform all procedures listed for PGY-1, PGY-2, PGY-3 and PGY-4 residents
- Perform technically complex or high-risk procedures with attending supervision, at levels defined by and at discretion of attending surgeon