FLORIDA HOSPITAL

GENERAL SURGERY RESIDENCY

PROGRAM MANUAL

2009-2010

Table of Contents

Program Mission & Education Statement ... 1
Program Personnel & Faculty ... 2
Accreditation Council of Graduate Medical Education (ACGME) ... 4
Recruitment, Eligibility & Selection ... 4
  Recruitment ... 4
  Applicant Eligibility ... 4
  Selection ... 6
Examinations, Licensure & Certifications ... 7
  USMLE ... 7
  Licensure ... 8
  Certifications ... 8
  American Board of Surgery Requirements ... 8
    Procedure Logs ... 9
    ABSITE ... 10
Program Curriculum ... 10
Research & Scholarly Activity Requirements ... 10
Conferences & Teaching Rounds ... 11
Evaluations and Process ... 12
  ACGME Core Competencies ... 12
  Resident Performance ... 14
  Resident Evaluation of Faculty Teaching ... 14
  Other Evaluations of Resident ... 14
  Confidentiality Process ... 14
Faculty Advisors ... 15
Supervision Policy ... 15
  PGY-1 ... 16
  PGY-2 ... 16
  PGY-3 ... 16
  PGY-4 & 5 (Chief Resident) ... 17
  Evaluation of Patients in Emergency Department ... 17
  Change in Patient Status ... 17
Chief Resident Duties ... 17
Patient Charting Responsibilities ... 18
  Inpatient Charting ... 18
  Outpatient Charting ... 18
  Delinquent Charts ... 18
  Medical Records ... 18
  Confidentiality (HIPPA) ... 19
Promotion Criteria ... 20
Dismissal & Grievance ... 20
  Dismissal/Non-Renewal ... 20
  Grievance ... 21

Professional Relationships 21
Patient Care 21
Nursing Staff 22
Pharmacy Staff..22
Resident Interaction with Medical Students..22
Continuity of Care/Night Call Activities..23
Continuity Clinic..23
Night Call..23
Pager Call 23
On Call Guidelines 24
Duty Hours 24
Other Policies:..25
Dress & Grooming..25
Work Environment..25
Leave 25
Moonlighting..27
Stress, Fatigue & Impairment..27
Resources 28
Employee Assistant Program (EAP)..28
Employee Health Clinic 28
Physician Support Service 29
Faculty Psychologists..29
General Information:..29
EPIC..29
Ink Stamps 29
Pagers..29
Resident File Access..30
Resident Loan Deferment 30
Resident Workspace, Lockers & Mailboxes 31
Travel 31

The following material is a program-specific supplement to the Graduate Medical Education (GME) manual. Referral to, and familiarity with, each manual is expected by your Program Director and the Graduate Medical Education Committee.

Program Mission & Education Statement

Mission:

To extend the healing ministry of Christ by preparing compassionate and competent surgeons.

Education:

The purpose of the General Surgery Residency is to provide an organized educational program with guidance and supervision which facilitates the resident's personal and professional development while ensuring appropriate and safe patient care. Ultimately, this will produce a surgeon capable of a high level of performance who is certified by the American Board of Surgery.

We commit to:

- Provide residents the opportunity to learn the fundamentals of basic science as applied to clinical surgery.
- Provide an experience in preoperative, operative, and postoperative care for patients in all areas of general surgery, including abdominal, alimentary, breast, endocrine, head & neck, skin & soft tissue, trauma and surgical critical care, and vascular. We will also provide experience in anesthesia, burn treatment, cardiothoracic surgery, endoscopy, neurosurgery, orthopedic surgery, transplant surgery and urology.
- Provide a five-year program consisting of at least 36 months in the principal components of surgical education.
- Require residents to participate in research and provide teaching and mentoring of medical students.
- Provide residents with the opportunity to maintain continuity of care for their patients through time spent in the General Surgery office suite and on night call.
- Provide residents and faculty with educational goals and objectives at the beginning of each rotation, and the opportunity to evaluate each other at the end of the rotation.
- Provide each resident with a summative evaluation of performance on a semi-annual basis to show progression of expertise.
- Provide each resident with supervisory lines of responsibility, fair grievance policies, and resources for mental/emotional support.
- Provide a sufficient number of surgical cases, as determined by RRC standards of achievement, to advance operative skill and surgical judgment.

- Provide educational conferences on a weekly basis with a four-hour block of time designated on Monday mornings. These conferences will follow a set format with a developed curriculum. Attendance is mandatory.
- Provide a working environment that is optimal for resident education and patient care. This environment will be safe and will provide adequate space for sleep, food, and lounge/study facilities.

Program Personnel:

Program Director
Joseph D. Portoghese, MD, FACS
Office: (407) 303-7399
Email: Joseph.portoghese.md@flhosp.org

Residency Coordinator
Katherine D. Newsum
Phone: (407) 303-7203
Pager: (407) 303-5599, 8939
Pager: (internal): 87-8939
Email: Katherine.newsum@flhosp.org

Program Faculty:

General Surgery Core Faculty

Louis H. Barr, MD – (407) 303-7399
Jean A. Fung, MD – (407) 303-7399
Rhonda Harmon, MD – (407) 303-7399
Joseph D. Portoghese, MD – (407) 303-7399
Dennis L. Rousseau, Jr., MD – (407) 303-7399
Alric V. Simmonds, Jr., MD – (407) 303-7399

Surgical Specialties

Anesthesia: (407) 677-0444
Ashraf Ghobashy, MD

Cardiothoracic Surgery: (407) 425-1566
George J. Palmer, MD
Kevin Accola, MD

Colorectal Surgery:
Sergio Larach, MD (407) 228-4141
Matthew R. Albert, MD (407) 303-5191
Sam B. Atallah, MD (407) 599-9705
Paul Mancuso, MD (407) 896-1100

Critical Care: (407) 677-0444 (office) (407) 228-6573 (Service)
Daniel P. Stoltzfus, MD (407) 383-8758 (cell), pager: 1960 (hosp)

Giles Chemtob, MD
Louis M. Guzzi, MD (pager: 3167)
Michael B. Rodricks, MD (pager: 2009)

General Surgery (non-core): (407) 647-1331

Timothy C. Childers, MD
Thomas K. Mahan, MD
Roberto G. Posada, MD

Neurosurgery: (407) 975-0200

Christopher Baker, MD

Orthopedic Surgery: (407) 895-8890

J. Dean Cole, MD
Brian Vickaryous, MD

Otolaryngology: (407) 644-4883

Jeffrey Baylor, MD
Henry Ho, MD
Izak Kielmovitch, MD
Wha-Joon Lee, MD
Jeffrey Lehman, MD
Aftab Patni, MD
Brian Spector, MD
John Taggert, MD
Kiram Tipirneni, MD
Hao Tran, MD

Pediatric Surgery:

Mark Chaet, MD (407) 228-4774
Bryan Weidner, MD & Christopher Anderson, MD (407) 303-7280

Plastic Surgery:

Orlando J. Cicilioni, Jr., MD (407) 681-3223
Frank Stieg, MD (407) 647-4601

Practice Management: (407) 303-

Open, pending

Transplant Surgery: (407) 303-2474

Michael Angelis, MD
Lawrence T. Chin, MD
Bobby Nibhanupudy, MD

Trauma (University of South Florida/Tampa General):

Luis Llerena, MD (813) 844-7968, assistant: Elaine (813) 844-7412

Vascular Surgery:

Manuel Perez-Izquierdo, MD (407) 539-2100
G. Kendrix Adcock, MD (407) 539-2100
Robert P. Winter, MD (407) 539-2100
Alan R. Wladis, MD (407) 303-7250
Mark E. Ranson, MD (407) 303-7250

Urology: (407) 897-3499

Rakesh Patel, MD
Jeffery Thill, MD

Accreditation Council of Graduate Medical Education (ACGME):

The ACGME is the accrediting body for the General Surgery residency program. They may be contacted with questions via their website at: www.acgme.org or by mail and phone at: 515 North State Street, Suite 2000, Chicago, IL 60654, Phone (312) 755-5000, and fax (312) 755-7498.

Recruitment, Eligibility & Selection:

Recruitment:

Goal: To recruit and train physicians committed to excellence in General Surgery who:

A. Will promote, practice, and respect the mission of Florida Hospital.
B. Will be compassionate providers of whole person care.
C. Will likely wish to practice in the State of Florida following their training.

Means:

I. Provide organized recruitment teams who will focus on in-state medical schools and affiliates.
II. Recruit through ERAS and participate in NRMP selection process.
III. Provide pertinent summary of the program through Florida Hospital's Graduate Medical Education website
IV. Offer Clinical Clerkships to medical students from accredited medical schools

Applicant Eligibility:

I. Medical School Diploma
   A. LCME (Liaison Committee of Medical Education) graduates:

      1. Eligible for Doctor of Medicine diploma without reservations
      2. Dean's Letter
      3. Letter from residency program director (if applicable)
      4. Successfully passed USMLE I and USMLE II (United States Medical Licensing Examination) at first attempt with a score of 207-209(85)
         i. Transcript directly from the FSMB (Federation of State Medical Boards)
      5. Acceptable explanation of any break in education (if applicable)
      6. Demonstrated written and spoken fluency in English language
      7. Proof of citizenship or resident alien status as required by Florida Hospital Human Resources

B. AOA graduates:

1. Eligible for Doctor of Osteopathy diploma without reservations
2. Dean's Letter
3. Letter from residency program director (if applicable)
4. Successfully passed COMLEX (Comprehensive Osteopathic Medical Licensing Examinations) I and COMLEX II at first attempt with a minimum score of 548(85)
   i. Transcript directly from the NBOME (National Board of Osteopathic Medical Examiners)
5. Internship year in Osteopathic Program (if required by Florida Board of Osteopathic Medicine and the American Osteopathic Association) or AOA-approved waiver
6. Acceptable explanation of any break in education (if applicable)
7. Demonstrated written and spoken fluency in English language
8. Proof of citizenship or resident alien status as required by Florida Hospital Human Resources.

II. ERAS Application

A. Completed application through ERAS (Electronic Residency Application Service) through the AAMC (American Association of Medical Colleges) and participation in the NRMP (National Resident Match Program) match.

- On-line application
- Personal statement
- CV
- Transcript
- Dean's Letter
- Three letters of recommendation by surgeons
- USMLE/COMLEX Scores, Part I and II (USMLE, preferred)
- Photograph

III. Reasons for Ineligibility:

A. Applicant does not demonstrate sufficient commitment to the specialty of General Surgery (including but not limited to:
   i. No advanced-level electives during medical school
   ii. No letters of support from surgeons

B. Applicant did not present favorable impression to faculty, resident physicians and/or residency coordinator during elective time or interview process at Florida Hospital

C. Quality of interaction during preliminary contact with staff suggests incompatibility with the mission and values of Florida Hospital

D. Quality of personal statement (content, typographical and grammatical errors), including no obvious commitment to General Surgery

E. Limited verbal and written English skills, including the inability to write clearly and legibly

IV. Non-eligible candidates may not be offered an interview or accepted into Florida Hospital Graduate Medical Education residencies (see exception in #VII).

V. Applicants must have successfully participated in formal clinical training, medical school, residency training, or full-time clinical practice within the last 24 months (from date of application to the residency program).
VI. A personal interview at the Florida Hospital General Surgery program is required for applicants who wish to be considered for a residency position.
VII. The Program Director may permit the waiver of one or more of these requirements under special circumstances.

Selection:

I. Applicant must complete the ERAS application process.
II. Application must be complete by December 1st of application year and applicant must meet eligibility requirements in order to be considered for interview.
III. When application is complete in ERAS, the file will be downloaded and reviewed by the selection committee.
IV. If interview is offered, applicant will be contacted via letter, telephone, email, or through the ERAS post-office and applicant will be instructed to contact the Medical Education office to arrange for an appointment.
V. Interviews will take place between mid-November and late January and must be in person at the Florida Hospital General Surgery program office.
VI. The interview process is conducted as follows:
    A. The applicant will be given a schedule prior to interview day and the day's events may begin as early as 7:00 am.
    B. The applicant is interviewed by: The Program Director, the Behavioral Scientist, select General Surgery faculty and preceptors.
    C. The applicant tours Florida Hospital General Surgery clinical offices and hospital. The tour is conducted by current residents
    D. The applicant will enjoy an off-site lunch hosted by several current residents.
VII. Each interviewer completes an evaluation form which includes four areas:
    A. Professional direction
    B. Personal characteristics and interpersonal communication skills
    C. Clinical competence
    D. Overall potential as a resident in our program.

    The scores are calculated and summarized (Interview Composite Score)
VIII. The files are reviewed and screened by the Program Director and Residency Coordinator. The following criteria are utilized:
    A. Personal statement
    B. Transcript score
    C. Dean's Letter
    D. USMLE scores
    E. Letters of recommendation

    The scores are calculated and summarized (Screening Composite Score)
IX. An overall score is calculated for each applicant based on 40% of the Interview Score and 60% of the Screening Score.

X. The files are reviewed by the residents (when applicable) at the monthly resident meeting in January/February and a rank list is created.

XI. All applicants who have been interviewed will be reviewed for ranking by the selection committee made up of faculty and resident leaders in early February with the resident rank list taken into account.

XII. The Program Director will contact applicants to determine continued level of interest and to answer any questions. The rank order list will be compiled and submitted to the NRMP. The Match list is at the discretion of the Program Director and is confidential.

XIII. New residents who have matched will be sent a Letter of Intent, sample contract, and other required documents within two weeks. Required documents will include a Resident Manual, GME Manual, schedule request form, malpractice application, training license application and vacation request form.

XIV. Final personalized contracts are prepared, sent through the corporate approval process, and forwarded to the new residents within the next month.

XV. Orientation schedules, dates and requirements are sent to the new residents as soon as available.

Examinations, Licensure, & Certification:

USMLE:

All interns must complete USMLE Step 3 prior to the end of the PGY-1 year. We urge you to take USMLE Step 3 as soon as possible. The cost of application is paid by the program for your first attempt only. All application paperwork should be submitted directly to the Residency Coordinator for processing.

To obtain an application for USMLE Step 3, go to their website and download it.

http://www.fsmb.org

Or call them at (800) 876-5396.

Once you have filled out and submitted the application (along with a copy of your medical school diploma), please let the Residency Coordinator know immediately when you schedule the exam since the Department will need to adjust coverage for the time you are off your service. Taking the exam means two days away from your rotation.

You will also need to submit a “Certification of Post-Graduate Training” form to the Residency Coordinator to fill out. This form can be obtained from the website when you download the application forms.

Licensure:

Until such time as the USMLE Step 3 is completed and the resident is eligible to apply for full licensure in the State of Florida, the resident must maintain a Florida Department of Health Training License. The application for this will be sent to the newly-matched resident directly after the Match results are in. This training license fee will be paid by the Program, and the application and all supporting documents must be sent to the Department of State by the Program not later than April 1st in order to give adequate time to process the application for a start date of July 1st in the training program.

Upon completion of USMLE Step 3, the resident will be expected to complete application for full medical licensure in the State of Florida. The fee for this will be paid by the Program. Application for license can be obtained from the Residency Coordinator or via the Department of Health website. Make sure to download all forms and read directions carefully to expedite your application (EBAHR, National Practitioner Data Bank Self Query, AMA Profile), also request a fingerprint card from the website.

MD Applicants: www.doh.state.fl.us/mqa/medical/me_applications.html

DO Applicants: www.doh.state.fl.us/mqa/osteopath/os_applications.html

Certifications:

Residents in the General Surgery Program are required to maintain current certifications in ACLS and ATLS in order to be able to participate in the training program. We encourage the resident to obtain ACLS certification prior to the start of training, however if ACLS is not in place, the resident is required to complete certification as part of orientation in June. ATLS certification must be completed by the end of the first year of training. Current ACLS certification must be in place in order to qualify for ATLS training. Further recertification will be paid for by the Program and is mandatory for continuation of training. Fundamentals of Laparoscopic Surgery (FLS) is a new requirement and the program will provide access to this certification during the resident's training.

Copies of all certifications must be given to the Residency Coordinator for permanent record.

American Board of Surgery Requirements:

The American Board of Surgery has defined guidelines for certification eligibility. Senior residents applying for board certification should coordinate applications through the Residency Coordinator. Candidates planning to take the American Board of Surgery examination will be required to have a total of 500 cases as surgeon with a minimum of 150 cases during the chief year. Cases performed as teaching assistant do not count as cases performed as surgeon. The resident is expected to have met the case requirement as surgeon before functioning as a teaching assistant.

- **Procedure logs:** The ACGME mandated log of operations will prove to be invaluable in preparing your American Board of Surgery (ABS) application and is essential for our residency accreditation. Beginning in July of 2002, each resident became responsible for keeping an accurate log of all procedures performed during his/her residency. Procedures are recorded in the operative log database via the ACGME Resident Data Collection System, which is an Internet-based data collection system utilizing CPT codes. Procedure data may be entered from any computer connected to the World Wide Web.

  ACGME Website: www.acgme.org/acWebsite/navPages/nav_residents.asp
  (Click on Log-In under Resident Case Log System)

  The Program Director will provide each resident with an ID and password. Procedures should be logged as soon as completed but not less often than on a weekly basis, so that the Program Director can assure adequate and equivalent experience in the index cases. This will allow prompt and accurate submission to the American Board of Surgery as a preface to the qualifying examination. The Program Director reviews each resident's log on a minimum of a quarterly basis. The RRC requires a minimum number of cases in the following categories (note: The ABS does count first assist but the RRC does not.):

  RRC Minimum Cases:
    - Skin and Soft Tissue/Breast (25)
    - Head and Neck (24)
    - Alimentary Tract (72)
    - Abdomen (65)
    - Liver (4)
    - Pancreas (3)
    - Vascular (44)
    - Endocrine (8)
    - Thoracic (15)
    - Pediatric (20)
    - Plastic (5)
    - Trauma Surgery (30)
    - Endoscopy (85)
    - Basic Laparoscopic Procedures (60)
    - Complex Laparoscopic Procedures (25)

  The American Board of Surgery has a different minimum total of 750 cases as operating surgeon or teaching assistant by the end of year five with a minimum of 150 operational procedures in the Chief year. Of the 750, only 50 can be counted as teaching assistant and may not be counted toward the 150 chief year cases. Specifics should be researched in the ABS Requirements for Certification booklet.

Timely and accurate records of the resident's and the Department's operative experience are important, not only for each resident's ABS application at completion of residency, but also for the Residency Program's reaccreditation.

The ABS application will not be signed or supported by the Program Director unless the residents' ACGME logs are updated and complete.

- **ABSITE:** All residents will take the annual American Board of Surgery In-Training Examination (ABSITE) each academic year. This examination is most helpful in the resident's and the faculty's assessment of clinical and basic science knowledge and allows the resident to be able to compare his own academic progress with his peers on a nationwide basis. Although performance on this exam alone is not the sole determinant in promotion and advancement in the Residency, it is a helpful tool in assessing that the resident will be able to pass the ABS Qualifying Exam. Residents are expected to score above the 25th percentile for the appropriate year in training. Emphasis is also placed on the ABSITE results when applying for fellowship. If poor performance on this exam is thought to be based upon learning disabilities, the Program Director may refer the resident for evaluation and remedial plan. The examination is customarily given on the last Saturday in January (date to be announced).

Program Curriculum:

The curriculum of the Program will provide experience in all areas mandated by the Residency Review Committee. For any requirements not available at Florida Hospital, the Program will make such arrangements as necessary in order to provide the resident with the requisite experience. If such arrangements mandate rotations in remote sites, the Program will provide living facilities at its expense.

At this time, the only rotation not available at Florida Hospital is Trauma. Residents will therefore rotate at Tampa General Hospital during their PGY-2 and PGY-4 years in order to gain the necessary experience. Residents will be visiting residents with the University of South Florida General Surgery Program during those rotations. Housing near Tampa General Hospital is provided during these rotations.

The complete program curriculum is available as a separate document.

Research and Scholarly Activity Requirements:

ACGME: The ACGME guidelines state that the program must provide opportunity for residents to participate in research or scholarly activities.

The residents will be required to complete the following by the end of each corresponding training year:

1. IRB certifications (NIH, Research HIPPA & CV)
    - PGY 1 will be expected to complete the IRB requirements within the first 3 months of residency.
    - Research Coordinator will give instructions for certifications during orientation week.
2. Case Report/Literature Review Article (PGY 1 & PGY 3)
    - Obtain IRB approval for case report
    - Write a case report or literature review article submitted for publication in a peer review journal, *and*
    - Present case report/literature review article to faculty and peers.
3. Research (PGY 2 & PGY 4)
    - Obtain IRB approval for research project
    - Conduct a publishable investigator initiated research project of chosen topic or participate in an ongoing faculty research project.
    - Present a 10-minute PowerPoint presentation of research findings to faculty and peers.

Respective faculty advisor or faculty of choice will mentor residents in their scholarly activities and research projects.

The Department of Medical Education provides a full-time Research Coordinator and a statistician to assist and monitor your research project.

At the current time, the Program does not offer the option of an entire year spent in laboratory research.

Conferences and Teaching Rounds:

Weekly conferences will be held on Friday mornings from 7:00 am to 12:00 noon and residents will be given dedicated time to attend. Attendance will be monitored via sign-in sheets, and we expect an attendance rate of at least 90%. Each section will last one hour. The conferences will be comprised of Basic Science, Grand Rounds, M & M, and the last 1 hour segment will alternate on a 4-week cycle through Whole Person Care, Pharmacology, Research, and Open Forum. Case presentations and M&M conferences will be presented by residents at all levels. Both Faculty and Residents will be responsible for conferences with the faculty to resident ratio at 2:1, with 3rd year or higher residents giving the resident conferences. Invited guest speakers will also be utilized.

The basic science curriculum will be taught on a weekly basis over a two-year period of time. The curriculum was developed using information from "The Surgical Resident Curriculum, 4th Edition; Basic Sciences" and the following textbooks:

- The Physiologic Basis of Surgery. O'Leary, J. Patrick & Capote, Lea Rhea

- Surgery: Scientific Principles and Practice. Greenfield
- Current Surgical Therapy. Cameron, John L.
- The Surgical Review: An Integrated Basic and Clinical Science Study Guide. Kreisel, Daniel, Krupnick, Alexander, and Kaiser, Larry R.

Portions of these books will be required reading in preparation for the on-going basic science conference series.

Evaluations and Process:

ACGME Core Competencies

Accreditation of the residency program is predicated on adherence during training to the ACGME-defined Core Competencies in six areas. All residents will be continually evaluated based on the following six competencies.

1. Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health. Among other things, residents are expected to:
    - Gather accurate information in a timely manner.
    - Generate an appropriate differential diagnosis.
    - Implement an effective patient management plan.
    - Competently perform the diagnosis and therapeutic procedures and emergency stabilization.
    - Prioritize and stabilize multiple patients and perform other responsibilities simultaneously.
    - Provide health care services aimed at preventing health problems or maintaining health.
    - Work with health care professionals to provide patient-focused care.

2. Medical Knowledge: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Among other things, residents are expected to:
    - Identify life-threatening conditions, the most likely diagnosis, synthesize acquired patient data, and identify how and when to access current medical information.
    - Properly sequence critical actions for patient care and generate a differential diagnosis for an undifferentiated patient.
    - Complete disposition of patients using available resources.

3. Practice-Based Learning: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and

improve their patient care practices. Among other things, residents are expected to:

- Analyze and assess their practice experience and perform practice-based improvement.
- Locate, appraise and utilize scientific evidence related to their patient's health problems.
- Apply knowledge of study design and statistical methods to critically appraise the medical literature. Utilize information technology to enhance their education and improve patient care.
- Facilitate the learning of students and other health care professionals.

4. Interpersonal and Communication Skills: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates. Among other things, residents are expected to:
    - Develop an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences.
    - Demonstrate effective participation in and leadership of the health care team.
    - Develop effective written communication skills.
    - Demonstrate the ability to handle situations unique to the practice of emergency medicine.
    - Effectively communicate with out-of-hospital personnel as well as non-medical personnel.

5. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to demonstrate a set of model behaviors that include but are not limited to:
    - Treats patients/family/staff/paraprofessional personnel with respect.
    - Protects staff/family/patient's interests/confidentiality
    - Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
    - Able to discuss death honestly, sensitively, patiently, and compassionately.
    - Unconditional positive regard for the patient, family, staff, and consultants.
    - Accepts responsibility/accountability.
    - Openness and responsiveness to the comments of other team members, patients, families, and peers.

6. Systems-Based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Among other things, residents are expected to:

- Understand, access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal emergency care.
- Understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for and facilitates patients' advancement through the health care system.

Resident Performance:

Residents will be evaluated by the faculty/preceptor at the end of each rotation. Evaluations will be reviewed periodically, usually bimonthly, by the faculty and Program Director functioning as a Resident Performance Evaluation Committee (RPEC). Faculty evaluations and results from written examinations will be utilized by the RPEC in determining the progress of the resident. The Program Director will meet with the resident at least quarterly to review performance. Any necessary remediation or counseling will be determined by the Program Director and when indicated, individuals may be placed on probation or suspended. Evaluations will be kept on file in the resident's personnel file and will be accessible to the resident through the Surgical Residency office.

Resident Evaluation of Faculty Teaching:

Residents will turn in written anonymous evaluations of the program, rotations, and faculty on an on-going basis. The results of these evaluations will be reviewed by the Program Director and appropriate feedback will be given to individual faculty members. The information will also be used by the Core Curriculum Committee to revise and alter the educational content of the program and its rotations.

Other Evaluations of Residents:

Residents will be evaluated by means of a 360-degree approach which will include evaluations by peers (senior residents), nurses, and patients. The results of these evaluations will also be discussed with the resident during quarterly meetings.

Confidentiality Process:

All evaluations, counseling and probationary actions involving a resident will be kept in a confidential fashion. Under no circumstances will such actions be discussed in a public forum. Additionally, all evaluations of faculty by residents will be treated as confidential by the Program Director.

Faculty Advisors:

Each resident will be assigned a faculty advisor at the beginning of residency training. The faculty member will be considered a mentor of the resident and will be expected to meet with the resident at a minimum of quarterly. These meetings will be arranged by the advisors throughout the year. However, all of our faculty members are eager to be of assistance to residents, and you should feel free to discuss problems, situations, ideas, etc. with the faculty at any time.

As the resident progresses through training and discovers a specific area of interest for which s/he may pursue fellowship training, s/he may change, without prejudice, to a faculty advisor in that area of interest.

Residents will be required to discuss their on-going research projects on at least a quarterly basis as part of their meetings with their advisors.

The mentor/advisor shall:

- Meet on a regularly scheduled basis with each resident, at least once every quarter to offer professional mentorship.
- Advise and assist the resident in the definition and resolution of interpersonal and system problems that may arise.
- Assist the resident in identifying and evaluating strengths and weaknesses in his/her clinical abilities and training on an ongoing basis.
- Oversee and guide the resident's overall educational and professional progress.
- Follow up with the resident on suggestions and recommendations and document any actions taken.

Supervision Policy:

Every resident is assigned to a designated service. The attending surgeon on that service is responsible for the overall care of each individual patient admitted to the service as well as for the supervision of the resident(s) assigned to the patient. All patients are admitted in the name of the attending surgeon and residents make the attending aware of each admission and treatment plan. There is a clear chain of command centered around graded authority and clinical responsibility.

General Surgery residents can function in two capacities: indirectly supervised and directly supervised. General surgery residents can evaluate outpatients, write prescriptions, write orders and progress notes, and otherwise complete medical records. General Surgery residents cannot function without either direct or indirect supervision by an attending physician who has privileges at Florida Hospital for patient care and is credentialed to perform the indicated procedures.

The attending surgeon is expected to:

- Confirm (or change) the diagnosis
- Approve the operative procedure and procedure timing
- Be available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out
- Supervise postoperative care
- Assure continuing care after the patient leaves the hospital

The resident will keep the attending fully informed and document patient care with written progress notes.

PGY- 1:

The PGY-1 resident can bring patients into the operating room for induction of anesthesia; can insert IV lines and Foley catheters; can write admission orders; pre- and post-op orders and notes; can dictate discharge summaries, H&P's and operative notes; can write orders for restraints. Under supervision, the PGY-1 resident may provide in-hospital care, assist in surgery, and perform certain operations at the discretion of the attending surgeon. S/he may place arterial lines, central lines, chest tubes, Swan-Ganz catheters under the direct supervision of a senior (≥ PGY- 3) resident. Eventually these procedures may be done under indirect supervision once a minimum number (10) have been directly supervised and an attending physician has certified the resident.

PGY- 2:

The PGY- 2 resident can participate in SICU activities and can function in the SICU under the indirect supervision of the SICU attending in both the intensive care unit and non-intensive care unit. This will allow placement of arterial lines, central lines, chest tubes, Swan-Ganz catheters, endotracheal tubes and other superficial procedures. Under supervision, the PGY- 2 resident may assist in surgery and perform certain operations at the discretion of the attending surgeon. Under indirect supervision, the PGY- 2 resident can write orders for restraints. S/he can perform bronchoscopy under indirect supervision once a minimum number (10) have been directly supervised.

PGY- 3:

The PGY- 3 resident can function as a senior resident on selected services under the direction of the chief resident and attending surgeon. The PGY- 3 resident can initiate surgical procedures after discussion with an appropriate attending surgeon who has privileges at Florida Hospital to perform the anticipated procedure. Under indirect supervision, the PGY- 3 resident can administer conscious sedation and write orders for restraints. The PGY- 3 resident can function as senior resident on call and as senior resident in the SICU. S/he can participate in clinics under indirect supervision. S/he can evaluate trauma patients in the ER and supervise their resuscitation (ATLS certification is required).

PGY- 4, 5 (Chief Resident):

Residents at these PGY levels can function as senior resident and supervise routine ward activities and SICU activities. They can participate in clinics under indirect supervision and supervise the conduct of outpatient clinics. These residents can evaluate outpatients for emergency surgical procedures and can initiate surgical procedures after discussion with an appropriate attending surgeon who has privileges at Florida Hospital to perform the anticipated procedure. Under indirect supervision, these residents can administer conscious sedation and write orders for restraints. Residents at these levels can oversee medical records completion.

Evaluation of Patients in the Emergency Department:

PGY-1 residents must be directly supervised by a senior ($\geq$ PGY-3) resident. PGY-2 residents may evaluate patients in the ER under the indirect supervision of a senior ($\geq$ PGY-3) resident. PGY-4 & 5 residents may evaluate patients in the ER under the indirect supervision of the attending surgeon. If requested by the attending in the ER, the senior resident must consult with the attending surgeon on call prior discharging a patient from the emergency department. The attending physician must also be informed about all patients admitted to his/her service from the ER.

Change in Patient Status:

Attending surgeons must be informed when a patient on his/her service has a clinically important change in status; this includes but is not limited to instability in vital signs, transfer to the ICU, intubation, need for an invasive procedure/monitoring, or death.

Chief Resident Duties:

The Chief Resident has administrative duties for which s/he is responsible to the Program Director and Assistant Program Director. Besides the clinical responsibilities of a senior resident, the Chief Resident's responsibilities also include the following:

1. Ensure that residents on their team adhere to the mandated duty hour restriction.
2. Ensure that all residents have at least an average of one day off in seven.
3. Monitor all residents on their team for signs of fatigue or other possible impairment.
4. Ensure that all patients are staffed with the proper attending surgeons.
5. Notify the proper attending staff member of any change in patient condition or emergency surgery.
6. Make daily patient rounds with their team at a time that allows completion in time for scheduled conferences and surgery.
7. Ensure attendance of their team members at educational conferences.
8. Supervise and educate medical students.

9. Monitor the interaction of junior residents with hospital staff, patients and families.
10. Notify the Program Director of any problems related to the previously described responsibilities.
11. Responsible to serve as liaison between faculty and residents.

Patient Charting Responsibilities:

Inpatient Charting:

See the “Health Information Management” section of the Florida Hospital Graduate Medical Education policy manual.

Outpatient Charting:

The General Surgery outpatient clinic uses an electronic medical record (EMR) system. Residents are encouraged to learn to chart concurrently with patient care. Ordering labs, x-rays and medications during the visit is a must, and charting the note during the visit aids in efficiency. Charts are expected to be completed within 48 hours of the visit and any charts still “open” after two (2) weeks will be considered “Delinquent.”

Delinquent Charts:

- Prompt and timely completion of charts (within 48 hours) is expected.

- Accumulation of charts longer than one (1) week will result in issuance of a notification.

- Failure to complete charts within 2 weeks will result in loss of one-half day of vacation time in order to complete the records.

Medical Records:

See also the GME Manual section on “Health Information Management.”

- Health care providers must maintain adequate medical records to:
    - Afford continuity of patient care
    - Document that quality care has been rendered
    - Justify payment for services rendered
    - Serve as defense against malpractice claims
    - Function as a basis for submitting required reports to appropriate governmental agencies

- All operative reports should be dictated immediately, but absolutely within 24 hours of the time of operation. They should contain sufficient information concerning the pathology found as well as techniques used.
- Discharge summaries are to be completed the day of discharge. Discharges are to be approved by the responsible senior resident. Correct terminology is essential, both for diagnosis and operation. Complete diagnoses, including complications and operations are necessary.
- Keep in mind that the patient's record could become a legal document, which you may be asked to interpret and defend in a court of law many years from now. It, therefore, should not be treated as a forum for unproven opinions, personality comments, assumptions, or derogatory statements to consultants, patients, peers, etc.: record the facts, omit opinions, judgments, and assumptions. Never EVER alter a medical record after a query regarding the care of a patient.
- Death Certificates must be completed within 72 hours of the patient's death.
- Medico-legal issues, such as adverse events, angry patients or family members, etc. should be relayed to the Chief Resident immediately. A lack of timely intervention frequently exacerbates problems.
- Delinquency in record completion may result in loss of vacation time in order to correct deficiencies.

Confidentiality (HIPPA):

Compliance with HIPPA regulations is mandatory. All information presented to you by a patient, by a doctor about a patient, by a patient's family about a patient, with few exceptions, is CONFIDENTIAL.

- Do not discuss patients with others while walking in the halls, in the elevator, in the cafeteria, or while in any public areas.
- During Grand Rounds and conferences, patients are never to be presented by their names.
- Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of by acceptable legal means when no longer needed.
- Confidential, locked shred bins are provided in the out-patient office as well as on the units. Do not place any confidential information in waste baskets or other receptacle that eventually ends up in a commercial or city dump.
- In all instances, patients are to be treated with the same respect and confidentiality that you would afford your own family members.

Promotion Criteria:

When appointed to a position in the Florida Hospital five-year post-graduate program, any resident planning to continue in the five-year General Surgery program may expect to complete his/her training, provided that s/he continues to perform resident duties at a level comparable to peers. There is no “pyramid” system in this program. There is, of course, no guarantee that all residents will reach the senior year automatically. Promotion to the next level will occur only if the resident’s performance and progress is satisfactory. The resident’s progress in the program will be evaluated by the Program Director and faculty.

The training of surgeons for the practice of General Surgery encompasses education in the basic sciences, training in cognitive and technical skills, development of clinical knowledge and maturity, the acquisition of surgical judgment, communication skills, interpersonal skills, evidence of practice-based learning and systems-based learning. Through the course of training, each resident is expected to acquire progressively increasing competence in these areas. Promotion to the next resident level is based on a resident’s achievement of surgical and clinical competence and performance, including specific cognitive, clinical, technical skills, and professional and ethical conduct, as measured in on-going evaluations. Elements that will be considered for promotion include, but are not limited to: rotation evaluations, competencies and ABSITE scores.

Not later than December of each year, the Residency Performance Evaluation Committee will meet to discuss the promotion status of each resident, particularly those who are not making satisfactory progress in achieving competencies, academic requirements, and performance standards. The Committee will develop plans to assist residents in meeting the established standards. By the end of March, the Residency Education Committee will meet again to review each resident’s progress and to recommend promotion actions to the Program Director.

If the resident’s performance has been significantly deficient and additional training is required to correct the deficiency, the Program Director may request an extension of the resident’s contract from the Graduate Medical Education Committee. The Committee will give due consideration to the Program Director’s request. However, residents with inadequate performance may be subject to dismissal.

Dismissal & Grievance:

Dismissal/Non-Renewal:

Dismissal or non-renewal may occur because of failure of the resident to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program’s supervising faculty. Dismissal may also occur where there is misconduct. Examples of misconduct include but are not limited to: being

under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment); the use of abusive language, fighting or encouraging a fight; threatening, attempting, or causing injury to another person while on the premises. Please refer to the GME Policy Manual for specific policies.

A resident is usually not dismissed without a probationary period, except in instances of flagrant misconduct. In other circumstances, it is the responsibility of the residency Program Director to document a warning period prior to dismissal or failure to reappoint a resident and to demonstrate efforts for the provision of opportunities for remediation. Such opportunities must be provided and documented for the resident to discuss with the Program Director the basis for probation, the expectations of the probationary period, and the evaluation of the resident's performance during the probationary period. Discussions will be documented and placed in the resident's personnel file. The resident is entitled to a copy of the documentation upon request.

In the event that a resident is to be dismissed or his/her contract not renewed, s/he may initiate a formal grievance procedure. Grievance procedures will follow the policy stated in the GME Manual.

Grievance:

Grievance procedures have been established by the Graduate Medical Education Committee and may be referred to in the GME manual.

Professional Relationships:

Patient Care:

- Team: The team (attending physician, chief resident, resident, nurse, pharmacist, and student) is responsible for each patient's care. Quality care for the individual patient is the ultimate goal of each team member.
- Intern: The intern has the primary responsibility for patient care. S/he should evaluate the patient, write the necessary orders, perform the primary patient care procedures, and act as the primary physician with respect to the patient and his family. S/he dictates the discharge summary on each patient.
- Senior Resident: The senior resident is an active participant in the patient's care. S/he conducts rounds and examines the patient every day with the junior resident. S/he does not dictate therapy, but does advise the junior resident of alternate possible explanations, direction of evaluation, or treatments. S/he also writes an admission note. S/he selects applicable articles from the surgical literature to enhance the education of his/her team and augment patient care. All consultations will be directed to the senior resident, and s/he will see consultations and make appropriate disposition.
- Attending Surgeon: The attending surgeon holds ultimate responsibility for every aspect of patient care. S/he is also actively engaged in patient care and rounds

on all patients. S/he is responsible for providing guidance and experience in all facets of the patient's care. S/he will round at designated times daily throughout the week and will be available on call for other problems.

Nursing Staff:

- The nursing staff is an integral part of the health-care team. Personal and professional courtesy will be extended to the nursing staff at all times. The nursing staff will be included on rounds whenever possible and should be advised of any changes in treatment plans, special requests, or anticipated problems.
- Residents are responsible for a significant contribution to the education of the nursing staff. Such information is vital to assist them in taking better care of the patients. Explanation and thoughtfulness will yield manifold results.
- Simple "pick-up-after-yourself" and care in performance of procedures will allow the nursing staff more time with your patients.

Pharmacy Staff:

- The pharmacist is another vital member of the health-care team. S/he is responsible for all medications dispensed in the hospital.
- S/he is also a ready source of information on the various therapeutic agents, their dosages, compatibilities, toxicities, administration forms, and combinations.
- It is the pharmacist's legal and professional responsibility to ensure that the intent of your order is fulfilled. When the pharmacist questions an order, s/he is doing so to ensure that the patient receives the appropriate medication in the appropriate dosage.
- If you are paged by the pharmacist, it is your duty to respond quickly and courteously.

Resident Interaction with Medical Students:

All residents will be expected to participate in the education and mentoring of medical students. This will enhance their training and will include:

- Teaching requisite patient care procedures
- Instructing in the development of logical approaches to clinical problems
- Encouraging reading in General Surgery texts and journals, providing the student with select review articles on topics concerning their patients
- Instructing and assisting in the development of good patient care and treatment
- Ensuring attendance at all necessary conferences
- Reviewing each student's "work-ups" and providing constructive criticism
- Treating the medical student in a professional and courteous manner
- Assigning cases and patients

- Enforcing reading and preparation for specific cases that they will observe in the operating room

Continuity of Care/Night Call Activities:

Continuity of care is an important facet of residency training. There are multiple ways of obtaining this training. Among them are time spent in the practice office with pre- and post-surgical patients, another is in-house call.

Continuity Clinic:

A portion (approximately one day per week) of the General Surgery rotations will be spent seeing patients in the practice suite located in the Medical Plaza, Suite 411. This time will provide continuity of care training for the resident as s/he sees pre- and post-operative patients as well as minor surgeries in the suite.

Night Call:

The objective of night call activities is to provide residents with patient care experiences throughout a 24-hour period, adding to their continuity of care experience. There are specific guidelines that provide for this experience while still maintaining adherence to duty hours policy:

- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.

Pager Call:

At-home call (pager call) is defined as call taken from outside the assigned institution.

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

- The Program Director and faculty must monitor the demands of pager call in the program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

On-Call Guidelines:

- The GMEC adheres to ACGME guidelines regarding the frequency of call. The duty hour policy may be found in the GME manual.
- The call schedule will be made on a monthly basis.
- Residents are assigned to Home Call duties and do not take in-house call.
- Home Call duties extend on weekdays from 5:00 pm to 7:00 am and on weekends from 5:00 pm Friday to 7:00 am on Monday for weekend call. Residents are expected to keep their beepers turned on and audible for pages during call hours.
- Responsibilities while on call shall include responding to all calls in a prompt and courteous manner, either by phone or by personal evaluation of the patient, as appropriate. Additionally, any significant changes in patient coordination will be communicated to a senior resident and the responsible attending surgeon.
- Support systems: The resident on call will have access to support from both the Chief Resident and the faculty member/surgeon on call during all call assignments, when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. The chain of command is: Resident → Next more senior resident → Chief Resident → Attending.

Duty Hours:

As per ACGME guidelines, residents will be limited to a maximum of 80 hours per week (averaged over a 4 week period) in clinical and required educational activities, including in-house call. Required educational activities, such as teaching conferences, M&M conferences, etc., constitute work hours.

Duty hours are defined as all clinical and academic activities related to residency training, 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.

A 10-hour time period for rest and personal activities must be provided between all daily duty periods and after in-house call.

Surgical residents at all levels of training shall be allowed an average of one day in seven (averaged over a four week period) free of clinical responsibilities. One day is defined as one continuous 24 hour period free from all clinical, educational, and administrative activities.

Residents will be relieved of their clinical duties no later than 1:00 pm the day following in-house night call (a maximum of 6 hours post call).

<u>Other Policies</u>:

Dress and Grooming:

All individuals on the surgical service are expected to look and act as responsible physicians. Professional appearance and manners are to be exercised at all times in all environments, even though the work and conditions may be very stressful. Appropriate grooming and attire are always required. Good personal hygiene is mandatory. Use of deodorant is encouraged, and to be considerate of patients and fellow staff, residents should not wear strong fragrances.

The resident is expected to follow the dress code as printed in the GME manual. A white coat with name tag attached is to be worn at all times while on duty. Scrubs may not be worn in the outpatient office. At any time that the resident is scheduled to be in the operating room, clean scrubs will be worn, including changing to fresh scrubs after a dirty/bloody case. The resident must ensure that no body fluids are on his/her clothes/shoes when out of the operating room. Please refer directly to the GME Manual for specific dress requirements.

Work Environment:

Providing a sound academic and clinical education must be balanced with concerns for patient safety and resident well-being. The program will ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of our patients.

Leave:

The ABS requirements for residency training in order to qualify for certification are specific regarding the amount of time that may be taken away from training in each year. The requirement is that 48 of the 52 weeks per year must be used for training. In

the case of maternity or documented medical leave, the ABS will accept 46 weeks of surgical training in **one of the first three years** and 46 weeks of training in **one of the last two years**, for a total of 142 weeks for the first three years and 94 weeks for the last two years. The resident who is unable to fulfill these requirements will need to extend the length of training and therefore will not be able to graduate with his/her class.

No time-off requests are permitted during the last two weeks of a resident's contract period. General guidelines for time away can be found in the GME manual. Program-specific guidelines follow:

- Vacation/Sick Leave: Residents are allowed four weeks (20 days) to be used for leave/sick per year. In addition to this, credit is given if the resident is assigned to work any of the following Holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day. This time includes both vacation and sick leave and is in addition to granted days for Board Examinations.
- Requests will be made to the Program Director or Associate Program Director prior to June 1st. If requests are not made by the deadline, the resident's leave time will be assigned to them.
- There will be no vacation time taken in July, January, or June.
- At the first and second year level, vacation shall be taken during General Surgery rotations only. Ten days must be used prior to December 31st and the remainder must be taken prior to June 1st. One two-week leave will be allowed out of the four weeks (20 days).
- At the third year level, residents will take one week during vascular surgery, one week during pediatric surgery, and the remaining two weeks will be taken during general surgery. The two weeks can be taken either as one two-week or two one-week leaves.
- Time credited from working holidays can be used June 1-20 but must be requested prior to May 15th.
- The requested week of leave will also include the weekend following the 5-day work week. The weekend _prior_ to leave is not part of vacation unless the resident is <u>not</u> on call or can trade weekends with another resident at the same level – subject to approval by the PD or APD.
- Education: Florida Hospital provides the resident with an annual continuing education allowance and paid leave to attend educational activities that will contribute to the quality of their training.
- With the exception of the education leave allowance, leave may not be carried over from one appointment year to the next, and there is no payment for unused time.
- FMLA: Please refer to the GME Manual for specific policy on family and medical leave, extended sick leave, maternity leave, paternity leave, and adoption leave.
- Written request for time off is mandatory and must be submitted to the office of the Program Director. Initial requests will be solicited prior to the start of the academic year while the annual schedule is being written. Requested vacation periods are not guaranteed. Requests for changes must be accompanied by

prearrangement of who will cover the resident's absence on a service with mandatory coverage.

- **Holidays**: Per previous mention, there are six national holidays that are observed at Florida Hospital (New Year, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas). Coverage of these holidays will be rotated among the residents while maintaining duty hour compliance. Coverage hours will be the same as on weekends.
- **Unexcused Absences:** If a resident does not show up for assigned hours, including night call, without notifying his Chief Resident or the Program Director, the absence will be considered unexcused. Unexcused time will be taken from the resident's leave bank. If the unexcused absence is repeated, disciplinary action may be taken by the Program Director depending on the severity and frequency of the infraction. Arrangements for "payback" to the other residents who may be assigned to cover in the resident's absence will be made at the discretion of the Program Director.

Moonlighting:

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

Stress, Fatigue and Impairment:

The Program Director and 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 preceptor, faculty advisor, or the Program Director. Signs and symptoms of fatigue, stress, or impairment include some of the following:

1. Recent changes in behavior, including irritability, mood swings, inappropriate behavior, a breakdown in logical thought, trembling, slurred speech
2. 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
3. Inaccurate or inappropriate orders or prescriptions
4. Insistence on personally administering patients' analgesics or other mood-altering medications rather than allowing nursing staff to carry out orders
5. Poor concentration or poor memory, such as failure to remember facts about current and/or recent individual patients
6. Depression
7. Evidence of use or possession of alcohol or other drugs while on duty; intoxication at social events

8. Anger, denial, or defensiveness when approached about an issue
9. Unkempt appearance and/or poor hygiene
10. Complaints by staff or patients
11. Unexplained accidents or injuries to self
12. Noticeable dependency on alcohol or drugs to relieve stress
13. Isolation from friends and peers
14. Financial or legal problems
15. Loss of interest in professional activities or social/community affairs

In situations of stress, fatigue, or impairment, the faculty or resident may approach the Program Director or the Program Director may call a meeting with the resident. The problem will be discussed, and the Program Director will make recommendations for resolving the problem. Such recommendations may include use of services within Florida Hospital such as the Employee Assistance Program, Employee Health Services, Physician Support Services, or referral to a counselor or psychiatrist. For further information, please refer to the GME Manual.

Resources:

Florida Hospital, along with the medical staff and Graduate Medical Education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring.

Employee Assistance Program (EAP):

This program assists faculty, staff, and their families with the resources they need to resolve personal, family, or job-related problems. EAP offers a free of charge and comprehensive worksite-based program to assist in the prevention, early intervention, and resolution of problems that may impact job performance. The EAP is staffed with well-trained, caring professionals who listen and offer support and guidance. EAP is confidential and voluntary. You can contact EAP at: (407) 303-3690 (or tie: 844-3690).

Employee Health Clinic:

The employee health clinic handles pre-employment physicals, performs annual physical assessments and PPD tests, and administers vaccinations. It also provides triage and evaluation for work-related injuries during normal business hours and does educational promotions, blood-borne pathogen counseling and treatment, and follows up on TB and other infectious disease exposures. The employee clinic can be reached at: (407) 303-1535 (or tie: 844-1535).

Physician Support Service:

This service is available to medical staff, including residents and their family members. The service may be utilized by contacting (407) 691-5476. Your Residency Coordinator will have pamphlets and business cards for your use if you have questions about this service.

Faculty Psychologists:

The faculty psychologists on the staff of Graduate Medical Education are also available to the residents and their families as a resource in times of stress.

General Information:

EPIC:

EPIC is the computer software that residents use to communicate with each other, faculty and staff as well as use for medical records for their patients in the outpatient setting. The EPIC email system is where you will find notices about activities, coverage for residents who are away, etc. It is accessed with your user ID and a password and can be accessed from any computer in the hospital system or the web.

Ink Stamps:

At the beginning of training, each resident will be issued a small pre-inked rubber stamp with his/her name. In addition to the resident's signature, this stamp is to be used on all official documents, including, but not limited to: non-electronic medical records, patient notes, and prescriptions. If the stamp is lost, it will be the resident's responsibility to notify the Residency Coordinator and to pay for replacement when a new stamp is ordered. The resident must be in possession of the ink stamp at all times and not allow it to be used by others. See the GME manual's section on Health Information Management for specific policy.

Pagers:

Each resident will be assigned a pager, which provides the primary method of communication while on duty. The pager should be turned on during all duty hours and the battery should be checked frequently to assess signal strength. Batteries are available in the residency coordinator's office. Damaged or lost pagers will be the responsibility of the resident and there is a replacement fee that will be charged to the resident.

While covering the Emergency Department or Operating Room, do not leave your pager unattended or turned off. At any time on duty that you are unable to personally respond

to pages, leave your pager with another member of the surgical house staff or with the desk in the OR.

Not answering pages during assigned duty hours will be considered grounds for discipline and/or dismissal from the residency.

As stated previously, damaged or lost pagers will be charged back to the resident. There is currently a charge of $79.00 to replaced damaged or lost pagers.

The pagers can be accessed from hospital phones by dialing "87" or from outside the hospital by calling (407) 303-5599. Wait for the tone before inputting pager number and return number. Alternatively, text pagers can also be accessed for short text messages via "WirelessOffice Messenger" on the hospital computer. A list of pager numbers will be made available to you for easy reference of the numbers frequently contacted. Faculty pagers are on a different system and do not use Wireless Office. USA Mobility is the carrier for those pagers.

At the completion of residency training, the pager will be turned in for reassignment.

Resident File Access:

The GMEC requires that the resident's file is regarded as confidential, is maintained in a secure location, and is available only to the following:

1. Program Director
2. Residency Coordinator
3. Director of Academic Affairs
4. Administrator of Medical Education
5. Chair of Medical Education
6. Resident (under supervision)

The GMEC authorizes the Program Director, Director of Academic Affairs, Administrator of Medical Education or the Chair of Medical Education to disclose the file or portions thereof to others whom they deem to have a legitimate need for the information or as authorized in writing by the resident. The GMEC policy requires that the exterior of each file will state "Confidential Information – Access to this File and its Information is governed by the GME Manual on Resident File and Access." Electronic files will have this statement on its opening or at a place within the file designated by the Program Director.

Resident Loan Deferment:

Loan Deferment forms should be submitted to the Residency Coordinator. The Department will certify the resident's current academic year of training and the anticipated graduation date.

Resident Workspace, Lockers & Mailboxes:

Office space is provided in the General Surgery Office Suite in the Medical Plaza. A computer with inter- and intranet access is available and access to EPIC Inbox and EPIC for medical records and laboratory reports are on this computer. Please keep the workspace neat and uncluttered to be considerate of your fellow residents, the MIS Fellows, and the office staff.

Lockers are provided, as well, for storage of personal items. They will be located in the call rooms in the hospital.

Resident mailboxes for regular mail and schedules are also located in the office suite. These mailboxes must not become a repository for outdated information, stale food, etc. and mail and notices should be dealt with on a weekly basis and cleaned out.

Travel:

Residents may be sent to regular or national meetings at the discretion of the Program Director. Residents also are allowed conference time during their years of training. They must submit a leave request which must be approved by the Program Director prior to attending the meeting. Presentation of resident research project at a regional meeting is encouraged.

Enough time in advance of any meeting must be allowed to register at the reduced resident rate, and for adjustments in the program schedule to cover in the absence of the resident. Request for attendance at meetings is not guaranteed, and in the case of conflicts, scheduled vacations, and service coverage/commitments take priority.

Travel guidelines and expense allowances have been established by the GMEC (please refer to the GME manual section on Continuing Education Allowance and FH Expense Report Regulations).