

HOUSE STAFF HANDBOOK

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

This handbook serves as a reference for all House Staff, Program Directors, Associate Program Directors and Program Administrators at Baylor Scott & White Medical Center, Baylor School of Medicine – Temple.

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.

Reviewed and Approved by Dr. Belinda Kohl-Thomas, DIO - September 2025



If additional information is needed, please contact:
Graduate Medical Education, MEC, **3rd** Floor (left door outside Medical Library)
Baylor Scott & White Medical Center – Temple
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Temple, Texas 76508
(254) 724-4505

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

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GME STAFF & PROGRAMS

Oversight of all Temple Graduate Medical Education programs is provided by the Baylor Scott&White Temple Region Graduate Medical Education Office. The Graduate Medical Education Office is temporarily located at 2401 S. 31st Street, Education Building, **Suite 303**. Hours of Operation are Monday through Friday 8:00 a.m. to 4:00 p.m.

| <u>Department/Program</u> | <u>Name</u> | <u>Position</u> | <u>EXT (254) 724-</u> |
|--------------------------------|---|---|---------------------------|
| GME Office | Belinda M. Kohl-Thomas, M.D. | Designated Institutional Official (DIO) | 24-2525 |
| GME Office | Sharron Davis, MA, LPC-A, LMFT- A | Staff Support Counselor | 24-2140 |
| GME Office | Peggy Peters | Director, GME | 24-4505 |
| GME Office | Selene Valdez | GME Instit. Coord; and On-Boarding Specialist | 24-4165 |
| <u>Program-ACGME</u> | <u>Program Director/Associate PD</u> | <u>Program Administrator</u> | <u>EXT</u> |
| Anesthesiology | Craig Lilie, M.D., PD Jesse Guereña, M.D., APD Katherine Morris, M.D., APD | Amy Sanders Jeannie Moreno | 24-5306 24-9801 |
| Anesthesiology – CT | W.C.(Skip) Culp, Jr, M.D., PD | Jeannie Moreno | 24-9801 |
| Anesthesiology-Pain Management | Christopher Burnett, M.D., PD | Jeannie Moreno | 24-9801 |
| Dermatology | Palak Parekh, M.D., PD | Lacey Gerber | 24-6385 |
| Emergency Medicine | Michael Benham, M.D., PD Kara Conley, M.D., APD Shawn Horrall, M.D., APD Victoria Klovenski, M.D., APD | Lindsey Goodnight Cari Cummings | 24-5815 |
| Family Medicine | Sarah Hovland, M.D., PD Jennifer Bohannan, M.D., APD | Samera Hall | 21-8401 |
| Hospice and Palliative Care | Jason Kirk, M.D., PD Jennifer Fan, M.D., APD | Aida Munoz-Murphy | 24-6574 |
| Internal Medicine | Noah Stratton, M.D., PD Megan Newman, M.D, APD Maybelline Lezema, M.D., APD | Barbara Edwards Dottie Maiani | 24-2364 24-8797 |
| IM – Cardiovascular Disease | Steve Costa, M.D., PD S. Ali Zamin, M.D., APD Jerry Fan, M.D., APD | Keyla Kolls | 24-0108 |
| IM – Interventional Cardiology | Tim Mixon, M.D., PD | Keyla Kolls | 24-0108 |
| IM – Endocrinology | David Wenkert, M.D., PhD, PD Mohini Bollineni, M.D., APD | Melba Tischler | 21-0686 |
| IM – Gastroenterology | Raymond Duggan, D.O., PD Christopher Williams, M.D., APD | Sheila Castilleja | 24-8845 |
| IM – Hematology/Oncology | Rex Garland, M.D., PD Sherronda Henderson, M.D.,APD | Sheila Castilleja | 24-8845 |
| IM – Infectious Disease | Lauren Sisco, M.D., PD | Janet Chlapek | 24-7633 |
| IM – Nephrology | Nimrit Goraya, M.D., PD Stephen Tanner, M.D, APD | Dawn Heald | 23-5820 |

| | | | |
|--|--|-------------------------|---------|
| IM – Pulmonary Disease/Critical Care | Shekhar Ghamande, M.D., PD Juan Sanchez, M.D., APD | Janet Chlapek | 24-7633 |
| Neurology | George Creel, M.D., PD Pouyan Jalali, M.D., APD | Tina Miller | 24-4472 |
| [Clinical] Neurophysiology | Seyed Jalali, M.D., PD | Interim Peggy Peters | 24-4505 |
| Neurosurgery | Awais Vance, M.D., PD Jose Soto, M.D., APD | Kristina Smith | 24-5390 |
| Ob/GYN | Kelsey Kelso, M.D., PD Russell Fothergill, M.D., APD | Kristen Randolph | 24-7588 |
| Ophthalmology | Matt Recko, M.D., PD | Holly Ascherl | 24-1058 |
| Orthopedics | Russell Ward, M.D., PD Daniel Stahl, M.D., APD | Cyndi Kruedelbach | 24-5455 |
| Orthopedics-Adult Reconstructive Surgery | Bryce C. Allen, M.D., PD | Cyndi Kruedelbach | 24-5455 |
| Otolaryngology | Trey Hill, III, M.D., PD Randall Holdgraf, M.D., APD | Robin Wilson | 24-7315 |
| Pathology | Bing Leng, M.D., PD Kimberly Lally, M.D., APD | Coral Fraire | 21-0905 |
| Cytopathology | Lina Liu, M.D., PD | Melba Tischler | 21-0907 |
| Dermatopathology | Martin Fernandez, M.D., PD | Melba Tischler | 21-0907 |
| Hematopathology | Christopher Gonzalez, M.D., PD | Coral Fraire | 21-0905 |
| Pediatrics | Christopher Hovland, M.D., PD Stephanie Blasick, D.O., APD Katie Carlin M.D., APD | Kessiah Foster | 23-5063 |
| Pediatrics Hospital Medicine | Stephanie Blasick, M.D. PD Marissa Hammers, M.D., APD | Maggie Rivera | 24-2310 |
| (Pediatrics) Neonatology | Niraj Vora, M.D. PD Raza Bajwa, M.D., APD | Holly Ascherl | 24-2310 |
| Plastic Surgery | Andrew Altman, M.D., PD | Stacy Brister | 24-0630 |
| Psychiatry | V. Maxanne Flores, M.D., PD Joachim Sullivan, M.D., APD | Dorothy Winkler | 24-1768 |
| Child & Adolescent Psychiatry | Kyle Morrow, M.D., PD | Dorothy Winkler | 24-3874 |
| Radiology (Diagnostic) | James. B. Schnitker, M.D., PD Kurren Desai, M.D., APD Krista Birkemeier, M.D., APD James Murchison, M.D., APD | Lisa Harris Pates | 24-4507 |
| Interventional Radiology - Independent | Ryan Elliott, M.D., PD | Mandy Clark-Bartlett | 24-2608 |
| Breast Imaging | Daniel Flores, M.D., PD | Mandy Clark-Bartlett | 24-2608 |
| Surgery (General) | Deb Doherty, M.D. PD Hale Wills, M.D., APD Emily Spradley, M.D., APD | Latoya Pedican | 24-2366 |
| Urology | Patrick Lowry, M.D., PD Stephanie Harris, M.D. | Yolanda Sanchez | 24-1695 |

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|--------------------------------|--|------------------------------|------------|
| Vascular Surgery | Robert Smith, M.D., PD Craig Milner, M.D., APD | Yolanda Sanchez | 24-1695 |
| Program – NON-ACGME | Program Director | Program Administrator | EXT |
| Clinical Health Psychology | Cinamon Romers, Ph.D, PD | Trinity Ramirez | 24-3874 |
| Clinical Neuropsychology | Richard Phenis, Ph.D. Daniel Cruz, Ph.D. | Interim Peggy Peters | 24-4504 |
| Endocrine Surgery | Stacey Milan, M.D., PD Ryan Raju, M.D., APD | Robin Wilson | 24-7315 |
| Microsurgery | Robert Weber, M.D. | Stacy Brister | 24-0630 |
| Podiatry | Christopher Browning, D.P.M., PD Eduardo Hernandez, D.P.M., APD | Michelle Felix | 23-5750 |
| Radiation Physics | Mohammed R. Islam, Ph.D., PD | Mandy Clark-Bartlett | 24-0836 |
| Breast/Gynecological Pathology | Debbie Rampisela, M.D., PD | Melba Tischler | 21-0907 |

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.

Robert Greenberg, MD Robert.Greenberg@BSWHealth.org
Office: 254-724-2992

Erica Ward, MD Erica.Ward@BSWHealth.org
Office: 254-935-4051

Chris Chiles, MD Christopher.Chiles@BSWHealth.org
Office: 254-724-5119
Cell: 254-493-4505

Paul Mansour, MD Paul.Mansour@BSWHealth.org
Pager: 254-762-4144

COUNCIL OF RESIDENTS AND FELLOWS

Pursue opportunities to improve patient safety by participating in quality improvement projects. Additionally, they discuss items of resident interest and/or concern. The Co-Chairs communicate the most up-to-date information regarding GME and hospital-related news. They serve as a liaison for the residents with our DIO and system leadership.

Co-Chair – Paul Binsol, M.D. **Pager: 254-762-4068**
Co-Chair – Baine Herrera, M.D. **Pager: 254-762-1978**

INSTITUTIONAL POLICIES

POLICY- Revised 2/2021

HOUSE STAFF SELECTION/RECRUITMENT

Note: Interviews for the 2025-2026 Academic Year will be based upon the recommendation of various GME Entities including individual [sub]Specialty Boards.

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 who are invited to interview are provided a *Sample* Appointment Letter, that includes the link to the Baylor Scott & White Benefits Page, the current stipend (salary) salaries. All of which can be found at the Baylor Scott & White – Temple [Graduate Medical Education website](#).

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

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.

House Staff must successfully pass the required USMLE Step Exams or its equivalent required by their medical/osteopathic school prior to their hire date. Any exceptions to this policy must have the approval of the Designated Institutional Official (DIO).

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. (C)

BSWH is committed to equal opportunity in the workplace for all qualified individuals with regard to race, ethnicity, color, national origin, religion, sex, disability, veteran status, age, genetic information, sexual orientation, gender identify, or any other protected characteristic under applicable law. ***BSWH.HR.EMPL.006.P***

For **Non-ACGME training programs**, please see below.

Medical Physics– Residents must either 1) have graduated from a CAMPEP-accredited MS or PhD graduate program, or 2) possess a PhD in physics or related discipline and have completed a CAMPEP-accredited certificate program, or 3) possess a PhD in physics or related discipline and have satisfactorily completed courses equivalent to those in a CAMPEP-accredited certificate program, as determined by the CAMPEP Graduate Education Program Review Committee (GEPRC). Candidates will be selected through the Medical Physics National Residency Match Program. Matched candidates must be able to attain a Temporary Medical Physics License from the Texas Medical Board by the time formal residency training begins.

Podiatry Residency – Selection criteria is based upon being a graduate of a podiatric medical school in the United States accredited by the [Council on Podiatric Medical Education \(CPME\)](#).

Postdoctoral Fellowship in Health Service Psychology – The Baylor Scott & White Postdoctoral Psychology Fellowship encourages applicants who are well-education in academic knowledge of clinical psychology evidenced by having completed a doctoral degree in clinical or counseling psychology from a university-based (PhD or PsyD) accredited by the [American Psychological Association \(APA\)](#) or the Canadian Psychological Associate (CPA) and finished a one-year pre-doctoral internship that is APA-accredited, or its substantial

equivalent. In its hiring practices, BaylorScott&White Health System does not discriminate and makes no distinctions according to age, gender, ethnicity, culture, religious affiliation, sexual identity/preference, or political persuasion.

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 prior to listing an applicant on your ROL..

If approved, 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 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 of both J-1 and H-1B Visa Sponsorship is 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 and deemed to be an exceptional candidate.
- 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.
-

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. Your training cannot start before the validation date on your ECFMG Certificate.

Matching/Onboarding

After Matching with Baylor Scott & White – Temple or receiving an out-of-Match offer you will receive instructions regarding the on-boarding process. Once we receive your signed letter of offer you be guided through the remaining check points of on-boarding. Our GME On-Boarding Specialist is Selene.Valdez@BSWHealth.org or you may always contact your program administrator.

Your appointment is contingent upon a negative substance abuse testing. Additionally, you will undergo testing for color blindness, TB Screening, Hep B, TDAP, MMR and a Mask Fit Test (for residents who may enter airborne isolation rooms and whose job description defines they work in Job Risk Level Categories 1 or II). You have the option of filing an exemption and if approved you would not need to undergo the test in which you have an exemption.

Please note drug screens may be requested at any time by your program director if there is just cause. Residents are placed on an administrative leave until the results are produced.

POLICY

SUPERVISION and ACCOUNTABILITY

The following is the BSWH GME Policy for Supervision and Accountability based upon the ACGME Common Program Requirements. All training programs are encouraged to expand on the GME version with their own specific supervision requirements. 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. Roles and Responsibilities

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.

Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

2. Graduate Levels of Responsibility

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. The degree of supervision for a resident is expected to evolve progressively as the resident gains more experience, even with the same patient condition or procedure. Supervision may be exercised through a variety of methods, as appropriate to the situation. Faculty is responsible for ensuring the overriding consideration be the safest and most effective care of the patient.

Levels of Supervision

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. [NOTE: This is subject to each ACGME-RRC requirements]

2. Indirect supervision – 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.

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.
 - Senior Staff 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.
 - Senior Staff 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.

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

**POLICY
WELL-BEING**

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 GMEC Well-Being Committee is part of our mission to help you reach a work-life balance. The committee welcomes resident/fellow members and suggestions. Please reach out to the committee by way of email: GMEWELLBEING@BSWHealth.org or Sharron Davis at Sharron.Davis@BSWHealth.org. Sharron Davis, Staff Support Counselor, is available for private counseling at no charge to all residents and fellows.

The GMEC Well-Being Committee as well as all GME Leadership, and GME Program Leadership primary focus/responsibilities are:

- 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;
- Creating and sustaining an open, non-retaliatory environment in which residents 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, Staff Support Counselor, GME Director, PD Council, GME Ombudsmen, and Council of Residents and Fellows).
- 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

Staff Support Counselor
254-724-2140
254-718-7282

Eric Hammer

Chaplain
254-724-3339 office
254-231-1157 cell

Alton McCallum

External Counselor
254-307-2495 office
email: 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://bswhealth.sharepoint.com/sites/BSWEmployeeHealth/SitePages/PeerSupport.aspx>

Our **EAP** (Employee Assistant Program) 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.*

Spiritual Mission and Ministry

Pastoral Care – BSWH-Temple has a staff of caring, supportive and compassionate Chaplains that 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. With their innate ability to listen 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. Grief and bereavement counseling, Advanced care planning, Religious resources outside the hospital, such as a Pastor, Priest, Minister, Rabbi, Imam or spiritual adviser of your choice. There is Spiritual Care Hotline available Monday-Friday, 0700-1900 at 254-724-1575.

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.

Wellness

[BSW-Live Well](#) - Empowering you to live well –This website, makes it easier to access the array of programs designed to support your mind, body and spirit.

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. New this Academic Year (2025-2026) is an educational series designed just for residents and fellows.

<https://bswhealth.sharepoint.com/sites/BSWWELLBEINGINMEDICINE>

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) 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!

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. [Thrive Wellness Champion](#)

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 to practice safely due to an impairing or potentially impairing health condition. <https://www.txphp.state.tx.us/>



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

– BSWH Rejuvenate Attendee

RESIDENT REJUVENATE

Given the current complexities in healthcare, connection, and the opportunity to build community are needed now more than ever. BSWH is committed to the journey of 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
[ra'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.

Over 1700 BSW employees have attended, tracking 99% satisfaction!

MORE INFORMATION CONTACT:
-Layne.Stone@BSWHealth.org | 254.724.6878



POLICY FATIGUE MITIGATION

Programs must:

- Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; alertness management and fatigue mitigation processes;
- Encourage residents to use fatigue mitigation processes (i.e. strategic napping, judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; remaining active to promote alertness, maintaining a healthy diet, using relaxation techniques to fall asleep; maintaining a consistent sleep routine, exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.) 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. Fatigued residents have access to the Residents' Callroom Suite, AG-61; Ground Floor of the hospital, the Grobowsky Surgical Sciences Callroom Suite is available to surgical-speciality residents and McLane's Childrens Hospital. 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

[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 [this link](#) for the most recent policy. Go to Temple and enter “copy-forward” in search)

End of Clinical Responsibilities, Teamwork, and Transitions of Care Policy

POLICY

CLINICAL EXPERIENCE AND EDUCATION (ACGME CPR July 2023)

Programs, in partnership with their Sponsoring Institution, 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. 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.

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 ACGME 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](#) (CPR: July 2023)
 - 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](#) (CPR July 2023)

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 Hours of Clinical and Education Work per Week](#)
 1. 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. Work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
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

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

End of Clinical Experience and Education Policy

POLICY RESIDENT EVALUATION

Each residency/fellowship program must utilize [New Innovations](#) for implementing their evaluation of House Staff, the faculty and the residency/fellowship program. Additional evaluations (i.e. Global Evaluations) may be required by your RRC. Check your program requirements. Evaluation must be documented at the completion of the assignment and/or rotation. (NOTE: When logging in the institution is “sw”.)

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 three 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 summative evaluation and share with each resident upon completion of the program or upon transferring to another 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,

The program director must appoint a 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 uploaded into New Innovations

**POLICY
PROMOTION**

REVISED 7/2025

Purpose

The purpose of this policy is to establish the procedure for all Baylor Scott & White Health (BSWH) Graduate Medical Education (GME) training programs to follow regarding promotion and establish criteria for promotion.

For purposes of this procedure, a “resident” means any physician in any GME program at BSWH, including but not limited to interns, residents, and fellows. For purposes of this policy and procedure, Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements will apply to all residents receiving training at BSWH, regardless of whether the program is accredited by ACGME or approved/accredited by some other body.

Definitions

Promotion: Residents must meet the academic standards and curricular requirements of their training program in order to be reappointed and promoted. The determination to promote, not to promote, or non-renewal of a resident is made by the Program Director in consultation with the Clinical Competency Committee (CCC) .

Procedures

In accordance with ACGME Common Program requirements and the BSWH Remediation Policy, ACGME-accredited programs will provide structured feedback in the form of an objective assessment of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice on the specialty-specific milestones.

Programs will use multiple evaluators, document progressive resident performance improvement appropriate to the educational level and provide each resident with documented semiannual evaluation of performance with feedback.

The program level Clinical Competency Committee (CCC) will review resident performance at least semi-annually, and they will advise the program director regarding resident progress, including promotion, remediation, non-renewal, and dismissal.

Typically, residents will be promoted at the end of the academic year. Notification of non-promotion or non-renewal will be communicated in writing as soon as administratively practicable prior to the end of the academic year. Due process by way of appeal is available for decisions of non-promotion and non-renewal.

Related Document: *Appeal Process policy*

POLICY

PROFESSIONAL COMPETENCE/CONDUCT

BSW House Staff will conduct themselves professionally and perform their assigned duties with integrity, commitment, respect, 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, BSWH staff, students, patients or families of patients
- Failure to report to work when expected and without appropriate notification to the PD, PA or Chief Resident.

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

End of Professional Competence/Conduct Policy

Adverse Reporting and Culture of Safety

BSWH strives for complete patient satisfaction, and patient safety is paramount for complete patient satisfaction. This is why all employees are encouraged to speak up when they see something wrong or questionable. This includes non-clinical environments as well and is done in a safe environment without admonishment of anyone involved.

Effective October 14, 2025, **Riskconnect** replaces Midas for event reporting and "good catches".

Main features

- Smarter, more intuitive reporting: Event-specific templates.
- Better dashboards: Gain clearer insights with robust analytics and visualizations
- Easier access: Riskconnect can be accessed within Epic, Rober or any web browser.

POLICY DISCIPLINARY ACTION/DUE PROCESS

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 according to the Appeal 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. 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.

a. 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 DIO 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. Once this decision is made, it is final; meaning, no more opportunities to appeal.

End of Disciplinary Action/Due Process Policy

**POLICY
REMEDATION**

CREATED JULY 2025

Purpose

The purpose of this policy is to establish the procedure for all Baylor Scott & White Health (BSWH) Graduate Medical Education (GME) training programs to follow for remediation and corrective action. BSWH GME acknowledges that learning is an active process and feedback is necessary for resident progression. This policy outlines guidelines to address remediation and corrective action if a resident fails to meet academic or behavioral expectations.

For purposes of this procedure, a "resident" means any physician in any GME program at BSWH, including but not limited to interns, residents, and fellows. For purposes of this policy and procedure, Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements will apply to all residents receiving training at BSWH, regardless of whether the program is accredited by ACGME or approved/accredited by some other body.

This Policy is not a progressive action policy and depending on the circumstances any of the actions described in this policy may be implemented at the discretion of the Program Director (PD), subject to approval by the Designated Institutional Official (DIO).

Definitions

Promotion: Residents must meet the academic standards and curricular requirements of their training program in order to be reappointed and promoted. The determination to promote, not to promote, or delay promotion of a resident is made by the Program Director in consultation with the Clinical Competency Committee (CCC). Typically, residents will be promoted at the end of the academic year. A decision not to promote, or delay promotion will be communicated in writing as soon as administratively practicable prior to the end of the academic year.

Academic Deficiency: resident failing to meet assessment of competence in one or more of the ACGME Core Competencies: professionalism, patient care and procedural skills, medical knowledge,

practice-based learning and improvement, interpersonal and communication skills, system-based practice. Individual programs may have additional specific competencies.

Structured Feedback: giving a resident documented assessment of their competence in one or more of the ACGME Core Competencies for the purpose of helping the trainee understand aspects of their performance in order to reflect on, and where necessary, improve learning and practice.

Performance Coaching: feedback in which the program director or assigned faculty member describes the deficiency, expectations for improvement, and the observation and progress. Performance coaching should be documented by PD or faculty mentor as a "note to file". Should performance coaching not be successful, this documentation will serve to support further remediation and/or corrective action. As is considered standard educational practice, performance coaching will not be reportable to licensing or credentialing boards. Matters of performance coaching that have not been resolved by the end of the rotation should be included in the evaluation. Performance Coaching may include a Learning Plan.

Performance Improvement Plan (PIP): a detailed written plan designed to improve proficiency in one or more ACGME Core Competencies and additional program related competencies, if applicable. The determination to place a resident on a PIP is made by the Program Director in consultation with the Clinical Competency Committee (CCC). The PIP includes a description of the deficiency, steps taken to improve proficiency up to this point, a detailed plan to improve proficiency, how progress will be measured, duration of the Performance Improvement Plan, subsequent actions (removal from PIP if satisfactory progress, continuation on PIP, progression to corrective action if failure to improve), and scheduled check-ins to discuss progress or lack of progress. Prior to notification and issuance to the resident, the GME office and Human Resources must be notified. As a PIP is an educational tool and not a corrective action, it is not appealable. A PIP may be reportable to outside agencies (including licensing or credentialing boards), depending on the specific question asked. Ideally, a PIP will follow an attempt at performance coaching. However, for serious deficiencies, a program may bypass performance coaching and enter directly into a PIP.

Corrective Action: formal disciplinary action issued to a resident as the result of unsatisfactory academic performance, professionalism, or violation of BSWH Policy. The program is not required to issue a resident a PIP as a prerequisite to Corrective Action. Serious academic deficiencies, deficiencies in professionalism, and/or violations of BSWH Policy may warrant Corrective Action up to and including dismissal, regardless of whether a resident ever received a PIP. A Corrective Action may include one or more of the following measures:

- Probation - formal notification to the resident that there are identified areas of unsatisfactory performance that will require remediation and/or improvement or the resident will not be permitted to continue in program.
- Repetition of Rotation - due to identified areas of unsatisfactory performance, where the resident is not given credit for the rotation, the resident must repeat a rotation and perform at an acceptable level in order to advance to the next level of training.
- Non-promotion to the Next PGY Level - due to identified areas of unsatisfactory performance, the resident will not be promoted to the next level of training unless or until the resident's performance improves to the level required.
- Extension of the Defined Training Period - due to identified areas of unsatisfactory performance, the resident will not complete the program on time and the defined training period will be extended to allow the resident an opportunity to perform at the level required.
- Suspension - the resident is temporarily not permitted to perform any job duties due to unsatisfactory performance. Resident is temporarily suspended from job duties and/or academic activities.
- Non-renewal - the resident contract is not renewed beyond the current academic year.
- Dismissal - the resident is permanently separated from the program.

A Corrective Action may trigger a report to outside agencies (e.g., licensing or accreditation boards). Probation, repetition of rotation, extension of defined training period are not appealable actions.

Non-promotion to the next PGY level, suspension, non-renewal, and dismissal are appealable actions.

Procedures

Providing Structured Feedback

1. Constructive day-to-day feedback pertinent to the learning process should be delivered verbally by faculty and discussed with the resident.
2. While formal documentation of constructive day-to-day feedback is not required, if the resident does not demonstrate sufficient progression and/or performance does not improve, constructive feedback should be documented in formal written evaluation.

Providing Performance Coaching

1. Academic or other deficiency may be addressed by performance coaching. This should be implemented and coordinated by the PD.
2. Performance coaching should include a verbal discussion of the deficiency, expectations and strategies for improvement and should also be documented by PD or faculty mentor as a "note to file".
3. The PD should monitor and document progress.
4. The PD may seek guidance from the GME office as needed.
5. If the PD determines that the performance coaching did not produce the expected improvement, or the deficiency is significant enough to warrant more formal remediation, the PD may issue a PIP and/or corrective action.

Issuing a Performance Improvement Plan

1. A PIP must be provided to the resident in writing by the PD, after discussion with the CCC.
2. A PIP must include:
 - a. formal notice to the resident of the specific deficiencies;
 - b. the remedial action or improvement that is required;
 - c. a plan of remediation to cure the deficiencies;
 - d. schedule for regular check-ins to provide feedback and evaluate progress; and
 - e. a defined period of time with a start and end date.
3. The PIP must be reviewed and approved by the DIO and PD before it is delivered to the resident. The GME Office will inform local HR of the PIP.
4. A PIP is an educational tool and not a corrective action, thus it is not appealable.

Issuing Corrective Action

1. When a PD has determined that Corrective Action is warranted, the PD should first consult the GME Office and local HR. A Corrective Action cannot be issued to a resident until it has been reviewed and approved by the DIO.
2. A Corrective Action must be in writing and include:
 - a. the specific Corrective Action measure(s) to be taken;
 - b. a description of the deficiencies and/or incidents of misconduct that are the basis for the Corrective Action;
 - c. the specific remedial action or improvement that is required (unless the Corrective Action is dismissal);
 - d. a defined period of time with a start and end date (if applicable); and
 - e. notice of the right to appeal (if applicable), the deadline to initiate an appeal (as outlined in the Appeal process policy), and that failure to timely appeal constitutes the resident's waiver of all appeal rights.
3. The Corrective Action should be signed by the PD and provided to the resident.
4. Presentation of the corrective action may include the resident, PD, DIO / GME Office representative, CMO, and HR.
5. A copy of the Corrective Action must be placed in the resident's file.

6. If the Corrective Action was suspension or dismissal and the resident timely submits an appeal, the resident will not participate in the program pending the results of the appeal.

POLICY
APPEAL POLICY

CREATED JULY 2025

Purpose

The purpose of this policy is to establish the procedure for all Baylor Scott & White Health (BSWH) Graduate Medical Education (GME) training programs to follow regarding appeal procedures for Corrective Action in accordance with ACGME due process requirements.

For purposes of this procedure, a “resident” means any physician in any GME program at BSWH, including but not limited to interns, residents, and fellows. For purposes of this policy and procedure, Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements will apply to all residents receiving training at BSWH, regardless of whether the program is accredited by ACGME or approved/accredited by some other body.

Definitions

Corrective Action: The following corrective actions as outlined by the GME Remediation Policy may be appealed: Non-promotion to the next PGY level, suspension, non-renewal, and dismissal.

Procedures

A Resident may seek relief from an appealable Corrective Action imposed pursuant to the GME Remediation Policy by using the following process:

- The Resident must submit a written appeal to the DIO within five (5) business days after receiving notice of the Corrective Action.
- The appeal will state the facts upon which the appeal is based, the reason(s) the Resident believes the Corrective Action was imposed in error, and the requested remedy sought.

Once the Resident has timely submitted an appeal, the DIO will schedule a date for the hearing. Schedules permitting, the appeal will take place within thirty (30) days from the receipt of the appeal. The appeal will be heard by an Appeal Panel.

- Appeal Panel
 - Each sponsoring institution will have a set Appeal Panel each academic year. The Appeal Panel will be comprised of 5 members with 3 alternates. The Appeal Panel members will include faculty members and at least 1 program director, none of whom should be part of the Resident’s program. Alternates will be used when one or more Appeal Panel members have a scheduling conflict or a conflict of interest. Appeal Panel members and/or alternates may include the DIO and/or the institution’s selected ombudsman.
- Process:
 - The format and structure of the hearing will include an initial presentation by the Program Director (maximum of 20 minutes) to include a summary of why the corrective action is being taken; followed by an opportunity for a presentation of equal length by the Resident; followed by an opportunity for response by the Program Director (maximum of 10 minutes), followed by a response of equal length by the Resident. This will be followed by a period of

questioning by the Appeal Panel. Within the above timeframes the Resident and Program Director may present any information they believe is relevant to the appeal including documentation, witnesses, and any other information.

- Resident should be prepared to discuss:
 - Brief summary of reasons for their appeal; and
 - Their perspective on circumstances that lead to the Corrective Action.
- Documents to be considered by the Appeal Panel will be distributed at the time of the hearing. Upon request, documents will be available for review prior to the hearing in the presence of the GME office.
- The Appeal Panel at its sole discretion may decide to expand participants at the hearing to include the individuals who provided witness statements for the Program or the Resident. If the Appeal Panel elects to expand the participants, the members of the Appeal Panel, the Program representative and the Resident may question the witnesses.
- The Appeal Panel will deliberate privately. A final decision will be made by a majority vote and communicated to the Program Director, the Resident, and the DIO within five (5) business days following completion of the review.
- Evidence:
 - Any documentary or other tangible evidence the Resident or the Program Director wants the Appeal Panel to consider must be submitted to the GME Office at least five (5) business days prior to the appeal hearing.
 - Submissions should contain any evidence (including witness statements and written or electronic material) believed to be relevant to the appeal. Failure to submit evidence in the time and manner required by the GME Office may result in the material not being considered by the Appeal Panel. The GME Office will facilitate the exchange of evidence between the Resident and the Program Director and will provide copies of all evidence to the Appeal Panel.
 - Review of Program and HR Files:
 - The Resident and Appeal Panel may review the GME program file in the presence of GME administration. They may take notes but cannot receive a copy.
 - The Resident and Appeal Panel may view the HR file in the presence of a HR team member. They may take notes but cannot receive a copy. However, the Resident may receive a copy of any document they have signed.

Purpose

The purpose of this policy is to establish the procedure for all Baylor Scott & White Graduate Medical Education (GME) training programs to follow for grievance matters. BSWH GME programs are expected to promote fair, reasonable efficient and equitable solutions to issues that may arise during GME training.

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Procedure

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

The Resident will first attempt to resolve the issue informally by consulting with applicable parties (e.g., senior or chief resident/fellow, appropriate faculty, advisor, or Program Director).

If the Resident is unable to resolve the grievance informally, the Resident may present the grievance in writing to Program Director or if the grievance involves the program director to the Department Chairman or DIO. Once submitted, the Chairman or DIO will conduct appropriate review and issue a decision within ten (10) business days

End of Grievance Policy

Employee Health

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

- Influenza vaccine

Flu Vaccination

- a) Free influenza vaccines are offered at work – locations, dates and times will be posted on [BSWconnect.com/Flu](https://www.bswconnect.com/Flu).
- b) If you obtain your flu vaccination outside of BSWH, you must upload your record of vaccination via [BSWHealth.my.cority.com](https://www.bswhealth.my.cority.com)
- 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 (See “On-Boarding” for more details)

- Mask Fit (must be completed annually) <https://www.bswhealth.my.cority.com/#/login>
- Hep B
- TDAP
- MMR
- Varicella
- TB Testing – (during on-boarding; but not annually)

Employee Health is located on the ground floor, AG-72, between the Cafeteria elevators and the Emergency Room. They may also be reached at 254-724-2934 or HREMPLOYEEHEALTH@BSWHealth.org

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. Submit a MIDAS report if appropriate.

Contact the Safe Choice Department On-Call Person at 1-877-BSW—STIK / 877-279-7845.

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 – Temple Campus. Parking in any of the Patient/Visitor Lots is never permitted unless the House Staff is being seen as a patient. Periodically, parking citations are sent to your program. If the citation is felt to be an error, please inform Dr. Kohl-Thomas, [DIO](#) at (Designated Institutional Official) or the [Director of GME](#). Please be advised if you receive two parking citations your car’s tire may get booted, if you receive a 3rd 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. **However**, to avoid getting a parking citation, you must leave a note on the front dash visible with the current date and 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 Temple Fire Department and the Temple Police Department and will be enforced by them respectively.

You can access the [Public Safety](#) website 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.

MEDICAL LICENSURE

To participate in an ACGME, or any graduate training program that requires a training permit, or other certification, all House Staff will be required to hold either a Texas Medical Board (TMB) Physician-In-Training Permit or a Texas [Full] Medical License or the equivalent medical licensing board. It is the **responsibility of the House Staff** to make sure they maintain a current TMB PIT or TMB Medical License. If you apply for a full medical license during your training, you must notify your program and/or the GME Office, Peggy Peters. **Once the Texas Medical Board issues you a Full Medical License, your PIT is forfeited/terminated.**

It is your responsibility to make sure it is renewed at least 2-3 months before expiration.

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.
- **New** - The GME Office will run a report twice a year using New Innovations to remind those residents/fellows with an upcoming PIT expiration that is prior to the completion of their training. At the same time the GME Program Administrator will be informed.
- 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, they will be suspended from their duties.
- Please note that non-ACGME programs may require a training permit, please contact your program administrator for such requirements.

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; (NOTE: This includes breaks in clinical training for research)
- (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.

PAGERS

All pager numbers must be listed on the Q-Genda Schedule/Call-list. Cellphone number is optional.

LIFE SUPPORT CERTIFICATION

Resuscitation Quality Improvement Program (RQI)

BSWH offers the option of the American Heart Association's **Resuscitation Quality Improvement (RQI)** program for validation of skills in resuscitation for Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Supports (PALS) in acute care facilities.

Residents working in Direct Patient care, are required to have a minimum of BLS. Dependent upon the clinical requirements of your program, you may be required to obtain additional life support certification such as Advanced Trauma Life Support (ATLS) and/or Fundamentals of Critical Care Support (FCCS). It is your responsibility to seek the guidance of your program to ascertain which of these life support certifications are required. A good practice to consider is if your clinical environment includes a rotation to the Intensive Care Unit(s) (Surgical or otherwise), you are more than likely required to have ATLS and/or FCCS.

You will be assigned accordingly; however, each resident is responsible to know when their required course completion(s) expire, and to complete quarterly skill and cognitive programs, as required.

Please note RQI has two components: Learning Modules and a Simulated piece. **Both** components are required to obtain certification.

- Residents who do not complete renewal training as required, may be removed from clinical activities until completion is received
- Residents should not work clinically if required certification(s) are expired.
- Once enrolled in a certification course via RQI, it is the responsibility of the resident to fulfill the course satisfactorily obtaining certification. If for any reason you cannot attend, you **MUST** notify your program administrator.

For further information regarding RQI and its processes, please contact your program administrator. **Off-Service House Staff and Visiting House Staff must have current life support certifications as required by specialty prior to start of rotation.**

Visit the [RQI Website](#) for more details. If you need further assistance, please contact Selene Valdez at Selene.Valdez@BSWHealth or Marguerite Peters at Marguerite.Peters@BSWHealth.org.

Neonatal Resuscitation Program (NRP) Cheryl Loughran Cheryl.Loughran@BSWHealth.org
Please check with your program administrator to determine if NRP is a requirement.

Testing

If you experience difficulties with academic-related tests, a consultation is available. Please contact the GME Office, 724-4505, to obtain our point of contact. .

RISK MANAGEMENT SEMINARS

All House Staff are required to satisfy the institutional policy on Risk Management education.

All Residents and Fellows (at all levels)

Total of two Risk Management Modules each academic year. Any combination of two that include Virtual or In-Person Conferences that are approved Risk Management approved presentations or AMA General Competency Sessions that are approved for Risk Management. All new hires who have completed GME Orientation, will receive one Risk Management credit. Completion of Root Cause Analysis (RCA) module will count towards Risk Management credit.

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 Selene Valdez at 254-724-4165. or Selene.Valdez@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 or phone: (312) 464-4518.

RELIGIOUS ACCOMMODATIONS

It is the policy of 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. All requests for accommodations are made through the [Sedgwick Absence Center](#).

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. Baylor Scott

& White 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. However, it is at the discretion of the program. 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 – Temple should visit the [Graduate Medical Education section](#) of the BSWHealth.med website. Click on "Campuses" and select Temple. Click on "On-Boarding", then click "Visiting Residents" and follow steps as indicated. 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. NOTE: If you do not have a Texas Physician Training Permit or a Texas Full Medical License, you will need to apply for a temporary Texas Medical Permit.

A program letter of agreement, addressing the educational objectives and goals, must be finalized **prior** to beginning a rotation at Baylor Scott & White; a copy of the agreement must be forwarded to the GME Office.

Visiting residents must adhere to the policies and procedures of Baylor Scott & White while participating in a rotation at Baylor Scott & White – Temple or an affiliated medical center. This includes being fully vaccinated as per our Employee Health policy.

Please email Selene.Valdez@BSWHealth.org to learn about the credentialing/on-boarding process.

POLICY GME DISASTER

In the event of a disaster impacting the graduate medical education programs sponsored by Baylor Scott & White, 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 Baylor Scott & White institutional leadership, will strive to restructure or reconstitute the educational experiences as quickly as possible following the disaster.

Insofar as a program or Baylor Scott & White 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 Baylor Scott & White 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

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. CLABSI (**C**entral **L**ine **A**ssociated **B**lood **S**tream Infection)

The programs below are required to participate in CLABSI at specified PGY-level below. Successful completion will be valid through completion of residency/fellowship.

- Anesthesiology
- Cardiology
- CT-Anesthesiology
- Emergency Medicine
- Electrophysiology
- General Surgery
- Internal Medicine
- Interventional Radiology – If completed during BSWH-Radiology residency, not required.
- Neonatology
- Nephrology
- Pediatrics
- Pulmonary/Critical Care
- Radiology – By PGY-3/R2
- Vascular Surgery

ONLY PGY-1: Otolaryngology, Plastic Surgery, Orthopedics and Urology
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 2nd 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 – Temple 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, or if applicable, other accrediting specialty agencies, 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. Complete all new Hire and Annual Learning Compliance Modules prior to the deadline.
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 – Counts a Risk Management Credit and required once during residency.
19. Abide by all BSWH System Policies and GME Policies
20. Participate in BSWH initiatives, such as Core Commitment Statements, People Survey, Annual Learning Modules.

APPOINTMENT LETTERS/AGREEMENTS

Upon matching with BSWH-Temple, you will receive a Letter of Offer/Contract from your program administrator. It is imperative you sign this right away and return to your program administrator. This will allow us to begin the on-boarding process. Your Letter of Offer/Contract will be valid for the duration of your residency or fellowship upon successful completion of each PGY-level of training. If your academic/clinical performance is deemed unsatisfactory, or remediation is required by your program, you will be provided a written notice of intent if you are not advancing or your appointment will not continue. For more on On-Boarding/Hiring Process, “See Matching/On-Boarding” under *Housestaff Selection and Recruitment*.

SALARY (Stipend)/PAYROLL

House Staff are paid by Baylor Scott & White on two-week intervals. Paydays are Friday. The gross amount of each biweekly paycheck is calculated by dividing the annual salary stated in a resident's/fellow's appointment letter into 26 pay periods.

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). Please confirm you are receiving the correct stipend by checking your payroll stub. You can do this by visiting the PeoplePlace website via BSW connect.
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. Your last paycheck will be direct deposit. (NOTE: Keep your banking information current in PeoplePlace.)
6. Payroll information may be accessed electronically on the PeoplePlace Website. Login will be necessary after clicking link. Click on the “Payroll” tile.

CALL QUARTERS (Renovated in Fall 2024)

The AG-61 sleeping quarters for House Staff were renovated and updated with new beds, desk/closet, lamp fixtures, dress hooks as well as new new restrooms/showers and a quiet room for nursing moms. These callrooms are available for House Staff required by their program to remain overnight in the hospital, as well as any resident working late or too tired to drive home. The **AG-61 (Ground Floor Main Hospital) call-room** suite are available on a first-come,first-served basis. There are computers and printers, flat-screen TV, refrigerator-freezer, water cooler and non-perishable snacks. Entrance to AG-61 Callroom Suite is by badge swipe. Call the GME Office at 24-4505 with any issues/concerns regarding the call-room suite.

If in-house call is required at affiliated training institutions, sleeping quarters are provided by and located at that institution.

Additionally, there are assigned call-rooms in the Grobowsky Surgical Sciences Building similarly designed to AG-61 and with almost the same amenities. .These callrooms are specifically designated for Anesthesiology, General Surgery, Neurosurgery, Orthopedics, and one designated surgical “callback” room. ***House Staff assigned a callroom in the Grobowsky Surgical Sciences Building, should not utilize the AG-61 Callroom Suite unless there is a special circumstance.***

Callrooms are also available for residents rotating on a pediatric service at **McLane’s Childrens’ Hospital, 3rd floor.**

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.

If either of the call quarters has not been cleaned by Environmental Services over a short-period of time, please email Marquerite.Peters@BSWHealth.org.

CALL MEALS

Meals are provided in the Temple hospital cafeterias and Baylor Scott & White McLane Children’s Medical Center for House Staff when on 24-hour hospital duty or as designated by training program. An amount is credited to the resident’s [Freedom Pay]meal card based on clinical assignment and/or assigned call. The amount allowed is a maximum of **\$10.80** for each meal. It is **not** permissible to use your meal allowance to buy meals for others, including family members, and medical students, nor should it be used to stock up on refreshments (i.e., Muscle Milk, other beverages, snacks or purchase non-food items, such as coffee mugs). The two GME callroom suites will be furnished with non-perishable snacks on a monthly basis. This is for those residents on-call or working late shifts. It will only be stocked once a month.

There is a Micro Market available with 24/7 availability. It is in the cafeteria. Your Freedom Pay Meal Card may be used at the Micro Market; however, please note the employee discount will **not** be applied. Freedom Pay is accepted at Rise n’ Roll, but, again, the employee discount is not applied.

Grab n’ Go for those residents taking call at McLane Children’s Hospital is available in the cafeteria.

NOTE: Your monthly allowance will be brought to a zero balance on the last day of each month.

Lost or stolen meal cards should be reported to your program administrator who will order you a replacement card.

POLICY HOUSE STAFF ATTIRE

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. Contact the GME Office or your program administrator to obtain a “badge buddy” (additional tag that identifies you as either a “Resident Physician” or “Physician Fellow”. There are also tags if you are Military Veteran. 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.

Each resident is allowed up to **2** sets of scrubs at any given time. The expected practice is take one/return one. Due to the 2 limit, you are discouraged from giving out any of your allotment. 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.

For full Baylor Scott & White Health Policy, visit Policies and Procedures – (login and select Temple Search Professional Appearance)

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

POLICY NON-DISCRIMINATION AND SEXUAL HARASSMENT

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 they are being sexually harassed or harassed should immediately report their concern. This includes clinical rotations that occur outside of BSWH. 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, the DIO (Dr. Belinda Kohl-Thomas), the BSWH Director of HR Strategic Svs -Temple Region (JoAnne Mengelkamp). 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 Director, GME (Peggy Peters) 254-724-4505. Or, you may email GMEWellbeing@BSWHealth.org

End of Non-Discrimination and Sexual Harassment Policy

POLICY MOONLIGHTING

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

To be eligible for moonlighting you must have completed half of your residency satisfactorily. A Preliminary year may be counted toward the half-way point. Therefore, PGY-1 residents are not permitted to moonlight. Internship year may be counted toward that requirement. 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.

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 BSWMC-BCM GME program, or which are undertaken on behalf of Baylor Scott & White Medical

Center. 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*

Alcohol and Substance (Chemical) Abuse/Dependence

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. For details on the most current BSWH Policy on Substance Abuse, please visit [BSWH Connect/Policies and Procedures](#)

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. The facts and problems associated with chemical dependency;
2. Programs of intervention, support and treatment for the individual and their families suffering from this problem; and
3. 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 drug screening as a part of the hiring process and drug testing may be performed if substance/alcohol abuse is suspected. Efforts will be coordinated with HR to perform a drug screen. Refusal to cooperate will result in separation from employment. 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 DIO](#), [InSight Counseling Services](#), GME Staff Support Counselor, [Sharron Davis](#). An appropriate referral for examination and treatment will be made according to Baylor Scott & White procedures.

If there is reasonable suspicion to test a resident, the Program Director, DIO, Staff Support Counselor, or GME Director may contact the Human Resources Business Partner (HRBP) to initiate the Mobile Drug Testing Group Process. The mobile unit will be dispatched to BSWH. Response should be no more than 60 minutes. Once collection is taken, the resident will be placed on an administrative leave with pay. The results of the drug screen will be sent to the HRBP and/or HR Director who will notify the DIO of those results.

Dependent upon the results, the resident will either be permitted to return to work if results prove negative or termination may be warranted if positive results.

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 *Release* to return to work by an approved plan provider 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 GME Office has a *Staff Support Counselor* on staff, Sharron Davis. She can be reached at Sharron.Davis@BSWHealth.org or (Office) 254-724-2140 (Cell) 254-718-7282. Additionally, 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 DIO, GME Director, or your program administrator. 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.

The Peer Support Website is <https://bswhealth.sharepoint.com/sites/BSWEmployeeHealth/SitePages/PeerSupport.aspx> To request support, review the Peer Support Bios, then email Melanie.Bishop@bswhealth.org to be connected with Peer Support.

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 Careline
888-674-7337 (PEER)

Call 8 a.m. to 5 p.m. daily to schedule your free session.

QRL Code: For BSWH PS Webpage and TEAMS Virtual appointment calendar



Other additional counseling services available 24/7 through Spiritual Support / Chaplain's Office: 254-724-0306, or Eric Hammer's office phone: 724-1685, Monday-Friday between 8 a.m. and 5 p.m. Offsite GME-funded Counseling: Insight Counseling 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.

EAP (Employee Assistance Program)

- Counseling
 - Legal assistance
 - Financial guidance
 - Parenting support
 - Pet care support
 - Eldercare support
 - Identity theft assistance

To Login [Go to MySigna](#)

24/7 Talk: 1-877-622-4327

Use BSWH as the employer ID and select “register to EAP only”

POLICY PROGRAM CLOSURE/REDUCTION

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. 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

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 and Austin). If rotation is beyond the Central Texas 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

LEAVE

All requests for leaves of absences must comply with program, BSWH policy and GME policy. Leaves are at the discretion of the program director and must have the approval of the Program Director and your program administrator must also be informed. While on any type of Leave of Absence, you are not permitted to participate in any clinical activity, including Moonlighting. Feel free to contact the GME Office, Dr. Belinda Kohl Thomas or Peggy Peters if you have any questions. We want to make sure you have a full understanding of your leave of absence and help you determine if you need to contact the Absence Center.

Dependent upon your Specialty-Specific requirements, any prolonged leave from your training may result in the need to extend your training to fulfill your 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 your Program Director. When additional time is needed to fulfill Board requirements, a new reappointment letter must be issued with the new extended date.

If you need to request a leave, or apply for [FMLA \(Family Medical Leave\)](#) due to your own serious health condition, to care for a seriously ill family member, to bond with a new child, for military service or other reasons, call the Absence Center. Please understand that FMLA is NOT a specific type leave; rather if eligible and approved; it assures you have employment upon conclusion of your FMLA time out of work.

(NOTE: It is the responsibility of the House Staff to notify the Absence Center when applying for a leave of absence, any change in dates regarding the leave and *may* require a doctor’s note for clearance to return to work. You may be also be asked to provide documentation (i.e. birth certificate to document birth of a child if you are on a Parental Leave.

Absence Center

844-511-5762

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

[For further information visit their Website: mySedgwick.com/BSWH](http://mySedgwick.com/BSWH)

NOTE: When communicating/emailing the Absence Center, add your name and claim number in the Subject line.

- *While you are on a Leave of Absence, your access to Baylor Scott & White Health Systems will be limited.*
- *Dependent upon the length of your leave of absence, please note that all PTO must be exhausted before being placed on an absence without pay.*

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.

Paid Time Off (PTO)/Vacation Leave

All leave must be pre-approved by your 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. Your program administrator can assist you with your current PTO balance.

Three weeks (15 work days) 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. Additionally, residents are **not** eligible to “sell-back” their PTO during the annual sell-back.

For the holidays listed below House Staff receive regular pay, **regardless if they are working or not**.

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

SICK LEAVE (EIB-Extended Illness Bank)

House Staff “Sick Leave” is referred to as EIB. All 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. Your program administrator can assist you with your current EIB balance.

House Staff is granted **13** days paid sick leave per year for personal illness. Paid sick leave may not be “borrowed” from subsequent years. Please note that EIB is subject to the requirements of your program [sub]specialty board.

Upon exhausting available paid leave, sick and vacation, House Staff needing additional leave time will be placed on leave without pay and may be required to make up training time lost at the end of the medical training program if so determined by his/her Program Director. BSWH Policy does not allow for unused sick leave to be carried over to subsequent training years. House Staff will not be compensated for unused sick leave upon termination.

PARENTAL LEAVES

Medical, Parental and Caregiver Leave For Residents/Fellows

Residents/Fellows may request up to six (6) weeks of paid continuous leave¹ for qualifying reasons for one of the following reasons:

- **Medical** - due their own Serious Health Condition;
- **Parental** - the birth of a Son or Daughter or placement of a Son or Daughter with the Resident/Fellow for adoption or foster care, and/or to bond with a newborn or newly-placed child;
- **Caregiver** - care of the Resident/Fellow's Spouse, Son, Daughter, or Parent with a Serious Health Condition

This leave is available for use one time during your Residency/Fellowship.

Note: Up to 2 weeks of accrued PTO and/or EIB, if applicable, will be used to supplement pay.

To request a leave of absence, please contact the Absence Center at 844-511-5762.



¹ Leave will run concurrently with any applicable leave programs (e.g. Family Medical Leave, Company Medical Leave, etc.).

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Medical, Parental and Caregiver Leave For Residents/Fellows

If enrolled in short-term leave:

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

If NOT enrolled in short-term leave:

| Leave Type | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 |
|--------------------------------|-------------|------------|------------|------------|------------|------------|
| 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 |



*EIB is used for your own serious health condition. If EIB is exhausted, PTO will apply

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Who to contact: Absence Center

To report a new claim, to view an existing claim or for questions about leaves of absence:

Access via
mySedgwick.com/BSWH

Access via [PeoplePlace >](#)
[Absence Center \(Leaves\)](#)

Call (844) 511-5762

Who to contact: PeoplePlace

For timecard or paycheck inquiries:

Access via [PeoplePlace >](#)
[BSWHelpHub](#)

Call (844) 417-5223

For the full policy description, please visit;

[Residents Medical Leave of Absence Policy](#)

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.

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

If the relationship is not listed above, as well as, wanting/needing to take more than the 3 days provided, you must use PTO and/or apply for a personal leave of absence.

INTERVIEW LEAVE

All Interview leave is at the discretion of and must be approved by the Program Director. The attending physician on the service that will be affected by the leave may also need to approve. Please check with your Program Administrator if there is a form required by your program.

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/or “senior” years of training and is at the discretion/approval of the Program Director. This is not intended to be 5 days/per junior or senior year. It is a cumulative 5 days.

This leave is expressly intended 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 in 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 that are recommended and approved by their program director.

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.

JURY DUTY LEAVE

Baylor Scott & White encourages all employees, including residents and fellows, to appear for any Jury Summons. Upon appearing and given the opportunity as to why you cannot serve as a member of the jury, express your concerns you may have as to why you cannot serve as a jury member.

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). Choose Option “1” for “Physicians”.

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 via *PeoplePlace, Life Event*. Employees must submit a Life Event within 30 days of the qualifying life event in *People Place* by selecting the Benefits tile or contacting *People Place* 844-41-PLACE (75223) for assistance. Coverage is effective on the day of the event (i.e., birth date, marriage date).

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 Cigna PPO and the Cigna Dental PPO Plus.

Basic Accidental Death and Dismemberment – Provided to all benefits-eligible employees at no cost. Pays a benefit of 1x your annual salary. There is no medical underwriting and coverage begins on your first day of employment.

Supplemental AD&D Insurance is available at your own cost. Check the Benefits page for further information. [AD&D](#)

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. It is used for Maternity and Paternity leaves, unexpected illnesses, surgical operations, etc. 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 1st. It allows payment of health and dental insurance premiums, out-of-pocket medical/dental care, vision care including eyeglasses, 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 when you are first hired (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. You have the calendar year to use your funds. (Jan-Dec)

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 Temple for conferences, depositions and trial, and be available in Temple 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. Certificate of your Liability Insurance can be obtained through the BSW Risk Management Office.

STUDENT LOAN DEFERMENT

Certain undergraduate and medical school loans can be deferred for part or all a House Staff's training period. Your residency/fellowship Program Administrator or The Graduate Medical Education Office is authorized to sign deferment and forbearance forms.

Please note that 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>

EDUCATION ENHANCEMENT BENEFITS

INTERNATIONAL ROTATION POLICY

Residents/Fellows participating in a training Program at BSWH, who are interested in completing an International elective rotation, must follow the guidelines below. All Residents/Fellows are encouraged to do a formal presentation on their international clinical experience either within their program and/or department.

16.1 Eligibility Criteria for International Elective Rotation

- a. Residents must be in their second year of training
- a. Fellows must be in their second year of training
- b. Residents/Fellows must have the approval of their Program Director; if Program Director is not the advisor for International Rotation, a faculty advisor must be assigned
- c. Goals and objectives must be clearly outlined for the experience
- d. The onsite international faculty member who will complete the evaluation must be identified in advance
- e. July is excluded
- f. Pre-requisites:
 - i. Must meet conference attendance requirements
 - ii. No incomplete rotation/educational units
 - iii. Evidence of compliance with documentation of procedures and medical records must be up to date
 - iv. Must have taken In-service exams as appropriate
 - v. Must have completed post rotation/educational unit tests where applicable
 - vi. Must have a call free month available for the international rotation/educational unit (PD has the discretion for approval)
 - vii. Resident must accept there may be additional, but within the guidelines of the ACGME Duty Hour Rules, on-call shifts upon their return to SWMC.

16.2 Travel Criteria

- a. The international elective must be approved by the Program Director as well as needing approval from a member of the BSWH Senior Leadership Team.
- b. Resident/Fellow must have all travel documentation in order
 - i. If approved by your program director, please contact the GME Office for the appropriate paperwork.
 - ii. Copy of the passport
 - iii. Copy of visa (if applicable)
 - iv. Travel insurance
 - v. Risk and release form
 - vi. Documentation of immunization
- c. Resident/Fellow will be provided information regarding US Embassy/consulate, travel registration and other relevant information

16.3 Return from Travel

- a. Upon return, must meet with PD to review the experience and to confirm that all goals and objectives of the rotation/educational units as stated are met

POLICY
EDUCATION MATERIAL ALLOWANCE

An educational allowance of \$500 is made available to all House Staff in a 1-3-year residency or fellowship and pro-rated for training programs that go beyond 3 years. 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, relevant 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 Director **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. You must be actively on payroll to be reimbursed. Therefore, you are advised to start utilizing your Educational Allowance no later than 3 months prior to completion of your training.

GME SCHOLARLY ACTIVITY TRAVEL FUND

REVISED 8/7/2024

**Baylor Scott & White 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 (Fox World Travel) often allows less expensive travel options to be selected.

- 1.1.3 Request for travel should be accompanied with a travel request form (<https://forms.office.com/r/anQhBHD7BL>), 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 E-1.1).
- 1.2.2 Available funding will be awarded through a competitive review by a designated committee based on the quality of the scholarly activity.
- 1.2.2.1 Competitive Award applications are due at time of abstract submission to maximize time for processing minimize notification delay.
- 1.2.2.2 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.
- 1.2.3 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.
- 1.2.4 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.
- 1.2.5 Travel outside of the 48 contiguous United States is disallowed; however, national meetings in large Canadian cities (e.g. Toronto) may be considered for extraordinary scholarship that is pre-approved by the GME DIO and Director of Medical Education Innovation & Scholarship **before** the abstract is submitted to the conference. 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.
- 1.2.6 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.
- 1.2.7 All travel, including but not limited to airfare and lodging, must be booked through Fox World 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.
- 1.2.8 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.**

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 Fox World Travel. You may call 855-486-3894 or bswh@foxworldtravel.com 7:00 am. -7:30 p.m. (Central Time)

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 cumulative evaluations previously completed by those having worked with you directly during your time spent at BSW. 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.

NOTARY SERVICES

There are several GME Program Administrators and GME Office Staff that can assist you with getting your documents notarized. Please call to make sure they are available to notarize your documents.

External: (254) 724-

- Holly Ascherl, Ophthalmology, Neonatology 24-4131
- Stacy Brister, Plastic Surgery 24-0630
- Janet Chlapek, Pulmonary/CC, ID 24-7633
- Michelle Felix, Podiatry (South Loop) 23-5750 / 935-5750
- Kessiah Foster, Pediatrics (McLane's Childrens') 23-5063
- Samera Hall, Family Medicine 24-2524
- Cyndi Kruedelbach, Orthopedics 24-5455
- Dottie Maiani, Internal Medicine 24-8797
- Jeannie Moreno, Anesthesiology 24-9801
- Lisa Harris Pates, Diagnostic Radiology 24-4507
- Latoya Pedican, General Surgery 24-2366
- Peggy Peters, GME Office 24-4505
- Kristen Randolph, OB-Gyn 24-7588
- Yolanda Sanchez, Urology 24-1695
- Amy Sanders, Anesthesiology 24-5306
- Robin Wilson, Otolaryngology 24-7315
- Dorothy Winkler, Psychiatry (Mental Health Clinic) 24-1768

NOTE: THE HOSPITAL SEAL IS AVAILABLE BY CONTACTING BRIANNA FERNANDEZ, RISK MANAGEMENT, STC-6TH FLOOR.

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.

RESIDENTS' GYM – Temple Only

The gym is located on the 7th Floor (Room 702) of the hospital, Brindley Circle Elevators. It is for residents and fellows use only. Badge access (via Badge swipe) is required; if badge does not work, please call the GME Office at 724-4505. It is equipped with one treadmill, stair climber, stationery bike, two benches, universal and free weights, yoga mats, resistance bands and a water cooler. There is also a desktop computer station, phone, and overhead speaker so you can stay connected. Please wipe down all equipment after use to prolong the life of the equipment and especially for the person using the equipment after you.

SCHEDULES

On-line call schedules can be found at: bswtemple.qgenda.com

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 of unused Paid Time Off (PTO) 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. You are encouraged to keep a photocopy for your own personal use (i.e. future verification requests).

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 items that must be returned to the Central Texas Veterans Healthcare System (CTVHS), including the PVID issued card, please ask your program administrator for further information.

It is important that you provide your program administrator with forwarding information.

Please contact Peggy Peters, GME Office, with any suggested changes for the House Staff Handbook.

Marguerite.Peters@BSWHealth.org

***You are a vital cornerstone to the success of
Graduate Medical Education.***