

# **Graduate Medical Education Handbook**

**2023-2024**



**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: <https://apps.hr.ou.edu/staffhandbook>

A complete posting of updated University of Oklahoma College of Medicine, School of Community Medicine policies that are specific to Graduate Medical are 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 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 (laptops, 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  
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 Tulsa Medical Education Foundation 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 (stipend) will be paid to each trainee on a biweekly 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 and Human Resources (HR).

#### **Benefits**

In addition to the bi-weekly 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. The specific tier and 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 an increase in the basic dental and life insurance coverage, and dependent health benefits coverage. Residents and fellows are also eligible to participate in the University's voluntary retirement plan at

their own expense.

The School of Community Medicine's benefits coordinator may be reached by phone at 405-271-2180.

### **Professional Liability Insurance**

The University provides professional liability insurance for residents and fellows through Academic Physicians Insurance Company (APIC), a captive insurance company covering University physicians, residents, and students for professional liability. Resident coverage is limited to assigned educational experiences related to providing medical care through a residency or fellowship program. It does NOT cover any other work outside of that assigned by the University.

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

- Timely completion of the University's mandatory annual risk management training is required by the College of Medicine for all physicians.
- All residents are automatically enrolled in professional liability coverage through APIC, which provides an occurrence policy for supervised medical practice within the scope of the training program.
- Residents who are involved in an adverse outcome or any situation where a claim by a patient can be anticipated, or who have been notified of legal action, must immediately notify their Program Director and the OU Physicians (OUP) Office of Risk Management. The OUP's Risk Management Office will coordinate with the hospital's risk managers as needed.
- Professional activities outside the scope of the residency training program are not covered by the residency program policy. This includes most "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. This coverage cannot be supplied by APIC. The policy on resident moonlighting can be found on MedHub.
- Questions regarding coverage and reports of adverse events can be addressed by the OUP Patient Safety and Risk Management at 918-660-3628. A Risk Manager is available 24/7 and calls after hours are transferred to the on-call risk manager for the School of Community Medicine OU Physicians.

### **Annual Leave**

Each resident earns a maximum of 15 University business days (M-F) of paid annual 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 annual leave time may **not** be carried over from one academic year to another. No additional payment will be made for unused annual leave upon completion of residency training or at any other time. The leave request should be submitted for approval to the Program Director at least 90 days prior to the

requested date. Requests submitted less than 90 days before the requested date will be reviewed on a case-by-case basis by the Program Director and/or their designee for approval.

The Program Director and/or their designee reserves the right to deny approval of any leave requests.

Annual leave requests shall be honored according to the policy established by each residency program.

Time off for the purpose of employment interviews must be accounted for as annual leave, up to the amount of benefit time earned. Time off for interviews for fellowships or other additional training may be accounted for as either annual leave or educational leave, at the discretion of the Program Director, up to the amount of benefit time earned. See 'Educational Leave' policy below for additional information regarding educational leave.

NOTE: Resident annual leave does not accrue or roll over from one academic year to the next. The Resident Agreement is for one year only, thus, at the end of each year, the terms of the agreement are void, which means all benefits end on the final day of the Agreement.

### **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. Requests for sick leave may require documentation from a healthcare provider.

NOTE: A request for sick leave may be denied if it is determined that it was not submitted in good faith.

### **Off-Cycle Residents**

Residents starting off-cycle will receive a pro-rated amount of paid annual and sick leave during their first and last year of training. For year one of training an accrual rate of 1.25 days per month for annual leave and 1.25 days per month for sick leave will be applied based upon the 1st day of the month that the resident begins training through the remainder of the academic year which ends on June 30th. For the last year of training an accrual rate of 1.25 days per month for annual leave and 1.25 days per month for sick leave will be applied beginning on July 1st and will continue accruing through the last day of the month that training is completed. Maximum allowed annual leave and sick leave is 15 days for each per 12-month period.

### **Leave of Absence**

If the leave of absence is for personal reasons, and not for medical reasons as determined by prior approval by the Program Director and the GME Office, and the

resident has accrued annual leave, the leave of absence will be paid to the extent of the accrued annual leave. *Once the annual leave is exhausted, the remainder of the leave of absence will be unpaid.* If the leave of absence is for medical reasons, the leave of absence will be paid to the extent of the unused annual leave and sick leave. Once the annual 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. During leave without pay, some benefits, such as health insurance, may not be paid by the University. In addition, leave without pay may extend the residency training period depending on time needed to meet RRC and/or specialty board requirements. A resident may not take a leave of absence longer than 30 days per academic year if the leave is not a qualifying FMLA event. Please refer to the Family Leave Policy regarding FMLA.

### **Administrative Leave**

Administrative leave may be awarded for an emergency as approved by the Program Director and the GME Office, and may be with or without pay, depending upon the circumstances, as determined 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 during holidays. If annual leave time is scheduled during a holiday period, then the holiday must be scheduled as annual leave. If the resident is assigned to a clinic that observes a holiday schedule, then the resident need not count that time toward his/her annual leave time. Residents should check with their Program Director's office for further clarification of holiday leave time.

### **Educational Leave**

Educational leave is limited to the time of participation in a professional meeting related to the trainee's area of specialty, for studying for Step 3/COMLEX 3 or for the time required to interview for fellowships or other additional training. The meeting can be no more than one week in duration and must be within the USA. Residents may request up to ten **(10)** 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. Requests made less than 90 days before the scheduled date for a conference/meeting will be reviewed on a case-by-case basis by the Program Director and/or their designee for approval. The Program Director and/or their designee reserves the right to deny approval of these requests submitted. Approval is granted solely at the discretion of the Program Director, who also determines the travel reimbursement policy for the individual residency program.

International travel for educational leave is subject to the requirements in GMEC policy SCM 724.0 regarding resident off-campus experiences. Of special note in GMEC policy 724.0 are instructions for visa holders seeking off-campus or international educational experiences, instructions for all residents regarding University approval of sites for educational experiences outside the United States.

Because of the tax implications of direct reimbursement to residents from outside entities being viewed by the IRS as earned income, travel compensation awards must be processed by following current OU travel procedures and carried out by their department. Reimbursement will be based only on those items documented with receipts and in accordance with current departmental and University travel policy. **Residents must consult their 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. Human Resources can provide additional information: <http://hr.ou.edu>.

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

The following guidelines pertain to resident requests for family leave:

- **Parental leave**  
Available sick leave, annual 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 and the GME Office.
- **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.

### **Effect of FMLA or Extended Leave of Absence on Specialty Board Requirements**

Depending on specialty board requirements, periods of leave may extend the length of the residency training needed to meet RRC and/or specialty board requirements. Information regarding eligibility for specialty board examinations and requirements is available through the program director and each individual specialty board. This information should be carefully reviewed and discussed with the program director prior to requesting leave.

## Wellness Leave for Residents/Fellows Experiencing a Qualified Extended Leave

Residents/fellows will be provided with five (5) days of paid time reserved for exclusive use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. This leave must be taken during the academic year in which the approved leave occurs and may not be rolled into the next academic year.

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

Counseling and support services are available for a variety of resident issues including but not limited to the following: study and test-taking skills, reducing test/evaluation anxiety, depression, stress management, difficulty sleeping, and other counseling and psychological issues.

The Employee Assistance Program provides assistance for employees in dealing with personal problems including alcohol and drug abuse or dependency, mental or emotional disturbance, or other conditions that may adversely affect job performance. The Employee Assistance Program service is provided by Family & Children Services and can be contacted at 918-587-9471. Residents may also use OU-Tulsa Student Counseling Services located in the OU-Tulsa Schusterman Center, Founders Student Center, Room 1C76, telephone 918-660-3109. Services for impaired physicians can also be obtained through the Oklahoma State Medical Association's Oklahoma Health Professionals Program (OHPP). More information on this resource can be obtained by calling 405-601-2536.

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: <https://apps.hr.ou.edu/StaffHandbook>

Guidelines for Mental health Services for Residents is available online at: <http://hr.ou.edu/Healthy-Sooners/Employee-Assistance-Program> and <https://www.ou.edu/tulsastudentaffairs/counseling-services>

#### Other Resources and Contacts

1. OU Behavior Intervention Team (BIT)  
<https://www.ou.edu/tulsastudentaffairs/services/bit>
2. OU Institutional Equity Office <http://www.ou.edu/eoo.html>
3. COPES - Community Outreach Psychiatric Emergency Services. 918-744-4800  
<https://www.fcsok.org/services/crisis-services/>
4. ACGME well-being resources  
<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>
5. The National Suicide Prevention Lifeline – call **988**  
<https://suicidepreventionlifeline.org/>

## **Section 3: Licensure**

### **Oklahoma Medical Licensure**

It is the responsibility of each resident to complete all licensure applications and documents in a timely manner in compliance with established deadlines. Residents must be aware of and follow policies in effect at the time of any licensure question or issue. 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.

#### **Institutional Policy for Allopathic Residents**

It is the policy of the University of Oklahoma School of Community Medicine that all allopathic applicants for residency positions must have passed *both* Step 1 and Step 2 CK of the USMLE prior to being included on a rank order list or otherwise offered a position.

In order for residents to be appointed at the PGY-2 level and above they must have taken Step 3 of the USMLE by December 31<sup>st</sup> of their PGY-1 year and have passing results by March 1<sup>st</sup>. Resident must hold an unrestricted license in the State of Oklahoma by the time of promotion. Failure of a current allopathic resident to obtain full licensure by the expected time of promotion to the PGY-2 year may result in non-promotion or immediate suspension or termination from the residency program. Allopathic IMG's need an unrestricted license in the state of Oklahoma by the beginning of their PGY-3.

#### **Institutional Policy for Osteopathic Residents**

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 of the COMLEX USA prior to being included on a rank order list or otherwise offered a position.

In order for residents to be appointed at the PGY-2 level and above they must have passed COMLEX 3 by December 31<sup>st</sup> of their PGY-1 year and have passing results by March 1. Residents must hold an unrestricted license in the State of Oklahoma by the time of promotion. Failure of a current osteopathic resident to obtain full licensure by the expected time of promotion to the PGY-2 year may result in non-promotion or immediate suspension or termination from the residency program.

Any osteopathic applicant considered initially for any clinical training position at the PGY-2 or above level, must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.

#### **Additional Information and Procedures for Obtaining Oklahoma Medical Licensure:**

Up- to- date information regarding licensure is available by contacting the respective board or visiting the websites as noted below. While the following information reflects policies in place at the time of publication of the current edition of the *Resident Handbook*, policies governing medical licensure and contact info and differing from that listed below may be enacted at any time by the respective medical licensing boards or by statute.

<b>Allopathic Physicians (M.D. Degree)</b>	<b>Osteopathic Physicians (D.O. Degree)</b>
<p><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 University employment.</p>	<p><b>A. Osteopathic physicians must meet the licensure requirements of the Oklahoma State Board of Osteopathic Examiners</b>, including passing Steps 1-3 of COMLEX or USMLE, and <u>must be licensed by July 1st of their PGY- 2 year</u>. No special license is required during the first year of graduate medical education training for osteopathic physicians.</p>
<p><b>B. Allopathic Licensure Board Address</b> At the time of publication, the mailing and website address for the Board of Medical Licensure and Supervision is:</p> <p>Oklahoma State Board of Medical Licensure and Supervision</p> <p>P.O. Box 18256 Oklahoma City, OK 73154-0256 or</p> <p>101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105</p> <p>Telephone: (405) 962-1400</p> <p><a href="http://www.okmedicalboard.org">www.okmedicalboard.org</a></p>	<p><b>B. Osteopathic Licensure Board Address</b>          At the time of publication, the mailing and website address for the Board of Osteopathic Examiners is:</p> <p>Oklahoma State Board of Osteopathic Examiners</p> <p>4848 N. Lincoln Boulevard, Suite 100          Oklahoma City, OK 73105-3335          Telephone: (405) 528-8625  <a href="http://www.ok.gov/osboe/">http://www.ok.gov/osboe/</a></p>
<p><b>C. Applying for an Allopathic Medical License:</b>  <i>Completion of the application process for</i></p>	<p><b>C. Applying for an Osteopathic Medical License:</b>  <i>Completion of the application process for either an unrestricted license or special</i></p>



<b>Allopathic Physicians (M.D. Degree)</b>	<b>Osteopathic Physicians (D.O. Degree)</b>
<i>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.	<i>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.

### **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 only for patients established within the practice. Prescriptions must not be written for colleagues, friends, family or others not established as patients of the practice. Violations may prompt termination.

## **Section 4: Workplace**

### **OU-TULSA WORKERS COMP PROCEDURE and PATHOGEN EXPOSURE PROTOCOL**

Any injury including sprained ankles, back strain/sprains, needlestick injuries, or pathogen exposure **MUST** be properly reported directly to your employer within 30 days of the date of injury or the injury is presumed by Oklahoma Statute to **NOT** be work related. All injuries must be reported to OU-Tulsa Human Resources at 660-3197 or

[Tulsa-HR@ouhsc.edu](mailto:Tulsa-HR@ouhsc.edu). University of Oklahoma "Report of Injury" form will be emailed to you which must be completed immediately and returned to HR. If it is after hours or on weekends, the Report of Injury will be emailed to you as soon as possible.

Any needle stick, cut, exposure to damaged skin, splash into eyes, nose, or mouth, or any other incident that exposes you to contaminated material is treated as an exposure incident.

1. Immediately and thoroughly wash the needle stick wounds and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, sterile eyewash, or saline irrigating solution.
2. Report incident immediately to supervisor. If injury sustained at an OU Clinic, immediately notify the clinic manager.
3. If injury sustained at any outside hospital/clinic, immediately 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.
4. Employee Health Services or the Clinic Manager will facilitate acquiring the SOURCE'S blood labs: Rapid HIV (if available), HIV-1/HIV-2 antibody screen with reflex, Hepatitis B surface antigen, Hepatitis C virus antibody.
5. Employee should report to Access Medical for medical evaluation and treatment. Employee should report to no later than 1-2 hours after exposure. Please take your OU Staff ID.

#### ACCESS MEDICAL LOCATIONS

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

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

1623 S. Utica  
Tulsa, OK 74104  
(918) 392-5100

6. If after hours, employee will report to the nearest ER for medical evaluation and treatment.
7. Resident Program Coordinators will be notified of all exposures and compliance with follow-up and policies.
8. Please immediately forward any medical bills, etc. from out of town facilities to HR. We will forward the bills to our Workers Compensation claims adjuster for processing.

**Remember: any injury including needlestick, cut, or exposure MUST be properly reported directly to your employer, OU, within 30 days of the date of injury or the injury claim will be denied.**

### **Resident Work Hours**

A complete explanation of work 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 work hours
- Programs implement specific policies and procedures consistent with the institutional and program requirements for resident work 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 work hours must be submitted in to the work hours tracking system
- All moonlighting work 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**

Resident physicians play a central role in both educational and clinical activities within the School of Community Medicine (SCM) and its affiliated institutions. A mechanism whereby residents can have a participatory voice in governance, management, and policy setting is crucial to providing high quality educational experiences, good patient care, an emphasis on patient safety and quality improvement, and successful working relationships among the SCM, its affiliated institutions, and its residents.

To accomplish these goals, the SCM's GME Office, supports a Resident Council (RC) that is charged with focusing on five main areas:

1. Education: Working with the SCM and clinical education sites on issues and policy relating to the promotion of high quality educational experiences throughout those institutions.
2. Patient Care: (a) working with the SCM and its clinical education sites to assure the delivery of safe and effective patient care by all resident physicians working under the full supervision of faculty members, (b) actively participating in the continual improvement of patient care services at those sites via patient safety and quality improvement initiatives, and (c) having formal representation on committees that oversee patient care activity and policies.
3. Relationship Building: (a) enhancing communication and good working relationships among the SCM, affiliated institutions, and residents, and (b) enhancing and improving working relationships among the various residency programs and related hospital services.
4. Working Environment: Working with the SCM and its affiliated institutions to effectively address issues that affect the quality of work life and the work environment. This includes such areas as reporting concerns related to patient safety and quality, resident supervision, duty hours and fatigue mitigation, resident call quarters, access to information, meal availability, and resources to reduce non-educational work.
5. Resident Well-Being: Working with the SCM and its affiliated institutions to establish programs and services that enhance well-being and resilience. This includes identifying and developing resources in the areas of intellectual, emotional, environmental, physical, social, financial, occupational, community, and spiritual well-being.

The Council will hold formal monthly meetings. Members are peer-selected from each residency program. The RC selects a Chair and Co-Chair to lead Council activities. Members of the Council have the opportunity to become members on major hospital working committees. The RC Chair and Co-Chair are voting resident members of the GMEC.

The RC may conduct its business in the presence of all members and non-members or in an executive session in which the DIO, faculty members, and hospital administrators are not present so that matters of a sensitive nature may be discussed solely by resident members.

The RC provides all residents with an independently operated Ombudsman Program that provides an avenue for residents to confidentially raise concerns related to their education or work environment without fear of intimidation or retaliation. Faculty who act as ombudsmen are peer-selected and must have the skills and experience needed to serve as mentors to the residents in this process.

In conjunction with the SCM and affiliated institutions, the RC will be involved in planning orientation activities for new residents.

## **Schusterman Library**

1. Located on the Schusterman Center campus at 4502 E. 41<sup>st</sup> Street, the Schusterman 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.

Website: <https://library.tulsa.ou.edu>

Telephone: (918) 660-3220    TEXT: (918) 856-5733

EMAIL: [outulsalibrary@ouhsc.edu](mailto:outulsalibrary@ouhsc.edu)

2. The mission of the library is to help students become scholars. The purpose of the Library is to meet the informational needs of its users for patient care, education and research.

### **Library hours:**

Monday – Thursday	8:00AM – 9:00PM
Friday	8:00AM – 6:00PM
Saturday	1:00PM – 6:00PM
Sunday	1:00PM – 6:00PM

3. The OU-Tulsa library subscribes to 135 journals in print and provides online access to nearly 18,000 full-text electronic journals. Almost all the 12,000 books in the library may be checked out. The usual checkout period for students, faculty and staff is 3 months with the option to renew. 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 and 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 interlibrary loan system. Interlibrary loan 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-four computer workstations with Internet access and many software applications. Printing and scanning are also available. The library has full wireless connectivity and remote access to library resources. The library also has technology items available for a one-week checkout. Technology items are listed on the library's website.
7. The library provides access to many excellent online e-resources including Access Medicine, ACP Journal Club, BoardVitals, DynaMed Plus, Exam Master, JAMAevi-

dence, Journal Citation Reports, Micromedex, Ovid databases, Primal Pictures Interactive Anatomy, PubMed, Scopus, UpToDate, Visible Body, VisualDx, Web of Science, and more. Most, not all, have full text articles ready to be printed. All can be accessed off-campus using your OUHSC username and password. Off campus access must be from the Library's website. See the list of databases for Community Medicine at <https://library.tulsa.ou.edu/index.php/resource-guides/community-medicine>. Online tutorials, database workshops, and one-on-one individual consultations are available to help you with these resources. Librarians will also fulfill literature searches. Call the library anytime for assistance at 918-660-3220 or [outulsalibrary@ouhsc.edu](mailto:outulsalibrary@ouhsc.edu).

8. Health Professional Mobile Apps – Apps for some resources are available through the University's subscriptions, including DynaMed and UpToDate. To learn more, contact the Library at 918-660-3220 or [outulsalibrary@ouhsc.edu](mailto:outulsalibrary@ouhsc.edu).
9. Spaces – The library has a variety of spaces for study and research. Three group study rooms are equipped with glass whiteboards and large monitors to support collaborative work, screen sharing and web conferencing. These rooms are available by online reservation. The first floor of the library also includes the Mind+Body initiative, which promotes physical activity while studying. Mind+Body initiatives include three walking treadmills desks, three desk bikes, and four additional height adjustable standing desks, all designed for laptop use. Standing mats, laptop stands, ergonomic chairs, and mobile whiteboards are available for use at any of the Commons study spaces. A lactation and mediation room are also available for reservation in the library.

### **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: <https://apps.hr.ou.edu/staffhandbook>

Additional GME policies are available 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**

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. In a health care system where patient care and the training of health care professionals occur simultaneously, there must be clear delineation of responsibilities to ensure that qualified practitioners provide patient care, whether they are trainees or full-time staff. As resident trainees acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased authority and responsibility for patient 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 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 circumstances;
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.

### **Dress Code**

Residents are expected to dress according to generally-accepted professional standards appropriate for their training program and the OU School of Community Medicine. Dress, grooming, and personal cleanliness standards contribute positively to the professional image the resident physician presents to patients and their families and represents another form of patient respect. Clothing should be clean and in good repair and should allow for adequate movement during patient care. Clothing should not be tight, low cut, or expose the trunk with movement. Blue jeans, shorts, t-shirts, hats, and exercise clothing are not acceptable professional attire, unless specifically designated. Hair should be kept well-groomed. Mustaches and beards should be neatly trimmed unless required by the resident's religious affiliation. A clean clinical jacket, or other professionally-appropriate attire, should be worn at all times while on duty.

Identification badges must be worn at all times.

Residents should maintain a professional appearance and dress appropriately whenever they are representing OUSCM in any on- or off-campus setting. This includes academic and clinical sites, meetings, and special events.

*Each training program and hospital may set more specific guidelines for dress code*

standards for residents and faculty members.

### **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**

Evaluation and feedback are critical to the personal development of the resident and to continuous improvement in the educational process. Programs use a variety of methods

and tools to regularly evaluate residents regarding their attainment of required competencies; they may also incorporate evaluations from peers, nursing staff, and patients in the process. Residency programs are responsible for regular evaluation of residents' progress. The evaluation system must consist of both formative and summative evaluations. Evaluations are to be used in making decisions about promotion, program completion, remediation, and any disciplinary action. While it is anticipated that the majority of residents will be offered reappointment and promotion through all required levels of training, initial appointment or subsequent reappointment to a residency does not, in and of itself, guarantee promotion and/or continued employment.

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 Notifications and Individualized Improvement Plans, Suspensions, Non-Promotions, Non-Renewals of Residency Agreement, and Terminations from the residency programs. The particular action taken may not necessarily follow the sequential order in which they are described below if the severity of the deficiency warrants non-renewal, termination, or suspension. In the event a resident is subject to any Administrative Academic Action beyond an Oral Reminder, the Program Director shall provide the resident written notification of the action, with a copy to the resident's file and the Designated Institutional Official (DIO). In addition, residents may choose to meet with their program's Clinical Competency Committee (CCC) to further discuss the action.

For purposes of this policy, the term "disclosure" refers to the disclosure of Administrative Academic Actions to affiliated institutions, medical licensing agencies, and credentialing bodies when requested by those agencies for legitimate business purposes. The term "reporting" refers to the reporting of Administrative Academic Actions to the Oklahoma Board of Medical Licensure and Supervision (Board of Licensure) when required by Oklahoma law.

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

An Oral Reminder is a discussion between the Program Director and a resident concerning a minor or isolated performance deficiency. Its objective is to correct the deficiency through a constructive discussion concerning how the resident's performance falls short of program expectations and to provide guidance of what must be done to correct the deficiency or the areas of unsatisfactory performance.

**Note:** Oral reminders are not subject to disclosure or reporting unless they become a

part of the documentation relating to a subsequent Administrative Academic Action that does require disclosure or reporting.

## **B. Written Notification and Individualized Improvement Plan (IIP)**

If the use of an Oral Reminder did not correct the performance deficiency, is impractical or inappropriate for the level of attention required or the deficiency is not an isolated matter, a Written Notification and IIP is warranted. The Written Notification portion formalizes the discussion between the Program Director and the resident concerning the performance deficiency. The IIP outlines a plan of corrective action, describes further monitoring and evaluation, specifies any required practice restrictions, and describes the time frame and deadlines related to the action. The IIP's terms may or may not require extension of training beyond the usual program requirements, but they will likely subject the resident to performance monitoring that is distinct from the level of monitoring experienced by other residents at the same post graduate year of training but who are not on an IIP.

1. Significant deficiencies that warrant Written Notification and Individualized Improvement Plan may include but are not limited to any of the following:
  - a) failure to meet performance standards set by the residency program,
  - b) misconduct that infringes on the principles and guidelines set forth by the residency 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 that bear on his/her fitness to participate in the residency program or patient care,
  - f) failure to comply with University's Compliance Program or University policy or to provide safe and effective patient care, or
  - g) failure to participate in required University training, including but not limited to risk management training, health screening, and OSHA training.
2. The Written Notification and IIP shall be provided to the resident in a timely manner, usually within one week of the deficiency being investigated and confirmed. The Written Notification portion must clearly describe both the performance deficiency and the standards used to define the deficiency, and the IIP portion must then set forth a clear set of expectations for future performance.
3. The Written Notification and IIP 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. If the IIP extends the expected length of residency training or affects the resident's eligibility for taking certification examinations or making application for additional training, those consequences should also be specifically stated.
4. A copy of the Written Notification and IIP will be placed in the resident's file and provided to the DIO.

5. Depending on compliance and the duration of the IIP, the resident may, at the end of the established time period, be:
  - a) reinstated to the program without further corrective action,
  - b) continued on a plan of corrective action with or without restrictions,
  - c) ineligible for promotion with the possibility that duration of training will require extension,
  - d) placed on Suspension,
  - e) notified of Non-Renewal of Residency Agreement, or
  - f) terminated from the residency program.

**Note:**

- I. A Written Notification and IIP is intended to remediate an identified deficiency and prevent the need for other administrative or disciplinary actions. Therefore, a successfully completed IIP would not, in most circumstances, require disclosure or reporting. Examples of when reporting or disclosure may be required include but are not limited to the action being associated with a reportable event as defined by Oklahoma law or extension of training beyond the usual duration.
- II. Resignation or Non-Renewal of Residency Agreement without successful completion of an IIP is considered incomplete remediation of a performance deficiency. That deficiency may require disclosure as a part of the program's Summative Evaluation of the level of competency achieved.
- III. Termination while on an IIP requires both disclosure and reporting.

## **1. Suspension**

Suspension is the documented removal of a resident from clinical and/or educational responsibilities for a limited period. It is intended for events or circumstances that rise to a serious level of concern and require investigation and/or short-term immediate action. Suspension may or may not be part of a formal disciplinary action.

1. A resident may be suspended from a residency program for reasons including but not limited to any of the following:
  - a) any of the reasons listed in paragraphs B. 1a-1g,
  - b) failure to meet the requirements of a Written Notification and IIP, pending determination of further action,
  - c) the resident is deemed an immediate danger to patients, himself or herself, or to others - pending further investigation/determination,
  - 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 School of Community Medicine - pending further investigation or appeal,
  - f) failure to obtain required licensure - pending licensure board action, or
  - g) the resident is being investigated for suspected disruptive behavior,

alcohol, or substance abuse - pending determination.

2. The Program Director shall provide the resident a written notice of Suspension, the reasons for the action, and the period of Suspension, and shall place a copy of the notice in the resident's file and forward one to the DIO. If the Suspension extends the length of residency training or affects eligibility for taking specialty certification examinations or making application for additional training, those consequences should be specifically stated.
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 issue(s). During Suspension, the resident will be removed from clinical activities, other regular duties, and/or educational conferences.
5. Subsequent to a period of Suspension, a resident may be:
  - a) reinstated without further corrective action,
  - b) reinstated on an IIP with or without restrictions,
  - c) reinstated with delay of promotion,
  - d) continued for an additional period on suspension,
  - e) notified of Non-Renewal of Residency Agreement, or
  - f) terminated from the residency program.
6. Periods of Suspension must be appropriately and reasonably limited in duration, depending upon the reason(s) for the Suspension.

**Note:** Suspension without disciplinary action does not require reporting or disclosure, unless associated with a reportable event as defined by Oklahoma law. Suspension with disciplinary action does require disclosure and possibly reporting.

#### **D. Non-Promotion With/Without Extension of Training:**

1. A resident may be denied promotion to the next level of training and/or have his or her training extended for reasons including but not limited to any of the following:
  - a) failure to meet the requirements of a Written Notification and IIP,
  - b) being on an IIP at the usual time of promotion,
  - c) Program Director determination that the resident's performance and level of acquired competency does not meet the standard necessary to assume the next level of progressive responsibility required within the residency program, or
  - d) failure to obtain required type of licensure for level of training.
2. The Program Director shall provide the resident a written notice of non-Promotion with or without extension of training, the reasons for the action and the period of the action and shall place a copy in the resident's file and forward one to the DIO. Non-promotion always requires a Written Notification and an IIP that describes the

program's expectations for the period of the action. Additionally, the IIP must explain how this action is expected to impact the resident's remaining training components and how long, if at all, it will extend the overall length of training. If the Non-Promotion is expected to affect a resident's eligibility to participate in additional training experiences or take specialty certification examinations, those consequences should be described in the notice.

3. Subsequent to a period of non-Promotion, a resident may be subject to actions including but not limited to:
  - a) successful completion of the IIP with promotion to the next level of training
  - b) an additional period of training at the current level on a continued or new IIP
  - c) Non-Renewal of Residency Agreement, or
  - d) Termination from the residency program.
4. A resident on an IIP may not be promoted to the next level of training until the plan is completed.

**Note:** Non-Promotion does not require disclosure or reporting unless it is associated with a disciplinary action, or a reportable event as defined by Oklahoma law, or it extends training beyond the expected length of the residency program.

#### **E. Non-Renewal of Residency Agreement**

1. Non-Renewal of a Residency Agreement from a residency program may occur for reasons including but not limited to any of the following:
  - a) any of the reasons listed in D. 1a-1d,
  - b) failure to meet the requirements of a Written Notification and IIP,
  - c) Program Director determination that the resident's performance and level of acquired competency does not meet the standard necessary to assume the next level of progressive responsibility required within the residency program,
  - d) failure to obtain required type of licensure for level of training,
  - e) failure to fully comply with the terms and conditions of Suspension, or
  - f) failure to show appropriate progress toward the level of performance and/or competency necessary for promotion after an Individualized Improvement Plan has been implemented.
2. The Program Director shall provide the resident a written letter stating the reasons for non-Renewal within a reasonable period of time prior to the end of the current resident agreement and shall place a copy in the resident's file and forward one to the DIO.

**Note:** Non-Renewal of Residency Agreement may require disclosure if the resident failed to successfully complete an IIP at the time of non-Renewal, as this is considered incomplete remediation. It may also require reporting if the action is associated with a reportable event as defined by Oklahoma law.

## F. Termination

1. Termination from a residency program may occur for reasons including but not limited to any of the following:
  - a) any of the reasons listed in paragraphs E 1a-1f,
  - b) failure to meet the requirements of a Written Notification and IIP,
  - c) failure to fully comply with the terms and conditions of suspension,
  - 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 School of Community Medicine
  - 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, or
  - i) failure to continue in a Physician Recovery Program as a part of an ongoing treatment plan.
  - j) Making false or misleading statements or failing to provide complete and accurate information on application for acceptance to a Program.
2. At the time of notification of Termination to the resident, the Program Director shall provide the resident a written letter of Termination stating the reasons for such action and the date it becomes effective and shall place a copy of this notice in the resident's file and forward one to the DIO.

**Note:** Termination will require disclosure and, by Oklahoma law, must be reported to the Board of Licensure.

Residents may exercise their right for grievance on any action that has resulted or can result in suspension, non-renewal, non-promotion, or termination.

## **Grievances**

### A. Definition of a Grievance

1. An allegation of wrongful academic or 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 result 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 or the University's Compliance Program are not subject to these grievance procedure(s).
4. Actions 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, including termination of residency training on this basis, are not subject to the grievance procedure(s).
5. Actions resulting from a resident's inability to maintain required professional liability insurance, including termination of residency training on this basis, 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. While timelines are addressed in this policy, the chair of the grievance panel reserves the right of establishing all timelines for a grievance hearing.
2. A resident may have a grievance only on the matters stated in items 1 or 2 under the definition of Grievance above.
3. The resident shall first discuss his/her grievance with the Residency Program Director and attempt to resolve the issue within the program. In order to pursue the right to file a grievance, this discussion must occur within seven (7) University business 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 (DIO) for the purpose of discussing the 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) University business days of the failed attempt to resolve the issue with the Program Director.
5. The DIO or designee shall meet with the resident to discuss the grievance within 5 working days.

6. The DIO shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the DIO of the resolution or if the DIO determines that the matter cannot be resolved.
7. Within seven (7) University business days of notification of the resident by the DIO 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 in writing and submitted to the Dean of the School of Community Medicine. If no request is filed within the seven (7) University business day period, the matter is considered closed.
8. Upon receipt of a properly submitted request for a hearing, the Dean of the School of Community Medicine 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 non-academic administrative faculty of the School of Community Medicine clinical departments and three (3) selected from residents within programs in the School of Community Medicine. Committee members cannot be from the same department as the grieving resident. The Chair of the Resident Appeals Committee shall be selected by the Dean of the School of Community Medicine from the faculty members appointed and is a voting member. The parties shall be notified of the membership of the Committee and given the opportunity to object due to bias. Committee members with a conflict of interest will be replaced.
10. The Chair of the Resident Appeals Committee shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (a) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (b) 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. Administrative support will be provided by the GME Office to the Chair of the Appeals Committee to maintain the agenda, make copies of documents, manage the witness list, arrange for audio recording, reserve adequate meeting space, and provide other support services at the discretion of the Chair of the Resident Appeals Committee.
11. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have an attorney present at the hearing, they must notify the Chair of Appeals Committee in writing at least fifteen (15) University business days prior to the Appeals Committee hearing. The respondent may have an attorney present at the hearing only if the resident has an attorney at the hearing. Attorneys 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 Chair and Appeals Committee at the request of the Chair.

12. If the resident is accompanied by an attorney at the hearing or, if permitted by the Chair of Appeals Committee at any prior steps where the resident and University official(s) meet, University legal counsel representing the faculty member or the Program Director shall also be present.
13. The parties shall each submit a list of the witnesses to be called, including a brief description of the expected testimony, and the actual exhibits to be presented at the hearing to the Chair of Appeals Committee at least seven (7) University business 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 Appeals Committee Chair, who shall make them available to the other party. In the event either party objects to the listed witnesses or exhibits, the party shall make such objection to the Appeals Committee Chair in writing at least (3) University business days prior to the hearing. The Chair shall make a determination regarding any objections and shall notify the parties in writing prior to the hearing. The deadlines are subject to revision by the Appeals Committee Chair.
14. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement prepared by the Chair 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 included in the resident's file and forwarded to the DIO for the administrative file maintained in the Graduate Medical Education Office.
15. If no resolution is agreed upon, the Resident Appeals Committee shall hear the grievance. The hearing shall be closed. The hearing shall be recorded, and copies of the recording 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 to convince a majority of the Appeals Committee that his/her allegation is true 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.
  - f. Committee members may also question parties and witnesses.
  - g. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting.

16. The Committee Chair shall determine additional procedures and conduct of the hearing.
17. The Appeals Committee shall render a signed, written report of its findings and recommendations to the Dean of the School of Community Medicine. The Committee's report shall be prepared by the Chair and transmitted within seven (7) University business days after conclusion of its deliberations.
18. 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) University business 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 DIO to be placed in the resident's administrative file maintained in the Graduate Medical Education Office.