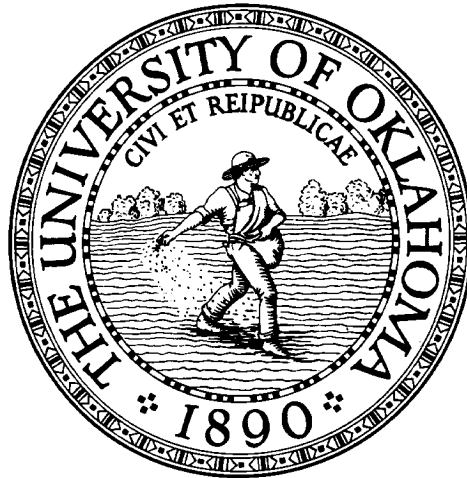


# **Graduate Medical Education Handbook**

**2014-2015**



**The University of Oklahoma College of Medicine  
School of Community Medicine**

## **Notice**

The *Graduate Medical Education Handbook* is a convenient first reference for general information regarding some items that relate specifically to graduate medical education (GME) and the residency programs. However, it is not intended as an exclusive reference manual for all University policies and procedures.

A complete posting of all updated and relevant general University policies may be accessed electronically at: <http://staffhandbook.ou.edu/Default.aspx>

A complete posting of updated University of Oklahoma College of Medicine, School of Community Medicine policies that are specific to Graduate Medical Education is listed following the table of contents of this resident handbook, and available electronically at: <https://outulsa.medhub.com/index.mh>

The information contained in this Handbook is current only at the time of publication and may change from time to time by the actions of the institution. Every effort will be made to ensure that the *Graduate Medical Education Handbook* is updated periodically. However, it is the responsibility of the user to determine that he or she is relying on the most current version of any particular policy. Questions concerning policies should be directed to the residency Program Director or the Graduate Medical Education Office.

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## Introduction

Welcome to the University of Oklahoma College of Medicine, School of Community Medicine. The School of Community Medicine, our residency and fellowship programs and affiliated teaching hospitals have a long, respected tradition of excellence in clinical training. We believe you will find your educational experience and training in our program stimulating and rewarding. Our goal is to provide excellent preparation for your medical career.

Graduate medical education (GME) includes all of the medical, surgical and other specialty and subspecialty residency programs and fellowships offered by the University of Oklahoma College of Medicine, School of Community Medicine and its affiliated teaching hospitals. Hereafter, all clinical training programs are referred to in this Handbook as *residency programs*. All clinical trainees, whether residents or fellows, are referred to in this Handbook as *residents*.

The School of Community Medicine, Tulsa Medical Education Foundation and affiliated institutions provide graduate medical education programs that meet the standards established by the Accreditation Council for Graduate Medical Education (ACGME) and its designated Residency Review Committees. Institutional oversight of residency programs and GME services is conducted through the Graduate Medical Education Committee (GMEC) and the Designated Institutional Official (DIO).

As a physician in residency or fellowship training, your primary responsibilities are participating in the educational aspects of your program and in the direct care of patients under the supervision of your program director and other faculty. The School of Community Medicine provides a general orientation for new residents in late June. Your program director will also provide an orientation for you to the following: the organization and structure of your residency program including educational goals and objectives; duties and responsibilities; rotation, call and vacation schedules; issuing of equipment (pagers, etc.); and a variety of other matters that will be integral components of your educational program.

Because of the complexity of graduate medical education and academic medical centers in general, administrative policies and procedures are necessary. The *Graduate Medical Education Handbook* has been compiled for your benefit and sets forth the guidelines that govern our residency training programs, with references to policies specific to our GME programs as well as certain regulations and policies of the University of Oklahoma. The Graduate Medical Education Committee and Program Directors, the affiliated teaching hospitals, the School of Community Medicine administration, and the Board of Regents of the University of Oklahoma are among those responsible for developing policies and procedures for GME. *It is your responsibility to become thoroughly familiar with the material contained in this handbook, and other GME or University policies and/or procedures listed among the references.*

As stipulated in your residency agreement (contract), you are obligated to abide by the regulations in the *Graduate Medical Education Handbook* and *all pertinent GME and University policies*. If you have questions concerning the information contained herein, please contact your program director GME Office.

All resident physicians and fellows new to The University of Oklahoma School of Community Medicine must contact their residency program coordinator and departmental payroll representative immediately upon arrival in Tulsa and before reporting to a hospital or performing any official duties.

Resident physicians and fellows cannot participate in patient care experiences until their professional liability insurance is in effect and a special license or a full medical license has been issued by the Oklahoma Board of Medical Licensure and Supervision or the Oklahoma State Board of Osteopathic Examiners.

The statements, terms and provisions contained in the *Graduate Medical Education Handbook* are subject to change at any time by the Board of Regents and/or the administration of The University of Oklahoma, which expressly reserves the right to make any changes or to establish new policies, rules and regulations from time to time as it deems necessary and proper. The establishment of new GME or University policies, rules and regulations will be expressly for the purpose of improving the quality of the residents' or fellows educational experience.

**Office of Graduate Medical Education and  
the Graduate Medical Education Committee (GMEC)**

1. The Office of Graduate Medical Education provides administrative support services for residents and fellows, and acts in a liaison capacity between the administration of OU College of Medicine, School of Community Medicine, affiliated teaching institutions, the residents and students.
2. The GME Coordinator is available to answer questions; complete forms; process applications; assist in obtaining special and full medical licensure; ECFMG, DEA and OBNDD certifications; assist with USMLE and COMLEX applications; coordinate the National Residency Matching Program (NRMP); and perform a variety of other tasks. The telephone number for this office is (918) 660-3505.
3. The Designated Institutional Official (DIO) provides guidance to the resident, spouse, significant other and his or her family members, as well as consultation related to student teaching and evaluation strategies.
4. The small number of students and residents at the School of Community Medicine permits close, personal attention not only in the teaching programs but also in the services provided to its resident physicians.

The Graduate Medical Education Committee (GMEC) is the designated committee responsible for institutional oversight of residency training programs under guidelines established by the ACGME. Membership of the GMEC includes program directors, residents selected annually by their peers and the Chief Medical Officers of TMEF hospitals. Also participating in GMEC meetings are administrative representatives of the School and residency program coordinators. The GMEC works with the School of Community Medicine administration and all program directors to carry out its functions of institutional oversight and policy making.

## **Section 1: Resident Eligibility and Appointment**

### **Eligibility, Selection and Record of Training**

Specific policies regarding eligibility, selection and record of training are available in MedHub at: <https://outulsa.medhub.com/index.mh>

### **Personal Health Requirements**

Evidence of adequate immunization including measles, mumps, rubella, polio, and hepatitis B is required on initial entry into a residency training program or must be promptly obtained. Influenza immunization is recommended annually for individuals involved in providing care to high-risk patient groups. TB skin tests are required upon entry into a program and annually thereafter. If a resident reports a physician-documented positive TB skin test, he/she is exempt from further annual TB skin tests, but must follow the University's tuberculosis policy regarding Mantoux conversion. The University's tuberculosis policy was adopted pursuant to federal and state guidelines. Copies of the policy are available from the Office of Environmental Health and Safety.

Residents must also comply with all infection control and infectious exposure policies applicable to the medical staff in the affiliated hospitals and facilities to which they are assigned for rotations.

Familiarity with Occupational Safety and Health Administration (OSHA) requirements is essential and periodic instruction is mandatory. Compliance with "universal precautions" as defined by the Centers for Disease Control and institutional infection control practices is expected.

*Failure to comply with the above noted requirements may result in suspension or termination from the residency program.*

### **Residency Agreement**

Each individual offered a residency appointment will be provided with a contract known as the Residency Agreement. Each resident is expected to read, sign and abide by the Residency Agreement. The regulations published in the *Resident Handbook*, as well as the *GME and University policies and procedures* referenced in the handbook, are referred to in the Residency Agreement and are applicable as stipulated in the Residency Agreement.

Residents are appointed for a period of one year or as specified in the individual Residency Agreement. **Renewal of any residency appointment is contingent upon the resident meeting the performance and attendance standards of the program and**

**University, and is not automatic.** Intention by either party not to renew the appointment should be accompanied by appropriate notification as stipulated in the Residency Agreement. Under ordinary circumstances, four (4) months written notice of intent not to renew the agreement will be given.

Notwithstanding the notice provision, the University may terminate the appointment of a resident or give notice of intent not to renew the appointment for academic or disciplinary reasons, or failure to appropriately progress within the four months prior to the end of the contract period, with as much written notice as circumstances will reasonably allow. *See Administrative Academic Actions.*

Please note: Residents are not allowed to begin work if they have not completed the Employment Eligibility Verification Form (I-9) within three (3) days of employment. Federal law requires this form, and failure to complete this form may result in termination. Failure to complete any other documents required by Federal or State law to confirm lawful presence in the United States may also result in termination.

## **Section 2: Resident Benefits and Resources**

### **Resident Benefits**

#### **Salary (Stipend)**

A salary will be paid to each resident on a monthly basis. Salary levels are based upon the resident's *functional level of postgraduate training* in the specific program in which he or she is currently training. PGY levels attained in previous training programs (if applicable) are not relevant to determining current salary level. Salaries are adjusted periodically upon review and recommendation of the GMEC and upon approval by the major affiliated institutions approved by the ACGME for residency training that provide funding for resident salaries. Salaries are distributed by the central payroll office of the University of Oklahoma Health Sciences Center (OUHSC) and are distributed via by electronic direct deposit. Additional information about salary distribution will be provided to the resident by the Program Director's office.

#### **Benefits**

In addition to the monthly stipend, the University provides employee benefits including medical, basic dental, vision, life insurance and long-term disability. Full details on employee benefits can be found at <http://www.hr.ou.edu/>

Medical coverage is available in a variety of options including PPO, HMO and HCA. The specific tier 3 medical coverage option selected by the resident will determine the additional cost (if any) which must be paid by the resident. Other resident-paid options include spouse and/or family medical coverage, long-term-care insurance, and options for an increase in the basic dental or life insurance coverage. Residents and fellows are also eligible to participate in the University's retirement plan at their own expense.

In addition to the website above, the School of Community Medicine's benefits coordinator may be reached by phone at 918 660-3192 or in person in the Office of Human Resources, 2C hallway at the Schusterman Center.

#### **Professional Liability Insurance**

The University provides professional liability insurance for residents and fellows, covering only their assigned educational rotations with the residency or fellowship program.

The following guidelines pertain to residents in regard to their professional liability insurance coverage:

- Ongoing coverage is contingent upon the resident's or fellow's timely completion of the University's mandatory annual risk management training.
- Any graduate physician may be held liable by the law for accidents, errors, or omissions in professional judgment or professional acts uncommon to the prac-

tice of medicine in the community. All residents must make application for, obtain, and maintain professional liability coverage through the carrier designated by the University of Oklahoma College of Medicine, School of Community Medicine. The College will provide an occurrence policy for supervised medical practice within the scope of the training program. Residents will receive necessary instructions from their Program Director regarding professional liability insurance. Terms of the professional liability insurance policy provided are available for review on the College website.

- Residents who suspect that they might be named in any legal actions involving a patient, or have been notified of legal action, must immediately notify their Program Director and the OU Physicians office of Risk Management.
- Professional activities outside the scope of the residency training program are not covered by the residency program policy. This includes most so-called “moonlighting” activities. Residents engaging in any unsupervised professional activities must seek written approval from their program director, and must apply for and purchase, at their own expense, additional professional liability insurance covering these activities.

### **Vacation Leave**

Each resident earns a maximum of 15 days (M-F) of paid vacation leave per year. Training regulations imposed by the national certifying boards in some specialties may limit the amount of leave which may be taken by a resident to a lesser amount. Earned but unused vacation time may not be carried over from one academic year to another. No additional payment will be made for unused vacation upon completion of residency training or at any other time. The vacation request should be submitted to the program director at least 120 days prior to the requested date. No requests will be approved within 90 days of the requested date.

There is a legitimate need for Program Directors to limit the number of residents who are absent at any one time and to otherwise assure continuity of quality health care for the patients on their service. Vacation requests shall be honored according to the policy established by each residency program.

### **Sick Leave**

Each resident earns a maximum of 15 days (M-F) of paid sick leave per year. Unused sick leave will not be carried forward to the next academic year. No additional payment will be made for unused sick leave upon completion of residency training or at any other time. Beyond the 15 days of paid sick leave, leave without pay is possible contingent upon recommendation by the Program Director and approval by the GME Office. The University complies with the Family Medical Leave Act.

### **Leave of Absence**

If the leave of absence is for personal reasons and not medical, and the resident has accrued vacation leave, the leave of absence will be paid to the extent of the accrued

vacation leave. *Once the vacation leave is exhausted, the remainder of the leave of absence will be unpaid.* If the leave of absence is for medical reasons and the resident has accrued vacation leave and sick leave, the leave of absence will be paid to the extent of the accrued vacation leave and sick leave. Once the vacation leave and sick leave are exhausted, the remainder of the leave of absence will be unpaid. Any leave of absence without pay must be approved by the Program Director and the DIO. Benefits must be paid by the resident during the leave. A resident may not take a leave of absence longer than 30 days per academic year as long as the leave is not a qualifying FMLA event. Please refer to the Family Leave Policy regarding FMLA.

The University will continue to pay the cost of the University provided insurance coverage for employees for the 12 weeks of FMLA protected leave. The employee will continue to be responsible for payment of premiums for any elective coverage. It is the employee's responsibility to contact Human Resources to determine premium payment requirements.

### **Administrative Leave**

An administrative leave with pay is sometimes given when it is determined to be in the University's best interest that an employee not return to work for a specified period of time. Once the accrued vacation leave and sick leave are exhausted, administrative leave with pay is possible contingent upon recommendation by the Program Director and approval by the GME Office.

### **Holiday Leave**

Residents do not receive credit or additional pay for holiday time during hospital rotations. Since hospitals do not observe a holiday schedule for patient care, residents are expected to follow their assigned schedule. If vacation time is scheduled during a holiday period, then the holiday must be scheduled as vacation. If the resident is assigned to a clinic that observes a holiday schedule, then the resident need not count that time toward his/her vacation time. Residents should check with their Program Director's office for further clarification of holiday leave time.

### **Educational Leave**

Residents may request up to five days of educational leave each year. The request should be submitted to the program director at least 120 days prior to the requested leave date. No requests will be approved within 90 days of the requested date. The meeting can be no more than one week in duration and must be within the USA. Approval is granted solely at the discretion of the Program Director, who also determines the travel reimbursement policy for the individual residency program.

Residents are encouraged to allow the department support staff to handle travel arrangements in order to maximize reimbursement potential. Commercial air travel must be booked by the resident's academic department through approved travel agencies. There can be NO reimbursement for air travel unless an approved travel agency is used.

The resident must submit receipts for all claims, hotel bills, and registration fees to the department support staff within ten (10) business days of returning from the meeting. The staff will file the necessary travel reimbursement forms. Reimbursement will be based only on those items documented with receipts and in accordance with current departmental and University travel policy. **Please consult your Program Director's office well in advance of attending any such event in order to obtain guidance on these matters.**

### **Family Leave**

Federal law mandates that, **after one year of University employment**, qualified employees may take up to 12 weeks of leave (available paid leave and then unpaid leave) during any 12-month period for (1) the birth of a child; (2) the placement of a child for adoption or foster care; (3) the care of a spouse, parent, or child with a serious health condition; and (4) a serious health condition that makes the employee unable to perform the employee's job functions. Contact Human Resources for additional information or visit [hr.ou.edu](http://hr.ou.edu) for further information.

The following guidelines pertain to resident requests for family leave:

- **Resident Family Leave**  
Depending on specialty board requirements, periods of family leave may extend the length of the residency training needed to meet specialty board requirements.
- **Maternity/Paternity Leave**  
Available sick leave, vacation time or leave without pay may be used in accordance with the Family Leave Act guidelines as described above. Specific questions should be addressed to the Program Director.
- **Requests for Family Leave**  
Residency program schedule changes require considerable planning to assure that patient care and residency colleagues' education are not impacted negatively. Therefore, requests for family leave should be made in writing to the Program Director as soon as the need is known.

### **Resources for Counseling and Psychological Support Services**

Counseling and support services are available for a variety of resident issues including resources for study and test-taking skills, reducing test/evaluation anxiety, depression, stress management, difficulty sleeping and other counseling and psychological support services available through the School of Community Medicine, the Employee Assistance Program and the University of Oklahoma.

Guidelines for Mental health Services for Residents is available online at:  
[http://www.ou.edu/content/tulsa/student\\_affairs/counseling.html](http://www.ou.edu/content/tulsa/student_affairs/counseling.html)

In addition, the University of Oklahoma Staff Handbook includes a policy on Prevention of Alcohol Abuse and Drug Use on Campus and in the Workplace. The complete policy is also available upon request from the Human Resources Office. The HR office can be reached by phone at (918) 660-3190. The OU Staff Handbook policy can be accessed online at: <http://staffhandbook.ou.edu/Default.aspx>

## Section 3: Licensure

### Oklahoma Medical Licensure

It is the responsibility of each resident to complete all licensure applications and documents in a complete manner in compliance with established deadlines. While this section reflects policies in place at the time of publication of this edition of the *Resident Handbook*, policies governing medical licensure and differing from those listed below may be enacted at any time by the respective medical licensing boards or by statute. **Residents must be aware of and follow policies in effect at the time of any licensure question or issue. Residents will not be allowed to start their training program unless they are licensed. Failure to comply with (1) the medical licensure laws of the State of Oklahoma and (2) the institutional requirements regarding licensure shall be sufficient grounds for suspension and or termination of residency training.** Up to date information regarding licensure is always available by contacting the respective board or visiting their websites as noted below.

| <b>Allopathic Physicians (M.D. Degree)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Osteopathic Physicians (D.O. Degree)</b>                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. The Oklahoma State Board of Medical Licensure and Supervision</b> (Board) licenses allopathic physicians to practice medicine in the State of Oklahoma. Residents in training programs must hold either a special license or an unrestricted license issued by the Board as is stipulated in the section on eligibility requirements. The Board requires successful completion of the United States Medical Licensing Examination (USMLE). Any applicant for licensure who fails <i>any step</i> of the USMLE three (3) times or takes longer than a ten (10) year period to obtain all steps of USMLE may not be eligible for licensure. Appropriate licensure is a requirement for employment. | <b>A.</b> Osteopathic physicians must meet the licensure requirements of the <b>Oklahoma State Board of Osteopathic Examiners</b> , including passing Steps 1-3 of COMLEX or USMLE, and must be licensed by July 1st of their PGY-2 year. No special license is required during the first year of graduate medical education training for osteopathic physicians. |
| <b>B. Institutional Policy for Allopathic Residents</b><br>It is the policy of the University of Oklahoma School of Community Medicine that all allopathic applicants for residency positions must have passed <i>both</i> Step 1 and Step 2 CK and CS of the USMLE. All appointments at the PGY-2 level and above must have passed Steps 1-3 of the USMLE.                                                                                                                                                                                                                                                                                                                                            | <b>B. Institutional Policy for Osteopathic Residents</b><br>It is the policy of the University of Oklahoma School of Community Medicine that all osteopathic applicants for residency positions must have passed Step 1 and Step 2 CE and PE of the COMLEX USA prior to being included on a rank order list or otherwise offered a position.                      |

| <b>Allopathic Physicians (M.D. Degree)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Osteopathic Physicians (D.O. Degree)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Failure of a current resident to obtain full licensure by the expected time of promotion to the PGY-3 year may result in immediate suspension or termination from the residency appointment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>All osteopathic residents must pass the final step of the osteopathic examination by the end of the first year (PGY-1) of residency training.</p> <p>Any osteopathic applicant considered initially for any clinical training position at the PGY-2 or above levels, must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.</p>                                                                                                          |
| <p><b>C. Allopathic Licensure Board Address</b><br/>           At the time of publication of this Handbook, the mailing and website address for the Board of Medical Licensure and Supervision is:</p> <p>Oklahoma State Board of Medical Licensure and Supervision<br/>           P.O. Box 18256<br/>           Oklahoma City, OK 73154-0256<br/>           or<br/>           101 NE 51<sup>st</sup> Street<br/>           Oklahoma City, OK 73105<br/>           Telephone: (405) 962-1400<br/> <a href="http://www.okmedicalboard.org">www.okmedicalboard.org</a></p>                                                                                                                                                                                                                                 | <p><b>C. Osteopathic Licensure Board Address</b><br/>           At the time of publication of this handbook the mailing and website address for the Board of Osteopathic Examiners is:</p> <p>Oklahoma State Board of Osteopathic Examiners<br/>           4848 N. Lincoln Boulevard, Suite 100<br/>           Oklahoma City, OK 73105-3335<br/>           Telephone: (405) 528-8625<br/> <a href="http://www.ok.gov/osboe/">http://www.ok.gov/osboe/</a></p>              |
| <p><b>D. Applying for an Allopathic Medical License:</b><br/> <i>Completion of the application process for either an unrestricted license or special license is the sole responsibility of the resident.</i> Applications are detailed and include requirements for several documents and forms that must be mailed to the applicant's medical school, to examination boards for verification of scores, to any other institution in which the resident has completed any residency training, and to the licensing board of any other state in which the resident is currently or has been previously licensed to practice medicine. This procedure takes weeks, and occasionally months; therefore, residents are advised to obtain the necessary forms and begin the process as early as possible.</p> | <p><b>D. Applying for an Osteopathic Medical License:</b><br/> <i>Completion of the application process for either an unrestricted license or special license is the sole responsibility of the resident.</i> Many of the osteopathic board's licensure requirements for documents and verifications are similar to those outlined for allopathic physicians. Accordingly, the applicant should begin the process as early as possible in order to meet all deadlines.</p> |

## **Prescribing Privileges and Narcotics Registration**

The GME policy regarding prescribing privileges for residents, including narcotics prescribing and registration is available in MedHub <https://outulsa.medhub.com/index.mh>

Please make special note of the following:

- Osteopathic PG1 residents are not licensed. Their prescriptions must include the printed name of the supervising physician
- Prescriptions may be written Prescriptions must not be written for colleagues, friends, family or others not established as patients of the practice. Violations may prompt termination. only for patients established within the practice.

## **Section 4: Workplace**

### **Instructions to Employees for Reporting Work-Related Needle Sticks/Sharps/Exposure**

The following is the School of Community Medicine procedure on how to report a needle stick, sharps or splash exposure. Information and materials contained herein apply to Staff, Faculty, Resident Physicians, and most temporary personnel (those not hired through an agency). Employees including physicians are defined as workers hired to provide a service, and are not in business for themselves. Work related exposure is defined as occurring during the course and scope of employment. Needle stick or splash injuries from an unknown source, a source not known to be infected, or not suspected of having infection clinically, should be reported. However, generally, no medical prophylaxis will be administered.

You are responsible for reporting your injury to your supervisor and you are required to follow all medical instructions. **Employees may NOT be evaluated, treated or referred to other OU-Tulsa Staff for any reason.** Do not order lab or otherwise attempt to manage a blood exposure yourself. Safeguards in the system depend on the notification of Workers Compensation for appropriate management.

If you sustain an exposure by needle stick or slash injury, or prolonged exposure to damaged skin, report the exposure to your supervisor or attending immediately and complete the following steps:

- Wash site with soap and water. Antiseptic wash is acceptable, but not superior.
- Please report to one of the following clinics:

**MedCenter**  
**2929 S. Garnett Road**  
**Tulsa, OK 74129**  
**(918) 665-1520**

**MedCenter South**  
**10221 E. 81<sup>st</sup> St.**  
**Tulsa, OK 74133**  
**(918) 252-9300**

**MedCenter Midtown**  
**1623 S. Utica**  
**Tulsa, OK 74104**  
**918) 392-5100**

**Hours: Monday – Saturday 8:00 am – 10:00 pm / Sunday 11:00 am – 7:00pm**

- If you sustain the exposure at a teaching hospital, contact Employee Health Services at that facility. If the injury occurs after hours, on weekends or holidays, contact the facility's Nurse Supervisor through the operator.

**Employees may NOT be evaluated, treated or referred to other OU-Tulsa Staff for any reason. Employees should use the above providers for any and all Workers Comp injuries/illness.**

You must complete the "OU Employee's Report of On-the-Job Injury/Illness"

Your supervisor/attending must complete the “OU Supervisor’s Report of On-the-Job Injury/Illness”.

If it is determined you need further assessment or treatment, MedCenter will make that determination and you are expected to follow the treatment protocol.

Fax or email all forms as soon as possible to: [Kim-Little@OUHSC.edu](mailto:Kim-Little@OUHSC.edu).  
Fax: 660-3200.

### **Resident Duty Hours**

A complete explanation of duty hours expectations is found in the policy located in MedHub at: <https://outulsa.medhub.com/index.mh>

Please note the following:

- Residents are professionally responsible for submitting timely and accurate records of their duty hours
- Programs implement specific policies and procedures consistent with the institutional and program requirements for resident duty hours

### **Resident Moonlighting**

While a complete explanation of moonlighting requirements is found in MedHub at: <https://outulsa.medhub.com/index.mh> please note the following:

- Moonlighting is defined as any professional medical activity outside the usual training experience and includes both compensated and uncompensated (e.g., voluntary) activities
- Prior to any moonlighting activity, the resident must obtain written approval from the program director
- All moonlighting duty hours must be submitted in to the duty hours tracking system
- All moonlighting duty hours must be counted toward the same ACGME work hour limitations pertaining to all clinical and academic activities related to the program.

### **Off-campus Electives**

An off-campus elective may be considered for approval when an educational experience cannot be obtained at one of our major affiliated institutions. A complete explanation of the criteria for approval may be found in the policy in MedHub at: <https://outulsa.medhub.com/index.mh>

### **Resident Executive Council**

The meetings of the Resident Executive Council provide an open avenue of communication and are attended by the DIO, the Associate DIO, and Office of Resident and Student Affairs.

A representative and an alternate member should be elected by their peers in each program to serve on the Resident Executive Council. These two members serve as the spokesperson(s) for their department and are responsible for communicating Council activities to their fellow residents.

Purposes of the Resident Executive Council:

- To provide an effective forum for communication between residents, administration, and faculty.
- To build interdepartmental relationships and collaboration among our residents.
- To discuss any subjects of interest to the resident in any program. All topics are fair game for these meetings – no matter how big or small.
- The selection of two resident members for each Internal Review Team.

To facilitate the widest possible communication to all residents, minutes of the meetings are recorded and placed on the OU Tulsa web page soon after each meeting. The Chair of the Council attends and becomes a full voting member of GMEC.

### **Medical Library**

1. Located on the Schusterman Center campus at 4502 E. 41<sup>st</sup> Street, the Medical Library Building is on the east side of campus, 1 block south of the intersection of 41<sup>st</sup> Street and Yale Avenue, just north of the Learning Center.

Telephone: (918) 660-3220    FAX: (918) 660-3215

2. The purpose of the Library is to meet the informational needs of its users for patient care, education and research.

#### **Library hours:**

|                   |                  |
|-------------------|------------------|
| Monday – Thursday | 7:30AM – 11:00PM |
| Friday            | 7:30AM – 7:00PM  |
| Saturday          | 1:00PM – 6:00PM  |
| Sunday            | 1:00PM – 11:00PM |

3. The OU-Tulsa library subscribes to over 400 journals in print and provides online access to nearly 18,000 full-text electronic journals. Almost all of the 15,000 books in the library may be checked out. The usual checkout period for students, faculty and staff is 3 months. Textbooks used by medical students for their rotations may be checked out for the length of rotation. Electronic versions of several hundred medical books are available through the library's online databases.
4. Library services include literature searching, document delivery. Books and articles in journals not owned by the Library can be obtained through interlibrary loan.
5. Material may be checked out and returned at the library's front desk. Requests for

items the library does not own may be placed through the ILLIAD electronic interlibrary loan system. ILLIAD registration information is found on the library's home page. Most articles are now delivered electronically, often within three to five days; material which comes in the mail will usually be available within two to three weeks.

6. Technology - The Library has twenty student computer work stations with Internet access and many software applications. For a list of the software, please visit <http://tulsa.ou.edu/software.htm>. Computer training classes are available throughout the semester. Participants can register at <http://www.ou.edu/content/tulsa/IT.html>. Printing, copying and scanning are also available. The library has full wireless connectivity, remote access to library resources and all students/residents have a home drive available for their use. The library has these electronic devices available to check out:eeePC laptops, flip video camcorders, DVD players (in-library use only).
7. Premier E-Resources - DynaMed is an evidence-based medicine clinical reference tool to be used at the 'point-of-care'. It lists clinically-organized summaries for over 3,000 topics and is entirely evidence-based. Free access to DynaMed is now being made available to physicians in the state of Oklahoma through the Oklahoma State Medical Association's web site. To access DynaMed from the [OSMA home page](#), click on Professional Resources and then on the DynaMed link. You will need your state license number to logon.
- 6.
8. The library provides access to many excellent online e-resources including Medline, Ovid databases, Cochrane databases, MDConsult, Micromedex, Lexi-Comp, SPORTDiscus, ExamMaster and more. Most, not all, have full text articles ready to be printed. All can be accessed off-campus, excluding UpToDate. Presently, UpToDate is made available to residents through some departments. Online tutorials, database workshops, Ask-a-Librarian service and one-on-one individual instruction sessions are available to help you with these resources. Call the library anytime for assistance at 918-660-3220.
9. PDA and iPhone Applications - A list of PDA Applications will soon be posted on the library web site along with download links and instructions. Some of the applications are for DynaMed, Epocrates Rx, MobileMerkMedicus, PocketConsult (from MDConsult) and more.

### **The Resident Work Environment**

The University of Oklahoma has policies relating to disability accommodation, discrimination, consensual relationships, harassment and sexual assault. These policies and grievance procedures for complaints are available online at:

<http://staffhandbook.ou.edu/Default.aspx>

Additional GME policies are available online in MedHub at:

<https://outulsa.medhub.com/index.mh>

## **Section 5: Resident Responsibilities and Supervision**

### **Resident Physician Responsibilities**

Specific duties and responsibilities are assigned by individual Program Directors. Physicians engaged in the residency training programs of the College of Medicine-Tulsa are, however, generally expected to:

1. Develop a personal program of self-study and professional growth with guidance from the Program Director and faculty.
2. Participate in safe, effective and compassionate patient care under appropriate supervision that is commensurate with their level of advancement, skill, and responsibility.
3. Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other residents and students as is appropriate.
4. Fully meet the performance requirements of the residency program.
5. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the affiliated institutions and hospitals.
6. Act by accepted principles of medical ethics and the ethical obligations of employees of a state agency and follow GME Policy on Relationships with Medical Vendors. This policy can be accessed online in MedHub at:  
<https://outulsa.medhub.com/index.mh>
7. Participate in institutional committees and councils, especially those that relate to patient care review activities.
8. Participate in faculty and program evaluation, as well as department and institutional quality improvement activities.
9. Refrain from engaging in any outside employment or professional activities without written approval from the Program Director. The GME policy on moonlighting can be accessed online at:  
<https://outulsa.medhub.com/index.mh>

### **Resident Supervision**

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care. For a complete description of the expectations for resident supervision, see the policy at <https://outulsa.medhub.com/index.mh>

## **Medical Records**

Properly maintained and completed medical records are of the utmost importance in caring for patients and also serve as a basis for some clinical investigative work. Therefore, great emphasis is placed on the preparation, maintenance and preservation of medical records in the hospitals and clinics. Although computerized clinical information systems continue to expand in all of our patient care facilities, there is still use of and dependence on written medical records. Accordingly, residents should be aware of the rules and regulations regarding medical records at each affiliated institution through which they rotate in the course of their training, and are responsible of timely and accurate adherence to such policies.

Specific rules concerning medical records vary with the different services and hospitals, and each resident is responsible for the instruction of junior residents on the service in these rules.

Policies specific to resident and fellows regarding Electronic Medical Records (EMRs) at all OU Physicians facilities include:

### **Signatures:**

- Clinical list updates should be completed and signed at the end of each visit.
- Office visits should be completed and signed on the date of service.
- All other documents should be reviewed and signed as soon as possible but consistently within 10 business days.
- Documents are delinquent beginning on the eleventh (11) business day after the clinic visit or receipt of the document.
- If a provider anticipates being unavailable to sign ancillary reports (for example labs, radiology, etc), documents may be signed by a covering provider so that timely signatures will occur.

### **Delinquent Documents:**

- The clinic manager, medical records supervisor, program director or program coordinator will communicate delinquent documents to residents/trainees via the University e-mail system. Suspension of clinical privileges may occur if the resident/trainee does not complete the medical record(s) within the specified time period,
- The department chair and/or residency program director may elect to take further action in accordance with departmental or program policy.

## **Medical Examiner Cases**

There is often confusion as to which deaths come under the purview of the medical examiner. State law (63 Okla.Stat. §938) is quite specific and requires that the medical examiner be notified of deaths in the following categories:

1. Violent deaths, whether apparently homicidal, suicidal, or accidental, including but not limited to, deaths due to thermal, chemical, electrical, or radiational injury, and deaths due to criminal abortion, whether apparently self-induced or not;
2. Deaths under suspicious, unusual or unnatural means;
3. Deaths related to disease which might constitute a threat to public health;
4. Deaths unattended by a licensed medical or osteopathic physician for a fatal or potentially-fatal illness;
5. Deaths of persons after unexplained coma;
6. Deaths that are medically unexpected and that occur in the course of a therapeutic procedure;
7. Deaths of any inmates occurring in any place of penal incarceration; and
8. Deaths of persons whose bodies are to be cremated, buried at sea, transported out of state, or otherwise made ultimately unavailable for pathological study.

### **Unattended by licensed physician**

The individual must have been under care for a fatal or potentially fatal illness. Deaths in this category are usually:

1. Persons found dead without obvious cause;
2. Unattended at any time by a licensed physician;
3. Unattended by a physician during terminal illness that appears unrelated to previous diagnoses;
4. Sudden death, when in apparent good health;
5. After rapidly fatal, unexplained illness;
6. Fetal death attended by a midwife.

Cases constituting a possible hazard to the public health often fall into these categories.

It is emphasized that a nonviolent death within 24 hours after hospital admission is not necessarily a medical examiner case. Patients dying shortly after entering emergency rooms are not necessarily medical examiner cases. If the probable cause of death can be ascertained from the history and physical examination, and if the cause of death can be said to be natural, a medical examiner's investigation is unnecessary.

All deaths following injury must be reported to the medical examiner regardless of the interval between injury and death, if the injury is in any way related to the death.

## **Professional Appearance**

The University of Oklahoma College of Medicine, School of Community Medicine has no formal dress code for residents. However, given the special nature of dealing with

patients and their families, there are certain guidelines that are appropriate.

Professional appearance, attire and demeanor are a demonstration of respect for the patient and the profession, and of self-respect. This professional appearance and demeanor should be maintained at all times by all health professionals. Individual programs will inform residents of standards or requirements unique to that department or program. The resident must abide by the prevailing standards of the facility in which they are working.

University of Oklahoma College of Medicine, School of Community Medicine personalized lab coats and name tags are issued to each resident and must be worn for purposes of identification by patients, families, hospital staff and clinic personnel.

### **Equipment**

Residents may be assigned pagers, keys, electronic pass cards, parking cards, computers, electronic tablets and other equipment or items as deemed necessary. Residents are responsible for the equipment originally assigned to them by the program and must not exchange their equipment with other residents unless authorized to do so by the Program Director. If equipment malfunctions, it must be returned to the department for exchange or repair.

Pagers will be issued, returned for repairs, exchanged, logged and checked in, in accordance with the policies of the individual residency programs. In the event of loss or destruction, the resident to whom the equipment was assigned is responsible for the replacement cost of the item.

Before a resident completes or leaves a University of Oklahoma College of Medicine, School of Community Medicine training program, any equipment keys, and other items assigned to the resident must be returned in good working order by the last working day.

### **Interactions With Vendors**

The University of Oklahoma College of Medicine maintains a policy on interactions with vendors. The purpose of this policy is to assist faculty, residents, students and staff in maintaining ethical working relationships with vendors in accordance with state ethics laws, federal regulations, guidelines of professional and industry organizations and the ethical standards of medical professionals.

The College of Medicine policy is very important in regard to how our faculty, residents and staff interact with vendors in the patient care environment, and in regard to educational support, gifts, meals and other interactions.

All residents are encouraged to familiarize themselves with the full policy, which is accessible online at: <https://outulsa.medhub.com/index.mh>

## **Section 6: Promotion and Academic Actions**

### **Resident Evaluation and Promotion**

Residents are regularly evaluated by attending physicians and program directors regarding attainment of required competencies and other evaluation methods that include peers, nursing staff and patients in the process.

Reappointment and promotion to a higher level of postgraduate training is based upon completing all required curricular and program requirements for the current level of training, meeting the performance standards of the program and demonstrated the expected level of competency.

All residents are encouraged to familiarize themselves with the GME policy on Resident Evaluation and Promotion, which is accessible online at:

<https://outulsa.medhub.com/index.mh>

### **Administrative Academic Actions**

Administrative academic actions include, but are not limited to, oral reminders, written notification and plan of corrective action, suspension, and termination from the residency program. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. In the event a resident is subject to any administrative action beyond an oral reminder, the resident shall be provided a written statement of these actions by the Program Director.

**Note: When actions beyond oral reminders occur, the University may be required to disclose or report the matter to affiliated institutions, medical licensing agencies, and credentialing bodies, especially if sanctions and/or practice restrictions are involved.**

#### **A. Oral Reminder**

This is a discussion between the Program Director and a resident concerning a minor or isolated performance deficiency. The objective is to correct the deficiency through a collegial discussion concerning how the resident's performance falls short of what is expected and provide an explanation of what must be done to correct the deficiency.

#### **B. Written Notification and Plan of Corrective Action**

If the use of an oral reminder has not corrected the performance deficiency, such a reminder is impractical or inappropriate for the level of attention required, or if the deficiency is no longer an isolated matter, a written notification of the deficiency and plan of correction is warranted. This formalizes, via a written notification, the discus-

sion between the program director and the resident concerning the performance deficiency. It also outlines a plan of corrective action, describes further monitoring and evaluation, and specifies any required practice restrictions. Such requirements may be beyond the usual program requirements.

1. Significant deficiencies may include but are not limited to any of the following:
  - a) Failure to meet performance standards set by the training program.
  - b) Misconduct that infringes on the principles and guidelines set forth by the training program.
  - c) Documented and recurrent failure to complete medical records in a timely and appropriate manner.
  - d) Failure to meet the requirement to inform the Program Director of any professional employment outside the residency program or to comply with limitations established.
  - e) Reasonably documented professional misconduct or ethical charges brought against a resident, which bear on his/her fitness to participate in the training program or patient care.
  - f) Failure to comply with University's compliance program, University policy, or the provision of safe and effective patient care.
  - g) Failure to participate in required institutional risk management training, health screening, and OSHA training.
2. When a resident is provided a written notification of deficiency, the notification should clearly describe both the performance deficiency and the standards used to define the deficiency, and set forth a clear set of expectations for future performance. A specific plan of corrective action shall be established by the Program Director. This notification and plan of correction should be provided to the resident in a timely manner, usually within one week of the deficiency being investigated and confirmed.
3. The written notification will also establish a reasonable length of time in which the resident must correct the deficiency and clearly identify any practice restrictions required during that period.
4. A copy of the notification will be provided to the Designated Institutional Official.
5. Depending on compliance with the corrective action established by the Program Director, a resident may be:
  - a) reinstated to the program without further corrective action,
  - b) continued on a plan of corrective action with or without restrictions,
  - c) placed on suspension, or,
  - d) terminated from the residency program.

### **C. Suspension**

1. A resident may be suspended from a residency program for reasons including, but not limited to, any of the following:

- a) Failure to meet the requirements of a written notification and plan of corrective action.
  - b) Any of the reasons listed in paragraphs 1a-1g of section B.
  - c) The resident is deemed an immediate danger to patients, himself or herself, or to others- pending further investigation.
  - d) Failure to comply with the medical licensure laws of the State of Oklahoma – pending further investigation or appeal.
  - e) Failure to maintain required professional liability coverage as stipulated in the eligibility requirements of the College –pending further investigation or appeal.
  - f) Failure to pass required medical licensing exams and/or obtain required licensure.
  - g) Evaluation for disruptive behavior, alcohol, or substance abuse.
2. When a resident is suspended, a written notice of the suspension, the reasons for the action, and the period of suspension shall be provided to the resident by the Program Director with a copy of the notice forwarded to the Designated Institutional Official.
  3. Suspension may be with or without pay depending upon the circumstances.
  4. Suspension must be followed by appropriate measures determined by the Program Director to assure satisfactory resolution of the problem(s). During this time, the resident will be placed on "administrative leave" and may not participate in regular duties, rounds, or educational conferences.
  5. Subsequent to a period of suspension a resident may be:
    - a) reinstated without further corrective action,
    - b) reinstated on a plan of corrective action with or without restrictions,
    - c) continued for an additional period on suspension, or,
    - d) terminated from the residency program.
  6. Periods of suspension are appropriately and reasonably limited in time depending upon the reason(s) for the suspension.

#### **D. Termination**

1. Termination from a residency program may occur for reasons including but not limited to any of the following:
  - a) Failure to meet the requirements of a written notification and plan of corrective action.
  - b) Failure to fully comply with the terms and conditions of suspension.
  - c) Any of the reasons listed in paragraphs 1a-1g of section B.
  - d) Illegal conduct.
  - e) Failure to comply with the medical licensure laws of the State of Oklahoma.
  - f) Failure to maintain required professional liability coverage as stipulated in

- the eligibility requirements of the College.
- g) Failure to pass required medical licensing exams and/or obtain required licensure.
  - h) Participating in any type of moonlighting activities without the knowledge and prior written approval of the Program Director.
  - i) Failure to continue in a Physician Recovery Program as a part of an ongoing treatment plan.
2. At the time of notification to the resident, the Program Director shall provide the resident a written letter of termination stating the reasons for such action and the date the termination becomes effective. A copy of this notice shall be forwarded to the Designated Institutional Official.

### **Grievances**

The University, through its designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and certification of resident physicians participating in the University's graduate medical education programs. This section defines the policies and procedures for resident grievances if a dispute arises.

#### **A. Definition of a Grievance**

1. An allegation of wrongful academic or other disciplinary action (e.g. failure of the Program Director to follow established policy or procedures) that has resulted in or could result in dismissal, non-renewal of a residency agreement, non-promotion to the next level of training, or other actions that could significantly threaten a resident's intended career development and resulting in restriction of residency activity, failure to promote, suspension, or termination of residency training.
2. A formal request for adjudication of an unresolved complaint concerning work environment or issue related to the residency program and/or faculty, but specifically excluding complaints of discrimination, harassment of a sexual, racial, or other nature, or appropriate accommodation for disability that is investigated and addressed through University Equal Employment Opportunity policy and procedure.
3. Actions, including termination of residency training, resulting from a resident's failure to comply with the requirements of the medical licensure laws of the State of Oklahoma are not subject to the grievance procedure(s).
4. Actions, including termination of residency training, resulting from a resident's repeated failure to pass or failure to be eligible to take all of the requisite examinations for licensure to practice medicine in the United States are not subject to the grievance procedure(s).

5. Actions including termination of residency training resulting from a resident's inability to maintain required professional liability insurance are not subject to the grievance procedure.

## **B. Grievance Procedure**

1. Residents who exercise their right to use this procedure agree to accept its conditions as outlined.
2. A resident may have a grievance only on the matters stated in Section A.1, and A.2 above.
3. The resident shall first discuss his/her grievance with the training Program Director and attempt to resolve the issue within the program. In order to pursue the right to file a grievance, this must occur within seven (7) working days of the date on which the resident was notified by the Program Director of the action in question.
4. If the resident is unable to resolve the matter at the level of the Program Director and intends a formal grievance hearing, he/she must request a meeting with the Designated Institutional Official for the purpose of discussing his/her grievance. In order to pursue the right to file a grievance, this request must be in writing and must contain the specific grounds for filing the grievance. The request must be submitted within seven (7) working days of the failed attempt to resolve the issue with the Program Director.
5. The Designated Institutional Official shall meet with the resident to discuss his/her grievance.
6. The Designated Institutional Official shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the Designated Institutional Official of the resolution, or if he determines that the matter cannot be resolved.
7. Within seven (7) working days of notification of the resident by the Designated Institutional Official that the matter cannot be resolved, the resident may request a grievance hearing by a Resident Appeals Committee. The request for a hearing shall be written and submitted to the Dean of the School of Community Medicine. If no appeal is filed within the seven (7) working day period, the case is considered closed.
8. Upon receipt of a properly submitted request for a hearing, the Dean of the College of Medicine-Tulsa shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident physician.

9. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the School of Community Medicine clinical departments and three (3) selected from residents within programs in the School of Community Medicine, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the Dean from the faculty members appointed and is a voting member. The Designated Institutional Official, or his/her designee, shall serve ex officio, without vote, on the Appeals Committee. The parties shall be notified of the membership of the Committee. Committee members with a conflict of interest will be replaced.
10. The Chair of the Appeals Committee or the Designated Institutional Official shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (1) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (2) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate.
11. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have legal counsel present at the hearing, the resident must notify the Designated Institutional Official in writing at least fifteen (15) working days prior to the Appeals Committee hearing. Legal counsel for the complainant and the respondent may advise their clients at the hearing but may not directly address the Appeals Committee or witnesses. Legal Counsel for the University may advise the Appeals Committee at the request of the Chair or the Designated Institutional Official.
12. If the resident is accompanied by legal counsel at the hearing or, if permitted by the Designated Institutional Official for GME at any prior steps where the resident and University official(s) meet, University legal counsel shall also be present.
13. The parties shall each submit a list of the witnesses to be called and the actual exhibits to be presented at the hearing to the Designated Institutional Official at least seven (7) working days in advance of the hearing. The parties are responsible for acquiring evidence and requesting witnesses' attendance. The list of witnesses and copies of exhibits from each party will be provided to the other party and to the Appeals Committee Chair. In the event either party objects to the listed witnesses or exhibits, it shall make such objection to the Appeals Committee Chair in writing at least 3 working days prior to the hearing. The Chair shall make a determination regarding any objections and shall notify the parties prior to the hearing.
14. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement that has been reached by the parties and shall be signed and dated by each party and by the

Chair of the Appeals Committee. This agreement shall be filed with the Dean of the School of Community Medicine. A copy of the final decision shall also be forwarded to the Designated Institutional Official for the administrative file maintained in the Office of Resident & Student Affairs.

15. The Resident Appeals Committee shall hear the grievance. The Committee shall determine the procedure and conduct of the hearing. The hearing shall be closed unless all principals in the case agree to an open hearing. The Designated Institutional Official shall arrange audio tape recording of the hearing and copies will be provided to the parties upon request.
  - a) Witnesses will be asked to affirm that their testimony will be truthful.
  - b) Witnesses other than the complainant and the respondent shall be excluded from the hearing during the testimony of other witnesses. All parties and witnesses shall be excluded during the deliberations of the Appeals Committee.
  - c) Burden of proof is upon the complainant and must be by a preponderance of the evidence.
  - d) Formal rules of evidence shall not apply.
  - e) The parties will have reasonable opportunity to question witnesses and present information and argument deemed relevant by the Appeals Committee Chair. Committee members may also question parties and witnesses.
  - f) Final decisions by the Appeals Committee shall be by majority vote of the members present and voting.
16. The Appeals Committee shall render a signed, written report of its findings and recommendations regarding the dispute in question to the Dean of the School of Community Medicine. The Committee's report shall be prepared and properly transmitted within seven (7) working days after conclusion of its deliberations.

The Dean of the School of Community Medicine shall review the findings and recommendations of the Appeals Committee and render a final decision regarding the grievance and appropriate action. Within fifteen (15) working days of receipt of the Appeals Committee's findings and recommendations, the Dean shall inform the resident and the Program Director of the findings of the Appeals Committee and of the Dean's decision. A copy of the Dean's decision shall be transmitted to the Chair of the Appeals Committee and to the Designated Institutional Official to be placed in the resident's administrative file maintained in the Graduate Medical Education Office.