

**Baylor Scott & White Medical Center – Round Rock  
Graduate Medical Education  
Texas A&M Health Science Center College of Medicine**

**HOUSE STAFF HANDBOOK 2023-2024**

GRADUATE MEDICAL EDUCATION MISSION

TO BE THE TRUSTED EDUCATOR IN VALUE-BASED CARE DELIVERY,  
PATIENT EXPERIENCE AND AFFORDABILITY.

This handbook serves as a general reference for all House Staff enrolled in a GME Program at Baylor Scott & White Medical Center – Round Rock.

Please note the term House Staff and Residents/Fellows are interchanged throughout handbook. When appropriate, House Staff Policies were derived from a specific ACGME Common Program Requirement appropriate for that policy.



If additional information is needed, please contact:

Graduate Medical Education

Baylor Scott & White Medical Center – Round Rock

425 University Blvd, Suite 500

Round Rock, Texas 78665

512-509-3412

<https://www.bswhealth.med/education/Pages/graduate-medical-education.aspx>

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## GME STAFF & PROGRAMS

The Graduate Medical Education Office is located at 425 Univeristy Blvd, Suite 500, Round Rock, TX 78665. Hours of Operation are 8:00 a.m. to 5:00 p.m.

<u>Department/Program</u>	<u>Name</u>	<u>Position</u>	<u>Phone Number</u>
GME Office	Rakesh Surapaneni, MD	Designated Institutional Official (DIO), GME	512-509-3412
GME Office	Taylor Chadwick, MBA	Institutional Coordinator / GME Manager	512-509-3412
<u>Program-ACGME</u>	<u>Program Director/Associate PD</u>	<u>Program Administrator</u>	<u>Phone Number</u>
Family Medicine Residency	Patricia Lopez-Gutierrez, MD	Rosa Torres	512-509-3404
Internal Medicine Residency	Rakesh Surapaneni, MD	Taylor Chadwick, MBA	512-509-3412
Cardiovascular Disease Fellowship	Vijay Divakaran, MD	Melanie Roussel, MPH	512-509-3750
Interventional Cardiology	Angel Caldera, MD	Melanie Roussel, MPH	512-509-3750
Clinical Cardiac Electrophysiology	Javier Banchs, MD	Melanie Roussel, MPH	512-509-3750
Gastroenterology Fellowship	Erik Rahimi, MD	Bryan Nguyen	512-509-3750
Clinical Informatics Fellowship	Kenneth Youens, MD	Bryan Nguyen	512-509-3750
UME – TAMU / UT DELL	Melanie Roussel, Bryan Nguyen, & Taylor Chadwick		512-509-3412

## **House Staff Council**

- All the residents and fellows are part of the house staff council that meets quarterly.
- A chair and vice chair of the council are elected by their peers to run the council. w
- None of the faculty or administrative staff are part of the council and only attend the council meeting on request from the council chair to address any concerns.
- Council is tasked to address learning and work environment concerns as related to the house staff. These include:
  1. Patient Safety
  2. Health Care Quality
  3. Care Transitions
  4. Supervision
  5. Resident Well-Being
  6. Professionalism
- Any resident/ fellow must have the opportunity to directly raise concern to the forum
- Action items brought up in the council are relayed to the DIO by the chair and vice chair and to the GMEC through the elected house staff members that are part of the GMEC.
- Chair and vice chair of the house staff council will represent the House staff in the GMEC.
- Chair and vice chair will be up to date with the ACGME CLER requirements.

**Chair: Chakri Pathikonda, MD Pager # 512-205-1952**

**Vice Chair: Callie Fort, MD Pager # 512-205-1152**

## **OMBUDSMAN**

The position of Ombudsman for Graduate Medical Education (GME) was developed to promote a positive climate for residency and fellowship education.

The Ombudsman will serve as an independent, impartial, informal and confidential resource for residents and fellows with training-related concerns.

**Ombudsman**

**Trina Dorrah, MD**

[trina.dorrah@bswhealth.org](mailto:trina.dorrah@bswhealth.org)

## **INSTITUTIONAL POLICIES (updated 04/2023)**

### **POLICY COVID-19**

NOTE: Please visit for the most recent policy

<https://bsw.policymedical.net/policymed/anonymous/docViewer?stoken=ce9e5a30-8d25-4b7f-bff7-de103f2c1131&dtoken=257dd3d3-7c12-405b-85a4-acbd59dc89b9>

for most current HCID information, please visit:

<https://bswhealth.sharepoint.com/sites/BSWInfectionControl/SitePages/HCID-Main.aspx>

### **POLICY HOUSE STAFF SELECTION/RECRUITMENT (updated 04/2023)**

BSW graduate medical education programs shall select applicants who meet the qualifications for eligibility set forth by the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) as well as the BaylorScott&White Recruitment, Interviewing and Selection Policy. All GME training programs participating in the National Ranking Match Program (NRMP) must adhere to all NRMP Policies regarding recruitment and selection. Applicants with one of the following qualifications to be eligible for appointment to an ACGME program:

(ACGME CPR III.A.1.)

- graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)
- III.A.1.b) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: (Core)
- III.A.1.b).(1) holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)
- III.A.1.b).(2) holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)

All pre-requisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

- Residency program must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.
- A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-accredited program and with the approval by the GMEC, may be advanced to the PGY-2 level based on the ACGME Milestones

evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

#### Eligibility Requirements – Fellowship Programs

- Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a RCPSC-accredited or CFPC-accredited residency program located in Canada.
- Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program.

If Option 1 above is selected: Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.

If Option 2 above is selected: Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME milestones evaluations from the core residency program

#### Fellow Eligibility Exception

A Review Committee may grant the following exception to the fellowship eligibility requirements:

*NOTE: Review Committees that selected Option 1 will decide whether or not to allow this exception. Review Committees that opted not to select this option and those Review Committees who selected Option 2 do not allow this exception.*

- An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)
- III.A.1.c).(1).(a) evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)
- III.A.1.c).(1).(b) review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)
- III.A.1.c).(1).(c) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)
- III.A.1.c).(2) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)

Furthermore, House Staff must have passed the [USMLE Step II and Step II CSA](#), or equivalent (e.g. COMLEX), prior to beginning their training. Any exceptions to this policy must be obtained in writing from the Designated Institutional Official (DIO).

Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities, such as motivation and integrity. Programs must not discriminate with regard to sex, sexual orientation, race, age, religion, color, ethnicity, disability or veteran status.

In selecting from among qualified applicants, programs are encouraged to participate in an organized matching program, such as the [National Resident Matching Program \(NRMP\)](#), where available.

## **VISAs**

Residents in Baylor Scott & White ACGME-accredited programs and other Allied Health Programs who are not United States citizens must have lawful permanent resident (LPR) status or a nonimmigrant visa that is appropriate for graduate medical education. **The accepted visa is the J-1 visa, sponsored by the ECFMG.** The **H-1B Visa** is only for the **exceptional** candidate that without such a candidate the program would not be able to clinically provide care to the Baylor Scott & White patient population. Please confer with the DIO to make this determination and obtain DIO approval.

All international medical graduates (IMGs) who are graduates of non-LCME medical schools must obtain an [ECFMG](#) Certificate before entry into residency programs. The [ECFMG](#) certificate provides assurance to residency programs, and to the people of the U.S., that IMGs have met minimum standards of eligibility required to enter programs.

Under truly exceptional circumstances, a residency or fellowship program may wish to train a resident or fellow who is presently holding an H-1B from another training program. The program must demonstrate the need for the H-1B Visa by justifying the need and obtaining DIO approval.

**Administrative and financial costs associated with support of the H-1B visa is significantly greater than the J-1 Visa, and the decision to financially support a resident or fellow's H-1B visa will rest with the training program and the associated department, with DIO approval (see below).**

If a program is willing to undertake these costs (all associated costs with the H1-B application will be charged to program's department) and the regulatory and compliance requirements associated with H-1B visa status, the program director must submit a written **Request for H-1B Sponsorship to the DIO/GME Office**. The written request must be signed by the program director and the department chair and must be made at least thirty (30) days before the match list is submitted. The request must include all relevant justifications including total number of applicants interviewed, number the program plans to rank, the information regarding total number of U.S. graduates, as well as the number of J-1 and H-1 applicants. The request will be reviewed by the Designated Institutional Office (DIO) within ten (10) working days of its receipt by the GME Office and a decision will be communicated to the program director.

Approval for H-1B Sponsorship will be for the duration of the proposed program only. The program director must await approval of the request before committing to the applicant.

Anticipated steps in the process include the following:



- All customary GME requirements have been met – applicant has been interviewed and found to be qualified for the program.
- Request for H-1B Sponsorship – If request is approved, the program director and program administrator will work with the Legal Department to begin the process.

*End of House Staff Recruitment/Selection Policy*

## **POLICY**

### **SUPERVISION and ACCOUNTABILITY** *(updated 04/2023)*

The following are the procedural requirements for graduate medical education pertaining to the supervision of House Staff. The provisions are applicable to all patient care services including, but not limited to: inpatient care, outpatient care, community and long-term care facilities, and the performance and interpretation of all diagnostic and therapeutic procedures.

1.

a. All BSW programs follow the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME), which state that, “Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident’s development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.”

## **2. Roles and Responsibilities**

(VIA.A.2.a) Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care.

- The information must be available to residents, faculty members, other members of the healthcare team and patients.
- Residents and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care.

(VIA.2.b) Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstance, supervision may include post-hoc review of resident-delivered care with feedback.

### 3. Graduate Levels of Responsibility

As part of their training program, House Staff should be given progressive responsibility for the care of the patient. The determination of a House Staff's ability to provide care to patients without a senior staff present, or to act in a teaching capacity, is based on the documented evaluation of the House Staff's clinical experience, judgment, knowledge and technical skill. It is the decision of the senior staff which activities the House Staff can perform within the context of the assigned levels of responsibility.

The senior staff is responsible for ensuring the overriding consideration be the safest and most effective care of the patient.

Supervision Levels: are defined as (*ACGME Core Requirement VI*)

1. Direct Supervision – The supervising physician is physically present with the resident during the key portions of the patient interactions or,

PGY-1 residents must initially be supervised directly, only as described in #1.

The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly.

The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. Indirect supervision –

a. The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision (Core)

3. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

- The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
  - Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care required by their patients.
- Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

- Each resident must know the limits of their scope of authority and the circumstances under which the resident is permitted to act with conditional independence.
- Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.

#### 4. Documentation of Supervision of House Staff

- a. If a situation arises where the nursing staff is unsure of House Staff's appropriate level of supervision, the nursing staff should contact the supervising senior staff directly.
- b. Documentation of House Staff's required level of supervision should be documented in New Innovations (Residency Management Suite).

#### 5. Emergency Situations

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of, a patient. In such situations, any House Staff assisted by medical personnel will, consistent with the informed consent, be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate senior staff must be contacted and apprised of the situation as soon as possible. The House Staff must document the nature of that discussion in the patient's record.

#### 6. Medical Officer of the Day (MOD)

- a. House Staff who are board-certified or board-eligible may be privileged as independent practitioners for purposes of MOD coverage. Privileges sought and granted may only be those delineated within the general category for which the House Staff is board-certified or board-certifiable.
- b. House Staff who are appointed as such outside the scope of their training program must be fully licensed, credentialed and privileged for the duties they are expected to perform. In this capacity, they are not working under the auspices of a training program and must meet the requirements for appointment. Specialty privileges, which are within the scope of the House Staff's training program, may not be granted.

*End of Supervision and Accountability Policy*

<b>POLICY</b> <b>WELL-BEING</b> (updated 04/2023)
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In the current healthcare environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional and physical well-being are critical in the development of the competent, caring and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Our Well-being Policy is intended to mirror that of the [BSWH Zero Harm for Patient Safety](#). The GME Community seeks to create an environment that is open, non-retaliatory, and residents should feel free to speak openly with any concern/issues they need to address. They may do so within the GME

Office (this would include the DIO, GME Director, PD Council, designated Ombudsmen, and CLER Council).

This responsibility must include:

- Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- Attention to scheduling, work intensity and work compression that impacts resident well-being;
- Evaluating workplace safety data and addressing the safety of residents and faculty members;
- Policies and programs that encourage optimal resident and faculty member well-being; and
  - Residents must be given the opportunity attend medical, mental health and dental care appointments, including those scheduled during working hours.
- Attention to resident and faculty member burnout, depression and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in the identification of the symptoms of burnout, depression and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must
  - Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence; and
  - Provide access to appropriate tools for self-screening; and
  - Provide access to confidential, affordable mental health assessment, counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.



Talk with us.



**Maxine Trent**

Peer Support  
888-674-7337 office  
254-541-2696 cell

**Sharron Davis**

Well-Being Advisor  
254-724-2140  
254-718-7282

**Eric Hammer**

Chaplain  
254-724-0306 office  
254-231-1157 cell

**Alton McCallum**

External Counselor  
254-307-2495 office  
email: [alton@insight-cc.org](mailto:alton@insight-cc.org)

### Support

**Peer Support** is available to support you through unanticipated events and difficult times that occur in the workplace with understanding, compassion, and confidentiality. When you access Peer Support you will be paired with a peer who has been trained to walk alongside you during difficult seasons. Peer Support volunteers are standing by on the Peer Support Care Line 254-724-6544 or 888-674-PEER (7337) from 8 a.m. to 6 p.m. daily to provide support. Virtual staff support sessions via Teams are available with Maxine Trent, LPC, LMFT, or with Connye Moore, LCSW. Both are trauma-trained counselors.

<https://www.bswhealth.com/benefits/livewell/emotional>

Our **Expanded Employee Assistance Program (EAP)** offers no-cost confidential assistance with a variety of concerns including counseling, legal assistance, parenting support, eldercare support, pet care support, identity theft assistance. They can be reached 24 hours a day, 7 days a week, at 877-622-4327. EAP now has access to TalkSpace where employees can make video counseling session even more accessible (you will need a code from EAP to begin this service). It's OK to not be OK

<https://www.bswhealth.com/benefits/livewell/emotional>

### Faith

**Chaplains** can be reached at 254-724-0306 and are ready to provide confidential emotional/spiritual support to those of all faiths and those not associated with a faith tradition through numerous methods, including prayer. By compassionate service to people in chaotic or joyful times, chaplains attest to the sacredness of life. In-person and virtual prayer groups available by request, uplift blog, daylight devotions via email, volunteer opportunities, in-person and virtual sacred vocational classes.

<https://bswhealth.sharepoint.com/sites/BSWMissionandMinistry/SitePages/Pastoral-Care.aspx>

**Sacred Vocation Program** was created to increase joy in our work and connectivity with our teams, this self/professional-enrichment program helps participants connect their purpose to their work, as a special calling or "sacred vocation." It is delivered via video, Webex or site-based small group and contains: Chapter 1: What Gives Meaning to Our Lives, Chapter 2: Discovering Our Capacity to Heal and Harm, Chapter 3: Putting Purpose and Healing Skills Into Practice, Chapter 4: Living Your Purpose As An Emotional and Spiritual Healer. <https://bswhealth.sharepoint.com/sites/BSWMissionandMinistry/SitePages/Sacred-Vocation.aspx>

### Wellness

Our **BSW Well-Being in Medicine** strives to help healthcare providers by offering programs aimed at reducing burnout, enhancing resilience and wellness, building community and camaraderie, and restoring the joy associate with practicing medicine and caring for others. Equipping Medical Leaders, Lunch and Learn, Rejuvenate Series. <https://bswhealth.sharepoint.com/sites/BSWELLBEINGINMEDICINE>

The **Well-Being Index** is a confidential tool to help you better understand your overall well-being and areas of risk compared to other providers across the nation, as well as provide access to local and national resources. It is 100% anonymous. Your information and score are private and will not be shared with Baylor Scott & White Health – or anyone, for that matter. Set up your account at Well-Being Index Application ([mywellbeingindex.org](http://mywellbeingindex.org)) or go to download the mobile app from the App Store or Google Play. If prompted for an invitation code enter: BSWH Wellness.

**Headspace App** is available to all BSW employees and family members at no cost. Headspace is meditation made simple. The app teaches you life-changing skills of meditation and mindfulness in just a few minutes a day. Even better, BSW is providing employees and up to two family members (age 18+) free access to paid content! [https://www.bswhealth.com/benefits/wellbeing/thrive\\_activities-archive/headspace](https://www.bswhealth.com/benefits/wellbeing/thrive_activities-archive/headspace)

A **Wellness Champion** is a role model for healthier behavior and lifestyle choices, and someone who is passionate about their own health with a desire to help improve the health of others. Champions value their own health and wellness, advocate for employee wellness, and serve as a role model for healthier behavior and lifestyle choices. Share their passion for their own health with a desire to help improve the health of others. <https://www.bswhealth.com/benefits/livewell>

The Baylor Scott & White NCQA-certified **Wellness Coaching Program** provides employees with four free sessions and direct access to trained and experienced Wellness Coaches. With wellness coaching, participants gain guidance in the areas of nutrition, exercise, stress-management and behavioral changes to achieve optimal well-being of body, mind, and spirit. <https://www.bswhealth.com/benefits/livewell>

### **Assistance**

Access to a personalized **Family Concierge** at no cost through our partnership with Bright Horizons. For urgent or longer-term needs, the Family Concierge can coordinate and schedule the best solutions for child or elder care, pet care, housekeeping, adoption assistance, education enrichment and more. <https://bswhealth.sharepoint.com/sites/BSWConnect/SitePages/Family-Concierge-%26-Enhance-Family-Supports.aspx>

### **Addiction**

We've partnered with **Enterhealth** to offer eligible employees and family members free, unlimited access to support and the opportunity for better addiction recovery. The [Enterhealth Connect portal](#) delivers Advanced Recovery Support learning modules. It's free, confidential and available 24/7 to all employees and their families.

<https://bswhealth.sharepoint.com/sites/BSWCLINICALPROVIDERWELLBEING/SitePages/Resources.aspx>

### **Treatment**

The **Texas Physician Health Program (TXPHP)** provides confidential early intervention, assessment, treatment referral and post-treatment monitoring for health professionals who may not be able



*“Felt like this was frankly a much better use of my time than I could have expected.”*

– BSWH Rejuvenate Attendee

# REJUVENATE RETREAT 1.0

**Given the current complexities in healthcare, connection and the opportunity to build community are needed now perhaps more than ever.** During these challenging times we remain committed to the journey of restoring joy to the practice of medicine and devoted to investing in our most valuable asset: you!

**Rejuvenate Retreat** is a day-long event designed specifically for you.

**re·ju·ve·nate**  
[rə'jōovə,nāt] verb  
*Restore to a like-new condition*

- **Fun.** Hear powerful and entertaining speakers on topics around your identity, values, profession, gratitude, and reconnecting with your why.
- **Fellowship.** Build community and connection amongst your peers – *without* ice breakers, hand holding or singing kumbaya.
- **Food.** Enjoy meals and time together. Breakfast, lunch and snacks provided.

Plus, you'll earn six hours of CME\* and one hour of ethics sponsored by BSWH without using PTO or CME/CNE days.

**But don't take our word for it – ask your colleagues.** Over 750 BSW providers have attended, tracking 99% satisfaction.



**MORE INFORMATION CONTACT:**  
CTX-Layne.Stone@BSWHealth.org | 254.724.6878  
NTX-Veronica.Garcia5@BSWHealth.org | 214.734.7113

\*ACCREDITATION: The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION: The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

\*\*Meets Texas Requirement for Ethics/Professional Responsibility Credit.\*\*



*End of Well-Being Policy*

**POLICY**  
**FATIGUE MITIGATION** (updated 04/2023)

Programs must:

- Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
- Educate all faculty members and residents in alertness management and fatigue mitigation processes; and
- Encourage residents to use fatigue mitigation processes (i.e. power napping) to manage the potential negative effects of fatigue on patient care and learning.

Each program must ensure continuity of patient care if a resident is unable to perform their patient care responsibilities due to excessive fatigue. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. House Staff will be reimbursed for cost of transportation (i.e. taxi or ride-share) home when post-call and too tired to drive home. If necessary, GME will reimburse for the cost to return to the medical center to pick up a car or to report back to duty.

*End of Fatigue Mitigation Policy*

**POLICY**  
**CLINICAL RESPONSIBILITIES, TEAMWORK AND TRANSITIONS OF CARE** (updated 04/2023)

Clinical Responsibilities – The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

Teamwork – Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty and larger health system, including other learners such as medical students.

Transitions of Care – Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure; Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety; Programs must ensure that residents are competent in communicating with team members in the hand-over process; Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care; Programs must ensure continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue, illness or family emergency. Programs are expected to have contingencies for both resident and faculty absences.

Electronic Medical Record (EMR) – The policy on EMR may be program-specific; however, it is expected that each resident at a minimum adhere to the [Baylor Scott & White Policy on EMR](#). (Please refer to the Baylor Scott & White Policy that follows)





<b>Title:</b>	Copy-Forward and Auto-Populate Functionalities				
<b>Department/Service Line:</b>	Medical Staff Services; HealthTexas Provider Network				
<b>Approver(s):</b>	Medical Staff Executive Committees; Vice President of HIM and MSS; HealthTexas Provider Network				
<b>Location/Region/Division:</b>	BSWH				
<b>Document Number:</b>	BSWH.MSS.SYS.001.P				
<b>Effective Date:</b>	08/01/2016	<b>Last Review/Revision Date:</b>	07/18/2016	<b>Origination Date:</b>	07/18/2016

## SCOPE

This document applies to Baylor Scott & White Health including Controlled Affiliates ("BSWH").

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Auto-Populated Elements** - the most recently recorded patient values and/or core data such as vital signs, allergies, medications, and lab values which are inserted into the record with or without the user's intervention.

**Copy-Forward** - the process of using previously documented text from notes, reports, or other sources to document a current patient encounter. This encompasses a variety of processes including, but not limited to, copying and pasting and "copy to new note," but excludes Auto-Populated Elements.

**Macro (aka "Slick Text"/"Smart Text")** - a command in a computer or dictation application in an electronic medical record that automatically generates predetermined text that may or may not be edited by the user.

**Practitioner** - credentialed medical staff members, advanced practice allied health staff members, residents and fellows of Baylor Scott & White Health.

## POLICY

BSWH is committed to the creation of an accurate and concise medical record that facilitates patient safety, quality care, and appropriate billing for healthcare services in all patient care documentation. This includes all forms of documentation, including electronic medical record ("EMR") documentation and transcription.

The Practitioner of a patient service must accurately and concisely document the services provided and information gathered during each patient encounter. The Practitioner must review and edit previously documented information that is carried forward, imported, or supplied by use of a template. Additionally, the Practitioner is to remove all information that does not accurately reflect the services provided during the encounter and to add any missing information pertinent to the current encounter.

## PROCEDURE

### General

Each Practitioner must meet the following general requirements with regard to any entry in a patient's EMR:

## **POLICY**

### **COMPLETION OF OUTPATIENT CLINICAL MEDICAL RECORDS** (updated 04/2023)

**Purpose:** This policy is designed to outline a process for improving outpatient medical records completion by Residents in compliance with the Baylor Scott & White Code of Conduct.

**Policy:** All residents shall complete medical records in accordance with timeliness, data element, and legibility standards. All required entries to a patient's electronic medical record shall be made as soon as possible following the date of the patient's visit, procedure, surgery, discharge, or death except in extenuating circumstances.

#### **A. Resident expectations for timely completion of "Open" clinic encounters**

1. Clinic encounters are defined as patient visits. Other EMR Inbox management responsibilities are not listed in this policy and are addressed by each individual residency program taking in consideration clinic goals.
2. Clinic has the goal of closing clinic encounters by 72 hours.
3. In order to allow faculty to review and sign off patients' clinic visit encounters residents must submit a complete visit note by 48 hours of encounter.
4. Residents are expected to complete "Critical" clinic visit encounters by the end of the day. For example: Patient send to ER, Patient with Stat orders, Patient requiring following up within 48 hours.

#### **B. Procedure for Notification of "Open" clinic encounters**

1. A detailed open medical record report will be run by the Office of the Clinic Director. Residency Program Director, Assistant Program Director and resident will be notified of outstanding open clinic encounters.
2. Open clinic encounter report will indicate individual number of encounters, Patient MRN, Encounter type and Age of encounter.
3. Resident is responsible of closing Open encounters by the end of the following day after being notification.
4. Resident will notify the Program in writing if encounters difficulties closing specific charts. Resident will seek the help of faculty or Clinic manager to close those encounters.

#### **C. Procedure for Enforcement of "Delinquent" clinic encounters**

1. Clinic encounters not completed by the end of the tenth day will be deemed as "Delinquent".
2. Residency Program will notify resident delinquent encounters to the GME office. GME office will deliver a "Delinquent warning letter" to the resident. A copy of the letter is kept under the resident Academic file.

3. Action plan to remediate open encounters will be formulated by Program Director, including consideration of extending resident a “Temporary administrative suspension of clinical duties without pay” until encounters have been completed.
4. Residents with open clinic encounters of over 30 days and/or residents who have received 3 warning letters are reported to the Residency Program Clinical Competency Committee (CCC). CCC will meet to propose next remediation steps. Including:
  - Performance Improvement Plan (PIP)
  - Remediation
  - Probation
  - Termination

**Probation and Termination status** is reportable to the Board of Medicine and becomes part of permanent resident physician file. These statuses may affect physician future board eligibility, medical license, employment and practice opportunities.

## **POLICY**

### **CLINICAL EXPERIENCE AND EDUCATION** (updated 04/2023)

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Each residency and fellowship program will comply with [ACGME](#), Institutional and Program Requirements regarding duty hours. All programs must monitor work hours on an ongoing basis. Additionally, monitoring of duty hours will be conducted by review of RRC Anonymous Surveys, monthly institutional duty hours' reports and any incidents/occurrences brought to the attention of the GME Office. These formal policies must apply to all institutions to which the House Staff rotates.

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

#### 1. Maximum Hours of Clinical and Educational Work per Week

- a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.

#### 2. Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

1. Residents should have eight hours off between scheduled clinical work and education periods.
2. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
3. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
4. Resident be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days.

#### 3. Maximum Clinical Work and Education Period Length

1. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
2. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.
3. Additional patient care responsibilities must not be assigned to a resident during this time.

#### 4. Clinical and Educational Work Hour Exceptions

1. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
  - a. to continue to provide care to a single severely ill or unstable patient;

- b. humanistic attention to the needs of a patient or family; or,
- c. to attend unique educational events

***(These additional hours of care or education will be counted toward the 80-hour weekly limit.)***

5. Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

- a. Because residency education is a full-time endeavor, Moonlighting is at the discretion of the Program Director, and the Program Director must ensure that moonlighting does not interfere with the resident's fitness for work, nor compromise patient safety.
- b. Time spent by House Staff in internal and external moonlighting must be counted toward the 80-hour maximum weekly work hour limit, logged into New Innovations by resident/fellow and be monitored by the program via [New Innovations](#).
- c. PGY-1 residents are **not** permitted to moonlight.

6. In-House Night Float

- a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- b. The maximum number of consecutive weeks of night float and maximum number of months of night float per year, is specified by the Review Committee.

7. Maximum In-House On-Call Frequency

- a. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

8. At-Home Call

- a. Time spent in the hospital by House Staff on at-home call must count towards the 80-hour maximum weekly work hour limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one-day-in-seven free of duty when averaged over four weeks. Activities such as reading about the next day's case, studying, or research activities do not count towards the 80-hour weekly limit.
  - 1) At-home call must not be as frequent, or taxing, as to preclude rest or reasonable personal time for each House Staff.
  - 2) House Staff are permitted to return to the hospital while on at-home-call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

*End of Clinical Experience and Education Policy*

## **POLICY**

### **RESIDENT EVALUATION** (updated 04/2023)

Each residency/fellowship program must utilize [New Innovations](#) for implementing their evaluation of House Staff, the faculty and the residency/fellowship program. Evaluation must be documented at the completion of the assignment and/or rotation.

#### **Feedback and Evaluation:**

- Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
- For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
- Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every six months and at completion.
- The evaluations of a resident's performance must be accessible for review by the resident.

#### **Final Evaluation**

- The program director must provide a final evaluation for each resident upon completion of the program.
- The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.
- Must become part of the resident's permanent record maintained by the institution, and must be accessible for review in accordance with institutional policy;
- Verify the resident has demonstrated the knowledge, skills, and behaviors, necessary to enter autonomous practice,
- Consider recommendations from the Clinical Competency Committee; and,
- Be shared with the resident upon completion of the program.

The program director must appoint the Clinical Competency Committee (CCC). The Program Director has final responsibility for resident evaluation and promotion decisions.

At a minimum, the Clinical Competency Committee must be composed of three members of the program faculty. The program director may appoint additional members of the Clinical Competency Committee.

- The additional members must be physician faculty members from the same program, or other programs or other health professionals who have extensive contact and experience with the program's residents.
- Chief Residents who have completed core residency programs in their specialty, and are eligible for specialty board certification, may be members of the CCC.
- There must be a written description of the responsibilities of the CCC.
- The Clinical Competency must:
  - Review all resident evaluations semi-annually;
  - Determine each resident's progress on achievement of the specialty-specific Milestones; and,
  - meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

***If a House Staff performs unsatisfactorily, notification must be timely. It is the responsibility of the House Staff to follow up with any questions that he/she may have regarding the evaluation.***

#### Faculty Evaluation

The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism and scholarly activities. This evaluation must include written, anonymous, and confidential evaluations by the residents. Faculty members must be provided feedback on their contribution to the mission of the program. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

#### Program Evaluation and Improvement

The program director must appoint the Program Evaluation Committee (PEC).

Program Evaluation Committee:

- a) Must be composed of at least two program faculty members and should include at least one resident;
- b) Must have a written description of its responsibilities; and
- c) Those responsibilities must include:
  - a. acting as an advisor to the program director, through program oversight;
  - b. Review of the program's self-determined goals and progress toward meeting them;
  - c. guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
  - d. review of current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The Program Evaluation Committee should consider the following elements in its assessment of the program; must monitor and track each of the following areas:

- Curriculum;
- Outcomes from prior Annual Program Evaluation(s);
- ACGME letters of notification, including citations, Areas for Improvement, and comments;
- quality and safety of patient care;
- well-being;
- recruitment and retention;
- workforce diversity;
- engagement in quality improvement and patient safety;
- scholarly activity;
- ACGME Resident and Faculty Surveys' and
- written evaluations of the program.
- aggregate resident:
  - achievement of the Milestones;
  - in-training examinations;
  - board pass and certification rates; and,
  - graduate performance.
- Aggregate faculty:
  - evaluation; and
  - professional development.

The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

The annual review, including the action plan, must:

- be distributed to and discussed with the members of the teaching faculty and the residents; and,
- be submitted to the DIO.

The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit.

- A summary of the Self-Study must be submitted to the DIO.

### **Patient Safety – Culture of Safety**

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

The program must have a structure that promotes safe, interprofessional, team-based care.

<b>POLICY</b> <b>PROFESSIONAL COMPETENCE/CONDUCT (updated 04/2023)</b>
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BSW House Staff will conduct themselves professionally and perform their assigned duties with integrity, commitment, skill and efficiency consistent with the highest principles of medicine.

I. Professional Competence

Professional competence will be questioned if the House Staff demonstrates academic deficiencies in knowledge, skills and attitudes or clinical performance.

II. Professional Conduct

Conduct of the House Staff will be questioned for commitments of unlawful acts, violations of institutional codes of conduct, breach of professional ethics or otherwise endangering patient health or safety and endangering any BSWH employee. Examples include, but are not limited to the following.

- Violation of state or federal law
- Forgery, alteration or misuse of hospital documents or records
- Conduct that significantly interferes with hospital teaching, research or administration of House Staff's education
  
- Illegal use, possession and/or illegal sale of drug, narcotic or other controlled substances as defined in the Texas Controlled Substance Act
- Inappropriate or unprofessional behavior toward colleagues, hospital staff, students, patients or families of patients

III. Failure to comply with professional competence and/or conduct may result in disciplinary action.

*End of Professional Competence/Conduct Policy*



## **POLICY**

### **DISCIPLINARY ACTION/DUE PROCESS (updated 04/2023)**

House Staff whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the Program Director and endorsed by the Division Director and/or Department Chairman.

House Staff who wishes to dispute any disciplinary action taken against him/her may initiate the appeal process described in Section 2 of this policy. House Staff may not utilize the Grievance/Problem-Solving Procedure to dispute disciplinary action.

#### 1. Initiation of Disciplinary Action

The House Staff in question will meet with at least two senior staff members of the department responsible for his/her training. One of the departmental representatives should be the Program Director, unless prohibited by extenuating circumstances. During the meeting, a written document that includes a detailed, itemized description of any issues regarding behavior, patient care, medical knowledge, practice-based learning and improvement, interpersonal/communication skills, professionalism, and/or system-based practice will be supplied to the resident/fellow. The written material(s) should describe:

- a. The date of the meeting
- b. Nature of concern(s)
- c. Persons in attendance
- d. Disciplinary action to be taken which may include:
  - Remediation
  - Probation
  - Delayed and/or Non-advancement in academic year
  - Suspension
  - Dismissal (including non-renewal of contract)
- e. Duration of disciplinary action (if other than dismissal) or effective date (if dismissal)
- f. Requirements for successfully completing any period of remediation or probation, including a description of methods and conditions of enhanced monitoring of the House Staff's conduct and/or clinical/ academic activities, specific time frame to meet requirement(s) of Disciplinary Action Plan. Enhanced monitoring should include (1) specific goals/objectives developed for the House Staff and (2) periodic, written assessments of the House Staff during the specified period.

Discussions and written documents pertaining to the issues should center on specific behaviors and/or areas of deficiencies.

A copy of documentation supplied to the House Staff shall be marked "CONFIDENTIAL" and forwarded to the Designated Institutional Official ("DIO"). All original documentation is to be maintained with the GME training program.

#### 2. Appeal Process

A review of the disciplinary action may be initiated by either (a) the House Staff or DIO. Such review must be initiated (as described below) within ten (10) calendar days of the date of the meeting as specified in Section 1(a) above.

##### a. Review Initiated by DIO

The DIO may initiate a review process of the disciplinary action if the action is felt to be inappropriate. In such cases, within ten (10) calendar days of the date of the meeting as specified in Section 1(a) above, the DIO shall appoint a committee that consists of a program director or associate program director from another program, a department head from a different department or designee, a chief resident from another program, a peer selected by the House Staff who is the subject of the disciplinary action and the GME Ombudsman to review the circumstances leading to the imposition of the disciplinary action and make recommendations. The committee may request the House Staff, the House Staff's program director or others who have interacted with the House Staff meet with the committee to discuss the documented issues. The committee's recommendations will be reported to the DIO. The DIO will make a final decision regarding whether the disciplinary action will stand, be revoked or be modified in some manner.

b. Review Initiated by House Staff

If the House Staff disagrees with the disciplinary action, he/she should submit a written request for review to the DIO within ten (10) calendar days of the date of the meeting as specified in Section 1(a) above. Upon receipt of the House Staff's written request for review, the DIO shall communicate to the CMO the circumstances of disciplinary action and its current status. The CMO shall appoint a committee composed of the membership of the committee described in Section 2(a) above. The DIO will coordinate the review process and may function as a non-voting member of the committee. The committee will be charged with reviewing the circumstances leading to the imposition of the disciplinary action. The committee may request the House Staff, the House Staff's Program Director or others who have interacted with the House Staff meet with the committee to discuss the documented issues. The committee's recommendations will be reported to the DIO and/or the CMO. The CMO will make a final decision regarding whether the disciplinary action will stand, be revoked or be modified in some manner.

*End of Disciplinary Action/Due Process Policy*

<b>POLICY</b> <b>GRIEVANCE/ PROBLEM-SOLVING PROCEDURE</b> (updated 04/2023)
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BSW encourages House Staff to bring to the attention of their Program Director, Associate Program Director(s) concerns or complaints about work-related conditions. To aid in prompt and constructive problem solving, House Staff shall be provided with the opportunity to present such information through a formal procedure. NOTE: The grievance/problem-solving and confidential grievance procedure as described here is not to be used by a House Staff to dispute disciplinary action that has been initiated against him/her.

Many problems result from misunderstandings or lack of information and can generally be resolved by discussing them with the Program Director.

If verbal discussion with the Program Director does not result in a satisfactory solution to the issue, the House Staff may submit the problem in written form to the Program Director as soon as possible. The Program Director will meet again with the House Staff to discuss the issue and will present a written reply to the House Staff as soon as possible.

If the House Staff is not satisfied after receiving the Program Director's written reply, the House Staff may request a meeting with the Department Chief or designee and provide (1) his/her written complaint to the Program Director describing the issue, (2) the Program Director's written reply and (3) a written explanation as to why the House Staff believes the Program Director's reply is not satisfactory. This documentation must be submitted to the Department Chief within two weeks from the date of the Program Director's written reply to the resident/ fellow. The Chief will respond in writing

after interviewing the resident/fellow. The Chief may choose to interview other individuals including the Program Director.

If the issue is not satisfactorily resolved at this point, the resident/fellow may pursue further action by providing copies of all written material and a written response to the Chief's letter to the DIO within two weeks of the date of the Chief's written reply. The DIO will further evaluate the complaint and may choose to form an ad hoc committee consisting of no fewer than three (3) individuals to review the issues. The committee membership should include a House Staff Ombudsman. The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee's recommendations will be forwarded to the DIO and the Chief Medical Officer for final resolution. House Staff who initiated the grievance will be notified of the outcome as well.

All information concerning a House Staff's problem/complaint should be received in confidence, and the issue should be discussed only with those involved in the process or who can provide necessary information.

### Confidential Grievance Procedure

At times, the House Staff may have concerns that are outside the Program Director's jurisdiction or for which the House Staff wishes to not include the Program Director or Department Chief. The House Staff may communicate these concerns to the Ombudsman who may take the problem directly to the DIO. The DIO may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a resolution.

*End of Grievance/Problem-Solving Procedure*

## **Employee Health**

As a condition of employment, BSWH requires the following annually which are required at the same time (Oct-Nov):

- Influenza vaccine
- TB Screening

### Flu Vaccination

- a) Free influenza vaccines are offered at work – locations, dates and times will be posted on [BSWconnect.com/Flu](http://BSWconnect.com/Flu).
- b) If you get your influenza vaccine outside of Baylor Scott & White – Temple (i.e., VA, Santa Fe Clinic, or a local pharmacy), you **must** complete the [Flu Proof of Vaccine form](#) and attach documentation of the vaccination administration. Please note that even if your flu is documented in [My Chart](#) and/or completed during your Thrive visit, documentation is still required to be sent to EH (It is not automatically sent to EH).
- c) If you plan to apply for an **exemption**, you must complete the appropriate form and submit it for approval before the influenza vaccination deadline.

Other required immunizations and other EH requirements (completed as part of the On-boarding process)

- Mask Fit (must be completed annually)
- Hep B
- TDAP
- MMR
- Varicella

Employee Health is located on the ground floor, near HR, Longhorn & Joel Allison Conference Rooms. They may also be reached at 254-724-2934 or [HREMPLOYEEHEALTH@BSWHealth.org](mailto:HREMPLOYEEHEALTH@BSWHealth.org)

Any BSWH employee not in compliance with the Flu Vaccine, places their employment (residency) at risk.

### **Occupational Safety / Safe Choice**

If you experience a work-related injury (i.e., needle stick), please report to your supervisor immediately.

There is a process in place to ensure you get the appropriate medical care dependent upon the incident.

#### **For further information, please visit:**

<https://bswhealth.sharepoint.com/sites/BSWEmployeeHealth/SitePages/Safe-Choice.aspx>

Or you may contact the Safe Choice Department On-Call Person at 1-877-415-0005. Select option 5 if you have questions. (Alternate number, 254-724-4402, Mobile, 469-544-5871 / Theresa Ming).

### **PARKING**

[Baylor Scott & White Parking Policy](#) and [Baylor Scott & White campus parking map](#)

All House Staff will be issued a blue parking sticker. Blue parking stickers are for “Blue” Employee/General Staff Parking Lots at Baylor Scott & White. Parking in any of the Patient/Visitor Lots is never permitted unless the House Staff is being seen as a patient. Parking Citations are sent to the GME Office who will communicate any citations to the Program Director and/or Program Administrator. If the citation is felt to be an error, please inform the [Director of GME](#). Please be advised if you receive two parking citations your car’s tire may get booted, if you receive a 3<sup>rd</sup> parking citation, your car will get towed at your expense.

When utilizing the services of Scott & White Health as a patient, House Staff may park in patient parking spaces. An [Exception to Parking Policy Card](#) must be placed on the dashboard visible to a security officer indicating he/she is at Baylor Scott & White as a patient. Or, at a minimum place a note on the dashboard/driver’s side alerting Security to why you are parked in a patient-designated area, include date/time.

All House Staff vehicles must be registered with the Security Department within five (5) calendar days of employment and changes in vehicle status (new license tags, additions, deletions) must be reported to the Security Department within five (5) calendar days. The parking sticker must be displayed on the exterior of the rear window, lower left corner. If the vehicle is a convertible or has removable top, the permit is placed on the lower right-hand side of the windshield. Only one parking space per resident is to be used.

Vehicles must be parked in clearly marked/designated parking spaces. Fire Lane or Handicapped Parking violations are under the jurisdiction of the Round Rock Fire Department and the Round Rock Police Department and will be enforced by them respectively.

The Public Safety Department Intranet site is available for required forms, maps and institutional parking policies. Any questions, problems, or concerns regarding parking or the parking policy may be referred to the Security Department at extension 24-2344. You can access it at the [Public Safety](#) website:

### **MEDICAL LICENSURE**

To participate in a BSW graduate medical education program, House Staff is required to hold either a Texas Medical Board (TMB) Physician-In-Training Permit or a Texas [Full] Medical License. It is

the **responsibility of the House Staff** to make sure they maintain a current TMB PIT or TMB Medical License.

A Physician-In-Training (PIT) Permit:

- Must be applied for online by each House Staff at least 90 days prior to the anticipated start of the House Staff's postgraduate training. ***NOTE: BSWH-GME will pay for your PIT.***
- Is issued with effective dates corresponding with the beginning and ending dates of the House Staff's training program as reported to the board by the BSW TMB liaison.
  - If an extension is required, the House Staff is responsible to alert the program administrator as well as the GME Office.
- Is relative to the program by which the House Staff was hired; it must be changed when **House Staff transfers between programs**. It is the **responsibility of the House Staff to make sure this transfer occurs by letting the GME Office and/or their program administrator aware (Program Administrator would communicate the transfer to the GME Office).**
- It is the **responsibility of the resident** to contact the TMB when they are transferred to a new hospital.
- Baylor Scott & White is responsible for the initial cost of the PIT; however, if House Staff has let their PIT expire, they are not only responsible for renewal costs, but may be suspended from their duties.

A Texas Medical License:

Refer to the Texas Medical Board. Board Rules.

<http://www.tmb.state.tx.us/page/laws-main-page>

Any House Staff wanting to forfeit their PIT for a Full Medical License may do so at their own expense.

Program Directors shall report in writing to the executive director of the Texas Medical Board the following circumstances within thirty (30) days of the director's knowledge for any physician-in-training permit holder:

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

### Duties of PIT Holders to Report:

(a) Failure of any PIT holder to comply with the provisions of this chapter or the Medical Practice Act §160.002 and §160.003 may be grounds for disciplinary action as an administrative violation against the PIT holder.

(b) The PIT holder shall report in writing to the executive director of the board the following circumstances within thirty days of their occurrence:

- (1) the opening of an investigation or disciplinary action taken against the PIT holder by any licensing entity other than the TMB;
- (2) an arrest, fine (over \$250\*), charge or conviction of a crime, indictment, imprisonment, placement on probation or receipt of deferred adjudication; and
- (3) diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair the PIT holder's ability to practice medicine.

A copy of the medical license or current basic permit must be provided to the GME program administrator. If a name change occurs during the House Staff's training, the House Staff must contact the GME Office and provide proper documentation reflecting such name change. It is the responsibility of the House Staff to contact the Texas Medical Board and get an updated PIT with their corrected name. Any House Staff allowing his/her license to expire or who are no longer licensable, or who fail to take appropriate action to renew their license, will be immediately relieved of their duties, and may be dismissed. House Staff are required to provide a current copy of his/her license to their program administrator.

Permit holders or program directors with questions about reporting requirements can contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 or (800) 248-4062 within Texas, by fax at (888) 550-7516 or by email at [pit.applications@tmb.state.tx.us](mailto:pit.applications@tmb.state.tx.us).

### **PAGERS**

House Staff may be issued local pagers. House Staff may request long-range pagers. This may be done through your program administrator and if the training program requires House Staff to travel to outlying clinics beyond the BSW RR pager range. If a pager is lost or destroyed, it will be replaced at the expense of the House Staff.

All pagers must be listed on the hospitals on call list / Q-Genda.

### **LIFE SUPPORT CERTIFICATION**

Depending upon your [sub]specialty, you may be required to obtain/maintain life support certifications including, but not limited to, Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) prior to employment at Baylor Scott & White. Pediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) AS DIRECTED BY the American Heart Association. If House Staff are unable to acquire life support certification ATLS prior to employment at Baylor Scott & White, the course will be offered for a fee and, therefore, not reimbursable if taken outside of Baylor Scott & White. Your program may require the Neonatal Resuscitation Program (NRP), consult with your program administrator. It is the House Staff's responsibility to maintain certification. Documentation of current certification is required for GME House Staff personnel file, and it **must be American Heart Association (AHA)-accredited.**

**Off-Service House Staff and Visiting House Staff must have current life support certifications as required by specialty prior to start of rotation.**

**REQUIRED CERTIFICATIONS BY SPECIALTY**

SPECIALTY	BLS	ACLS	PALS	ATLS	NEONATAL RESUSCITATION	FCCS
(Certification Length)	2 yrs	2 yrs	2 yrs	4 yrs	2 yrs	4 yrs
Cardiology	X	X				
SPECIALTY	BLS	ACLS	PALS	ATLS	NEONATAL RESUSCITATION	FCCS
Family Medicine	X	X	X	X	X	
Gastroenterology	X	X				
Internal Medicine	X	X				X
Intv'l Cardiology	X	X				
Clinical Informatics	*please refer to specialty requirements*					

**RQI (Resuscitation Quality Improvement)**

<https://bswhctx.rqi1stop.com/>

Click LOGIN button at top right

Then click the FORGOT PASSWORD button

Enter Email and system will send a password to use

**Neonatal Resuscitation Program** (NRP) Cheryl Loughran [Cheryl.Loughran@BSWHealth.org](mailto:Cheryl.Loughran@BSWHealth.org)

**Testing**

Consultation for educational testing is available. Please contact the GME Office, 509-3412, for further information.

**RISK MANAGEMENT SEMINARS (Note changes have been made to reflect the move to virtual conferences.)**

All House Staff are required to satisfy the institutional policy on Risk Management education. Below are the requirements dependent upon your PGY-level.

**All Residents and Fellows (at all levels)**

Total of two Risk Management Modules. Any combination of two that include Virtual Conferences that are approved Risk Management approved presentations or AMA General Competency Sessions that are approved for Risk Management.

**AMA General Competency Education**

- **Login into:** <https://cme.ama-assn.org/gme-competency>  
**New User: A "Welcome" email will be sent to you from the AMA.**

**Temporary first use only password: gcep** Please change after initial login, or if you have established an AMA password previously, sign in using that or click "forgot username or password" on the sign in page if you do not recall their password.

- **Once you are logged in, go to “Library” for a listing of modules. Your program administrator will provide you with the list of modules acceptable for Risk Management credit.**

For additional information, contact Taylor Chadwick @ 512-509-3412 or [Taylor.Chadwick@BSWHealth.org](mailto:Taylor.Chadwick@BSWHealth.org)  
You may also reach out directly to the AMA via the GME Competency Education Program at the AMA.  
Email: [gcep@ama-assn.org](mailto:gcep@ama-assn.org) or phone: (312) 464-4518

## **RELIGIOUS ACCOMMODATIONS**

It is the policy of TAMHSC-COM/BSW residency and fellowship programs to accommodate, whenever possible, requests from House Staff to honor religious celebratory rites.

Requests should be made well in advance, and all efforts will be made to structure call schedules to accommodate those requests. However, to ensure high-quality patient care and patient safety, such accommodations cannot be guaranteed. House Staff, with the approval of their Chief Resident and/or Program Director, may elect to plan with their peers to schedule observances of religious holy days. House Staff should use PTO (Paid Time Off) for time away from patient care duties more than the number of holidays observed by the institution.

## **DISABILITY ACCOMMODATIONS**

BSW is committed to providing equal opportunities for qualified House Staff with disabilities in accordance with state and federal laws and regulations.

An otherwise qualified House Staff with a disability is defined as any person who has a physical or mental impairment that substantially limits one or more of a person's major life activities, who has a record of such impairment or is regarded as having such impairment and is otherwise capable of performing and participating in a residency/fellowship program with reasonable accommodation.

BSW may take steps to provide reasonable and necessary auxiliary educational aids to otherwise qualified residents/fellows with a disability. Reasonable accommodations may be made unless doing so would cause undue hardship on the operations of the hospital/clinic, an alteration or modification to a program to the extent that it changes the fundamental nature of that program or a direct threat to the safety of the individual or others. Auxiliary aids may include, but are not limited to, various methods of making orally delivered materials reasonably available to residents/fellows certified as having a disability by a licensed physician; BSW is not required to provide attendants, individually prescribed devices, readers or interpreters for personal use or study, or other devices or services of a personal nature. Academic requirements essential to the residency/fellowship program being pursued by the resident/fellow or that relate directly to licensing requirements may not be modified.

A request for accommodation may be made at any time during residency training. In order for the resident to receive maximum benefit from his/her residency training time, requests for accommodation should be made in writing to the program director as early in the training process as possible. Upon receipt of the request, the program director is expected to meet with the House Staff to acknowledge the request and explain the process.

The Program Director, the Designated Institutional Official, and if appropriate, the GME designated Human Resources Business Partner, will coordinate with the resident/fellow to determine whether



the requested accommodation would be effective, reasonable and enable the resident to perform the essential functions of the position and achieve the essential educational goals and program objectives, or make a good faith effort to negotiate another accommodation.

All medical-related information will be kept confidential and maintained separately from other resident records. However, key faculty and program administrators may be advised of information necessary to make the determinations they are required to make regarding a request for accommodation. Employee Health personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

Once an individual has been approved for specific accommodations, and has subsequently received those accommodations, that individual should be held to the same essential performance standards as all other trainees. Focus should be on the trainee's performance in all evaluations. Written evaluations should not mention disabilities or accommodations for disabilities in any way. TAMHSC-COM/BSW does not notify potential residency or fellowship programs or other employers about an individual's disabilities without specific permission from the trainee.

## **VISITING RESIDENTS**

In support of the educational mission of the institution, House Staff in good standing from an accredited training program outside Baylor Scott & White may be accepted for clinical rotations integrated into one of the Baylor Scott & White-sponsored residency or fellowship programs for medical education. A "clinical rotation" is defined as participation in patient care and educational activities under the supervision of Baylor Scott & White clinical faculty members for the purposes of acquiring medical knowledge and experience applicable toward satisfaction of educational requirements. The presence of visiting residents or fellows must not interfere with the appointed House Staffs' education.

House Staff wishing to participate in a clinical rotation at Baylor Scott & White should visit the [Graduate Medical Education section](#) of the BSWHealth.med website. All the necessary forms and information, as well as contact information, can be found there. Some programs may require a personal interview or additional documentation prior to acceptance. Each program will communicate directly with the applicant concerning the application and review process. Visiting residents must also have current life support certifications as required by specialty prior to start of rotation. GME Administration Office will process paperwork, badge requests, etc.

An appropriate affiliation agreement and/or program letter of agreement must be finalized **prior** to beginning a rotation at Baylor Scott & White; a copy of the agreement must be forwarded to GME Visiting Resident Program Administrator. .

Visiting residents must adhere to the policies and procedures of Texas A&M Health Science Center-COM and at a Baylor Scott & White affiliated medical center.

## **POLICY**

### **GME DISASTER** (updated 04/2023)

In the event of a disaster impacting the graduate medical education programs sponsored by BSW, the GMEC will protect the well-being, safety and educational experience of residents enrolled in our training programs.

A disaster as defined by the ACGME is an event or set of events causing significant alteration to the residency experience at one or more residency programs. When warranted, the ACGME Executive Director, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice will be posted on the [ACGME website](#) with information relating to ACGME response to the disaster. The ACGME will provide, and periodically update, information relating to the disaster on its website.

In the event of any occurrence, the GMEC, working with the DIO and BSW institutional leadership, will strive to restructure or reconstitute the educational experiences as quickly as possible following the disaster.

Insofar as a program or BSW cannot provide at least an adequate educational experience in a prompt manner to maximize the likelihood that residents/fellows will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMEC will make the determination that transfer to another program is necessary.

Resident transfers may be:

1. temporary transfers to other programs/institutions until the Baylor Scott & White residency/fellowship program can provide an adequate educational experience for each of its residents/fellows; or
2. permanent transfers may be arranged if the disaster prevents BSW from re-establishing an adequate educational experience within a reasonable amount of time following the disaster.

The DIO, GMEC and institutional leadership will make its best effort to ensure that transfer decisions are made expeditiously to minimize interruptions in residency training and maximize the likelihood that each resident will complete his residency year in a timely manner.

If more than one program/institution is available for temporary or permanent transfer of a resident, the transferee preferences of each resident must be considered by the DIO and GMEC.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director (see ACGME institutional requirements). Program directors and House Staff Officers should contact the appropriate Residency Review Committee Executive Directors with information and/or requests for information.

*End of GME Disaster Policy*

**POLICY**  
**CREDENTIALING OF PHYSICIANS FOR BEDSIDE PROCEDURES INCLUDING HOUSE STAFF** (updated 04/2023)

The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

1. The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
2. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
3. Each resident has the responsibility of knowing the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. When rotating on another service, you should let your supervisor know your level of ability.
4. Residents' credentialing status (approved procedures' status) is reviewed at the semi-annual program Clinical Competence Committee (CCC) meeting. New Innovations may be used to verify clinical procedures. New Innovations/Credentialing will be updated by the Program Director and/or Core Faculty as resident successfully demonstrates competence in said procedure(s).
5. All Clinical Residents and Fellows must participate in a Root Cause Analysis (RCA) training session once during the course of their residency/fellowship. To enroll, go to PeoplePlace, click on the "Learning" tile, in the search box, type in Root Cause Analysis. Two options will come up, Surgery and Medicine. Click on desired session.
6. CLABSI (**C**entral **L**ine **A**ssociated **B**lood **S**tream **I**nfection)  
Below programs are for **all** years of training (**NOTE**: CLABSI training need only be completed once during entire residency/fellowship.)

- Anesthesiology
- Cardiology
- CT-Anesthesiology
- Emergency Medicine
- Electrophysiology
- General Surgery
- Internal Medicine
- Interventional Radiology
- Neonatology
- Nephrology
- Pediatrics
- Pulmonary/Critical Care
- Vascular Surgery

ONLY PGY-1: Otolaryngology, Plastic Surgery, Orthopedics and Urology

PGY-3, PGY-5: Radiology

CLABSI training is two parts: (1) Learning Module and (2) Checklist/Simulation. Completion of both parts is required before participating in clinical central line observation/training or operation.

To enroll, go to PeoplePlace, Click on the “Learning” tile and type in CLABSI in the Search box, look for “Central Line Insertion: Resident, Fellow” and choose appropriate session. Check with your program administrator for the 2<sup>nd</sup> part which is a Simulation.

*End of Credentialing of Physicians for Bedside Procedures Policy*

## **RESIDENT POLICIES**

### **HOUSE STAFF RESPONSIBILITIES**

The goal of the residency program is to provide House Staff with an extensive experience in the art and science of medicine to achieve excellence in the diagnosis, care and treatment of patients. To achieve this goal, House Staff agree to do the following:

1. Under the supervision of the program director, assume responsibilities for the safe, effective and compassionate care of patients, consistent with the House Staff’s level of clinical and academic education and experience.
2. Participate fully in the educational and scholarly activities of the residency program and, as required, assume responsibility for teaching and supervising other residents and medical students.
3. Develop and participate in a personal program of learning to foster continued professional growth with guidance from the teaching staff.
4. Participate in institutional/departmental programs, committees, councils and activities which actions affect his/her education and/or patient care involving the medical staff as assigned by the program director, and adhere to the established policies, procedures and practices of Baylor Scott & White – Round Rock and its affiliated institutions.
5. At least annually participate in the confidential and written evaluation of the program and its faculty.
6. Enter and approve duty hours via New Innovations.
7. Apply cost containment measures in the provision of patient care.
8. Keep patient charts, records and reports up to date and signed always. (*Refer to Clinical Responsibilities Section for further information.*)
9. Adhere to ACGME institutional and program requirements.
10. Participate in an educational program regarding physician impairment, including substance abuse, and receive instruction in quality assurance/performance improvement and patient safety.
11. Demonstrate professionalism always.
12. Maintain current TMB Physician-in-training Permit or TMB Medical License relating to specialty.
13. Maintain required certifications for [sub]specialty.
14. Annual Learning Compliance Modules
15. Employee Health required vaccinations (immunizations)
16. Risk Management Seminars
17. CLABSI Training if required for [sub]specialty.
18. Root Cause Analysis (RCA) Training for [sub]specialty.
19. Abide by all BSWH System Policies and GME Policies

### **APPOINTMENT LETTERS/AGREEMENTS**

The association of the House Staff officer and BSW is formalized by a written agreement of appointment. Sample letters can be found under Resources in the [Graduate Medical Education](#) section of the BSWHealth.med site.

Applicants who are invited for an interview are provided a copy, and/or the website address of the appointment letter that includes financial support. A copy of the sample letter, House Staff handbook, salaries and benefits are available on the Baylor Scott & White [Graduate Medical Education website](#).

Continuation of appointment is subject to satisfactory performance of training expectations and adherence to GME and BSWH Institutional policies. Satisfactory results of substance abuse testing are a condition of employment for **all** Baylor Scott & White employees.

### **STIPENDS/PAYROLL**

House Staff are paid by Baylor Scott & White – Round Rock on two-week intervals. Paydays are Friday. The gross amount of each biweekly paycheck is calculated by dividing the annual stipend stated in a resident's/fellow's appointment letter into 26 pay periods. **NOTE: For IRS purposes, the remuneration to a resident/fellow is considered salary.**

There is an increase for each progressive level of training.

Pay levels are determined by the following guidelines:

1. House Staff stipends are defined by the level of training in their current program (their functional level of their current training).
2. The pay schedule range is from PGY-1 to PGY-8 level. Any training beyond PGY-8 is paid at the PGY-8 level.
3. Pay levels are reviewed annually by the DIO, PD Council and GME Executive Finance Committee.
4. Direct deposit is required for distribution of pay. Upon initial appointment, you should have your Direct Deposit enrollment completed as soon as possible. Failure to meet the deadline (please consult with the GME Office for specific dates), will result in a paper check being sent to the most current address on file in PeoplePlace.
5. You are responsible to keep your address updated via PeoplePlace. This includes upon termination.
6. Payroll information may be accessed electronically on the [Baylor Scott & White PeoplePlace website](#). Login will be necessary after clicking link. Click on the "Payroll" tile.

### **CALL QUARTERS**

Adequate and appropriate sleeping quarters are available for House Staff that are required by their medical training program to remain overnight in the hospital. The call room is located on the 3<sup>rd</sup> floor of the medical center in the ICU- room number 3.635. It is available on a first come-first served basis. There is a computer in the call room. This call room is also available for those House Staff who have either had to stay late and are too tired to drive home and/or get called back in. If in-house call is required at affiliated training institutions, sleeping quarters are provided by and located at that institution.. Call the GME Office at 28-3412 with any issues/concerns regarding the call-room suite.

In the event a GME trainee is too tired to drive home after completing a shift, you may be reimbursed the cost of a taxi or ride-share to get you home. If necessary, reimbursement for the return trip to pick up your car or to return for duty at Baylor Scott & White will be reimbursed. An itemized receipt (date of ride, dollar amount, location) must be submitted via Concur.

### **CALL MEALS**

Meals are provided in the Round Rock hospital cafeterias and Baylor Scott & White McLane Children's Medical Center for House Staff when on 24-hour hospital duty. Baylor Scott & White – Round Rock residents are provided a flat monthly allowance. Regardless of location of training, the meal allowance afforded each resident is for a meal for that resident. Meal allowance should not be used to buy meals for others, including family members, and medical students, nor should it be used to stock up on refreshments (i.e., beverages, snacks or purchase non-food items, such as coffee mugs).

All meal account balances will rollover quarterly. At the end of each quarter, balances are wiped clean and replenished on the first of each month (January-March), (April-June), (July-September) and (October-December). Call meal accounts are closed at midnight on the last day of the month. Any remaining funds will be returned to the program's cost center.

To obtain a Baylor Scott & White-supplied meal while on duty, the House Staff must present his/her meal card to the cafeteria cashier. Utilization of call meal account must comply with terms agreed upon by House Staff Association and Food & Nutrition. Non-compliance of the Call Meal Policy, may result in House Staff being placed on a formal remediation.

Lost or stolen identification cards should be reported to your program administrator. Replacement cards are \$5 and will be ordered by your Program Administrator. Replacement cards will be obtained through the cashier in the Cafeteria unless otherwise specified.

<p><b>POLICY</b> <b>NON-COMPETITION GUARANTEES OR RESTRICTIVE COVENANTS (updated 04/2023)</b></p>
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**Non-competition policy:** As per the institutional Graduate Medical Education policy none of the employment contracts in any of the ACGME accredited training programs can have a non-competition policy. Resident/fellows should be able to work after training at their desired location. Any written or implied restriction on non- competition by any of the program or GME administration or faculty is strictly prohibited.

**POLICY**  
**INTERACTIONS WITH VENDORS (updated 04/2023)**



<b>Title:</b>	Conflicts of Interest in Vendor/Product/Service Selections				
<b>Department/Service Line:</b>	Compliance/Ethics				
<b>Approver(s):</b>	Corporate Compliance Committee				
<b>Location/Region/Division:</b>	BSWH				
<b>Document Number:</b>	BSWH.CMPL.ETH.015.P				
<b>Effective Date:</b>	06/01/2022	<b>Last Review/ Revision Date:</b>	06/01/2022	<b>Origination Date:</b>	03/26/2015

**SCOPE**

This document applies to all Individuals in Baylor Scott & White Health including its Controlled Affiliates ("BSWH").

**DEFINITIONS**

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Conflicts of Interest** – Any circumstance under which an Individual, by virtue of an Industry Relationship, is influenced, may be influenced, or may appear to be influenced, either in whole or in part by a purpose, motive, or other personal interest other than the success and well-being of the BSWH and the achievement of its public charitable purposes. A Conflict of Interest occurs if an Individual's personal activities or interests either appear to, could, or actually do influence the decisions required as part of the Individual's position at, and obligation to, the BSWH.

**Controlled Affiliates** – Baylor Scott & White Health has more than 50% ownership, directly or indirectly, of the stock, partnership interest, membership interest, profits or capital interest in a corporation, partnership or limited liability company, or beneficial interest in a trust. Includes having the power to appoint and remove, directly or indirectly, a majority of a nonprofit's or for-profit's governing body. This definition, unless otherwise indicated, does not apply to Controlled Affiliates managed by a third party.

**Individual** – An employee, director, member of the medical staff, or any other person who conducts business on behalf of the BSWH or is in a position to influence product evaluation decisions by BSWH.

**Industry Relationship** – A relationship with a business or company that requires disclosure through the BSWH Conflicts of Interest disclosure process, or a relationship with a vendor, manufacturer, distributor or group purchasing organization that is publicly reported on the Centers for Medicare and Medicaid Services (CMS) Open Payments System, or any other relationship between an Individual and a vendor, manufacturer, distributor or group purchasing organization that could create an actual, potential or perceived Conflicts of Interest.

**System Leadership** – An individual or group of executive BSWH leaders that will be chosen by the BSWH Clinical Leadership Council for each service line, clinical council, committee or task force that will be responsible for vendor/product/service selections.

**POLICY**

An Individual will avoid Conflicts of Interest when participating in vendor/product/service selections. An Individual may not vote, make the decision, or attempt to affect the outcome of the vote or decision on any action with respect to which he or she has a Conflict of Interest.

BSWH employs a carefully structured approach to its procurement process that considers multiple data points when making decisions to purchase products and services. Such process may include use of an ad hoc procurement/product committee comprised of both physician members and administrative members (e.g., Supply Chain, Finance, and hospital administrators). The clinical expertise of certain Individuals may be important to BSWH's purchasing decisions regarding various products and services, although such Individuals may have Industry Relationships with the vendors whose products and services are being evaluated in the purchase decision. When this occurs, such Individuals have a Conflict of Interest. Individuals with a Conflict of Interest may participate as members of a product/procurement committee or as a medical staff member of BSWH in discussions regarding the vendors being evaluated and their respective products and services to contribute their clinical knowledge and inform the final decision makers about their experience with the vendor/product/service, but such Individuals must recuse themselves from the voting on any recommended decision or actual decision regarding procurement of any products or services with respect to which such Individual has a Conflict of Interest.

The purpose of this Policy is to support an environment where product evaluation decisions are made in an objective manner, free from Conflicts of Interest and not motivated by desire for personal or financial gain.

This Policy is established to protect the interests of BSWH when any decision is made regarding the procurement of any product or service that may benefit the private interest of any Individual in a position to exercise influence or control over the procurement of products or services by BSWH.

This Policy is intended to supplement, but not replace, any applicable Federal and State laws governing Conflicts of Interest applicable to nonprofit, research, and charitable organizations, as well as the more detailed internal policies, procedures, and standards of conduct governing the various activities of BSWH.

## PROCEDURE

Because of their clinical expertise, certain Individuals may be asked to participate in the products/services selection process for the BSWH. However, an Individual may have an Industry Relationship, resulting in a Conflict of Interest. When a Conflict of Interest exists, the Individual may participate in the discussions about the vendors/products/services so that the BSWH receives the benefit of such Individual's clinical expertise or other relevant experience, but he/she must recuse himself/herself from the voting on any recommendation or decision to purchase any products or services with respect to which he or she has a Conflict of Interest or otherwise participate in the decision-making process as to any such products or services.

If Supply Chain needs clinical input related to a purchase, the following steps will be taken to avoid any actual, perceived, or potential Conflicts of Interest by an Individual involved in the selection process.

1. Supply Chain identifies whether there is a group (e.g., clinical council, committee, task force) appropriate and necessary to assist with the selection process (referred to hereafter as the applicable group).
2. Supply Chain and the applicable group identify the Individuals who should participate in the evaluation/selection process. Supply Chain will remind the Individuals to ensure their BSWH Conflicts of Interest disclosure is current.
3. Supply Chain requests and receives from the BSWH Office of Corporate Compliance an analysis of Industry Relationships between the participating Individuals and the potential vendors.
4. The analysis is shared with the chair of the applicable group.
5. The chair discloses to the applicable group any Industry Relationships between participating Individuals and potential vendors before the selection process begins. Those with such Industry Relationships will be reminded that any information shared with them in this process is strictly confidential and should not be shared with any vendor or anyone else not participating in this process and cannot be used in any way to benefit their own Industry Relationships with any vendors.
6. The participating Individuals with such Industry Relationships:



- May participate in discussions regarding the vendors/products/services, but
  - Must be excused from the applicable group after providing their input on the clinical effectiveness and quality of the specific vendor/product/service and before a decision is made to recommend or purchase a specific vendor/product/service.
7. Remaining members of the applicable group who are free from Industry Relationships with the potential vendors evaluate the vendor/product/service and vote on their recommendation for a specific vendor/product/service to BSWH System Leadership. A simple majority determines the recommendation of the group.
  8. The applicable group's decision and rationale for the recommendation are documented.
  9. Appropriate BSWH Leadership receives the recommendation and the rationale from the applicable group, reviews the clinical, quality, cost and financial information, and votes or makes a decision for their selection. If an Individual from the appropriate BSWH Leadership has an Industry Relationship with a vendor/product/service under consideration, the Individual recuses himself/herself from the selection process as outlined above.
  10. The BSWH Leadership's vote and decision are documented.

## ATTACHMENTS

None.

## RELATED DOCUMENTS

Conflicts of Interest (BSWH.CMPL.ETH.001.P)

## REFERENCES

None.

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.

**POLICY**  
**HOUSE STAFF ATTIRE (updated 04/2023)**

House Staff should dress and behave as a member of the professional team. General attire will be neat, clean, moderate in style and appropriate for the professional type work performed. Extremely casual styles (such as blue denim jeans) is not permissible. Hair must be maintained in a clean and neat manner. Hairstyles will be appropriately controlled so as not to interfere with work or patient care. Facial hair should be well-trimmed and neat. However, if facial hair prevents the standard annual fitting for the Mask Fit Test from being completed, appropriate measures must be taken in accordance with BSWH policy. Jewelry will be conservative and worn in a manner that will not interfere with work activities. Your Employee ID Badge must always be worn. Check with your program as to when and where lab coats must be worn. No non-professional pins, insignias, buttons, tags, etc., are to be worn on the laboratory coat in patient care areas.

Baylor Scott & White GME will reimburse up to \$38 toward the total cost of lab coat(s), including embroidery for each new House Staff; however, with the noted exception of those specialties in which a soft-shell jacket is more appropriate, reimbursement will be covered up to \$38 toward the cost of either a lab coat **or** a soft-shell embroidered jacket, including embroidery, that is to be worn while at working at Baylor Scott & White. When requesting reimbursement, please consult with your program administrator before completing reimbursement form via Concur. You will be required to attach the GME Policy on House Staff Attire, attach the receipt, and your program administrator must review/approve prior to submitting.

Scrubs may be worn for call duty or on units or services determined by the program as appropriate for scrub attire. Because wearing scrubs outside the hospital environment increase potential infection, they are not to be worn outside the hospital. Operating Room, Pavilion and Labor and Delivery scrubs are available in designated dispensing machines for all House Staff working within these areas. These institutionally provided scrubs are not to be worn off premises. All House Staff are expected to return the institutionally owned scrubs into the designated return units.. Upon each entry to the surgical suite, all House Staff are expected to be properly dressed in freshly laundered clean and neat scrubs, including pants and shirt, clean cap or hood, which contains and covers all hair. Caps may be homemade if they fully cover the hair.

<https://bswhealth.sharepoint.com/sites/BSWPoliciesandProcedures/SitePages/Home.aspx>

**Please refer to the [COVID Policy](#) for the latest updates regarding PPE.**

**POLICY**  
**NON-DISCRIMINATION AND SEXUAL HARASSMENT (updated 04/2023)**

Staff members and their work environment should be free from all forms of unlawful harassment and intimidation. Baylor Scott & White does not permit staff members to engage in unlawful discriminatory practices, sexual harassment or harassment based on race, color, religion, sexual orientation, sex (gender), national origin, age, disability or status as a veteran. Unlawful harassment by any staff member, supervisor, department head or person doing business with Baylor Scott & White is strictly prohibited.

Harassment is verbal or physical conduct that denigrates or shows hostility toward an individual because of their race, color, religion, sex (gender), national origin, age, disability or status as a veteran. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors and

other verbal or physical conduct of a sexual nature that creates an offensive or hostile work atmosphere.

Staff members who believe that they are being sexually harassed or harassed should immediately report their concern. All of the following are available to you directly, but it is suggested you begin with whomever you feel you can best speak freely. Your Program Director, Associate Program director, or the DIO (Dr. Rakesh Surapaneni). The complaint will be promptly investigated and, if it is determined that harassment has occurred, Baylor Scott & White will take appropriate disciplinary action, up to and including discharge of the offending staff member. No staff member will be retaliated against for filing a complaint. All complaints will be handled in confidence. Should you have any difficulty in reaching anyone designated above, please call the GME Manager, Taylor Chadwick at 28-3412. Or, you may email [Taylor.Chadwick@BSWHealth.org](mailto:Taylor.Chadwick@BSWHealth.org)

*End of Non-Discrimination and Sexual Harassment Policy*

**POLICY  
DIVERSITY, EQUITY, AND INCLUSION (updated 04/2023)**

Each program at Baylor Scott & White Medical Center Round Rock, in partnership with its Sponsoring Institution, will engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. The sponsoring institution will promote a sense of belonging by valuing and respecting the talents, beliefs, and backgrounds of the entire community.

Programs should aim to provide a professional, healthy, and respectful environment free from discrimination, harassment, mistreatment, abuse, or coercion with cultivating an environment in which the house staff can provide feedback and raise concerns without fear of retaliation or intimidation.

The GME holds accountability that clinical learning environments should be safe and supportive for all residents and fellows and supports ensuring that residents and fellows learn to care for the diverse populations and demographics of their local institutional and programmatic setting.

The GME department continuously reviews and evaluates resources to help individuals across the continuum connect, develop awareness, and build and enhance local programs and efforts in areas of diversity, equity, and inclusion. Everyone in the GME community has a responsibility to prioritize diversity, equity, and inclusion at all levels educated in an environment that reflects and respects diversity in all its facets.

*End of Diversity, Equity, & Inclusion Policy*

**POLICY  
MOONLIGHTING (updated 04/2023)**

Employment and/or conducting of a medical practice outside the scope of a GME program ("moonlighting") is generally discouraged, as such activity may interfere with training assignments.

**A. Prior Approval of Program Director Required**

All moonlighting requires the approval of the Program Director and is at their discretion. Program Directors must be made aware in writing in advance of any employment undertaken by any House

Staff so that the Program Director may determine the intensity of the activity and its impact on sleep and fatigue which may impact resident/fellow learning. If the Program Director grants permission for the House Staff member to engage in moonlighting, he/she must do so in writing, and this information will be made part of the House Staff's folder.

If, in the judgment of the Program Director or the Graduate Medical Education Committee, outside employment interferes with, or otherwise detrimentally affects a House Staff's completion of assigned duties or responsibilities, academic performance or professional conduct, curtailment or discontinuance of outside employment may be made a condition for continuation of his/her training program. Also, please note that while on any type of leave of absence, you are not permitted to moonlight.

#### B. Moonlighting Hours

All pre-approved moonlighting hours, internal and external, will be accounted for and counted toward the 80-hour weekly duty hour limit and logged in New Innovations. **PGY1 residents are not permitted to moonlight.**

#### C. Insurance Coverage

House Staff who contemplate moonlighting should be aware that Baylor Scott & White's professional liability insurance **only** covers incidents that occur within the scope of an approved BSW GME program, or which are undertaken on behalf of Baylor Scott & White. Therefore, House Staff who moonlight are advised to obtain professional liability insurance individually and/or through their outside employers.

NOTE: House Staff participating in "in-house" moonlighting activities at Baylor Scott & White facilities or at Baylor Scott & White-sponsored facilities will be credentialed by the facility in which they are moonlighting, and may be covered under Baylor Scott & White's professional liability insurance policy subject to the prior approval of the Program Director and the Baylor Scott & White Department of Risk Management.

#### D. Specialty Training Programs

Each residency/fellowship training program must have their own Moonlighting Policy as a supplement to this GME Institutional Policy; each policy should be consistent with ACGME guidelines for duty hours. These policies must be distributed (or electronically available) to House Staff and faculty.

#### E. Termination of Employment

Upon termination of employment (i.e. graduation from residency/fellowship, if your "Locum" appointment is no longer needed, please advise the GME Office that your Locum appointment may be terminated.

*End of Moonlighting Policy*

<b>POLICY PROMOTION/REAPPOINTMENT</b> (updated 04/2023)
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The determination to reappoint or not to reappoint House Staff is made by the Program Director with consideration of the Clinical Competency Committee review. The CCC review is based on successful completion of the current year and milestone/evaluation of readiness for advancement to higher responsibility. All PGY-1 residents are expected to successfully complete USMLE Step 3, or its equivalent, prior to July 1 of their PGY-2. Those who have not successfully passed are subject to recommendations of the program's CCC regarding time frame to successfully complete Step 3. Alternatively, the Program Director, Resident and DIO may structure a time frame for completion of Step 3. However, no resident is exempt from successful completion of USMLE-3 or its equivalent. Information and links to the Step 3 application are available on the [Medical Licensing Examination page of the FSMB website](#).

House Staff not being reappointed to the next year of training should be notified in writing by the program director four (4) months prior to the ending date of the current agreement of appointment. If the primary reason for the non-renewal occurs within the four months prior to the end of the agreement of appointment, programs must provide the House Staff with as much written notice of the intent not to renew as the circumstances will reasonably allow prior to the end of the agreement of appointment. Written notification of disciplinary or remedial action constitutes compliance with this policy. House Staff must be allowed to implement the institution's grievance procedures if they have received a written notice of intent not to renew the agreements of appointment. House Staff who do not plan to continue in the succeeding year of their training program should notify the program director in writing four (4) months prior to the ending date of their current appointment or as early as the decision to not continue is made.

*End of Promotion/Reappointment Policy*

## **PHYSICIAN IMPAIRMENT/SUBSTANCE ABUSE**

The abuse of controlled substances by physicians, especially House Staff in training, looms as a major concern for Graduate Medical Education Programs as this problem leads to the destruction of professional careers, personal and family life and even loss of life itself.

It is the responsibility of Graduate Medical Education Programs to have an educational program on Substance Abuse/Physician Impairment available for their House Staff as well as their faculty.

1. About the facts and problems associated with chemical dependency;
2. About programs of intervention, support and treatment for the individual and their families suffering from this problem; and
3. About follow-up support after the acute treatment program has been completed.

Chemical dependency is a disease that can be treated and from which the chemically dependent professional can recover. Re-entry of these highly trained medical professionals into the active practice of medicine may be in the best interest of the physicians as well as society.

Baylor Scott & White performs routine drug screening at the beginning of residency training. As part of the orientation process at the beginning of training, information about the Baylor Scott & White substance abuse policy and the Employee Assistance Program is presented to House Staff. Failure to have a negative test, may result in termination of your employment.

A House Staff with a substance abuse problem who wants help can contact his/her Program Director, Department Chairman, [Peer Support](#) (formerly known as SWADDLE), InSight Counseling Services,

Program Administrator, DIO, GME Manager. An appropriate referral for examination and treatment will be made according to Baylor Scott & White procedures.

Alternatively, a House Staff may be identified as or suspected of performing professional duties under the influence of legally or illegally obtained stimulant, sedative or other psychoactive drugs through the gathering and submission of evidence to the Program Director. The Program Director will then consult the DIO, regarding the best plan of action. Contact will be made with the Director of Human Resources and appropriate steps will be taken. This will usually result in a drug screen. House Staff will be afforded the opportunity to be honest in their use of drugs; however, any House Staff testing positive and chose to keep their drug use from their Program Director, the DIO or other appropriate hospital leadership, will be terminated. The House Staff member may appeal the termination.

If the House Staff has provided full-disclosure regarding their chemical dependence and sufficient evidence has been obtained. an intervention will be arranged with the Program Director, Department Chairman and either our Internal or External Well-being Counselors will determine the evaluations that should take place according to guidelines outlined in the Baylor Scott & White Supervisory Guide. Should a substance abuse problem be proven, the House Staff member may be referred to the most appropriate level of treatment.

After the acute treatment program is completed, depending upon the recommendations of the treating clinician, the resident may or may not be reinstated as an active member in the residency program. Should a decision be made to reinstate the House Staff member, reintroduction into the clinical workplace will be done in a controlled fashion. First, the treating physician will need to provide a "Fit for Duty" notice prior the House Staff's return to work. It is recognized the greatest chance for successful treatment and rehabilitation occurs when the recovering House Staff returns to a warm and supportive environment. The [Texas Physician Health Program](#) and the treating physician will assist in the continuing care and follow-up with a specific rehabilitative discharge plan. This process will be specified by a written agreement involving the House Staff, the treating clinician, the involved GME Program Director and the DIO. The contract will include such details as access to controlled substances, random drug testing and regular attendance at self-help programs such as Alcoholics Anonymous. Any failure on the part of the House Staff to adhere to the contract may result in disciplinary action up to and including discharge. Failure of the House Staff to comply with the monitoring program and the treating physician's course of treatment, will result in termination.

## **COUNSELING SUPPORT SERVICES**

Baylor Scott & White recognizes that increasing responsibilities of House Staff require sustained intellectual and physical effort. On occasion, these responsibilities result in stresses on the individual or family requiring extra support. This support is provided through multiple resources. The Baylor Scott & White Health Plan Psychiatric coverage includes acute and situational evaluation and therapy, as well as long-term care by psychiatrists, psychologists and social workers. Comprehensive medical care is provided by the Baylor Scott & White Health Plan. Referral for services not connected with Baylor Scott & White (for confidentiality reasons) can be obtained through the Designated Institutional Official in the Graduate Medical Education Administrative Office or the GME Manager. The [Physician Impairment Policy](#) deals specifically with support for physicians who are identified as being compromised due to substance abuse. For additional resources, please refer to the *Rejuvenate GME Well-Being Program*.

### **[Peer Support](#)**

As our employees strive to live our mission, sometimes unexpected and inexplicable outcomes occur, and the very individuals delivering care become the ones in need of support. When second victim/healthcare adversity happens, "what if" questions abound, and feelings of helplessness, vulnerability and fear are common. The [Peer Support](#) team is here to support you and/or your staff through unanticipated events and difficult times that occur in the workplace with understanding, compassion and complete confidentiality.

<https://bswhealth.sharepoint.com/sites/BSWEmployeeHealth/SitePages/PeerSupport.aspx> webpage where you can choose which peer supporter (per support bios) you would like to speak with or to request staff support counseling, or you can email at [SWADDLE@BSWHealth.org](mailto:SWADDLE@BSWHealth.org). You can call 254-724-6813 Monday-Friday from 8 a.m. to 5 p.m. (At time of publication SWADDLE email address is still active.)

### **What is second victim/healthcare adversity?**

- Second victim is when something unanticipated occurs in the healthcare setting, and staff members involved are negatively affected.
- Healthcare adversity can be a claim, lawsuit, deposition, difficult disclosure or board complaint.
- Individual peer support through the Peer Support Team – Selected staff members, many who have experienced second victim/healthcare adversity, receive training in active listening and psychological first aid and are available to support their peers with complete confidentiality.
- Prevention and education seminars, including compassion fatigue, secondary traumatic stress, mindfulness and stress.

### **What types of second victim/healthcare adversity does [Peer Support](#) cover ?**

- Medical errors
- Unexpected/traumatic patient outcomes
- Difficult disclosures, claims and lawsuits
- Outside agency complaints (i.e., Texas Medical Board, Board of Nursing, etc.)
- Internal crisis, mass casualties and disasters that impact staff resilience
- Individual peer support through the [Peer Support](#)

### **What Peer Support does not do:**

- Promise or ensure continued employment
- Promise that disciplinary action will not be imposed
- Give legal advice
- Authorize time off from work or utilization of Baylor Scott & White paid benefits
- Provide verbal or written support to be used by the employee in seeking leave under FMLA, general medical leave, short-term disability or long-term disability
- Assist with employee/manager conflict
- Act as an advocate or agent for the employee

Contact [Peer Support](#)/  
System Director or Volunteer Coordinator

254-724-6813 or 254-724-6544  
Monday-Friday, 8 a.m. to 5 p.m.

Email: [SWADDLE@BSWHealth.org](mailto:SWADDLE@BSWHealth.org)

Other additional counseling services available 24/7 through Chaplain's Office: 254-724-0306, pager: 633-1029, or Eric Hammer's phone: 724-1685, Monday-Friday between 8 a.m. and 5 p.m.

and EAP (Employee Assistance Program-[Cigna Life Assistance Program](#))

Offsite GME-funded Counseling: Insight Counseling [www.insight-cc.org](http://www.insight-cc.org) 254-307-2495

- Please note the phone number for InSight is an office number and you may get voicemail.
- The number of sessions is on a case-by-case determination at the discretion of Insight Counseling.

**POLICY**  
**PROGRAM CLOSURE/REDUCTION** (updated 04/2023)

The purpose of this policy is to address the closure of institutions, training programs or the reduction of House Staff positions. The closure or reduction may result for several reasons, such as loss of program or institution accreditation or change in care delivery systems. TAMHSC-COM/BSW has no reason to believe such a program/institution closure or loss of accreditation will occur; however, in view of the remote possibility, the following policy will apply.

Procedure

1. In case of closure, reduction or loss of accreditation, Baylor Scott & White will make every effort to provide House Staff with treatment equal to that provided to other staff affected by the event. This will include notification to the Graduate Medical Education Committee (GMEC), the Program Directors and the residents of a projected closing or reductions at as early a date as possible.
2. Baylor Scott & White will make every effort to allow those residents in the program to complete their education at Baylor Scott & White and the affiliated hospitals. If possible, payment of stipends and benefits will continue to the conclusion of the current letter of appointment.
3. If any resident is displaced by the program or there is a reduction in the number of House Staff in a program, Baylor Scott & White will assist the resident enrolling in an ACGME-accredited program(s) in which they can continue their graduate medical education.
4. Provision will also be made for the proper disposition of residency education records, including appropriate notification to licensure and specialty boards.
5. Baylor Scott & White will also inform residents of adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education (ACGME) that may result in closure or reduction of residency positions in a reasonable period after the action is taken.
6. The GMEC will supervise the implementation of this policy.

*End of Program Closure/Reduction Policy*

**POLICY**  
**Clinical Rotation Mileage Reimbursement** (updated 04/2023)

House Staff **may** be reimbursed for mileage for clinical rotations that are required and **outside** the Central Texas radius (Waco, Killeen, Harker Heights, Round Rock, Georgetown, Temple, Lakeway, and Austin). If rotation is beyond a 60-mile radius, you may seek reimbursement within 60 days of the end date of the rotation in which you are seeking reimbursement. Reimbursement should be requested via Concur and must be reviewed and approved by your Program Administrator. **Note** if you are traveling to/from home, you will need to “Deduct Commute” in the Mileage Calculator. Please refer to the Baylor Scott & White Travel and Business Expense Policy for further policy restrictions.

*End of Program Clinical Rotation Mileage Rotation Policy*



## **POLICY**

LEAVE POLICIES (IV.H.1-2, rev. 02/2024)

### **Leaves of Absence**

All requests for leaves of absence must comply with program, BSWH policy and GME policy.

Baylor Scott & White GME will provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. Qualifying leave(s) totaling six weeks are permitted on a continuous or non-continuous basis at least once and at any time during the residency or fellowship program and can be segmented into separate leaves for a total of six weeks. Segmented leave must be at least 7 consecutive days to constitute a qualifying leave of absence. Residents and fellows will be provided with at least the equivalent of 100 percent of their salary for these six weeks of the approved medical, parental, or caregiver leave(s) of absence taken.

All residents/fellows are permitted one additional week of paid time off outside of the first six weeks of the first medical, parental, or caregiver leave(s) of absence taken. (Institutional IV.H.1.c.).

Upon usage of the first six-weeks of allotted leave, any additional leaves of absence are at the program director's discretion.

All leaves must have the approval of the Program Director and program administrator with at least (30) days' advance notice of the proposed leave date. Where advance notice is not possible, notice should be given as soon as practicable (Institutional IV.H.1.a, IV.H.1.e).

The House Staff is responsible for notifying the Absence Center when applying for a leave of absence, any change in dates regarding the leave and if required, obtain a doctor's note for clearance to return to work. While on any type of Leave of Absence, residents and fellows are not permitted to participate in any clinical activity, including Moonlighting. Additionally, access to Baylor Scott & White Health Systems will be limited during this time.

Depending upon residency and fellowship Specialty-Specific requirements, any prolonged leave from training may result in the need to extend individual training to fulfill educational requirements. Absence from the program for more than 21 consecutive days (excluding vacation time, family or military leave) must be reported to the Texas Medical Board by the Program Director. When additional time is needed to fulfill Board requirements, a new reappointment letter must be issued with the new extended training date. All related training extensions will be communicated by the PD with accurate information regarding when criteria for satisfactory completion of the program can be met and when the resident/fellow will regain eligibility to participate in examinations by the relevant certifying boards (Institutional IV.H.1.g).

Other insurance premiums may not continue during intervals of leave **without** pay. Consultation with Baylor Scott & White Health PeoplePlace is necessary to delineate these issues and address other benefits.

The GME Office is happy to help navigate through the Leave of Absence. Please contact the GME Manager for any questions or clarifications needed.

### **Additional resources:**

GME Manager: [Taylor.Chadwick@BSWHealth.org](mailto:Taylor.Chadwick@BSWHealth.org)

PeoplePlace phone number: 844-417-5223

Absence Center phone number: 844-511-5762

Monday-Friday 7:00 a.m. to 7:00 p.m. Central Time

Click on the link below for the 2024 Benefits Contact sheet: [BSW Benefits Contact Sheet](#)

For further information about leaves of absence, visit their website: [mySedgwick.com/BSWH](http://mySedgwick.com/BSWH)

### **PAID TIME OFF (PTO)/VACATION LEAVE**

All vacation leave must be approved by the House Staff's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be documented within your program. Three weeks (15 workdays) per academic year are granted to all House Staff. Paid Time Off/Vacation Leave allotments on external rotations at institutions other than Baylor Scott & White are included. Please note that PTO is subject to the requirements of your program [sub]specialty board. BSWH Policy does **not** allow for Paid Time Off to be carried forward to the next year. House Staff will not be compensated for unused vacation leave upon their termination.

- House Staff receive regular pay for holidays observed by Baylor Scott & White and is not deducted from paid time leave: New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

### **SICK LEAVE (EIB-Extended Illness Bank)**

House Staff is granted 13 days paid sick leave per academic year for personal illness. BSWH Policy does not allow for unused sick leave to be carried over to subsequent training years. Please note that EIB is subject to the requirements of your program [sub]specialty board.

A doctor's excuse may be required of House Staff if paid or unpaid sick leave is used for two consecutive days. Additionally, a doctor's excuse may be required upon each additional paid or unpaid sick leave taken beyond the first 5-days of sick leave. Doctor's excuses may be requested at the discretion of the House Staff's program director.

If sick leave extends 7 continuous days, House Staff should reach the absence center for additional guidance on leave options.

Upon exhausting available paid leave, sick and vacation, House Staff needing additional leave time may be placed on leave without pay and be required to make up training time lost at the end of the medical training program if so determined by his/her Program Director/CCC.

House Staff will not be compensated for unused sick leave upon termination.

## PARENTAL LEAVES

Parental leave provided by BSWH and the GME office will be counted toward the six weeks of leave allotted per training program length.

Parental leave can be used on a continuous or non-continuous basis, with the flexibility to take leave at any time within the first 12 months of childbirth or adoption. Segmented leave must be at least 7 consecutive days to constitute a qualifying leave of absence.

To receive this benefit, Residents and fellows are not required to enroll into Short-term Disability (STD). Please reference the “Pay While on Leave” section of the “Resident/Fellow Parental, Medical, and Caregiver Leave – 2023 FAQ” below for additional details.

For the full policy description, please visit:

[Residents/Fellows Leave of Absence Policy](#)

Click on the link below for FAQ regarding the Absence Center.

[BSWH Absence Center Frequently Asked Questions](#)

# Resident/Fellow Parental, Medical and Caregiver Leave 2023 FAQs

Resident/Fellows may be eligible for Medical, Parental and Caregiver Leave, which provides up to six (6) weeks of paid leave for qualifying reasons.

Below you will find a list of frequently asked questions. You can scroll through, click on a topic from the table of contents, or search the entire document. If you still have questions about this leave program after reviewing these FAQs, please contact the Absence Center at **844-511-5762** Monday – Friday from 7a.m. to 7 p.m. CST.

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## ELIGIBILITY

**Q. Who is eligible for this paid leave program?**

This program is available to all benefit-eligible Residents or Fellows.

**Q. Is there a waiting period required before I can apply for this program?**

No, you may apply immediately upon hire—there is no waiting period.

**Q. What are the qualifying reasons for leave?**

Residents/Fellows may request a leave under this program for the following reasons:

- **Medical** – due to your own serious health condition
- **Parental** – for the birth of a child or placement of a child for adoption or foster care, and/or to bond with your newborn or newly-placed child
- **Caregiver** – to care for your spouse, child or parent with a serious health condition.

## DURATION

**Q. How much paid time do I have available under this program?**

This program provides up to 6 weeks of paid leave and will run concurrently with any additional leave programs (e.g., Family Medical Leave Act (“FMLA”), Company Medical Leave, etc.

**Q. What if I use less than the 6 weeks of leave that is provided under this program?**

If a single leave claim is less than six (6) weeks, you may apply for leave again under this program, up to a total of six weeks.



## Resident/Fellow Parental, Medical and Caregiver Leave 2023 FAQs

**Note:** Up to two (2) weeks of accrued Paid Time Off (PTO) and/or Extended Illness Bank (EIB), if applicable, will be used to supplement pay. See the "Pay While on a Leave" section for more information.

**Q. If I exhaust my 6 weeks of paid leave under this program and I require additional time off, am I still eligible to continue my leave of absence and apply for short-term disability?**

Yes, if you have exhausted your paid leave under this program and you meet the eligibility requirements to continue your leave of absence, you may remain out and apply for short-term disability. See the [Leave of Absence policy](#) for more information.

**Q. If I use my paid leave under this program and require another leave of absence later, will I be eligible to apply again for a leave of absence and/or short-term disability?**

Yes, if you have exhausted your paid leave under this program and you meet the eligibility requirements, you may apply for other leaves of absence and/or short-term disability in the future. See the [Leave of Absence policy](#) for more information.

**Q. If I exhaust 6 weeks of leave during my residency program and then transition to a fellowship, will my eligibility reset?**

Yes, if you complete your residency and begin a new program as a Fellow, you will be eligible to apply for leave under this program again.

**Q. Can the paid leave under this program be taken intermittently?**

No, paid leave under this program will only apply to a continuous leave of absence. See the [Leave of Absence policy](#) for more information intermittent leave available through Family Medical Leave Act (FMLA).

### APPLYING FOR LEAVE

**Q. How do I request a leave of absence under this program?**

Residents/Fellows seeking a leave of absence should contact the BSWH Absence Center (contact information below) as well as notify your Program Director/Administrator.

- Call the BSWH Absence Center at 844-511-5762 Monday – Friday from 7a.m. to 7 p.m. CST
- Use the self-service portal available at [www.mysedgwick.com/bswh](http://www.mysedgwick.com/bswh).

**Q. How much notice should I provide when needing a leave of absence?**

You should provide at least (30) days advance notice of your proposed leave. When advance notice is not possible, notice should be given as soon as practicable.

### PAY WHILE ON LEAVE

**Q. Will I receive pay while on a Resident/Fellow leave of absence?**

This program provides up to 6 weeks of paid leave, which is paired with your available time off balances. The below chart provides additional details on how you will be paid:



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## Resident/Fellow Parental, Medical and Caregiver Leave 2023 FAQs

If you are enrolled in short-term disability:

	Leave Type	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Enrolled in STD	Medical (Self)	EIB or PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Maternity	EIB or PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Parental (non-birthing parent)	Paid Leave	Paid Leave	Paid Leave	PTO	PTO	Paid Leave
	Adoption	Paid Leave	Paid Leave	Paid Leave	PTO	PTO	Paid Leave
	Caregiver	PTO	PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave

If additional medical leave is needed beyond the 6 weeks provided under this program, you may be eligible for pay under our short-term disability program.

If you are NOT enrolled in short-term disability:

	Leave Type	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Not enrolled in STD	Medical (Self)	EIB or PTO	EIB or PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Maternity	EIB or PTO	EIB or PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Parental (non-birthing parent)	PTO	PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Adoption	PTO	PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave
	Caregiver	PTO	PTO	Paid Leave	Paid Leave	Paid Leave	Paid Leave

If additional medical leave is needed beyond the 6 weeks provided under this program, your available EIB or PTO would be applied to your absences until it is exhausted. Once exhausted, your time off would be unpaid.

### Q. How will I be paid if I am out less than 6 weeks?

If your leave is less than 6 weeks, you may reference the charts above for only the number of weeks you will be out. For example, if you are out for 3 weeks, you would look at the Weeks 1 through 3 columns only.



## Resident/Fellow Parental, Medical and Caregiver Leave 2023 FAQs

### BENEFITS WHILE ON LEAVE

**Q. What will happen to my benefits while I'm on a leave of absence?**

While you are on a paid leave of absence under this program, your benefit premiums will continue to deduct from your paycheck and coverage will continue.

Should you need additional time off beyond the 6 weeks of paid time provided under this program and you exhaust all available time off balance(s) (i.e. no longer receiving a paycheck), you will be billed for benefit premiums by Optum, our Direct Bill vendor.

## **BEREAVEMENT LEAVE**

An employee is eligible for bereavement pay for a maximum of two (2) bereavement events per calendar year. Qualifying Bereavement Leave cannot exceed three (3) days and a maximum of thirty-six (36) hours based on authorized daily work hours. Employees who need additional time off may request to use PTO. If PTO has been exhausted, an employee may request unpaid leave for the additional time off.

Bereavement Leave is for the following designated individuals:

- Spouse
- Child/Step-Child
- Parent/Step-Parent
- Brother/Sister
- Grandparent
- Grandchild
- Father-in-Law/Mother-in-Law
- Son-in-Law/Daughter-in-Law

## **INTERVIEW LEAVE**

Interview leave must be approved by the House Staff's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be supported and documented by your program; check with your program administrator if an absence form is required.

Each upper-level House Staff is allowed up to five (5) total days of leave with pay, during training at Baylor Scott & White, to interview for fellowships or practice opportunities. Interview leave is available only during the "junior" and "senior" years of training and is at the discretion/approval of the Program Director. Additional interview leave *may* be granted at the discretion of the Program Director.

This leave is expressly intended for only fellowship or job interviews. Other related activities are not applicable to this leave.

## **PERSONAL LEAVE OF ABSENCE**

A Personal Leave of Absence must be approved by the Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be documented within the program.

Requests for leaves of absence will be evaluated on the merits of the request and will be granted or denied in accordance with applicable state and federal laws and accreditation requirements.

A leave of absence may be in part paid leave and/or leave without pay. When the leave of absence is requested for medical reasons (including pregnancy), the leave must be compliant with the Sick Leave Policy as applicable. Paid sick leave may be utilized only if the leave is for medical reasons.

The total length of a leave of absence must be consistent with satisfactory completion of training (credit toward specialty board qualification), which will be determined by the individual programs.

*Leave without pay may necessitate payment by the House Staff for medical insurance coverage during the stipulated period of leave. Arrangements should be made with the Human Resources Benefits office prior to beginning the leave, if necessary, for the House Staff to pay premiums.*



## **MILITARY LEAVE**

Military leave must be approved by the House Staff's Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave procedures must be documented within the program.

Participation in the National Guard or military reserve activities is allowed but must be coordinated with and approved by the Program Director. Absences for participation in this activity are charged to leave without pay or may be charged to Paid Time Off, if desired. When benefit time is depleted, they will be placed on a leave without pay status.

A House Staff inducted, ordered, or enlisted into active service will be placed on leave of absence status effective the date of written orders to report. When released from military obligations, House Staff has 90 days to notify Program Director to request reinstatement into training program.

During the leave of absence, medical and dental coverage may be continued. When in an unpaid status, the House Staff is responsible for full payment of premium.

## **EDUCATIONAL LEAVE**

Educational leave must be approved and is at the discretion of the Program Director and attending physician on the service that will be affected by the leave, if applicable. All leave must be documented by the program and may require an absence form. Check with your program administrator to see if your program requires one.

Up to Five (5) days of educational leave are granted to all House Staff annually to attend educational conferences or meetings of their choice.

Additional time may be granted by Program Director for attendance at meetings of professional organizations in which residents occupy official positions as officers or representatives (i.e., official representative to the TMA resident section). Attendance must have prior approval of the Program Director and be supported by documentation describing the meeting/conference, i.e., brochure, registration, etc.

*End of Leave Policies*

## **INSURANCE POLICIES/EMPLOYEE BENEFITS**

Information related to salary and benefits can be managed through by calling [PeoplePlace](#) 1-844-41-PLACE (75223).

### **INSURANCE**

Medical insurance coverage is provided for the House Staff employees at a shared cost to the House Staff, dependent upon health plan.

Baylor Scott & White Health offers three medical plan options:

<http://www.bswbenefits.com/>

Dependent coverage (parent/child(ren), couple and family) is available. Life Changing Qualifying Events, **New** dependents (spouses and/or children, step-children, etc.) may be added to Health Plan coverage by notifying [PeoplePlace](#). Employees must submit a Life Event within 30 days of the qualifying life event in [PeoplePlace](#) by selecting the Benefits tile or contacting [PeoplePlace](#) 844-41-PLACE (75223) for assistance. Coverage is effective on the day of the event (i.e., birth date, marriage date).

Group Hospital Income Plan coverage is provided to House Staff covered by the SWEMP at no additional cost. Coverage is for the House Staff employee only.

Prescription Drug Benefits are dependent upon the election of your health insurance plan.

Dental insurance is an optional benefit. Detailed information on medical benefits coverage and premium rates is available at our [Benefits website](#). There are two optional dental plans you can enroll in to help cover dental costs for yourself and your family: the MetLife Dental PPO and the MetLife Dental PPO Plus.

Baylor Scott & White Health provides Basic Life with supplemental ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) insurance at no cost. Coverage may be purchased on a voluntary basis. Coverage may include spouse and children. Details on AD&D benefits coverage and premium rates are available through Human Resources. Temporary and long-term disability insurance is provided by SWHC to physician and non-physician House Staff. SWHC provides salary continuation for disabled House Staff for 150 days.

### **SHORT-TERM DISABILITY (STD) PLAN**

Safety and support for the staff at Baylor Scott & White is a very high priority, and this includes providing some level of financial security should something unexpected occur. Short-term disability may be taken for females wishing to extend their maternity leave and be compensated, as well as those healthcare needs involving longer periods of recovery. You will be automatically enrolled in Short Term Disability. If you opt-out, you will **not** receive this benefit. Keep in mind, if you opt out of STD when first eligible, future coverage may be subject to pre-existing condition provision. Visit the [BSWH Benefits Page](#) for more information.

### **LONG-TERM DISABILITY (LTD) PLAN**

Basic long-term disability insurance from Cigna provides 50% of your base pay up to \$15,000\* a month. Once approved, benefits begin on the 181st day of disability and may continue for as long as you meet the definition of disability or until you reach your normal Social Security retirement age. (Some pre-existing condition limitations may apply.)

Visit the [BSWH Benefits page](#) for more information on Long-Term Disability and Supplemental Disability.

## **FLEXIBLE SPENDING**

The Baylor Scott & White Health Flexible Spending Plan is an employee benefit that provides a pre-determined amount elected by employee and front-loaded on January 1<sup>st</sup>. It allows payment of health and dental insurance premiums, out-of-pocket medical/dental care and dependent childcare expenses with tax-free dollars, i.e., these expenses are deducted from gross pay before federal income and Social Security taxes are paid. Participation is voluntary. An opportunity to enroll in the plan is initially presented at orientation. Pre-tax deductions for health and dental premiums are automatic after the initial year of enrollment; however, enrollment in the medical/dental and childcare reimbursement account must be renewed annually. Elections made at the time of enrollment cannot be changed during the year except in the event of change in employment or family status.

## **THRIVE/WELLNESS PROGRAM**

- Thrive Wellness requires all employees to “Check in and Check Up” by November of each year to avoid a surcharge on medical premiums. Please visit the Benefits Page for complete-detailed information.

To check on the status of your Thrive Check In or to complete Thrive Challenges, please visit [Thrive](#)

## **PROFESSIONAL LIABILITY**

Baylor Scott & White Health fully provides professional liability insurance for House Staff which covers their activities at Baylor Scott & White and when on educational assignment in affiliated hospitals and clinics. BSWH’s self-insurance covers up to \$1,000,000 for each occurrence/\$3,000,000 aggregate per annum.

Coverage for training activities will continue upon program completion on the condition that the physician shall cooperate fully, return to Round Rock for conferences, depositions and trial, and be available in Round Rock as needed in the judgment of Baylor Scott & White defense counsel. Failure to cooperate, as set forth above, shall be grounds for denying defense and for denying coverage on the claim, at the sole options of Baylor Scott & White.

## **STUDENT LOAN DEFERMENT**

Certain undergraduate and medical school loans can be deferred for part or all a House Staff’s training period. The Program Administrator of the residency program or The Graduate Medical Education is authorized to sign deferment and forbearance forms. If you have loan deferment forms that need to be completed, please complete your portion and bring them to your Program Administrators or the Manager of GME. After certifying your information, the Program Administrator will mail them for you and keep a copy in your file. Copies of the forms will be kept within the House Staff’s permanent GME file.

Deferment is the temporary postponement of your monthly student loan payment obligation. Interest will continue to accrue on your Unsubsidized and Grad Plus loans, but interest will not accrue on subsidized loans. House Staff will need to contact loan servicer(s) to obtain the required documents to postpone monthly payments. If you are unsure of whom your loans servicer(s) is visit the National Student Loan Data System (NSLDS) at <https://studentaid.gov/>.

Forbearance is the temporary postponement or reduction of your monthly student loan payment obligation. During forbearance interest accrues on the entire balance of your student loans including your subsidized loans.

Public Loan Forgiveness is an option since Baylor Scott&White is a Not-for-Profit organization. However, your loans must be “Direct” Loans and you have paid the minimum of 120 payments. To learn more, visit [Public Service Loan Forgiveness](https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service), <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service>

## **EDUCATION ENHANCEMENT BENEFITS**

### **POLICY**

#### **EDUCATION MATERIAL ALLOWANCE (REV. 04/2023)**

An educational allowance of \$500 is made available to all House Staff upon employment for the duration of their categorical residency and one subspecialty fellowship. It is at the discretion of the program and according to Baylor Scott & White Policy. Please note reimbursement must be submitted in Concur within 60 days from date of purchase. Prior to submitting your expense report in Concur, your program administrator **must** review/approve your expense and note the review in Concur. Upon submission of original **itemized** receipts (and approval of the Program Director), House Staff may receive reimbursement for purchases of medical texts, resource materials and fees associated with societal memberships and USMLE or its equivalent Exam (Step 3) Concur permits only 2 expense reports per month Please note the following is not an all inclusive list; however the following are the more frequently asked for reimbursement and **not reimbursable**. Medical equipment (i.e. stethoscopes, face shields, loupes), Android phone/Accessories, iPhone/Accessories, Apple iPad Mini/Accessories, Apple iPad Air/Accessories, Apple iPad Pro/Accessories, Droid Tablets, Notebooks, Electronic book readers, Kindle, Computer hardware, Software, Laptop, Dragon Headset or Dragon PowerMic). Please check with your program administrator, or the GME Manager, **prior** to making a purchase; otherwise, **you will not get reimbursed**. If the allowance is not used for above-mentioned allowable materials, it may be used for payment toward expenses associated with professional meetings that are not being funded by the Training Texas Physician Account and in accordance with the Baylor Scott & White Health Business Travel & Expense Policy.

#### **GME SCHOLARLY ACTIVITY TRAVEL FUND**

### **Baylor Scott & White – Round Rock Graduate Medical Education (GME) Resident/Fellow Scholarship Travel Policy**

The Resident/Fellow Scholarship Travel Policy is intended to support scholarly activity related travel of Baylor Scott & White Health GME Residents/Fellows. This policy is specifically dedicated for travel to professional meetings in which the trainee is an author of an abstract that has been accepted for presentation, regardless of funding source supporting the travel. The Office of Education is responsible for management of the policy in collaboration with the GME Office. The following guidelines provide the parameters for appropriate travel-related expenses and procedures.

#### **E-1.1 Sponsoring Institution Travel**

1.1.1 All and any resident/fellow scholarly activity related travel which has been accepted for presentation at a conference and representing BSWH business will be reviewed by the Office of Education, regardless of the funding source, such as GME Scholarly Activity Travel Funds, BSWH Departmental and/or Foundation Funds, other grant funds or personal funds. This ensures project integrity of any work presented outside our system and allows for a database of scholarship accomplished by all GME programs.

1.1.2 All travel related to scholarly activity to be reimbursed by any BSWH funds (GME Scholarly Activity Travel Fund, department, foundation) will be guided by the BSWH Travel & Business Expense Reimbursement policy and must be booked through the approved travel vendor on the BSWH Corporate travel account. If travel is booked with any other travel vendor, on a personal credit card, BSWH will not reimburse the individual. Researching flight and hotel options prior to engaging the

approved travel vendor (Carlson Wagonlit Travel) often allows less expensive travel options to be selected.

1.1.3 Request for travel should be accompanied with a travel request form, a copy of conference information with dated acceptance notice, copy of the abstract and a letter of support from the Department Chairperson, Program Director or immediate supervisor. Documents should be submitted to the Office of Education for review of travel requests. A verification of project integrity will be returned as soon as possible.

#### E-1.2 GME Scholarly Activity Travel Fund

1.2.1 This fund is available to support resident/fellow travel for presentation of workshops, abstracts, papers or posters related to regulatory-approved (IRB, IACUC, and/or IBC) research and/or quality improvement or educational scholarly activity at BSWH. Case reports involving one or two patients will not be funded by the GME Scholarly Activity Travel Fund (if department and/or foundation is funding travel, a single or double case report will be permitted, as specified in E1.1).

1.2.2 One guaranteed fund of up to \$1,500 will be allowed per residency/fellowship program. Residents/Fellows receiving guaranteed funding will be required to meet policy E-1.1 and requirements described herein.

1.2.3 Remaining available funding will be awarded through a competitive review by a designated committee based on the quality of the scholarly activity.

1.2.3.1 Competitive Award applications are due at time of abstract submission to maximize time for processing and minimize notification delay.

1.2.3.2 The academic year will be divided into three funding cycles. The total number of competitive awards per cycle will be dependent on total amount available for competitive funding and seasonal timing of meetings.

1.2.4 Funding will be granted to trainees that have been mentored by a staff physician or established investigator in the residency/fellowship program or by education or research staff during the research process.

1.2.5 Residents/Fellows will only be funded once each fiscal year (aligns with academic year). Total amount of travel award is not to exceed \$1,500. Travelers will be required to reimburse any overages, or departments may use department/foundation funds to augment travel exceeding \$1,500.

1.2.6 Travel outside of the 48 contiguous United States is disallowed; however, national meetings in large Canadian cities (e.g. Toronto) will be considered. Exceptions include extraordinary scholarship that is pre-approved by the GME DIO and VP of Education before the abstract is submitted. Once pre-approval is granted, the request will be routed for approval to a designated BSWH System Executive Vice President, per the BSWH Travel & Business Expense Reimbursement policy.

1.2.7 All expense reimbursement practices will be guided by the BSWH Travel & Business Expense Reimbursement policy in addition to the following guidelines. Expenses allowed by the GME Scholarly Activity Travel Fund are limited to airfare to and from the conference, lodging for up to two nights, and basic meeting registration fees (pre-conference and post-conference fees will not be reimbursed). Meals and transportation-associated expenses (i.e. parking, mileage, rental car, etc.) are not allowable expenses; however, mileage to a meeting will be reimbursed when driving is the mode of travel to the meeting and less costly than air travel.

1.2.8 All travel, including but not limited to airfare and lodging, must be booked through Carlson Wagonlit Travel, the BSWH approved travel vendor. All business travel related to this fund must be booked using Department Residency/Fellowship Program Cost Center; after travel, the cost center will be reimbursed by this fund.

1.2.9 To receive reimbursement after the meeting, original, itemized receipts must be submitted through Concur no later than 30 days following the completion of travel. Late submissions will not be reimbursed.

#### E-1.3 Health Systems Science Fund

1.3.1 This fund is available to support resident/fellow travel for presentation of health systems science projects. Preference would be given to residents/fellows on the Clinical Learning Environment Resident (CLER) Council or those actively participating in a QI education program.

1.3.2 The request, review and reimbursement processes for this fund will follow policies E-1.1 and E-1.2.4 – 1.2.10.

- **REMINDER:** Submissions to request funding should be made at the **SAME TIME** you submit your abstract to a conference, even if it has not yet been accepted to the conference (see attached flow diagram).
- Each eligible GME program will be guaranteed one \$1500 fund to be used anytime throughout the year (submission deadlines do not apply; submit anytime). PDs must specify when a guaranteed award is to be used (in email, letter of support) at time of project submission.
- Total amount of travel award will not exceed \$1500. Travelers are required to reimburse any overages, or departments may use funds to augment travel exceeding \$1500.

*End of Scholarly Activity Travel Policy*

### **Post-Travel (Process)**

After travel, all reimbursements will need to be submitted through Concur with copies of approval letter, airfare itinerary, hotel receipt, (if hotel room is shared, traveler should only put their portion of the hotel) and prior reimbursements, included in the final expense report, **no later than 30 days following the completion of travel.** For the reimbursement title, please put “Scholarly Travel Award – Dates of Travel.” To receive reimbursement, original receipts must be submitted through Concur no later than 30 days following the completion of the travel, or it will not be reimbursed.

- All reimbursements will be charged to the traveler’s home cost center.
- The Travel Awards are not associated with CME; therefore, when completing your reimbursements through Concur **DO NOT select CME.**

Step 1: Connect to Concur

Website: <https://www.concursolutions.com>

User ID: Your Company email address (First.Last@BSWHealth.org)

Password: First Time Login = BSWH + last 4 digits of your Social Security #  
(Ex: BSWH6789)

Step 2: Set up your profile

Personal Information

Enter telephone contact information

Verify your email address (click on the “verify” link)

Add an emergency contact

**Your Program Administrator must be your delegate for your Concur Expense Reporting. Prior to submitting your expense report, your program administrator must review the report, or it will be returned to you which may cause a delay in your reimbursement.**

**Add them under “Assistants and Travel Arrangers”**

Expense Settings

Enter your banking information. All expense reports are reimbursed via direct deposit and this field is required.

\*If someone will be completing reimbursements on your behalf, add them as an expense delegate.

Other Settings

Activate E-Receipts

Click Mobile Registration to get started with the mobile app and to set a pin

Concur help is online at  
<https://www.concursolutions.com>

Step 3: Download Mobile Apps to your smart phone: Concur and/or Expenselt

If applicable, copies of **itemized** receipts are required for all lodging, meals, commercial transportation, airport parking, taxi, ride-share services and any other allowable incidental costs. Carlson Wagonlit Travel Agency Booking Fees must also be included in the expense report, if applicable.

### **Professional Organization Activities**

If funding is available through House Staff's Department/Program, House Staff may attend a professional organization meeting to fulfill obligations of official positions as officers or committee members of a professional organization at one national or one state meeting per academic year. All hotel and travel arrangements **must** be booked through Carlson WagonLit Travel.

[www.carlsonwagonlit.com](http://www.carlsonwagonlit.com) or email at [bswh.us@contactcwt.com](mailto:bswh.us@contactcwt.com)

The time away is charged to miscellaneous time, not VACATION LEAVE or education leave. All allowable **itemized** receipted expenses will be reimbursed **up to \$1,500**.



## **MISCELLANEOUS PERSONNEL FILE**

A permanent file for each House Staff is maintained by the program. This file contains evaluations prepared by the supervisory staff and other healthcare professionals. As required by the ACGME, it will include a final summative evaluation completed by your Program Director and reviewed by you prior to your graduation [termination]. Additionally, your file will retain other academic, professional and biographical information.

## **PHOTOGRAPH**

Each House Staff will have his/her photograph on file with the Baylor Scott & White Health Biomedical Communications Department (Photography). Photographs will be taken in conjunction with GME On-boarding week, or off-cycle residents will be scheduled as close to their hire date as possible.

## **PUBLICATIONS**

Scholarly investigations by House Staff are encouraged. To be eligible for publication, manuscripts prepared by House Staff must be reviewed and approved by the Division Director and the Department Chairman or their designees. The Publication Department helps prepare manuscripts for submission to journals by formatting to journal requirements and offering guidance for navigating online submission portals, editing addresses, overall structure, logic, and flow before progressing to issues of grammar, spelling, and punctuation. Assistance in choosing a journal also is available.

## **SCHEDULES**

On-line call schedules can be found at:

<https://bswhealth.sharepoint.com/sites/BSWCallSchedules/Shared%20Documents/Forms/AllItems.aspx?viewid=90dc3979%2D901d%2D4f02%2Db875%2D4230bfed5ef1>

## **VOLUNTARY TERMINATION**

Termination of training is to be discussed with, and approved by, the Program Director. An official letter of resignation must be submitted and kept on file with the program. House Staff is not eligible for pay for unused Paid Time Off or Extended Illness Bank (EIB).

## **PROGRAM COMPLETION**

A postgraduate medical education program is not considered completed until the House Staff has fulfilled all the days specified in their appointment letter and all steps of the program and institutional requirements, including exit clearance.

At the discretion of the Program Director failure to complete these steps will jeopardize eligibility for Specialty Board Examination, and completion of future residency/fellowship verifications. Upon the satisfactory completion of a House Staff's training, a certificate attesting the type of training, length and signature of the Program Director shall be awarded to each House Staff. This certificate will become a part of the House Staff's permanent record by being uploaded into New Innovations.

## **EXIT CLEARANCE**

Each House Staff is required to complete an Exit Clearance Form upon separation from Baylor Scott & White for any reason. Exit Clearance forms can be accessed via [New Innovations](#) or obtained from your Program Administrator. This includes any items that should be returned to the Central Texas Veterans Healthcare System (CTVHS).

Please contact Taylor Chadwick, GME Office, with any suggested changes for the House Staff Handbook.  
[Taylor.Chadwick@bswhealth.org](mailto:Taylor.Chadwick@bswhealth.org)

*Thank you for all that you do!*

**Housestaff Handbook last reviewed, updated, and approved by GMEC:**

**02/2024**



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**Rakesh Surapaneni, MD  
DIO/ GMEC Chair**