

Baylor
College of
Medicine®

MICHAEL E. DEBAKEY
DEPARTMENT OF
SURGERY

VASCULAR SURGERY HANDBOOK
2015-2016

Table of Contents

1. **Program Overview**
 - . **History of the Vascular Surgery Residency Program**
 - . **Surgery Education Office Faculty and Staff Roster**
 - . **Clinical Training in Vascular Surgery Residency**
 - . **Vascular Resident Rotations**
 - . **Conference Schedules**
 - . **Basic Principles of Clinical Services**
2. **Graduate Medical Education House Staff Policies**
 - . **Recruitment & Selection of House Staff**
 - . **Responsibilities of House Staff**
 - . **Reappointment**
 - . **Texas Medical Board Reporting**
 - . **Vendor Interaction Policy**
 - . **Disaster Policy**
 - . **Vacations & Leaves of Absence**
 - . **Professionalism**
 - . **Duty Hours & the Working Environment**
 - . **Stress, Fatigue, & Impairment**
3. **Resident Responsibilities**
 - . **Duty Hours**
 - . **Conference Attendance**
 - . **Portfolios**
 - . **Procedure Case Logs**
 - . **Medical Records**
 - . **Certifications**
 - . **Lines of Supervision**
 - . **Evaluations**
 - . **Department Holidays**
 - . **Parking**
 - . **Final Clearance Form**
 - . **Communication**
 - . **Dress Code**
 - . **Resident Research Requirements**
4. **Travel Policy**
5. **Guidelines for Resident Supervision**
6. **Goals & Objectives of Vascular Surgery Rotation**
 - . **BSLMC**
 - . **PPH**
 - . **MEDVAMC**
7. **Appendix 1- Department of Surgery: Resident Travel Request Form**
8. **Appendix 2- Time-Off Request**
9. **Appendix 3- Vascular Surgery Educational Compact Learner**

1. Program Overview

Baylor College of Medicine (BCM) has been a leader in the field of vascular surgery for the past five decades. The standards of excellence originally established by Dr. Michael E. DeBakey and Dr. E. Stanley Crawford are still in practice today. The Vascular Surgery Residency Program is a two-year ACGME approved program leading to eligibility for the Certificate of Special Added Qualifications in Vascular Surgery. The program accepts two Vascular Surgery residents each year. In order to qualify for the Residency in Vascular Surgery, a resident must have successfully completed five years of Residency in General Surgery and be eligible for examination by the American Board of Surgery. The Vascular Surgery Residency Program of the Michael E. DeBakey Department of Surgery at BCM is a two-year (24 months) program. Both years are continued full accredited by the Accreditation Council for Graduate Medical Education - Residency Review Committee (RRC) for Surgery.

The mission of the vascular surgery residency program is to provide comprehensive training in the care of vascular patients with both open surgical and catheter-based endoluminal therapy. The residency trainees work in an environment that emphasizes clinical excellence. This training program includes a broad clinical experience in all aspects of vascular surgery, including but not limited to carotid occlusive disease, complex aortic aneurysm, visceral vessel disease, lower extremity occlusive disease, dialysis access management, as well as endovascular treatment using cutting-edge devices.

The resident should perform a minimum of 250 major vascular reconstructive procedures that reflect an adequate representation of current trends in the spectrum of surgical care of vascular diseases, which is based on the requirement by the Accreditation Council for Graduate Medical Education (ACGME) to satisfactorily complete the vascular surgery residency. All the case logs are entered into the ACGME website database, which should be done regularly. The program director of BCM vascular surgery residency program will review the case logs with each vascular resident regularly.

Please review ACGME guidelines and requirements (www.acgme.org).

History of the Baylor Vascular Surgery Program

The Vascular Surgery Residency Program at the Baylor College of Medicine began in 1948 when Dr. Michael E. DeBakey arrived in Houston to become the first chairman in the Department of Surgery at Baylor College of Medicine. Also regarded as the father of modern cardiovascular surgery, Dr. DeBakey was instrumental in creating the Veterans Affairs health care system as well as the Houston Veterans Affairs Medical Center which was subsequently renamed in his honor in December 2003 as the Michael E. DeBakey Veterans Affairs Medical Center.

During his illustrious surgical career at Baylor, Dr. DeBakey has invented countless surgical devices and developed innumerable surgical procedures which benefited millions of patients with cardiovascular diseases worldwide. His legacy and contribution have resulted in a profound impact in the modern practice of vascular surgery. As an example, Dr. DeBakey performed first carotid endarterectomy in 1959 using techniques which have become the most commonly adopted reconstructive method in carotid surgery today.

The modern operative principle of thoracoabdominal aortic aneurysm is largely credited to the pioneering work of Dr. E. Stanley Crawford who joined the Baylor faculty in 1954. In his ensuing 38 years of outstanding surgical career at BCM, he became internationally known for his innovative surgical techniques in the treatment of thoracoabdominal aortic aneurysm as well as complex aortic diseases, particularly in Marfan syndrome and aortic dissection. The legacy of complex aortic disease management continues at Baylor today, where Dr. Joseph S. Coselli has the largest clinical practice in thoracoabdominal aortic aneurysm in the world. Dr. Coselli continues to play an important role in the Baylor vascular residency training program in which he provides valuable teaching experience in complex aortic operative management to all Baylor vascular residents at the St. Luke's Episcopal Hospital / Texas Heart Institute (SLEH/THI).

Another important Baylor surgical faculty who has provided a significant contribution in vascular surgery is Dr. Kenneth L. Mattox. He has published extensively in articles and textbooks regarding the contemporary treatment principles of vascular trauma. Dr. Charles H. McCollum has similarly played an important role in the Baylor vascular program. As the director of the Methodist Hospital (TMH) vascular lab for more than 30 years, Dr. McCollum has instilled a strong emphasis of vascular ultrasound training in the Baylor vascular residency program. His passion in surgical education is further evidenced by his role as the program director of the Baylor Vascular surgery residency program for more than 23 years. Additionally, he served as the program director of the Baylor vascular residency program until December 2001.

The current Division of Vascular Surgery and Endovascular Therapy at Baylor was established in December 2001. Since then, the Baylor vascular surgery program has become a preeminent academic vascular division in the country. The current division has a robust basic science and clinical program which include 12 clinical faculty and voluntary faculty physicians, 2 full-time research faculty members, and 15 post-doctoral research personnel. The clinical practice of the Baylor vascular program encompasses the Baylor Clinic, Park Plaza Hospital, SLEH/THI, Texas Children's Hospital, and the Michael E. DeBakey VA Medical Center (MEDVAMC). A Vascular Lab was established in 2006 in the Baylor Clinic which provides non-invasive vascular ultrasound service in the Surgery Clinic.

Built on a heritage of over six decades of care to the patient with vascular disease, the Baylor Vascular division maintains the tradition as envisioned by Dr. DeBakey in clinical and research excellence. The division has shifted from traditional open surgical to minimally-invasive endovascular interventions whenever appropriate. The faculty physicians are recognized as national leaders in training, research, and the performance of endovascular procedures.

The Surgery Education Office Faculty and Staff

The Surgery Education Office provides support for the students, residents and faculty in the Michael E. DeBakey Department of Surgery Education Programs. The main telephone number is **713.798.6078** and the fax number is **713.798.8941**.

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Clinical Training in Vascular Surgery Residency

During the academic year of 2015-2016, there will be two first-year residents at the PGY-6 level and three second-year residents at the PGY-7 level. The rotations for first-year residents at the PGY-6 level include Michael E. DeBakey VA Medical Center (MEDVAMC), the Baylor St. Luke's Medical Center (BSLMC), and Park Plaza Hospital (PPH). The second-year resident's rotations include: Michael E. DeBakey VA Medical Center (MEDVAMC), the Baylor St. Luke's Medical Center (BSLMC), and Park Plaza Hospital (PPH). Clinical research is encouraged during any of these rotations.

The second-year vascular fellow rotating at the MEDVAMC vascular rotation will share calls with senior general surgery residents covering the VA hospital only. The three remaining fellows will share calls while rotating in hospitals including PPH, and BSLMC.

Evaluations for both the faculty members and residents are kept and maintained on E*Value in the Surgery Education Office after every rotation. The evaluations for the residents are available for the residents to review at any time in the Surgery Education Office and are reviewed and required by the Residency Committee. An end-of-the-year program evaluation is to be completed by all residents on E*Value. These evaluations are reviewed by the Chairman of Surgery, Vice Chair for Education, the Division Chief of Vascular Surgery and the Vascular Program Director.

Vascular Resident Rotations during 2015-2016

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Switch Dates	1	1	1	1	1	1	1	1	1	1	1	1
KFOURY, ELIAS PGY-7	BSLMC	BSLMC	BSLMC	BSLMC	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	PPH	PPH
MARTIN, ANGELA PGY-7	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	BSLMC	BSLMC	BSLMC	BSLMC	PPH	PPH	MEDVAMC	MEDVAMC
MOELLER, CHRISITY PGY-7	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	MEDVAMC	PPH	PPH	BSLMC	BSLMC	BSLMC	BSLMC
GKOTSIS, GEORGIOS PGY-7	PPH	PPH	PPH	BSLMC (Krajcer)	BSLMC (Krajcer)	BSLMC (Krajcer)	BSLMC (Coselli)	BSLMC (Coselli)	BSLMC (Coselli)	MEDVAMC	MEDVAMC	MEDVAMC
ECHVERRIA, ANGELA PGY-6	BSLMC (Coselli)	BSLMC (Coselli)	BSLMC (Coselli)	PPH	PPH	PPH	MEDVAMC	MEDVAMC	MEDVAMC	BSLMC (Krajcer)	BSLMC (Krajcer)	BSLMC (Krajcer)

Note: MEDVAMC = Michael E. DeBakey VA Medical Center; BSLMC = Baylor St. Luke's Medical Center; PPH = Park Plaza Hospital; JSC = Joseph S. Coselli, MD; ZK = Zvonimir Krajcer, MD; VS = Vascular Surgery rotation

Conference Schedules

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 8:00 a.m. to attend Grand Rounds.

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 surgical residents. Vascular conferences will start on Tuesday, July 7, 2015.

The residents are required to attend and participate in the following conferences:

- Vascular Surgery Case Presentation
 - Location: Main Baylor, Surgery Education Conference Room, 405D
 - Time: Weekly – Tuesday at 7:00am
- Michael E. DeBakey Department of Surgery Grand Rounds
 - Location: BCM 3rd floor Auditorium N315
 - Time: Weekly – Wednesday at 7:00am
- Vascular Surgery M&M
 - Location: BSLMC, Cooley Auditorium, Level B1
 - Time: Thursday at 7:00am

The responsibility of the Administrative Chief resident will be shared by the two second year resident in a six-month period. The fellow on the VA service will serve as the administrative fellow. The responsibility of the Administrative Chief resident is to assign conferences (Basic Science, Clinical Basic Science, and Journal Club), assign cases, prepare call schedules, and act as a liaison to the vascular faculty as well as the residents. A vascular surgery resident, with the exception of one on the Research rotation, need to forward their M&M cases to Division Chief's office before each M&M conference so that they can organize the list and prepare printouts for the conference.

The weekly Vascular Case Presentation Conference involves clinical case scenarios to be presented by vascular residents using PowerPoint presentations. Each vascular resident is assigned for the Case Presentation Conference each week. Each should have a case ready for a 5-10 minute presentation.

Here are some words of wisdom with regard to preparing PowerPoint case presentations: a) take digital pictures frequently during operative procedures, b) download fluoroscopic images as soon as a case is completed, and c) put together the PowerPoint presentation on the day when the case is done. These tips will avoid potential procrastination of slide preparation until the last minute.

All vascular surgery residents are expected to follow the following guidelines.

1. The conference starts at 7:00 am promptly and all residents are expected to arrive **PRIOR** to 7:00 am. Attendance for fellows is mandatory unless out of town or operating emergently.
2. Each fellow will be responsible for bringing at least one case in digital format and notifying the relevant attending that it is to be presented.
3. Each case should have a brief summary of a relevant issue (literature summary, technical tip, device description).
4. A standardized PowerPoint template will be used by all vascular surgery residents in all conference presentations in local, regional, or national meetings.
5. All second-year residents will submit all of their PowerPoint case presentations to the Education office prior to their graduation.

Basic Principles of Clinical Vascular Services

Case coverage

1. All the attendings assigned to the services should be covered
2. Cases should be prioritized. Some of the attendings have additional help (i.e. PA's, postdoctoral fellows, students etc.)
3. Be aware of add-on cases
4. Dictate op note as soon as the case is finished and write the work number
5. The day is not over until the last case is done
6. Don't leave without checking X-rays, labs etc.
7. Coverage during meetings, vacations or special cases should be assigned by the administrative chief
8. All the beeper messages should be answered **PROMPTLY**

Rounds

1. Patient rounds should be done on a daily basis, regardless of type of case or post-op day, unless a sign-off note has been written
2. ICU patients should be visited at least twice a day
3. Continuous communication with attending is emphasized
4. All incisions and wound should be checked periodically especially before discharging the patient
5. Vital signs and labs should be checked periodically and before discharging the patient
6. You or the attending should contact as much as possible consultant physicians. This will decrease the errors secondary to miscommunication
7. Be clear and thorough in your discharge orders (activity, shower, follow up etc) they seem to be trivial points for us but not for the patient

Check Out

1. All the residents in clinical rotations should contact the resident on call to let him/her know about patients, especially those in critical condition
2. Try to check all X-rays and labs before leaving the hospital
3. Let the resident on call know about expected patients in transfer, site of admission, diagnosis, plans and what attending should be contacted upon arrival

Weekday Calls

1. It is divided in first call and back up call
2. It is home call
3. Call duty is from 6:00 pm to 7:00 am
4. All beeper messages should be answered promptly, the back up resident should have his/her beeper ON and remain within hospital range
5. In all critical or questionable situations as well for transfers or new consults, the resident on call should evaluate the cases personally
6. At the end of the shift, the resident on call should update the rest of the clinical services residents of admissions as well as changes on their patients' status
7. The VA fellow will take call at the VA Hospital only while on that rotation

Weekend Calls (Friday-Monday)

1. It is home call
2. Call duty is from 7:00 am to 7:00 am
3. Cases during the weekend should be covered by the resident on call
4. There will be teams of two residents (one PGY 7 and one PGY 6) to cover during the weekend. One will be first call and the other back up. The team will round in all in-house patients. The rest of the residents will be off.

Policy and Procedure for Time Off

To ensure that the well-being of each resident and also the facilitation of superior patient care are maintained, a Resident Duty Hours Policy has been established and under the requirement of ACGME compliance.

In accordance with ACGME standards, the Vascular Surgery Residency Program adheres to the general standards relating to duty hours. Residents will work 10-12 hour days per week; with at least one 24-hour off duty period per week, and limiting shifts to a maximum of 24 consecutive hours. The resident will typically receive every other weekend off. Also, on-call shifts would be no more frequent than every third night and residents would have a minimum of 10 hours off between shifts.

With a program of this size there are clearly numerous periods when fellows will have to leave rotations for vacation, job interviews, meetings, and personal reasons. It is clearly a matter of courtesy, quality in patient care and efficiency in running the service to insure that the responsible attending is made aware of planned absences from that service. The following procedures will be instated immediately to provide for appropriate communication between fellows and the affected service.

In the event of planned departures for events such as vacation, job interview, meeting, or personal reasons, the residents must fill out "Time-Off" request to the program coordinator in the Surgery Education office. Please also submit your request by email to a) Program Director, and b) Program Coordinator, and c) Administrative Chief Resident. Appropriate coverage of call schedule must be coordinated with the Administrative Chief Resident. In the case of emergency whereby immediate departure is necessary, please contact the Program Director and Administrative Chief Resident directly. This time off must also be documented in the duty hours submitted to GME.

While many of you have multiple attending responsibilities, it is incumbent on us to cover as many of the cases as are feasible. However, those fellows on the clinical vascular surgery service should primarily provide this coverage, without

pulling the fellow from the endovascular center or the vascular laboratory. Our goal is to provide the best educational experience possible in vascular surgery, which will likely necessitate some realignment of the services in the future.

1. Vascular Surgery will comply with resident duty hour requirements
2. Residents will not be scheduled for more than 80 hours per week, averaged over a four-week period
3. One day in seven free of patient care responsibilities, averaged over a four-week period
4. Call no more frequently than every third night, averaged over a four-week period
5. A 24-hour limit on-call duty, with an added period of up to 6 hours for continuity and transfer of care, educational debriefing and didactic activities; no new patients may be accepted after 24 hours
6. A 10-hour minimum rest period will be provided between duty periods
7. When resident takes call from home and is called into the hospital, the time spent in the hospital must be counted toward the weekly duty hour limit

Vacation Policy/Time-Off

1. Time-Off - You are allowed 21 calendar days per year (does not carry over to the next year), three personal days (does not carry over to the next year), and 14 calendar days paid sick time.
2. Vacation days should be scheduled one month prior to each rotation
3. If you need to change your vacation time and/or need to be off (personal, conference, wedding, etc.), you will need to e-mail Dr. Joseph Mills at joseph.mills@bcm.edu, and the Program Coordinator of the planned absence. Please also notify the Administrative Chief resident and the affected attending(s). Should something arise which necessitates immediate departure, you are to notify Dr. Mills, and the Administrative Chief resident.
4. No vacation during the Annual UCLA Symposium, and the Society for Vascular Surgery Mtg. **Also, no vacation the last week of June, first two weeks of July, and the last week of January, especially the last Friday and Saturday of January as coverage is needed for the Vascular Surgery ABSITE exam.**
5. No two residents on the clinical services can be on vacation at the same time.
6. BCM Holidays (Labor Day, Independence Day, etc.) will be divided equally among the five vascular surgery residents.
7. Time off is also in compliance by the American College of Surgeon and time of clinical training.
8. Each resident's contract period is from July 1st to June 30th.

2. 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

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

Recruitment and Selection of House Staff; Eligibility & Appointment Requirements

Hiring: House Staff Physicians

- [25.2.1](#) – Recruitment/Selection of House Staff Physicians
- [25.2.2](#) - Requirements for Appointment
- [25.2.3](#) - Financial Support for House Staff Physicians
- [25.4.1](#) - Responsibilities of House Staff Physicians

Recruitment

It is the policy of Baylor College of Medicine 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. No discrimination based on gender, age, nationality, ethnicity, religious background or sexual preference will be tolerated.

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 Vascular 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 Vascular Surgery at the Texas Heart Institute/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 Vascular 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 Vascular Surgery Match.
6. The Program Director and Associate Program Director provide the selected applicants with a contract for one year of training at the PGY6 level (first year of Vascular 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

- [25.3.2](#) - Change in Specialty or Program
- [25.4.11](#) - Committee Assignments
- [25.4.2](#) - Communication
- [25.5.2](#) - Disaster Response
- [25.4.3](#) - Duty Hours Policy
- [25.5.3](#) - Evaluations
- [25.4.12](#) - Grievances
- [25.3.3](#) - Insurance / Benefits
- [25.3.5](#) - Leaves of Absence and Vacation
- [25.4.4](#) - Medical Records - Affiliated Hospitals/ BCM Owned Patient Care Facilities
- [25.3.6](#) - Moonlighting Policy
- [25.4.6](#) - Physician-Patient Relationships
- [25.3.4](#) - Prohibition of Restrictive Covenants
- [25.4.7](#) - Sexual Harassment Policy
- [25.4.8](#) - Vendor Interactions Policy

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 Vascular Surgery Education Committee that meets every month. 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 Vascular Surgery Education Committee each January.

The following performance assessment approaches are used by the Vascular 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

-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

- [25.5.4](#) - Reappointment and Promotion
- [25.5.5](#) - Record Retention
- [25.5.6](#) - Residency Closure / Reduction
- [25.5.11](#) - Completion of Training

Adverse Actions: House Staff Physicians

- [25.6.1](#) - Adverse Actions
- [25.6.2](#) - Appeal of Adverse Actions
- [25.6.4](#) - Conduct of Adverse Actions Hearings

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).

Sexual Harassment

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

Vendor Interaction Policy

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 25.4.8 governing “Vendor Interaction.”

Disaster Policy

The Program adheres to the Baylor College of Medicine Graduate Medical Education policy 25.5.2 governing “Disaster Response.”

Vacations and Leaves of Absence

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

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.

Professionalism

The expectations and standards of professionalism that are mandated by the Vascular 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 25.3.5 governing “Duty Hours.”

Baylor College of Medicine requires all graduate medical education programs to be in compliance with the Accreditation Council for Graduate Medical Education (ACGME) duty hours requirements, as stipulated in the Institutional, Common and Specialty-Specific Program Requirements. Each program must have its own duty hours policy. Every BCM house staff physician must log his/her duty hours on E*Value in a regular and timely manner. Failure to log duty hours as expected may be viewed as a failure in professionalism, and may result in a house staff physician being suspended from duty without pay until the logging responsibility is completed. Program compliance with duty hours requirements and policies will be monitored through E*Value, annual program evaluations, and the internal review process. All house staff physicians 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. BCM house staff physicians may use GME’s online anonymous form to report concerns about duty hours compliance or may report such concerns to the GMEC Ombudsman.

The BCM GMEC does not permit programs to request an expansion or extension of duty hours beyond the standard ACGME requirements.

Principles

1. The Texas Heart Institute/Baylor College of Medicine Vascular 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, 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 25.3.5).

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 Vascular Surgery Residency Program that moonlighting is not allowed (BCM Policy 25.3.6).

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.

3. Resident Responsibilities

The following document outlines various administrative responsibilities of all Vascular 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 ACGME 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 Vascular Surgery 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

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 are required to enter cases in this system on a daily basis upon completion of the case – no exceptions.

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

If a resident is not in compliance upon review on a monthly basis, the resident will receive a warning and resolution expected immediately. If not compliance at the end of the month upon review, the resident will be placed on academic probation. If the resident continues to be non-compliant in maintaining their operative data after warning and academic probation, the Program Director will review with the Vice Chair and Chairman to recommend further disciplinary action which includes dismissal from the program.

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 Vascular 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 25.3.6).
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 Vascular 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.

Department Holidays

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

Parking

Parking is provided and allotted as directed by the College and GME office as well as at the expense of residency fellows.

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.

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 25.4.2).

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.

Dress Code

It is important that proper and professional personal appearance is maintained at all times since each vascular surgery resident represents the Baylor vascular surgery program. Dress codes are standard in most business-related environments and promote an organization's public image, encourage a productive work environment, and ensure compliance with health and safety standards.

The following apply to all institutions where vascular surgery residents may be working.

- White coats will be clean: blood stains, coffee stains, dirt, tears, etc are not acceptable.
- Scrubs must be changed before leaving the OR area if splattered with blood (check bottom of pants).
- Denim jeans (standard Levis, etc.) are never acceptable unless in an emergency.
- Shoes cannot be blood spattered: get dark OR shoes or wear shoe covers. We suggest keeping a second or separate pair of shoes in the call room or in a locker for when not in the OR.
- When we have dinners with visiting Professors, a shirt and tie is required for men and business attire for women (skirt, dress, or pants suit; no midriff tops that show skin and no excessively short skirts).

A well-groomed, appearance is always important and appropriate. Our competence may be judged by how well we can take care of ourselves. Remember, how we appear is very important in how you are perceived- by both us and everyone else you interact with.

Resident Research Requirements

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 a program to provide opportunities for residents to learn the fundamentals of research. Additionally, the department will provide mentorship and resources to optimize resident participation in research projects. 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.

The 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). Submissions falling outside of these parameters will need to be approved by the Vice Chair for Research to qualify toward the overall requirement. During the semi-annual review with the Program Director, residents will review their research productivity.

Residents are required to submit a copy of all abstracts, manuscript submissions, presentations (PowerPoint slides or poster) to the Program Director and the Vice Chair for Research. All resident research activities will be compiled by the Vice Chair for Research and will be submitted to the Chair and the 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.

4. Travel Policy

Education Office Travel

Which residents are eligible for travel reimbursement?

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 (listed in **Approved Meetings** section) 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.

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.

All categorical Vascular 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 2015. 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.

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

Which meetings are eligible?

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.

How to get reimbursed

In order to obtain permission to attend the meeting and be reimbursed, the following *must* occur. ***Please note: There will be NO exceptions to these rules.***

1. Any submitted abstract must be sent to the Surgery Education Office within one week of submission. The easiest way to handle this is to make sure you submit your abstract to the Surgery Education Office at the same time you submit it to the meeting.
2. The Surgery Education Office must be notified of any abstract accepted ***within a week of receipt***. At the same time a signed request for travel form must be submitted. Travel forms are available via the Surgery Education Office. Again, the easiest way to handle this is to fax or email a copy of your acceptance letter to the Surgery Education Office the day you receive it and follow it within seven days with the request for travel form.
 - a. All expenses during the trip, including the hotel, will be paid for by the resident. Temporary loans are available through the Surgery Education office if needed and will be given at the discretion of the Program Director.
 - 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
 1. shuttle service to and from airport
 2. Room charges, taxes
 3. Meals (see below for specific guidelines)
 4. Airport parking (Remote only)
 5. Airfare
 6. Internet access in the room
 - d. The following will be NOT reimbursable expenses
 1. In room movies
 2. Taxis to and from the airport (if shuttles are available)
 3. Mini-bar expenses
 4. Entertainment expenses (other than meals), including alcoholic beverages
 5. Car rental (unless pre-approved by the Program Director)
 6. Terminal airport parking
 7. Office expenses at the meeting (printing posters, handouts, etc.)
3. 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.

Approved Meetings

Meetings that are eligible for reimbursement are listed below. Residents wishing to attend a meeting that is not on this list may appeal to the Education Committee for approval and potential funding.

Academic Surgery, General Surgery and Regional Surgical Societies:

Academic Surgical Congress
American College of Surgeons
Association for Surgical Education/Surgical Education Week
Association of VA Surgeons
Central Surgical Society
Michael E. DeBakey International Surgical Society
South Texas Chapter, American College of Surgeons
Southern Surgical Association
Southwestern Surgical Congress
Texas Surgical Society
Western Surgical Association

Cardiothoracic Vascular Surgery:

American Association for Vascular Surgery
American College of Cardiology
American College of Chest Physicians
American Heart Association
International Society for Minimally Invasive Cardiothoracic Vascular Surgery
Society of Vascular Surgeons
Southern Vascular Surgical Association
Western Vascular Surgical Association

GI, Endocrine Surgery, Surgical Oncology and Transplantation:

American Association of Endocrine Surgeons
American Cancer Society
American Society for Gastrointestinal Endoscopic Surgery
American Society of Clinical Oncology (including GI and breast symposia)
American Society of Colon and Rectal Surgeons
American Transplant Congress
Americas Hepato-Pancreato-Biliary Association
Digestive Disease Week
International Society of Geriatric Oncology (SIOG)
Society for Surgery of the Alimentary Tract
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Surgical Oncology

Pediatric Surgery:

American Academy of Pediatrics - Surgical Section
American Pediatric Surgical Association
American Society of Parenteral and Enteral Nutrition
Pacific Pediatric Surgical Association
Texas Society of Pediatric Surgeons

Trauma, Acute Care Surgery and Critical Care:

American Trauma Society
American Association for the Surgery of Trauma
Eastern Association for the Surgery of Trauma
Society for Academic Emergency Medicine
Society of Critical Care Medicine
Surgical Infection Society
Western Trauma Society

Vascular Surgery:

Arteriosclerosis, Thrombosis and Vascular Biology

Vascular and Endovascular Surgery Society

Society for Clinical Vascular Surgery

Southern Association for Vascular Surgery

Vascular Annual Meeting (Society for Vascular Surgery)

5. 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 vascular 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.

6. Goals and Objectives of Vascular Surgery Rotation (BSLMC)

VASCULAR SURGERY ROTATION – BAYLOR ST. LUKE’S MEDICAL CENTER (BSLMC)

Duration 6 months (PGY-6), 4 months (PGY-7)

Supervising Faculty Joseph Mills, MD
Mun Jye Poi, MD
Jesus Matos, MD
Charles West, MD
Joseph Coselli, MD
Zvonimir Krajer

Location BSLMC

Level of Resident PGY-6, PGY-7

Goals:

Following completion of vascular surgery training on clinical services, the vascular surgery resident is expected to have achieved a broad base of knowledge and skills concerning the preoperative, operative, and postoperative care of the general vascular surgery patients with aortic pathologies. The resident is to be competent and knowledgeable in the indications and the technical skills to carry out the procedures requiring traditional open and catheter-based technology.

Objectives:

- To learn the principles of the radiation physics and apply this knowledge to the use of protection and exposure during angiographic examinations.
- To be able to perform angiographic examinations and learn basic (PGY6) and advanced (PGY7) catheter and guide-wired techniques.
- To learn the indications for any complications of the angiographic procedures enabling them to order appropriate procedures.
- To acquire proficiency in the operative management of complex endovascular operations, including peripheral and carotid angioplasty (including the use of neuroprotection), mechanical thrombectomy, atherectomy and to be familiar with the various types of angioplasty and stent devices and to be able to apply them in an appropriate indicated clinical situations.
- To participate either as an assistant or surgeon in Vascular and abdominal endovascular procedures.
- To attend regular scheduled conferences and present selected topics demonstrating knowledge of various endovascular procedures.

Patient Care

- Round with the assigned general surgery residents on the ICU and floor (endovascular) patients
- Communicate after rounds with the attendings(s)
- Round on ICU patients
- Admit vascular patients for the attending
- Communicate immediately any changes in vascular patient status with the attending(s)
- Sign out any major issues pending labs/ major tests to on-call intern
- View all imaging studies
- Ensure weekend coverage and sign out
- Participates in all aspects of patient care, pre-op, post-op, surgical procedures, endovascular cases, and clinic

Non-invasive vascular laboratory:

- Understand the role and relevance of noninvasive vascular testing in the diagnosis and treatment of vascular disease
- Review of Doppler and ultrasound technology
- Hands on performance of arterial and venous studies

- Interpretation of results of arterial and venous vascular studies
- Weekly practical and didactic conference with case presentations
- Preparation for taking the RVT examination
- Differentiate between normal and abnormal Duplex and physiologic test findings
- Relate examination findings to the underlying anatomic/physiologic and hemodynamic changes attributable to vascular disease
- Use recommended interpretation criteria, understanding the varying strengths and limitations of each test modality
- Understand the important elements of composing and generating formal preliminary and final reports
- Understand the importance of Quality Assurance in the Vascular Laboratory

Duplex procedure guidance

- Understand the role of Duplex imaging in guiding access to the arterial and venous system.
- Utilize ultrasound for guiding catheter positioning during radiofrequency or laser ablation of the saphenous vein.

Medical Knowledge

- Demonstrate established and evolving medical knowledge in anatomy, physiology, and pathology and a wide variety of vascular diseases, including arterial, venous and lymphatic systems.
- Requirements include a level of proficiency approved by the Association of Program Directors in Vascular Surgery and two national vascular societies (Journal of Vascular Surgery 29:177-186, 1999). Completion of this RRC requirement will be supervised by the vascular surgical faculty.

Interpersonal and Communication Skills

- Apply interpersonal skills in a team environment composed of peers, nurses, students, staff and supervising faculty; listen and communicate effectively with patients and families

Professionalism

- Practice with high standards of ethical principles in clinical care, patient confidentiality
- Demonstrate progressively mature behavior and leadership skills; accept constructive criticism
- Respond to the needs of the patient and the medical and professional community

Practice-Based Learning and Improvement

- Demonstrate practice-based learning, especially in basic and advanced endovascular surgical procedures, emergency procedures and perioperative care of the vascular surgery patient; demonstrate commitment to improving patient care

Systems-Base Learning

- Apply knowledge to practice cost effective quality patient care
- Understand the various health care systems and their relationship to managed care in a hospital setting

Scholarly Activity

- Engage in discussion and participate in case presentations at educational conferences

Supervisory Lines of Responsibility

- All vascular surgery patient evaluations are discussed with an attending before clinical care decisions are made. In addition, the house staff and fellows perform open and endovascular surgery cases under the direct supervision of an attending.

Goals and Objectives of Vascular Surgery Rotation (PPH)

VASCULAR SURGERY ROTATION – PARK PLAZA HOSPITAL (PPH)

Duration	3 months (PGY-6), 2 months (PGY-7)
Supervising Faculty	Mun Jye Poi, MD Jesus Matos, MD Charles West, MD
Location	PPH
Level of Residents	PGY-6 & PGY-7

Goals:

Following completion of vascular surgery training on clinical services, the vascular surgery resident is expected to have achieved a broad base of knowledge and skills concerning the preoperative, operative, and postoperative care of the general vascular surgery patients. The resident is to be competent and knowledgeable in the indications and the technical skills to carry out the procedures requiring traditional open and catheter-based technology.

Objectives:

- To learn the principles of the radiation physics and apply this knowledge to the use of protection and exposure during angiographic examinations.
- To be able to perform angiographic examinations and learn basic (PGY6) and advanced (PGY7) catheter and guide-wired techniques.
- To learn the indications for any complications of the angiographic procedures enabling them to order appropriate procedures.
- To acquire proficiency in the operative management of complex endovascular operations, including peripheral and carotid angioplasty (including the use of neuroprotection), mechanical thrombectomy, atherectomy and to be familiar with the various types of angioplasty and stent devices and to be able to apply them in an appropriate indicated clinical situations.
- To participate either as an assistant or surgeon in Vascular and abdominal endovascular procedures.
- To attend regular scheduled conferences and present selected topics demonstrating knowledge of various endovascular procedures.

Patient Care

- Round with the assigned general surgery residents on the ICU and floor (endovascular) patients
- Communicate after rounds with the attendings(s)
- Round on ICU patients
- Admit vascular patients for the attending
- Communicate immediately any changes in vascular patient status with the attending(s)
- Sign out any major issues pending labs/ major tests to on-call intern
- View all imaging studies
- Ensure weekend coverage and sign out
- Participates in all aspects of patient care, pre-op, post-op, surgical procedures, endovascular cases, and clinic

Non-invasive vascular laboratory:

- Understand the role and relevance of noninvasive vascular testing in the diagnosis and treatment of vascular disease
- Review of Doppler and ultrasound technology
- Hands on performance of arterial and venous studies
- Interpretation of results of arterial and venous vascular studies
- Weekly practical and didactic conference with case presentations
- Preparation for taking the RVT examination

- Differentiate between normal and abnormal Duplex and physiologic test findings
- Relate examination findings to the underlying anatomic/physiologic and hemodynamic changes attributable to vascular disease
- Use recommended interpretation criteria, understanding the varying strengths and limitations of each test modality
- Understand the important elements of composing and generating formal preliminary and final reports
- Understand the importance of Quality Assurance in the Vascular Laboratory

Duplex procedure guidance

- Understand the role of Duplex imaging in guiding access to the arterial and venous system.
- Utilize ultrasound for guiding catheter positioning during radiofrequency or laser ablation of the saphenous vein.

Medical Knowledge

- Demonstrate established and evolving medical knowledge in anatomy, physiology, and pathology and a wide variety of vascular diseases, including arterial, venous and lymphatic systems.
- Requirements include a level of proficiency approved by the Association of Program Directors in Vascular Surgery and two national vascular societies (Journal of Vascular Surgery 29:177-186, 1999). Completion of this RRC requirement will be supervised by the vascular surgical faculty.

Interpersonal and Communication Skills

- Apply interpersonal skills in a team environment composed of peers, nurses, students, staff and supervising faculty; listen and communicate effectively with patients and families

Professionalism

- Practice with high standards of ethical principles in clinical care, patient confidentiality
- Demonstrate progressively mature behavior and leadership skills; accept constructive criticism
- Respond to the needs of the patient and the medical and professional community

Practice-Based Learning and Improvement

- Demonstrate practice-based learning, especially in basic and advanced endovascular surgical procedures, emergency procedures and perioperative care of the vascular surgery patient; demonstrate commitment to improving patient care

Systems-Base Learning

- Apply knowledge to practice cost effective quality patient care
- Understand the various health care systems and their relationship to managed care in a hospital setting

Scholarly Activity

- Engage in discussion and participate in case presentations at educational conferences

Supervisory Lines of Responsibility

- All vascular surgery patient evaluations are discussed with an attending before clinical care decisions are made. In addition, the house staff and fellows perform open and endovascular surgery cases under the direct supervision of an attending.

Goals and Objectives of Vascular Surgery Rotation (MEDVAMC)

VASCULAR SURGERY ROTATION – MICHAEL E. DEBAKEY VA MEDICAL CENTER (MEDVAMC)

Duration	3 months (PGY 6), 6 months (PGY 7)
Supervising Faculty	Panos Kougias, MD Neal Barshes, MD George Pisimisis, MD
Location	MEDVAMC
Level of Residents	PGY-6 & PGY-7

Goals:

Following completion of vascular surgery training on clinical services at the VAMC, the vascular surgery resident is expected to have achieved a broad base of knowledge and skills concerning the preoperative, operative, and postoperative care of the general vascular surgery patient. The resident is to be competent and knowledgeable in the indications and the technical skills to carry out the procedures requiring basic and advanced catheter-based technology.

Objectives:

- To learn the principles of the radiation physics and apply this knowledge to the use of protection and exposure during angiographic examinations.
- To be able to perform angiographic examinations and learn basic (PGY6) and advanced (PGY7) catheter and guide-wired techniques.
- To learn the indications for any complications of the angiographic procedures enabling them to order appropriate procedures.
- To acquire proficiency in the operative management of complex endovascular operations, including peripheral and carotid angioplasty (including the use of neuroprotection), mechanical thrombectomy, atherectomy and to be familiar with the various types of angioplasty and stent devices and to be able to apply them in an appropriate indicated clinical situations.
- To participate either as an assistant or surgeon in Vascular and abdominal endovascular procedures.
- To attend regular scheduled conferences and present selected topics demonstrating knowledge of various endovascular procedures.

Patient Care

- Round with the assigned general surgery residents on the ICU and floor (endovascular) patients
- Communicate after rounds with the attendings(s)
- Round on ICU patients
- Admit vascular patients for the attending
- Communicate immediately any changes in vascular patient status with the attending(s)
- Sign out any major issues pending labs/ major tests to on-call intern
- View all imaging studies
- Ensure weekend coverage and sign out
- Participates in all aspects of patient care, pre-op, post-op, surgical procedures, endovascular cases, and clinic

Non-invasive vascular laboratory:

- Understand the role and relevance of noninvasive vascular testing in the diagnosis and treatment of vascular disease
- Review of Doppler and ultrasound technology
- Hands on performance of arterial and venous studies
- Interpretation of results of arterial and venous vascular studies
- Weekly practical and didactic conference with case presentations

- Preparation for taking the RVT examination
- Differentiate between normal and abnormal Duplex and physiologic test findings
- Relate examination findings to the underlying anatomic/physiologic and hemodynamic changes attributable to vascular disease
- Use recommended interpretation criteria, understanding the varying strengths and limitations of each test modality
- Understand the important elements of composing and generating formal preliminary and final reports
- Understand the importance of Quality Assurance in the Vascular Laboratory

Duplex procedure guidance

- Understand the role of Duplex imaging in guiding access to the arterial and venous system.
- Utilize ultrasound for guiding catheter positioning during radiofrequency or laser ablation of the saphenous vein.

Medical Knowledge

- Demonstrate established and evolving medical knowledge in anatomy, physiology, and pathology and a wide variety of vascular diseases, including arterial, venous and lymphatic systems.
- Requirements include a level of proficiency approved by the Association of Program Directors in Vascular Surgery and two national vascular societies (*Journal of Vascular Surgery* 29:177-186, 1999). Completion of this RRC requirement will be supervised by the vascular surgical faculty.

Interpersonal and Communication Skills

- Apply interpersonal skills in a team environment composed of peers, nurses, students, staff and supervising faculty; listen and communicate effectively with patients and families

Professionalism

- Practice with high standards of ethical principles in clinical care, patient confidentiality
- Demonstrate progressively mature behavior and leadership skills; accept constructive criticism
- Respond to the needs of the patient and the medical and professional community

Practice-Based Learning and Improvement

- Demonstrate practice-based learning, especially in basic and advanced endovascular surgical procedures, emergency procedures and perioperative care of the vascular surgery patient; demonstrate commitment to improving patient care

Systems-Base Learning

- Apply knowledge to practice cost effective quality patient care
- Understand the various health care systems and their relationship to managed care in a hospital setting

Scholarly Activity

- Engage in discussion and participate in case presentations at educational conferences

Supervisory Lines of Responsibility

- All vascular surgery patient evaluations are discussed with an attending before clinical care decisions are made. In addition, the house staff and fellows perform open and endovascular surgery cases under the direct supervision of an attending.

Appendix 1 - Department of Surgery - Resident Travel Request Form

This form must be completed and approved by the Surgery Education Office prior to any travel arrangements being made. Once the travel request is approved, the Chief of Vascular Surgery at the hospital where the resident will be assigned during the time of the meeting, will be provided a copy of this approved form.

Name of traveler: _____

Name of event: _____

City/State: _____

Date(s) of event: _____

Date(s) of travel: _____

I have read the Department of Surgery Resident Travel Policy and agree with the conditions.

Resident Signature **Date**

The above travel request is approved.

Approver Signature (Program Director) **Date**

Travel Expense Estimate (To Be Completed by Traveler):

Airfare:

Hotel:

Registration:

Meals:

Parking:

Shuttle:

Misc (Please explain):

Total:

Appendix 2 - Time-Off Request Form

**VASCULAR SURGERY
TIME-OFF REQUEST**

Type of Leave Requested (check one): vacation
 personal
 sick
 academic meeting:

All signatures must be obtained and form must be submitted to Jaye Chambers two weeks before time off.

I (full name), _____, request leave on the following day(s):

From: Date/Time **To:** Date/Time:

Daytime duties will be covered by: _____

Signature: _____

Chief of Service (at time of leave): _____

Signature: _____

APPROVED BY:

Signature of Program Director or Assistant Program Director (Dr. Joseph Mills/Dr. Mun Jye Poi)

Resident/Fellow notified of approval: _____

Leave dates recorded: _____

Appendix 3 – Educational Compact

Michael E. DeBakey Department of Surgery Compact between Teachers, Learners, and Educational Staff

Learners pursuing a professional career at Baylor assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff members support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical, and professional behavior by all BCM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

- Duty** All participants in the education mission have the duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.
- Integrity** All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.
- Respect** Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

As a learner, I pledge to:

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty, and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty, and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which individuals can communicate any concern about breaches of this compact

As an educational staff member, I pledge to:

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard, to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

We gratefully acknowledge the inspiration for this Compact provided by Jordan J. Cohen, M.D., President of the Association of American Medical Colleges through his "Compact between Faculty and Learners," published November 4, 2001

Michael E. DeBakey Department of Surgery
Vascular Surgery Residency Program Graduate Medical Trainee Guidelines

RESIDENT NAME: _____

Please initial on each line and sign the last page.

- _____ The term of my employment is for one year, from 7/1/2015 through 6/30/2016.
- _____ I understand that I am expected to maintain the highest ethical and moral character at all times.
- _____ I will be responsible for my professional work to the Program Director.
- _____ **I will check and read my BCM e-mail daily** with the understanding that there may be important communications that need my attention.
- _____ I agree to stay current in procedural and administrative tasks, particularly **completing medical records in a timely manner, submitting QA and M&M documentation, and maintaining up-to-date health assessments as these are a reflection of my professionalism as a physician.**
- _____ I agree to complete medical records and all documentation requested by all program-affiliated hospitals promptly and in accordance with the policies and recommendations of the program.
- _____ I will be responsible for developing a personal program of self-study and professional growth, and I will seek the assistance and supervision of the teaching staff of the Michael E. DeBakey Department of Surgery and its affiliated hospitals in meeting these goals and expectations.
- _____ I have read and understand the Overall Competency-Based Goals and Objectives for the Vascular Surgery Residency Program.
- _____ I will read the competency-based goals and objectives pertinent to each clinical rotation at the start of each rotation and review these objectives as well as expectations and responsibilities with the Rotation Director.
- _____ I will participate fully in the clinical and educational activities of the Residency Program and affiliated hospitals, and especially in those relating to quality management, patient care review activities, and the appropriate use of resources.
- _____ I will round **twice daily** on all inpatients with members of the surgical team of which I am a part.
- _____ I will attend, and actively and meaningfully participate in the mandatory weekly Conferences and other teaching conferences, including Surgical Grand Rounds, all of which are intended to benefit my education. I commit to attending and signing in to **at least 75%** of each conference's session for the academic year, understanding that bona fide vacation or active on-call responsibilities are the sole reasons excusing participation from these activities.
- _____ I will complete the weekly reading and study assignments pertinent to the Curriculum Didactic Conferences and to the cases presented at the weekly M&M Conference which I attend.

_____ I will (co-)facilitate the Resident Curriculum Didactic Conferences under the guidance of attending faculty moderators as assigned.

_____ I understand that unexcused absences from Surgical Grand Rounds, M&M, and Conferences, and from other teaching conferences and activities will adversely affect my promotion through the program.

_____ I understand that I may be subject to weekly testing, coincident with my core curriculum reading assignments. My performance on these examinations will demonstrate my commitment to learning and to becoming a competent surgeon.

_____ I understand the research and scholarly expectations that I must meet over the course of residency training, specifically that I must submit manuscripts to peer-reviewed journals as outlined by the travel and research policy of the Department.

_____ I will assume an appropriate level of responsibility for teaching and supervising other residents and medical students.

_____ I understand that I must have a passing score on the VSITE for Vascular Surgery. I understand that I will be placed on remediation and/or academic warning. The Program Director and core educational faculty will discuss strategies for a remediation plan to help improve my scores and performance.

_____ I understand that I must be ACLS or/and ATLS certified of the academic year listed above and remain current in my certification status thereafter.

_____ I understand that it is my responsibility to ensure that my pager is operable at all times, and that I must respond appropriately and in a timely manner to my pages.

_____ I understand that my surgical rotations may take place at any of the hospitals affiliated with the residency program, or at other defined hospitals, at the discretion of the Program Director, as they provide comprehensive educational experiences deemed consistent with the educational mission of the Program.

_____ Commensurate with my level of training and advancement, I will participate in safe, compassionate, and effective patient care under general supervision as determined by the Program Director.

_____ I will be prepared to participate in the operating room by having a thorough knowledge of the patient's history, of the pathophysiology of the disease, and of technical aspects of the procedure.

_____ I will keep my operative log up to date.

[\[https://www.acgme.org/ResidentDataCollectionNet/ACGME/ResidentCaseLogs/Login.aspx\]](https://www.acgme.org/ResidentDataCollectionNet/ACGME/ResidentCaseLogs/Login.aspx)

_____ I will endeavor to develop an understanding of ethical, socioeconomic, and medical/legal issues affecting medical care and practice, as well as to utilize review measures in the provision of patient care.

_____ I understand that I am expected to deal with patients and their families as if they were my own.

_____ I understand that I must accept and deal with authority appropriately.

_____ I understand that I must demonstrate genuine dependability, good clinical judgment, and the ability to interact in a professional manner with attending staff, nursing staff, mid-level and ancillary medical practitioners, as well as with fellows, resident colleagues, and students.

_____ I understand that I must use all my vacation time in the current academic year as vacation time is not carried over to the following academic year. I understand also that the American Board of Surgery considers vacation time to be a part of my training.

_____ I will not participate in any medical practice or employment other than that pursuant to my agreement with the Baylor College of Medicine and the Michael E. DeBakey Department of Surgery except in case of emergency or while on vacation. If I choose to do so, I must seek permission from the Program Director and I must purchase separate malpractice liability insurance. I understand that moonlighting is not permitted while I am enrolled in the Baylor College of Medicine Vascular Surgery Residency Training Program.

_____ I will notify the Program Director if I receive a summons, complaint, subpoena, or court paper of any kind relating to my activities in connection with the Department, the affiliated hospitals, and the residency program.

_____ I have read and understand the ACGME/ TSBME duty hour regulations. I will adhere to these regulations and will record my hours worked on a weekly basis.

_____ I have been advised that the policies and procedures affecting the Michael E. DeBakey Department of Surgery residents are available in the GME Office, the Surgical Education Administration Office, and on E*Value [<https://www.e-value.net/>].

_____ I understand that 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.

Vascular Resident Signature

Date

Vascular Resident Name [PRINTED]

Joseph Mills, MD
Program Director

Date

I acknowledge that I have received the Vascular Surgery Residency Handbook electronically and have been made aware of the educational expectations I must meet, as described during the Michael E. DeBakey Department of Surgery's annual orientation. By signing below, I agree to abide by the policies of Baylor College of Medicine and the Michael E. DeBakey Department of Surgery and commit to making my best effort to meet the educational standards of the College and Department.

Vascular Resident Signature

Date