RESIDENT HANDBOOK

Graduate Medical Education
Policies and Procedures

The University of Oklahoma
College of Medicine
Oklahoma City, Oklahoma

Last Revised September 22, 2011
Notice

The *Resident Handbook* is a convenient first reference for general information regarding the College's major policies and regulations, facilities, and organization as they relate 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 is at: [http://www.hr.ou.edu/handbook](http://www.hr.ou.edu/handbook). Some of the policies included are the following: (1) Prevention of Alcohol Abuse and Drug Use on Campus and in the Workplace, (2) Discrimination, (3) Racial and Ethnic Harassment, (4) Sexual Harassment/Sexual Assault, (5) Consensual Sexual Relationships, and (6) Disability Accommodation. Grievance procedures for complaints such as discrimination, sexual harassment, or racial and ethnic harassment are also explained. A complete posting of updated College of Medicine policies that are specific to Graduate Medical Education is available at [http://www.hippocrates.ouhsc.edu/comdocs/policy/index.pdf#page=133](http://www.hippocrates.ouhsc.edu/comdocs/policy/index.pdf#page=133).

The information contained in this Handbook may change from time to time by the actions of the institution. Every effort will be made to ensure that the *Resident Handbook* is regularly updated. 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. An up-to-date version of the Handbook and GME policies and other important GME information are immediately available on the GME website. Questions concerning policies should be directed to the residency Program Director or the Office of Graduate Medical Education.
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Introduction

Welcome to the University of Oklahoma College of Medicine and the University of Oklahoma Health Sciences Center (OUHSC) in Oklahoma City. The College of Medicine, our residency programs, and our affiliated teaching hospitals have a long, respected tradition of excellence in clinical training. We believe you will find your educational experience and training at this medical center stimulating and rewarding. Our goal is to provide excellent preparation for your ultimate career in medicine.

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 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 College of Medicine and its 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. The College's institutional oversight of residency programs and residency affairs is conducted through the Graduate Medical Education Committee (GMEC) and the Associate Dean for Graduate Medical Education.

As a physician in residency 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 his/her faculty associates. The College 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 are important to you during your time here.

Because of the complexity of graduate medical education and academic medical centers in general, administrative policies and procedures are necessary. The Resident Handbook has been compiled for your benefit and sets forth the guidelines that govern our residency training programs as well as certain regulations, benefits and policies. The Graduate Medical Education Committee and Program Directors, the affiliated teaching hospitals, the College of 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.

As stipulated in your residency agreement, you are obligated to abide by the policies, procedures and regulations in the Resident Handbook and all pertinent GME and University policies. If you have questions concerning the information contained herein, please contact your Program Director or the Office of Graduate Medical Education (GME Office).
Residency Appointments

Eligibility Criteria
Applicants for graduate medical education (GME) programs sponsored by the University of Oklahoma College of Medicine and its clinical departments are eligible for appointment if they meet one of the following qualifications:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education who have passed both Step I and Step 2 CK and CS of the United States Medical Licensing Examination (USMLE). (No more than three attempts per USMLE step are allowed by the state licensing board.)
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association who have passed both Step 1 and Step 2 CE and PE of the COMLEX USA.
3. Graduates of medical schools outside the United States and Canada who meet each of the following qualifications:
   a. Hold a currently valid Standard Certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), the requirements for which include passing both Step 1 and Step 2 CK and CS of the USMLE.
   b. Are citizens/permanent residents of the United States OR hold a J-l visa. An H1-B visa or Employment Authorization Document (EAD) will be considered on a case by case basis with advanced approval by the Associate Dean for Graduate Medical Education.

Note: Non-U.S. citizens who are graduates of medical schools in the United States and Canada are not considered international medical graduates and do not require ECFMG sponsorship.

Additionally, applicants to residency programs will be considered only if, at the time of application, they are eligible for all of the following:

2. Participation in federally qualified health programs such as Medicare and Medicaid. A list of individuals with sanctions that would disqualify their participation can be found on the Health and Human Services Office of Inspector General website at: http://exclusions.oig.hhs.gov.

Issues that may preclude eligibility for the above include, but are not limited to, prior felony convictions, substance abuse, malpractice judgments or settlements, or disciplinary actions by a state medical board.

Initial appointment and all reappointment of residents currently in GME programs to levels of training beyond the PGY-I must meet the following:

1. Allopathic (MD) applicants or reappointments for the PGY2 year must have passed both Step 1 and Step 2 CK and CS of the USMLE and, at a minimum, possess a valid special license in
2. Allopathic (MD) applicants and reappointments at the PGY-3 and above levels must have passed Steps 1-3 of the USMLE and possess a full license in the State of Oklahoma. 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.

3. Osteopathic (DO) applicants and re-appointments for positions of PGY-2 or above must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.

Selection Criteria
Residents are selected from among eligible, qualified applicants on the basis of their academic credentials, abilities, aptitude, preparedness, communication skills, and personal qualities including motivation and integrity. This university, in compliance with all applicable Federal and State laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

First Postgraduate Year
First-year residency positions will be offered to U.S. graduating seniors selected through an organized matching program, such as the National Resident Matching Program (NRMP) or one of the alternative matching programs utilized by certain specialty programs. Most residency programs require applicants to apply through the Electronic Residency Application Service (ERAS). First-year residency positions offered to candidates other than U.S. graduating seniors will also be selected through an organized matching program, except in special circumstances allowed by national matching program policies. Applicants for these positions should consult the publications of the NRMP or alternative matching program for specific requirements and date deadlines.

Second Postgraduate Year and Above
Appointments for second year and above levels are made in accordance with policies established by each specialty program in compliance with the standards of the Accreditation Council for Graduate Medical Education, its Residency Review Committees, and the requirements of the respective American specialty certification boards.

Selections for advanced level positions are generally made through an organized matching program when a matching program exists for the specialty or subspecialty. The PGY level of the initial appointment is determined by the amount of previously completed graduate medical education that is acceptable for credit by the specialty board of the training program to which the resident is appointed and the functional level at which training will be pursued. All previous GME training must be assessed and verified by the program director prior to appointment and assigning level of training. Whenever there is uncertainty in this regard, the applicant shall obtain from the specialty board a written appraisal of previous training and a statement of additional training requirements that must be met to qualify the resident for certification by that board.

Graduates of International Medical Schools
Residency appointments for graduates of medical schools outside the United States and Canada may be offered only to those individuals who meet all requirements of Federal and State laws applicable to such appointments, including visa requirements. Such applicants must hold a currently valid Standard ECFMG Certificate prior to appointment, or have a full unrestricted license to practice
medicine in a U.S. licensing jurisdiction in which they are training or practicing.

International medical graduates admitted to the United States for graduate medical education training under the authority of the University of Oklahoma College of Medicine must hold either a J-1 visa under the sponsorship of the ECFMG or a permanent immigrant visa ("green card"). An HI-B visa or Employment Authorization Document (EAD) will be considered on a case by case basis with advanced approval by the Associate Dean for Graduate Medical Education.

Eligibility requirements can be found at www.ecfmg.org. It is the responsibility of the applicant to complete all ECFMG requirements, visa requirements, and licensure requirements before accepting appointment to a residency position and before beginning residency training. Failure to do so may result in immediate termination of the residency appointment.
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 policies and procedures published in the Resident 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 (1-9) 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.
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. Checks for salaries are issued by the central payroll office of the University of Oklahoma Health Sciences Center (OUHSC) and are distributed by electronic direct deposit. Additional information about salary distribution will be provided to the resident by the Program Director's office.

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.

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.

Extended 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. Benefits must be paid by the resident during the unpaid leave. A resident may not take a leave of absence longer than 30 days per academic year unless the leave is a qualifying FMLA event. Please refer to the Family Leave Policy regarding FMLA.

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 six (6) weeks prior to the requested leave 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 Policies**

**Family Leave Guidelines**
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.

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 the campus Benefits office to determine premium payment requirements.

**Maternity/Paternity Leave**
Available sick leave, vacation time, or leave without pay may be used in accordance with the Family Medical 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.
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 the specialty board requirements. Information regarding eligibility for specialty board examinations and requirements is available through your program director and each individual specialty board. This information should be carefully reviewed and discussed with your program director prior to requesting leave.

Counseling, Psychological Support Services
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 their job performance. The Employee Assistance Program Office is located in the Williams Pavilion on the 3rd floor, Room 3070, telephone 271-5272, 8:00 a.m. to 5:00 p.m. Monday-Friday. Residents may also use Student Counseling Services located in the Student Union on the 3rd floor, Room 300, telephone 271-7336. Services are available 8:00 a.m. to 5:00 p.m. Monday-Friday with extended hours on Tuesday.

Insurance Benefits
Residents are provided medical, dental, long-term disability, accidental death and dismemberment and term life insurance coverage. All are provided without cost to active residents other than the medical insurance. A compensation based contribution system is in place for medical insurance which provides benefits for the resident and eligible dependents. Medical insurance benefits begin commensurate with the first day of the educational training program.

Reimbursement accounts are also available to residents (consult Benefits Office). Dental, accidental death and dismemberment, and term life insurance coverage may be obtained for dependents for an additional premium paid by the resident. Details regarding these programs and the various options available will be provided to residents annually by the Human Resources Office of the University. In order to receive these insurance benefits, enrollment must be completed promptly. Requests for information concerning insurance benefits should be directed to the Program Director's office or to the GME Office.

Parking
Parking is provided at no cost to the residents through the affiliated institutions. The Program Director or service chief makes parking assignments, depending on the location of a specific rotation. Residents are expected to abide by all rules regarding parking registration, hang tags, etc. Failure to do so can result in a citation with a fine or towing of your vehicle which is the responsibility of the resident.

Medical Library Privileges
Each resident is entitled to use the Robert M. Bird Health Sciences Library, located at 1000 Stanton L.Young Boulevard on the campus. The library has an extensive periodical subscription and complete information retrieval and audiovisual services in addition to its large book collection. In order to use the library, one must have a "University ID" card which bears a photograph of the individual.

Consult with your Program Director's office for information about obtaining a photo ID card.

Library Hours
Monday-Thursday: 7:00 a.m. to midnight Friday: 7:00 a.m. to 11:00 p.m.
Saturday: 8:00 a.m. to 9:00 p.m.
Sunday: Noon to midnight
Holiday & Final hours: closed on major holidays and open extended hours for finals.

**Mail**
Residents are requested to direct their mail, as much as possible, to their home addresses. This serves to expedite and insure efficient handling of personal mail. Residents should promptly provide their Program Director's office with change of address notices whenever moving. Departments will make available a distribution system for mail received at the Health Sciences Center. Check with the Program Director's office for specific details.
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. Some participating institutions may have special requirements for individuals who are not immunized. TB skin tests are required upon entry into a program and annually thereafter. 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.

All residents must participate in required annual health screening as determined by University and hospital(s) administration and the Graduate Medical Education Committee. Information will be provided to you through your Program Director's office.

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.
Work Related Exposure or Injury

During the hours of 8:00 a.m. to 5:00 p.m., Monday-Friday, residents exposed to potentially infectious and/or hazardous materials including needle sticks, blood, or bloody body fluids must report for evaluation and treatment within two (2) hours of the exposure to the OU Employee Health Clinic located on campus at the Family Medicine Center, 900 N.E. 10th Street (telephone 271-3100). For exposures occurring at times other than those stated above, residents must report for treatment to the emergency room of the facility in which they are working within two (2) hours of the exposure. Residents requiring post-exposure treatment protocols for HIV, HBV and other infectious diseases must report to OU Employee Health Clinic.

All work-related illness or injuries must be reported as soon as possible directly to the Program Director or his/her office for verification. Failure to document a work-related injury/illness could result in the denial of the claim and/or delay of payment for medical services.

Residents must also contact the following office to obtain the necessary reporting forms to document a work-related illness or injury: Human Resources Workers' Compensation Section, Room 123, Service Center Building, telephone 271-2180. The reporting forms are also available at www.hr.ou.edu/payandrecords/ouhsc/HSCWC.asp Residents must complete the “Employee’s Report of Injury.” The resident’s program department is responsible for completing the additional required forms and submitting all paperwork to Human Resources.
Professional Liability Insurance

Any graduate physician may be held liable by the law for accidents, errors, or omissions in professional judgment or professional acts uncommon to the practice 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. 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.

Note: 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 apply for and purchase, at their own expense, additional professional liability insurance covering these activities.

Residents that 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.
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 this handbook was updated, 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 web sites as noted below.

Allopathic Physicians (M.D. Degree)
The Oklahoma State Board of Medical Licensure and Supervision (Board) licenses allopathic physicians to practice medicine in the State of Oklahoma. Residents in training programs must hold either a special license or full license issued by the Board as is stipulated in the section on eligibility requirements. The Board requires the United States Medical Licensing Examination (USMLE). Any applicant for licensure who fails any step of the USMLE three (3) times or takes longer than a ten (10) year period to pass all steps of USMLE may not be eligible for licensure.

A. Special Licensure
Allopathic medical graduates in the first and second year of graduate medical education training in Oklahoma are required to have, at a minimum, a special license for this purpose. All allopathic applicants must have passed both Step 1 and Step 2 Clinical Skills (CS) and Clinical Knowledge (CK) of the USMLE. A completed application with fees must be filed in time to allow issuance of the special license certificate by July 1st of the PGY-1 year.

The Board allows "no tolerance" on deadlines for licensure matters. A resident may not begin the PGY-1 or PGY-2 year or be placed on the payroll without having a special license. Individuals holding a special license may apply for a full and unrestricted medical license upon meeting all requirements for the full license.

B. Full Licensure
The law requires that applicants for full licensure possess a valid degree of Doctor of Medicine from a medical college or school located in the United States, its territories or possessions, or Canada that was approved by the Board or by a private nonprofit accrediting body approved by the Board at the time the degree was conferred. Applicants from international medical schools must possess the degree of Doctor of Medicine or a Board approved equivalent based on satisfactory completion of educational programs from a school with education and training substantially equivalent to that offered by the University of Oklahoma College of Medicine.

The law requires 12 months of progressive postgraduate medical training approved by the Board. The law further requires graduates of international medical schools to have 24 months of progressive postgraduate medical training approved by the Board. All applicants must have passed appropriate examinations as stipulated by the Board (e.g., the USMLE Steps 1-3, National Board of Medical Examiners, or FLEX tests).
The Board considers each application individually and meeting the above criteria does not guarantee issuance of a license. Factors considered include, but are not limited to, examination results, educational background, post-graduate training, achievement in specialties, and personal history of moral and ethical conduct.

**Graduates of international medical schools must meet additional requirements.** A translator approved by the Board must translate documents not printed in the English language into English. If the Board is unable to verify information or has serious questions related to an international medical graduate applicant or the applicant's medical school, it may reject the application. Applicants who are graduates of international medical schools must pass an English proficiency examination. Applicants who are not United States citizens must also provide written proof of ability to work in the United States as authorized by the United States Citizenship and Immigration Services.

**C. Applying for a Medical License**
Completeness of the application process for either a full license or special license is the sole responsibility of the resident. 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.

**D. Allopathic Licensure Board Address**
At the time of publication of this Handbook, the mailing and website address for the Board of Medical Licensure and Supervision is:

Oklahoma State Board of Medical
Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

or

101 NE 51st Street
Oklahoma City, OK 73118
Telephone: (405) 962-1400
www.okmedicalboard.org

**E. Institutional Policy for Allopathic Applicants**
It is the policy of the University of Oklahoma College of Medicine that all allopathic applicants for residency positions must have passed both Step 1 and Step 2 CK and CS of the USMLE. All appointments at the PGY-3 level and above must have passed Steps 1-3 of the USMLE and possess a full license in the State of Oklahoma. 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.
Osteopathic Physicians (D.O. Degree)
Osteopathic physicians must meet the licensure requirements of the Oklahoma State Board of Osteopathic Examiners 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. Many of the osteopathic board's licensure requirements for documents and verifications are similar to those stated above for allopathic physicians. Accordingly, the applicant should begin the process as early as possible in order to meet all deadlines.

A. Osteopathic Licensure Board Address
At the time of publication of this handbook the mailing and website address for the Board of Osteopathic Examiners is:

Oklahoma State Board of Osteopathic Examiners
4848 N. Lincoln Boulevard, Suite 100
Oklahoma City, OK 73105-3335
Telephone: (405) 528-8625
www.osboe.ok.gov

B. Institutional Policy for Osteopathic Applicants
It is the policy of the University of Oklahoma College of Medicine that all osteopathic applicants for residency positions must have passed Step 1 and Step 2 CE and PE of the COMLEX USA. All osteopathic residents must pass the final step of the osteopathic examination by the end of the first year (PGY-1) of residency training.

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.
Narcotics Prescribing Registration

Prescribing and handling of narcotics and controlled substances in Oklahoma without possessing an active controlled substance registration from the Oklahoma State Bureau of Narcotics and Dangerous Drugs (OSBNDD) and the United States Drug Enforcement Administration (DEA) is illegal. State and federal registrations are required for both allopathic (MD) and osteopathic (DO) physicians. Until residents obtain their own unique registration numbers, they may use institutional numbers (see below).

It is the responsibility of the resident to obtain the necessary information and application forms for these registrations and to keep his/her registrations current. The OSBNDD will provide an application only to those who can provide an Oklahoma medical license number (special or full). New residents can obtain an application by calling the OSBNDD's toll free number: (800) 522-8031. The registration number is usually issued promptly.

Residents should contact the DEA directly regarding an application form and the procedures to follow. The DEA usually takes 6 to 8 weeks from the date of receipt of application to process the resident's application. The application is initially sent to Washington, DC, processed there, and forwarded to the regional DEA office in Dallas, Texas. Authorities from the Dallas DEA office will contact the OSBNDD to verify that an OSBNDD number has been issued to the resident before completing the process and issuing the resident a federal narcotics prescribing certificate.

Residents who move to Oklahoma from another state and hold an existing DEA registration must modify their DEA registration to show an Oklahoma practice address. Residents intending to practice in more than one state must have a DEA registration for each state in which they practice.

Within the confines of institutional (teaching hospital) practice only, residents may utilize an institutional DEA number with a special suffix identifying the resident until obtaining their own unique DEA registration numbers. This situation primarily applies to OU MEDICAL CENTER and the VA Medical Center. Please note that use of the "institutional DEA number" applies only within the scope of medical practice in the hospital and not for any medical practice outside the context of the residency program.
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 are, however, generally expected to:

1. Develop a personal program of self-study and professional growth with guidance from the Program Director and facility.

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 College policy 727 Relationships with Medical Vendors. (See GME website.)

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.
Resident Statement of Commitment

The College of Medicine expects its learners to adhere to the highest standards of ethics and professionalism in their relationships with their patients, faculty, colleagues, and the staff of programs and institutions associated with their training. The official College of Medicine Resident Statement of Commitment is as follows:

1. We acknowledge our fundamental obligation as physicians to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability, or sexual orientation.

5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We recognize the need to be open and truthful with our patients, faculty, and colleagues about matters related to patient care including medical errors that may affect the safety and well-being of patients, the care team, or associated institutions.

8. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

9. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

10. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

11. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.
Evaluation and Promotion

Appointments to a Graduate Medical Education program sponsored by the University of Oklahoma College of Medicine are limited to a one year period of time. Shorter periods of appointment may occur in special circumstances. While it is anticipated that the majority of participants will gain reappointment and promotion through all required levels of training, initial appointment to a residency does not, in and of itself, guarantee promotion.

Residents are regularly evaluated by attending physicians and program directors regarding attainment of required competencies. In addition, many programs incorporate evaluation methods that include peers, nursing staff, and patients in the process. Other recognized methods that provide assessment of core competencies outlined by the Accreditation Council for Graduate Medical Education (ACGME) may be added and evaluated by programs in an ongoing fashion. Evaluation of resident performance and competency occurs in many different venues including, but not limited to: inpatient unit activities, outpatient clinics, conferences, seminars, and journal clubs. Each program maintains appropriate documentation of evaluation and competency assessment, and as required by accrediting bodies, provides appropriate feedback to residents and completes summary assessments. **The final determination of the adequacy of a resident's performance and degree of competency rests with the program faculty and Program Director.**

Reappointment and promotion to a higher level of postgraduate training is based upon satisfactory completion of all required curricular and program requirements for the current level of training, meeting the performance standards of the program, and evidence of expected level of competency. **Any resident on a Plan of Corrective Action (see Resident Handbook section Administrative Academic Actions) will not be promoted to the next level of training until all requirements of the plan have been satisfied.** In addition, candidates for any reappointment must also meet all eligibility requirements as outlined in the OU College of Medicine policy number 716 Resident Eligibility and Selection. A copy of this policy is available on the GME website.
Certificates of Training

Certificates of training for ACGME accredited residency programs are issued officially by the University at designated times and are requested through the GME Office by the Program Director. Issuance of a training certificate requires documented evidence of completion of all requirements of the specific training program. Certification of completion of residency training will be provided only for those residents who have fulfilled all requirements established by their training programs, including fulfillment of time requirements. An extended leave of absence or period of academic remediation, regardless of circumstances, must be made up to the satisfaction of the Program Director before a resident will be considered to have completed his/her training program. This may have ramifications for board eligibility and should be discussed with the Program Director prior to requesting leave.

Certificates of residency training issued by the University are not equivalent to certification or attestation by the Program Director of eligibility to take the certifying examinations of the various American specialty boards. Certification or attestation of eligibility to take the certifying examinations of the specialty boards is done at the individual residency program level by the Program Director and implies exacting standards of excellence that must be met. Each specialty board defines these standards. Residents should consult with their Program Directors regarding specific board certification requirements.

Certificates for non-ACGME accredited programs are issued as outlined in College of Medicine Policy number 702 Non-Accredited Graduate Medical Education Training available on the GME website.
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 electronic health information systems continue to expand in all our patient care facilities, there is still great use of and dependence on written medical records. Accordingly, residents should be aware of the rules and regulations regarding medical records.

Specific rules concerning medical records vary with the different services and hospitals, and each resident is responsible to be aware of these rules. General rules apply to all services, and they are:

**Preservation of Medical Records**
1. No medical record may be removed from the files without a proper sign-out of the record to show where it has been taken and who is responsible for it.
2. If a medical record, subsequent to its removal from the files, is transferred from one person to another, it is the responsibility of the person to whom the record is charged to notify the appropriate Medical Records Department.
3. Medical records must not be taken from a hospital or clinic.
4. Medical records of patients previously treated are available to residents for approve education or research purposes, subject to any hospital or clinic policies.

**Preparation and Maintenance of Medical Records**
1. A complete history and physical examination must be written or dictated within 24 hours after admission of each patient, or within the guidelines determined by the hospital's medical staff executive committee.
2. Adequate, up-to-date, and legible progress notes must accurately reflect the patient's hospital course and clearly document the supervision of attending faculty.
3. Residents must date and sign each entry made in the clinical record assuring legibility of the resident's name.
4. Abbreviations may only be used as per hospital or clinic policy.
5. Each patient has a unique medical record number. This identifies him/her for all medical purposes. The medical record number must be placed on every sheet of the record and on every form requesting ancillary services. Generally, a pre-printed sticker will be available for this purpose.
6. When it is known that a patient is to be discharged, all residents responsible for the preparation of items in the record must attempt to complete those items before the patient leaves the hospital.
7. The service discharging a patient is responsible for assuring that a summary of the patient's entire hospitalization is present in dictated form.
8. Residents on duty in an emergency department must complete the medical record immediately after a patient is treated. Emergency department records are needed by many. The record must not be taken elsewhere; if copies are needed, photocopies will be prepared by emergency room staff according to policy.
9. At regular intervals, appropriate hospital committees will review medical record
delinquencies and deficiencies, including those of residents. **Serious deficiencies will be reported to the appropriate Program Director for administrative action. The Executive Committee of the Medical Staff may also levy sanctions that restrict a resident's activity in that facility.**

**Confidentiality of Medical Records**

1. Residents are cautioned that medical records are confidential. The use and disclosure of the health information contained in a medical record are restricted by the regulations (Privacy Regulations) promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and state laws.

2. Residents must comply with the University's Privacy Policies and Procedures (Privacy Policies) implementing the Privacy Regulations. The failure to comply with the Privacy Policies will result in corrective action, up to and including termination from the program.

3. Residents must make reasonable efforts to safeguard medical information. For example, residents must not discuss particular patients in public or leave medical records in places where unauthorized persons could access them.

4. Residents must abide by all University policy if storing health information on portable devices.

5. Residents must comply with all policies developed by the University related to the security of health information.
Dress Guidelines

The University of Oklahoma Health Sciences Center and the College of Medicine have 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 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 faculty, residents, and medical students. 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 general, clothing should be clean and in good repair. Blue jeans, shorts, t-shirts, hats, and exercise clothing are not acceptable. Hair should be kept well groomed and neat. Mustaches and beards should be neatly trimmed. A clean clinical jacket, or other professionally appropriate attire, must be worn at all times while on duty. Name tags are issued to each resident and must be worn for identification by patients, families, hospital, and clinic personnel.
Equipment

Residents may be assigned pagers, keys, electronic pass cards, parking cards, 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 pager.

Before a resident completes or leaves an OUHSC training program, the equipment, keys, and other items assigned to the resident must be returned in good working order by the last working day.
Resident Duty Hours

The safety of residents and patients is of the utmost concern to the College of Medicine and its affiliated institutions. Excessive periods without sleep or rest can result in effects on both the physical and emotional well being of the resident. In recognition of this and in accordance with the policies of the ACGME, the College, its residency programs and affiliated institutions will provide training on the effects of excessive fatigue and will carefully construct duty hour assignments that support the physical and emotional well-being of residents, promote an educational environment, and facilitate safe and effective patient care. The College, its programs, and affiliated institutions will also monitor duty hours and call schedules in order to assure compliance with the requirements of the ACGME and their Residency Review Committees.

Each program will provide to residents a formal written policy governing duty hours that is consistent with institutional and program specific requirements. The duty hours policy will focus on the needs of the patient, continuity of care, and the educational needs of the resident. Adjustments in call schedules, service requirements, and educational time may be periodically necessary in order to address excessive care demands and/or resident fatigue.
Resident Moonlighting

Unsupervised moonlighting (aka "external moonlighting") refers to professional medical activity which a resident engages in outside the context of the residency program and where the resident in effect acts as an independent contractor. Some residents may choose such work in their free time to supplement their incomes or to incorporate experiences not otherwise found in their formal training programs. This practice can be beneficial to the individual if prudently employed. If abused, however, patient care may suffer, the training program for the individual may be impaired, the burdens imposed upon peers may become excessive, and the University's reputation as a center for educational excellence may suffer. Some residency programs strongly discourage moonlighting activities, while other programs accept such activities as long as they do not compromise the resident meeting his/her obligations to assigned patient care and satisfying program performance requirements. A resident may not, however, under any circumstances open or work in a self-owned private practice office while in training. Professional liability insurance coverage for unsupervised moonlighting is not provided under standard coverage provided for residency education and is fully the responsibility of the resident.

Supervised moonlighting (aka "internal moonlighting") is fully supervised patient care that is done over and above the usual program training experiences and is for the express purpose of additional elective supervised training. The Program Director must assure that all such activities are fully supervised and evaluated in accordance with all applicable College and affiliated institutional policies on resident supervision including clear documentation in the medical record of the supervision provided. Though there may be extra compensation for this activity, the activity is considered supplementary to the resident's formal training and is not a substitute for the formal core curriculum. Professional liability coverage for supervised moonlighting is covered under the resident's policy for residency training. All supervised moonlighting activities provided by a program must be approved in writing by the Associate Dean for Graduate Medical Education prior to being implemented by a program.

No resident in programs at the University of Oklahoma Health Sciences Center College of Medicine may be required to engage in moonlighting activities either unsupervised or supervised. Supervised moonlighting within the context of the residency program as well as unsupervised moonlighting that occurs within the sponsoring institution and its affiliated clinical training sites counts toward the work hour limitations set by the ACGME.

As stipulated in the residency contract, residents agree not to engage in any moonlighting activity without the explicit knowledge and prior written approval of the residency's Program Director. This written approval must become a part of the resident's file. Based on these limitations and/or resident's performance in the program, the Program Director will inform the resident in writing of any limitations on his or her moonlighting activities.

Any type of moonlighting without the knowledge and prior written approval of the Program Director is considered grounds for immediate dismissal from the training program. Residents must also be monitored by the Program Director for the effect of moonlighting on their performance. Evidence of adverse effects will be considered grounds for withdrawal of permission to moonlight.
The independent practice of medicine without licensure and appropriate credentialing is illegal. In Oklahoma, residents must satisfactorily complete at least one full year of approved postgraduate training before unrestricted licensure is granted. Unsupervised moonlighting by residents holding a restricted (special) license is illegal and against University policy. **In addition, residents holding J-1 and H-1B visas are restricted from supervised and unsupervised moonlighting.** Violators of this policy are subject to immediate dismissal and possible criminal prosecution. It is also the responsibility of the entity or institution hiring a resident to moonlight to determine whether unrestricted licensure is in place, whether adequate liability insurance is in place, and whether the resident has the appropriate training and skills to carry out assigned duties.

Residents participating in unsupervised moonlighting must also have a non-exempt fee status on OBNDD and DEA certification.

In promulgating this moonlighting policy, the University of Oklahoma College of Medicine is not encouraging its residents to engage in extracurricular work or professional employment. The University accepts no responsibility for the financial consequences to residents who engage in moonlighting if permission for that employment is withdrawn as a consequence of poor performance in the training program or for other causes such as work hour restrictions.
Office of Graduate Medical Education and the Graduate Medical Education Committee

The Office of Graduate Medical Education (GME Office) is the central administrative office for the University's graduate medical education programs. This office operates under the overall direction of the Associate Dean for Graduate Medical Education. Official records of training, certification and other matters relevant to residency training are maintained in this office. The administrative staff serves as a resource for residency programs and residents. The office is located in Room 357, Biomedical Sciences Building, College of Medicine, 940 Stanton L. Young Boulevard, P.O. Box 26901, Oklahoma City, Oklahoma 73126-0901. Telephone: (405) 271-2265, extension 48522 or 48523.

The Graduate Medical Education Committee is the designated College committee responsible for institutional oversight of residency training programs under guidelines established by the ACGME. Membership of the GMEC includes designated Program Directors, appointed Program Directors serving staggered terms, administrative representatives of the major teaching hospitals, and residents selected annually by their peers. The GMEC works with the College administration and all Program Directors to carry out its functions of institutional oversight and policy making.
Resident Council

Resident physicians play a central role in both educational and clinical activities within the College and its affiliated institutions. A mechanism whereby residents can have a participatory voice in governance, management, and policy setting is considered crucial to providing enhanced educational experiences, good patient care, an emphasis on quality improvement, and successful working relationships between the College, its affiliated institutions, and its residents.

To accomplish these goals, the College of Medicine's GME Office in conjunction with OU MEDICAL CENTER and the VA Medical Center sponsors and supports a Resident Council that is charged with focusing on four main areas:

1. Education: Working with the College and clinical education sites on issues relating to the promotion of high quality educational experiences throughout those institutions.
2. Patient Care: (a) working with the College and its clinical education sites to assure the delivery of good patient care by all resident physicians working under the full supervision of faculty members, and (b) actively participating in the continual improvement of patient care services at those sites.
3. Relationship Building: (a) enhancing communication and good working relationships between the College, affiliated institutions and residents and, (b) enhancing and improving working relationships among the various residency programs and related hospital services.
4. Daily Living Experiences: Working with the College and its affiliated institutions to effectively address issues that affect the quality of work life and the work environment. This includes such issues as resident call quarters, access to information, meal availability, resources to reduce non-educational work, etc.

Resident Council members are peer selected each year from each residency program. The Council selects a Chair and a Chair Elect to lead Council activities. Other members are selected by the council as voting members on major hospital working committees. The Council Chair serves as a non-voting member of the OU MEDICAL CENTER Executive Committee. The Chair and another peer selected member serve as voting members of the GMEC.

The Resident Council also provides all residents with an independently operated Ombudsman Program which provides another avenue for residents to confidentially raise concerns related to their education or work environment. Lastly, in conjunction with the College and affiliated institutions, the Council is responsible for providing a general orientation for new residents.
Support of Residents in the Event of a Disaster

When warranted, the Executive Dean of the College of Medicine or his designee will make a formal declaration of disaster. A notice of declaration will be made known as soon as possible and, depending on the size and extent of the disaster, will be published on the College of Medicine website, as well as other appropriate and available media sources. Along with information relating to the disaster, there will be instructions regarding actions to be taken by individuals affected by the disaster including information on how residents, faculty, staff, and program directors are to contact College administration for further instruction.

Reporting of Disaster to the Accreditation Council for Graduate Medical Education (ACGME)

Within ten calendar days after the declaration of a disaster, or sooner if possible, the Associate Dean for Graduate Medical Education (or another institutionally designated person if the institution determines that the Associate Dean is unavailable) will contact the ACGME to formally notify them of the disaster declaration and discuss the projected impact on resident education and preliminary response plans. The ACGME will work with the institution to establish reasonable due dates for the affected programs to (a) submit program reconfigurations to ACGME if necessary and (b) to inform each program's residents of reconfigurations and resident transfer decisions that may be required to provide continuation of training. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

Resident Transfers and Program Reconfiguration

Insofar as the College of Medicine and its major affiliated institutions cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, the College will work with program directors to (a) arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or (b) assist the residents in permanent transfers to other programs/institutions; i.e., enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each transferring resident will be considered by the transferring program/institution. College of Medicine programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete the resident year in a timely fashion.

At the outset of a temporary resident transfer, the residency program will inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it will inform each affected transferred resident in writing.
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.

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.

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 discussion 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 in-
vestigated 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 Associate Dean for Graduate Medical Education.

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.

**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 la-lg 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 Associate Dean for Graduate Medical Education.

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.
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 la-lg 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 Associate Dean for Graduate Medical Education.
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.

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.

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 Associate Dean for Graduate Medical Education 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 Associate Dean for Graduate Medical Education shall meet with the resident to discuss his/her grievance.

6. The Associate Dean for Graduate Medical Education shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the Associate Dean for Graduate Medical Education 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 Associate Dean for Graduate Medical Education 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 Executive Dean of the College of 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 Executive Dean of the College of 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 faculty of the College of Medicine clinical departments and three (3) selected from residents within programs in the Center, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the Executive Dean from the faculty members appointed and is a voting member. 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 Associate Dean for Graduate Medical Education 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 Associate Dean for Graduate Medical Education 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 Associate Dean for GME.

12. If the resident is accompanied by legal counsel at the hearing or, if permitted by the Associate Dean 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 Associate Dean for Graduate Medical Education 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 Executive Dean of the College of Medicine. A copy of the final decision shall also be forwarded to the Associate Dean for Graduate Medical Education for the administrative file maintained in the Office of Graduate Medical Education.

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 Associate Dean for Graduate Medical Education 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 Executive Dean of the College of Medicine. The Committee's report shall be prepared and properly transmitted within seven (7) working days after conclusion of its deliberations.

17. The Executive Dean of the College of 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 Executive 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 Associate Dean for Graduate Medical Education to be placed in the resident's administrative file maintained in the Office of Graduate Medical Education.
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.
The College of Medicine recognizes the importance of providing an avenue for intervention and treatment for physicians in residency and/or fellowship training that develop or have alcohol or other chemical dependence problems. The College and its residency programs want residents to understand that there is a desire to work with them in a strongly supportive manner for their rehabilitation if they have a chemical dependence problem.

The College of Medicine has developed working agreements with the Oklahoma State Medical Association (OSMA) Physician Recovery Program as a method to deal with these problems and develop workable recovery programs. The Physician Recovery Program (PRP) is a special program of the OSMA. The program's purpose is to provide a peer-sponsored program for physicians who have developed a chemical dependence problem. The program approaches individuals suffering chemical dependence with the following resources: (1) a method for confronting physicians regarding their problems, (2) a mechanism for evaluation of chemical dependence problems, and (3) identification of appropriate treatment programs for these individuals.

The Oklahoma State Board of Medical Licensure and Supervision has recognized the PRP for its activities, and the Board allows the program to supervise physicians who voluntarily commit to its program and ongoing monitoring activities. The Board respects the confidentiality of the PRP program except where otherwise required by law.

The following procedures are followed in the case of residents entering the PRP. The residency Program Director contacts the Chair of the OSMA PRP Committee to discuss options for dealing with a resident who is discovered to have a problem or potential problem. The PRP Committee will meet with the resident and others who have collaborative information. The PRP meeting is a "pre-evaluation" session that normally leads to a formal multidisciplinary evaluation, but it may lead directly to a treatment program. The residency Program Director requires the resident to follow the PRP's recommendations as a condition of continuing in the residency program. The expense of these evaluation and treatment programs is the responsibility of the resident, but may be covered partially by health care insurance.

The residency program can and should require periodic verification that individuals continue in the PRP. Residents may be asked to sign an agreement which outlines the terms and conditions necessary for their continued participation in the residency program. Failure to continue in the PRP or to sign an agreement, if asked, will result in termination from residency training. The PRP includes a monitoring testing schedule and residents who are participants in the PRP must submit to the program's testing schedule, rules, and regulations. Testing sites are designated by the PRP. After participating in the Oklahoma PRP, an individual moving from Oklahoma can generally transfer to another state's physician recovery program.
Key Telephone Numbers

OUHSC Direct Access Line ................. (405) 271-8001+Extension

Administrative Offices Extension
Graduate Medical Education Office ........................................ 48522
Graduate Medical Education Director .................................... 48523
Dean's Office, College of Medicine ..................................... 12265
Associate Dean for Graduate Medical Education .................. 48512
Office of the University Legal Counsel ............................... 12033
University Human Resources Office ................................. 12180
Office of Equal Opportunity .............................................. 12110
Campus Police .................................................................. 14300
Employee Assistance Program .......................................... 15272
Employee Health .............................................................. 13100
Environmental Health & Safety Office .............................. 13000
Workers’ Compensation Office ...................................... 12191

Residency Program Offices
Anesthesiology ................................................................. 55112
  Pain Management .......................................................... 55112
  Pediatrics ................................................................. 55112
Dermatology ................................................................. 48002
Family Medicine
  Oklahoma City .............................................................. 12230
  Sports Medicine .......................................................... 18818
  Lawton ............................................................... (580) 248-2288 X27
Geriatric Medicine .......................................................... 18592
Internal Medicine ............................................................ 15963
  Cardiovascular Disease .................................................. 44754
  Clinical Cardiac Electrophysiology .................................. 37539
  Interventional Cardiology .............................................. 456-5378
  Endocrinology & Metabolism ........................................ 15896
  Gastroenterology .......................................................... 15428
  Hematology/Oncology .................................................... 48362
  Infectious Disease ........................................................ 16122
  Nephrology ................................................................. 16842
  Pulmonary Disease & Critical Care Medicine .................... 46247
  Rheumatology/Immunology/Allergy ................................. 17217
  Vascular Medicine ......................................................... 44773
Medicine/Pediatrics .......................................................... 14417
Neurology ........................................................................ 46020
Neurosurgery .................................................................... 46010
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**Affiliated Hospitals**

**OU Medical Center**

**Children's Hospital**

- Administration ............................................. 15911
- Chief of Staff ............................................. 15911
- Medical Director .......................................... 15911

**Adult Services - Presbyterian Tower**

- Administration ............................................. 15911
- Chief of Staff ............................................. 15911
- Medical Director .......................................... 15911

**Veterans Administration Medical Center**

- Office of the Director ..................................... 456-3300
- Chief of Staff ............................................. 456-3306
- Associate Chief of Staff for Education ............. 456-3319

**Integris Baptist Medical Center, Medical Education**

- 552-0926

**St. Anthony Hospital, Medical Education**

- 272-8437
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