

**San Antonio Uniformed Services
Health Education Consortium
SAUSHEC**



**Graduate Medical Education
Policy Manual, Academic Year 2016-2017**

SAUSHEC GME Policy Manual

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SAUSHEC Graduate Medical Education Policy Manual

I. Introduction:

A. References:

1. AFI 41-117, 19 October 2011, Medical Service Officer Education.
2. AR 351-3, 15 Oct 2007, Chapter 6: Medical Corps Graduate Medical Education.
3. ACGME Institutional and Common Requirements (www.acgme.org).

B. Background and Purpose of the GME Policy Manual

1. To establish policies and standards for Graduate Medical Education (GME) programs sponsored by the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) and for residents in those programs. The term “residents” used throughout this manual includes interns, residents, and fellows.
2. The USAF Medical Service and the US Army Medical Corps sponsor and support GME by the policies and procedures established in references in paragraph I.A. above. These directives and other applicable Air Force and Army directives and guidance are the benchmarks for the development, conduct, and evaluation of GME programs at SAUSHEC. The purpose of military GME is to provide educational programs which meet the needs of the USAF Medical Service and the Army Medical Corps for fully qualified practitioners to support delivery of quality health care to active duty/retired military personnel, and other eligible federal beneficiaries in executing the peacetime and wartime roles of the Air Force and Army.
3. The Accreditation Council for Graduate Medical Education (ACGME) mandates that the Graduate Medical Education Committee (GMEC) develop written institutional policies for resident support, benefits, and conditions of employment; and that each resident receive and sign a written agreement outlining the terms and conditions of his/her appointment to an educational program. This GME policy manual includes SAUSHEC’s written policies and references to institutional policies for resident support, benefits, and conditions of employment. Upon entering a SAUSHEC training program and each year thereafter, each GME resident will sign the SAUSHEC Resident Training Agreement (RTA). Residents will either be given paper copies of this GME Policy Manual and the program’s policies and curriculum or will be directed to the website(s) where these are available electronically. In addition, a signed copy of the resident's agreement to enter an Air Force or Army training program is kept in the master training file at HQ AFPC/DPAME for Air Force trainees and in the BAMC Department of Graduate Medical Education for Army trainees. Trainees who are not Air Force or Army physicians will follow their agency’s protocols.
4. The philosophy, policies, and procedures embodied in this policy manual are reviewed and affirmed annually by the SAUSHEC GMEC and approved by the SAUSHEC Board of Directors, Command Council and medical staffs of SAUSHEC member institutions.
5. Military residents training in University of Texas Health Science Center San Antonio (UTHSCSA) integrated programs will follow UTHSCSA policies for GME issues but will additionally comply with all applicable military rules and regulations.

C. Definition of Terms

- **Accreditation:** A voluntary process in which healthcare facilities, GME programs, and their sponsoring institution(s) undergo regular review by an organization to determine whether they are in substantial compliance with the standards established by that organization.

- **Accreditation Association for Ambulatory Healthcare (AAAHC):** An ACGME-approved agency that accredits ambulatory health care facilities through peer-based accreditation processes. Accreditation is awarded to healthcare facilities that are found to be in compliance with Accreditation Association standards. GME programs must train their residents in medical treatment facilities accredited by an ACGME approved accrediting agency.

- **Accreditation Council for Graduate Medical Education (ACGME):** The accrediting body for institutions that sponsor GME programs.

- **ACGME Competencies:** The six competencies defined by the ACGME as the foundation for GME training. They are Patient Care (PC), Medical Knowledge (MK), Interpersonal and Communication Skills (IC), Professionalism (P), Systems-Based Practice (SBP), and Practice-Based Learning and Improvement (PBLI).

- **Air Education and Training Command (AETC):** The command authority for the 59th Medical Wing (59MDW).

- **American Board of Medical Specialties (ABMS):** The umbrella organization for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its member boards and to provide information to the public, the government, the profession, and its members concerning issues involving specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting member boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists.

- **Associate Dean for Graduate Medical Education (ADGME), SAUSHEC:** Individual at each member institution who, along with his/her staff assists the Dean, SAUSHEC, in dealing with GME issues at that institution and manages the GME Office at that institution.

- **Assistant Dean for Quality Improvement and Patient Safety (ADQIPS), SAUSHEC:** Individual who assists the Dean and SAUSHEC BOD members in ensuring clinical learning environments and institution progressing along the ACGME CLER Pathways to Excellence.

- **Brooke Army Medical Center (BAMC):** The Army medical command structures and facilities within the San Antonio region; a member institution of SAUSHEC.

- **San Antonio Military Medical Center (SAMMC):** GME and tertiary care hospital located in San Antonio, Texas.

- **Certification** (see also “American Board of Medical Specialties”): A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and has been evaluated with a secure examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality patient care in that specialty. Certification boards determine whether candidates have received appropriate preparation in approved residency training programs in

accordance with established educational standards; evaluate candidates with comprehensive examinations; and certify those candidates who have satisfied board requirements. Physicians who are successful in achieving certification are designated as diplomats of that respective specialty board and receive certificates. Most boards have maintenance of certification requirements for qualified diplomats at 7 to 10 year intervals to avoid expiration of their board certifications.

- **Consortium:** A group of healthcare organizations established to pursue joint objectives in patient care, education, research, or other areas. If a consortium is formally established as an ongoing organizational entity with a documented commitment to graduate medical education, it may serve as a sponsoring institution of GME programs.

- **Core Faculty:** A faculty member that meets the ACGME definition of Core Faculty and is entered into the ACGME WebADS system by the Program Director. As such, these faculty members' scholarship and perspectives are tracked annually by the ACGME. Their role and responsibilities in GME are significantly more than teaching faculty. Core faculty are strongly encouraged to have medical school academic appointments. Yet, core faculty designation is distinct from an academic appointment at a medical school (e.g., Assistant Professor at USUHS).

- **Dean, SAUSHEC:** The individual designated by the Commanders of BAMC and 59th MDW to have the authority and responsibility for oversight of military GME programs in San Antonio. SAUSHEC's Dean serves as the ACGME Designated Institutional Official (DIO).

- **Designated Institutional Official (DIO):** Individual at a GME sponsoring institution who has authority and responsibility for the oversight and administration of GME programs. The Dean is the SAUSHEC DIO.

- **DoD: The Department of Defense**

- **Graduate Medical Education (GME)** (also called postgraduate medical education): The second phase in US medical education, GME prepares medical school graduates for independent practice in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings. GME trainees must provide care for adequate numbers of patients. GME programs, including Transitional Year programs, are referred to as "residency programs" and physician trainees are called "residents".

- **Graduate Medical Education Committee (GMEC):** A committee composed of program directors, key faculty, residents, and GME leaders responsible for developing and administering GME policies for SAUSHEC.

- **Graduate Year** (see also "program year" and "postgraduate year"): Refers to an individual's current year of accredited GME--this may or may not correspond to the program year. For example, a fellow in cardiology could be in the first program year of the cardiology program but in the fourth graduate year of GME (including the 3 prior years of internal medicine training.)

- **In-training Examination** (also known as "in-service examination"): Examination to gauge residents' progress toward meeting a residency program's educational objectives. Most certification boards of

the American Board of Medical Specialties (ABMS) and medical specialty societies offer periodic in-training examinations.

- **The Joint Commission (TJC):** The agency which surveys health care organizations and certifies them as meeting acceptable standards for patient care. GME programs must train their residents in medical treatment facilities approved by TJC or an equivalent ACGME approved accrediting agency (AAAHHC for WHASC).

- **US Army Medical Command (MEDCOM):** The command authority for Brooke Army Medical Center.

- **Military Unique Curriculum (MUC):** The unique training requirements of military GME programs that help ensure the training of competent military physicians.

- **Moonlighting:** A term used to describe the activity of a resident working as a physician or healthcare provider outside his/her authorized training program, whether compensated or not. Also known as Off Duty Employment (ODE).

- **Program:** The unit of specialty education comprised of a series of graduated learning experiences in GME designed to conform to the program requirements of a particular specialty.

- **Program Director (PD):** The individual responsible for maintaining the quality of a GME program and ensuring it meets ACGME and military standards. Integrated programs will also appoint one or more associate PDs to serve as the primary assistant(s).

- **Program Year (PY)** (see also “graduate year”): Refers to the current year of training within a specific program that may or may not correspond to the (post) graduate year. For example, a fellow in cardiology could be in the first program year of the cardiology program but in the fourth graduate year of GME (including the 3 prior years of internal medicine training).

- **Resident or Resident Physician:** Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

- **Residency Review Committee (RRC):** The review committees within the ACGME system (including the Transitional Year Review Committee) meet periodically to review programs within their specialty and/or subspecialty; to propose program requirements for new specialties/subspecialties; and to revise requirements for existing specialties/subspecialties. The Institutional Review Committee (IRC) performs a similar function at the institutional level.

- **San Antonio Military Health System (SAMHS):** The enhanced Multiservice Market (eMSM) office that oversees healthcare provided at BAMC and the 59th MDW in the San Antonio area.

- **Teaching Staff (Faculty):** Any individual who has been granted the privilege to teach resident physicians. An assignment to BAMC or 59MDW is not equivalent to a teaching staff appointment or core faculty

designation. Program directors assign teaching responsibilities within their programs in accordance with specialty-specific ACGME requirements and faculty capability.

- **Transitional Year Program:** Broad-based clinical training in an ACGME-accredited residency program that provides a balanced GME curriculum in multiple clinical disciplines.

- **United States Medical Licensing Examination (USMLE):** A three-step examination required for licensure in the US for graduates of US allopathic medical schools

- **Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** A three-step examination required for licensure in the US for graduates of US osteopathic medical schools

- **University of Texas Health Science Center San Antonio (UTHSCSA):** Local medical school closely affiliated with SAUSHEC. UTHSCSA also sponsors GME programs, including two programs with Air Force trainees (Psychology, Nephrology).

- **Wilford Hall Ambulatory Surgical Center (WHASC):** The Air Force ambulatory surgical center located in San Antonio, Texas; a member institution of SAUSHEC.

- **59th Medical Wing (59MDW):** Air Force Command structure that encompasses AF Medical Services personnel and Air Force medical treatment facilities in San Antonio.

D. History of SAUSHEC

1. Military graduate medical education in San Antonio has a long and proud history and has played a critical role in the military readiness of the Army and the Air Force. Training programs were started at BAMC in the 1940s and at WHMC in the 1950s. There is a long history of cooperation between WHMC and BAMC regarding patient care and GME issues which has included sharing of faculty and clinical rotations for trainees.

2. The first formal GME integration occurred in 1986 when the Joint Military Medical Command (JMMC) was established and the Emergency Medicine and Urology programs integrated. In 1993 when DoD directed the integration of duplicative GME programs in San Antonio and the National Capitol Area, there were 57 GME programs in San Antonio--33 at WHMC and 24 at BAMC. Since then, all BAMC/WHMC duplicated programs have been integrated. Of four programs originally integrated with the University of Texas Health Science Center San Antonio (UTHSCSA), one, General Surgery, has realigned with the BAMC General Surgery program to create an integrated SAUSHEC program.

3. In 1997, with the approval of the Army and Air Force Surgeons General, the Commanders of BAMC and WHMC formed the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) as the sponsoring institution for all military GME programs in San Antonio. A new position—Dean, Military Professional Education--was established to manage SAUSHEC and to be the ACGME recognized DIO.

4. In 2011, Graduate Allied Health Programs (GAHE) formally became a part of SAUSHEC with an analogous EXCOMM leadership and education committee (GAHEC).

5. The vast majority of SAUSHEC training is accomplished in DoD hospitals and facilitates the healthcare of DoD beneficiaries. The healthcare specialists who train in SAUSHEC are critical to maintaining physician readiness of the Army and Air Force.

II. Mission, Vision and Organization of SAUSHEC

A. SAUSHEC Mission and Commitment to GME

1. The mission of SAUSHEC is to serve as the Accreditation Council for Graduate Medical Education (ACGME) recognized sponsoring institution for all military GME programs in San Antonio. The Dean, SAUSHEC, serves as the ACGME DIO for all military GME programs in San Antonio. SAUSHEC ensures that its military GME programs fulfill all ACGME requirements and that these programs are of the highest quality. SAUSHEC trains physician specialists who are qualified, competent, and morally and ethically suited for a career in medicine and service in the Medical Corps of the uniformed services of the United States. After completion of training, these military physicians provide medical care to DoD beneficiaries and must meet the highest standards of professional competence and commitment to patient safety and quality improvement. By combining the resources of its member institutions into a fully integrated GME entity, SAUSHEC provides a scholarly environment dedicated to excellence in education, patient safety, and quality health care with the most efficient and cost-effective use of DoD physical, financial and human resources. In addition, SAUSHEC works closely with UTHSCSA and the South Texas Veterans Health Care System to ensure that all efforts are made to maximize GME quality and efficiency in San Antonio. Similar coordination occurs with SAUSHEC's other major teaching partner, Carl R. Darnall Army Medical Center (CRDAMC) located at Fort. Hood, Texas.

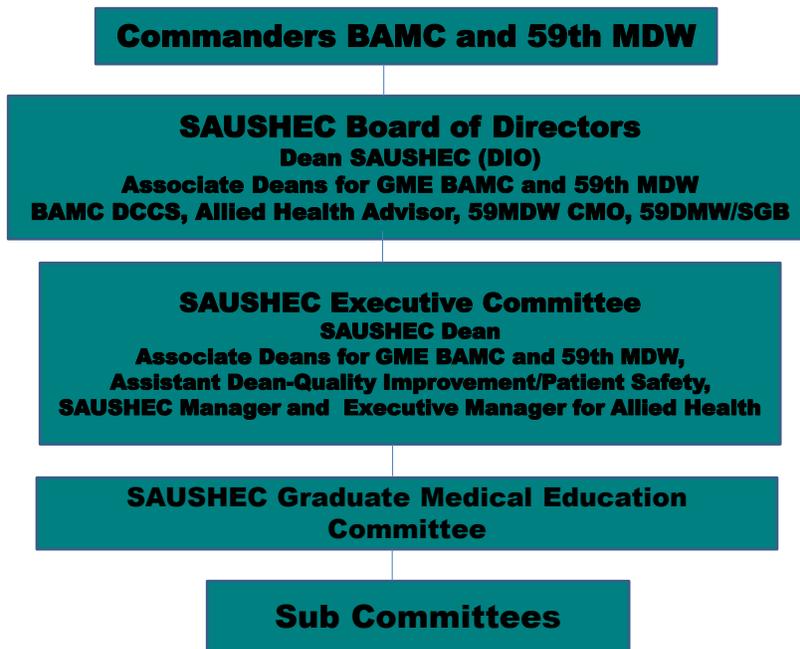
2. BAMC and 59th MDW, the SAUSHEC member institutions, are committed to providing the necessary educational, financial, and human resources to support SAUSHEC and its GME programs to ensure that they establish an ethical, professional, and patient safety oriented, educational environment of the highest quality. The member institutions ensure that SAUSHEC has the essential resources its GME programs need to meet curricular and scholarly activities to comply with ACGME standards for GME institutions and programs.

Member

institutions maintain TJC or other appropriate accreditation as further evidence of their commitment to quality patient care and GME. SAUSHEC is committed to ensuring all programs are aligned with member institutional initiatives to improve patient safety and quality improvement. The Dean, Graduate Medical Education, SAUSHEC, has direct access to the member institutions’ Commanders and Administrators on matters relating to facility needs and resources for GME programs, and is empowered by those Commanders to manage all military GME programs in San Antonio. SAUSHEC, its member institutions and programs, comply with all ACGME Institutional and Program Requirements for accredited residencies and with all DoD Directives related to the conduct of military GME. SAUSHEC also complies with all pertinent Air Force GME instructions and Army GME regulations. In the event of a policy conflict, SAUSHEC will develop uniform policies for GME to meet consortium needs. In accordance with ACGME guidelines, the educational mission of SAUSHEC and its member institutions is not to be compromised by excessive reliance upon residents to fulfill service requirements.

B. SAUSHEC Organizational Structure and Programs (See Appendix 1 for Key leaders)

SAUSHEC ORGANIZATIONAL CHART



1. SAUSHEC’s organization and management are detailed in the Memorandum of Agreement (MOA) and Bylaws approved by the Commanders of BAMC and 59th MDW and Surgeons General of the Army and the Air Force. These documents direct that SAUSHEC will be governed by the Dean of SAUSHEC and a Board of Directors (BOD) under the oversight of a Command Council (Commanders of 59th MDW and BAMC). The Dean, SAUSHEC is designated by the Command Council to be the DIO and Chief Executive

Officer and have the authority, responsibility and resources for oversight and administration of the programs sponsored by SAUSHEC.

a. The SAUSHEC Board of Directors, chaired by the Dean, will approve policies developed by the SAUSHEC Graduate Medical Education Committee (GMEC), to ensure that approved policies and procedures are implemented at member hospitals. The Dean will ensure there is regular communication between the GMEC and the appropriate governing committees and medical staff of BAMC and 59th MDW.

b. Each member hospital will have a SAUSHEC Associate Dean for Graduate Medical Education (ADGME) to assist the Dean in administration of GME. The ADGME will be a voting member of the BOD and will serve with the Dean on the Executive Committee. Each ADGME will be responsible for implementing BOD policies at his/her member institution.

c. Under the chairmanship of the Dean and as required by the ACGME, the GMEC provides administrative oversight to all Graduate Medical Education residency programs sponsored by SAUSHEC. Voting members of the GMEC include:

- The Dean, SAUSHEC
- The Associate Deans for GME, BAMC and 59th MDW
- The Assistant Dean for Quality Improvement and Patient Safety
- The programs directors of all SAUSHEC GME Programs.
- Selected BAMC and 59th MDW faculty
- The Patient Safety Representative, SAMMC
- Housestaff representatives selected by the Integrated Housestaff Council

Subsequent to approval by the BOD, the GMEC establishes and implements policies and procedures that affect all SAUSHEC GME programs in their content, design, quality of education, supervision and assessment of resident performance, and resident work environment. GMEC subcommittees may be established to address various GME issues assigned by the Dean.

d. Housestaff (HS) Councils: SAUSHEC member institutions have a single integrated HS Council which is peer-appointed with representatives from key training programs at each of the member institutions. The purpose of the HS Councils is to support housestaff morale, to provide residents with an organized forum to discuss HS issues and to provide mechanisms to raise issues to the GMEC and bring GMEC issues to HS Council. The HS Councils work with the ADGME of each member institution to ensure HS membership on appropriate member institution hospital committees. The HS Council ensures that two fellows and two residents are peer-selected to serve as voting members of the GMEC.

e. Medical Education Offices. Each member institution has an education office under a SAUSHEC ADGME that provides administrative support for GME in the member institution and is integrated into the Dean's office for GME issues.

C. Organization, Resources and Responsibilities of SAUSHEC Programs.

1. In 2014-2015, SAUSHEC offers training in 37 ACGME programs of which 2 are UTHSCSA-sponsored programs training military residents. In addition, SAUSHEC sponsors 3 non-ACGME programs. All 37 programs are delineated in Appendix 2.

2. Program Resources. Each teaching department is allocated personnel and funds to meet the needs of GME programs. Each sponsored program has a program director (Appendix 2) who is appointed by the SAUSHEC Command Council for a minimum term of the length of the training program plus one year.

3. Program Directors (PD)

a. Qualifications: Program directors are selected from board certified/qualified candidates in the designated specialty per SAUSHEC Bylaws and must meet ACGME/RRC standards for a program director, if applicable.

b. Authority and responsibility: Program directors are given full authority by the Command Council to administer their program in accordance with established criteria set forth in Army/Air Force directives, this policy manual, other SAUSHEC policies and the ACGME Essentials of Accredited Residencies. Sufficient time for administration of these duties is made available by the Commanders according to the needs of both the program and the medical treatment facilities.

c. Program directors are required to organize their program to meet all RRC, ACGME, TJC (or AAAHC) and DoD standards. They must establish a training committee for their program to include a Clinical Competency Committee; assign a training officer to each resident; develop appropriate resident educational Goals and Objectives and curriculum consisting of organized formal teaching sessions and clinical experiences tailored to insure appropriate resident education in all six domains of the ACGME General Competencies. The PD and training committee develop specific policies on resident supervision, resident evaluation, feedback, promotion and graduation and maintain a resident training file per SAUSHEC and DoD guidelines. The PD, training committee members and at least one resident conduct an annual review of the faculty and the program and use results of this review as well as educational outcomes to improve the training program. The PD has the ultimate responsibility to determine resident rotations and to identify which staff may be assigned to teach and mentor residents.

4. Core Faculty. Program core faculty members are selected from board certified and qualified candidates in the designated specialty. The Commanders of BAMC and the 59th MDW; the Command Surgeon, HQ AETC and HQ AFPC; and USA MEDCOM assure that teaching departments are adequately staffed with qualified physicians willing to assume core faculty roles in sponsored GME programs. Program directors assist with selection of faculty through communication with specialty consultants in the Army/Air Force Offices of the Surgeons General. The Commanders of BAMC and the 59th MDW are committed to protecting core faculty time, as defined by ACGME requirements, for participation in teaching and scholarly activities. Program directors, service chiefs, and specialty consultants coordinate efforts to select appropriate staff members for teaching assignments. Program directors and with individual ACGME Residency Review Committees develop program-specific policies that define faculty types (e.g., key core faculty, core faculty, other faculty, etc. as appropriate) and faculty expectations. SAUSHEC and program directors are expected to provide and promote faculty development opportunities. SAUSHEC provides a tool box to assist program directors in evaluating and developing faculty.

a. The teaching role and capability of physician staff members, especially core faculty, are carefully assessed, assigned, and evaluated annually by the program director, in coordination with the service chief.

b. All members of the core faculty of BAMC and the 59thMDW will:

(1) Actively support and participate in SAUSHEC teaching programs.

(2) Have adequate special training and experience in their specialty area and actively participate in appropriate national scientific societies.

(3) Participate in their own continuing medical education as required by their specialty, licensure agencies, and Air Force and Army regulations.

(4) Actively participate in all educational activities of their program.

(5) Meet 3 of the 5 Minimum Scholarly Activity requirements for Key Clinical (core) Faculty:

- Possess an academic rank demonstrated by USU or UTHSCSA appointment and/or Army "A" designator or AF SEI MF/ME
- Publications with PubMed ID, average of 3 over 3 years
- Military Relevant Scholarship
- Academic/Research average of 2 active research protocols or extramural presentations
- Academic Leadership demonstrated by national committee membership, editorial board member, or conference leader (local, regional, national).

(6) Actively assist the PD with administrative and leadership aspects of the program.

(7) Serve as training officer, mentor, or role model for residents.

(8) Strongly encouraged to maintain a medical school academic appointment.

Core Faculty members who fail to meet these or other criteria established by the program director, may lose this privilege. As per ACGME Common Core Requirements, Program Directors both approve both core and teaching faculty. Further, PDs approve continued participation of both based on evaluation and meeting established ACGME and program standards. SAUSHEC leadership maintains an open door for core and teaching faculty to bring their concerns for decisions that impact their faculty status.

5. Special Program Review of SAUSHEC Programs: A special program review of any training programs may be conducted by a GMEC subcommittee at any point of the program's accreditation cycle. Details are contained in the Special Review Policy (<http://www.bamc.amedd.army.mil/saushec/general/policies/>).

6. Annual Metrics: The Dean of SAUSHEC, who also serves as the Designated Institutional Official (DIO), is required by the Joint Commission and the Accreditation Council for Graduate Medical Education (ACGME) to provide an annual report to the Governing Bodies and Organized Medical Staffs (OMS) of SAUSHEC member hospitals. Program directors submit an Annual Metrics report which provides input data on the program's past performance and current capabilities and on resident interactions with hospital staff both internal to SAUSHEC and at external rotations.

III. SAUSHEC Policies:

An overarching principle of SAUSHEC is that to the greatest extent possible, all residents will have the same educational and professional opportunities and will be subject to the same standards, evaluation process and due process system irrespective of their branch of uniformed service. It is recognized, however, that there are certain administrative differences between the branches of service--uniforms, physical fitness standards and certain training requirements--that cannot and should not be changed. For SAUSHEC residents these differences will be minimized. Military residents in UTHSCSA programs will follow the GME policies of UTHSCSA for academic issues but are expected to comply with all military policies and standards for military professional behavior. All residents are briefed on access to and encouraged to review all the SAUSHEC policies which can be found on the website (<http://www.bamc.amedd.army.mil/saushec/general/policies/>). The policies are covered during Orientation. One role of the PD and HSC members is to ensure dissemination of new and changed policies to their programs.

A. Resident Supervision Policy

1. See the SAUSHEC website for details on the Supervision Policy.
2. In addition to the SAUSHEC Supervision Policy, each program must yearly update the training program's supervision policies which are posted on the SAUSHEC website for access of faculty and other health care providers.

B. Due Process Policy

1. See the SAUSHEC web site for details on the Due Process policy.
2. All SAUSHEC residents are entitled to fair and equitable treatment when issues arise concerning their performance and ability to meet program standards. Each program will maintain a training record for each resident that is available for review by the resident. Military

residents in UTHSCSA programs will follow the due process policies of UTHSCSA for academic issues but are expected to comply with all military policies and standards for military professional behavior.

C. Resident Grievance Policy

See the SAUSHEC web site for details on the Resident Grievance policy and for resources and procedures for addressing and resolving resident grievances. Many resources are available to SAUSHEC residents who have issues or concerns about their treatment.

D. Appointment, Duration of Appointment, Reappointment and Non-renewal of Contracts

1. Appointment of residents to specific programs is based upon the number of positions authorized for individual programs by HQ AFPC/DPAME, the GME Directorate of the Office of the Army Surgeon General, and by the appropriate ACGME Residency Review Committee. Army and Air Force policies establish eligibility for enrollment in Army and Air Force GME programs. Candidates must be accepted for a commission in the Medical Corps and be eligible to enter active duty at the time of their selection for a GME program. Determination of acceptability for a commission and active duty is specified in appropriate service personnel directives.

2. Appointment of residents to programs is made through the Joint Service Graduate Medical Education Selection Board (JSGMESB) convened each year under the authority of the Assistant Secretary of Defense for Health Affairs (ASD/HA) and the Surgeons General of the Army, Navy, and Air Force. Each Surgeon General retains approval authority for the results of his service's board to include the assignment of applicants from other services to his service's teaching programs.

a. The selection board is divided into panels for each residency/fellowship program. Each panel includes the program directors of the designated residencies/fellowships from all 3 branches of service as well as other specially appointed senior military physicians. Associate PD's for integrated SAUSHEC programs also participate in JSGMESB deliberations.

b. Each candidate for a GME position submits an application and supporting documents to the GME Selection Board. All applications for specific programs are reviewed; panel selections are reviewed and approved by the Board President and the appropriate Surgeon General.

c. Resident contracts are written for the duration of internships, residencies, and fellowships. Failure to complete the PGY-1 year may result in transfer out of the Medical Corps. Advancement for all residents is contingent on satisfactory performance and compliance with the criteria listed in "Training Agreement for Graduate Medical Education in a Military Facility."

3. Non-renewal of contracts does not apply to military residents. If they are terminated from GME under the due process policy, they remain on active duty in the military, although not necessarily in the medical corps. Removal from active duty status is a formal legal process outlined in DoD regulations.

E. Evaluation, Promotion and Graduation of Residents

1. Program directors must ensure residents receive appropriate formative feedback and evaluations during their training that meets RRC and DoD requirements, specifically by having a Clinical Competency Committee integral to the process. The program director should ensure that evaluations are reviewed with the resident by the program director (or his/her designee) at appropriate intervals and that the evaluations are accessible for review by the resident. Program directors should maintain these in the resident training file. At a

minimum, feedback and evaluation should be performed every six months and should include assessment of competence in each of the ACGME's six general competencies and document milestone performance appropriate to the resident's education level. Other areas of evaluation will be determined by the program director of the individual residency. Sources of information for evaluation in all cases will include input from faculty physicians who have observed the resident. Use of multi-source (360 degree) evaluations is expected with input obtained from peers, nurses, administrators, clerical staff, patients, etc.

2. Program directors or appropriate designee must meet with the residents to discuss academic progress on a semi-annual basis. Written documentation of this meeting must be signed by the PD and resident and maintained in the resident's training record. Summative training reports are prepared for each resident annually (as required by Army or Air Force GME policies) by the program director (this can count as 1 of the required semiannual evaluations). If the resident disagrees with any portion of a semiannual or annual evaluation, he/she may submit a written rebuttal describing the reasons for disagreement. This response will be maintained in the resident's GME office training record that shall be available for his/her review at any time.

3. Procedures for advancement and graduation of residents are established by each program director in consonance with the applicable section of the ACGME Program Requirements for Accredited Residencies. Residents should be considered for advancement to each level of training contingent upon:

a. Satisfactory performance in meeting all program training requirements and standards as determined by the program director and the training committee.

b. Having met all military, SAUSHEC and medical center administrative requirements; e.g., as documented in the RTA.

4. Upon a resident's completion of a GME program, a final training and/or academic report will be completed for each resident by the program director using appropriate SAUSHEC, Army or Air Force forms. Records will be forwarded to the appropriate Medical Education Office to be filed in the resident's GME office training folder. Reports will contain a statement that the resident has successfully completed the program; has met all program standards and requirements; has graduated in good standing; and has acquired the knowledge, skills and attitudes in the ACGME six general competency domains to the level that he/she is qualified to sit for boards (if applicable) based upon demonstrated competency and, is qualified for privileging as an independent practitioner in the specialty area of the program. Program directors and graduating residents are required to complete an "Evaluation of Privileges" and a "Performance Assessment" specifying in what areas the resident should be privileged in his/her first post residency assignment.

F. Policy on Closure/Reduction in Size of Residencies

If a GME training program is directed to close or reduce the size of its residency, residents will be notified immediately. Placement of military residents in another military or civilian program will be given the highest priority in accordance with each resident's best interests. It is preferred that military residents complete their training in their current institution, if possible within the timeframe of the closure. If this is not feasible or is not in the best interest of the military resident, placement in other military or civilian institutions will be pursued. All military residents will be placed so they may complete their GME training with as little disruption as possible. If placed in a civilian institution, military residents will be provided full military funding through the completion of their training. In the event of a disaster, SAUSHEC's on Continuation of GME Support in the Event of a Disaster will be followed.

G. Work Environment Policies

1. The SAUSHEC Duty Hours Policy defines duty hours, scheduling, and fatigue management issues. In addition, a PowerPoint presentation on these topics by a Sleep Medicine faculty members and a post-test have been placed on SAUSHEC's New Innovations web site.

2. Discrimination, Sexual Harassment and relations between supervisors and subordinates:

Federal government employees enjoy vigorous protections against discrimination and harassment. AFI 36-2706 and AR 600-20 describe both informal and formal methods an individual may use for seeking resolution of a discrimination or harassment complaint. Personnel are encouraged to use their chain of command before seeking outside resolution. If the problem is within the chain or an individual does not want to use that venue, there are multiple resources available to provide assistance: SAUSHEC Ombudsmen, Equal Employment Opportunity Counselors, Inspectors General, Housing Referral Offices, Chaplains, and Staff Judge Advocates. In an attempt to try to prevent problems before they occur, the Army and Air Force mandate that all personnel attend Equal Opportunity Awareness training at least once during their career.

Relations between staff supervisors and subordinates are regulated by Army and Air Force regulations prohibiting fraternization, because of the negative effect on good order and discipline of a military unit. Trainees and staff supervisors need to be aware of and follow these regulations. Inappropriate relationships can lead to UCMJ sanctions. Relations between supervising and subordinate residents may impact the residency program if there are perceptions of favoritism. Residents must be aware of this potential problem and work with their program director to prevent even the appearance of preferential treatment.

Please reference SAUSHEC's Policy on accommodation of Housestaff with Disability for more information in matters related ensuring the civil rights of qualified staff with disabilities.

3. Facility support. In addition to the facilities available in the various teaching areas and clinical departments, the following hospital facilities and services are available to support SAUSHEC GME programs.

a. Medical Library. Libraries at SAMMC and WHASC work together to assure a wide range of resources to meet educational needs. Both libraries offer interlibrary loan and reference services. Both offer an extensive list of online products available 24/7 including OVID, Pubmed, MD Consult, UpToDate, Micromedex, and StatRef. Over 4,000 full-text journal titles and over 100 full-text manuals are available online from both sites. Both libraries offer computers and photocopiers free of charge.

b. Medical Photography. The services of medical photographers are available to the staff and residents at both BAMC and 59th MDW for medical documentation and medical teaching materials.

c. Medical Illustration. The services of medical illustrators are available to the staff and residents at BAMC and 59th MDW for medical documentation, medical teaching materials, and preparation of poster abstracts.

d. Audio-Visual Information. Visual Information technicians are available at BAMC and 59th MDW to issue audiovisual equipment, train staff and residents in the operation of such equipment, and to schedule classrooms and the auditorium for presentations.

e. Research facilities are available at both BAMC, 59th MDW and Joint Center of Excellence for Battlefield Health and Trauma. Each facility includes a director and staff of personnel who are available to assist residents in research projects.

f. Classroom/conference/study areas are available throughout both campuses.

g. Sleep quarters and hospital dining facilities. In-house on-call residents are provided appropriate call rooms. Food is also available 24 hours a day from cafeterias or vending machines that sell foods that can be cooked in adjoining microwave ovens.

h. Patient care support services appropriate for and consistent with educational objectives and patient care are available in both hospitals. Please reference SAUSHEC's Policy on Resident's Healthcare Access for more information.

i. Laboratory, medical records and radiology information retrieval systems are available in both hospitals.

j. Parking is available at no cost at SAMMC and WHASC.

k. Hospital utility clothing (clinical coats, scrub suits) is provided by the medical centers at no cost to the resident for issue or laundering. Required military uniforms are the responsibility of the individual resident. Hospital utility clothing (scrubs) will be worn only within the work area and will not be worn outside the medical center or work area building.

l. Security Police provide twenty-four hour coverage for SAMMC and WHASC. Residents should call 911 in case of emergency. Security/safety issues may be raised through the Housestaff Councils, the training programs or the GMEC. Security police escort from the facility to the parking lot after dark is available upon request.

4. Both sponsoring institutions desire to reduce unnecessary duplicate training. SAUSHEC's Duplicate Training Policy for Residents and Faculty provides more detail.

5. Policy on professional activities outside the program. As stated in Army and Air Force regulations, professional activities by SAUSHEC residents outside their training program, to include "moonlighting" (ODE), are prohibited. Residents or Fellows may request privileging in a DoD facility working in their primary specialty in order to maintain clinical competence. Approval by the Program Director is required and contingent on not interfering with current training. Hours must be counted towards Duty Hour limitations.

6. Restrictive covenants: When applying for a training program, an individual may not be asked by the program director to sign an agreement stating the resident will not seek or apply for training at another program.

7. SAUSHEC's Guidelines on Military Duties for Resident's Policy is designed to provide guidance to all SAUSHEC program directors regarding military duties and obligations for military unique training opportunities for residents/fellows in their respective programs.

8. SAUSHEC's Policy on Vendor Interactions outlines restrictions on interactions with vendors and engagement in other commercial activities.

9. SAUSHEC's Professionalism Expectations and Actions Guide Template provide standards and actions are generated to provide an illustrative guide to inform Residents, Programs and the Graduate Medical Education Academic Action (GMEAC) Subcommittee and are non-binding.

IV. Responsibilities of and Standards for SAUSHEC Residents

Residents are reminded that they are active duty members of the US military and that patients encountered are DoD members or beneficiaries. It is very important to comply with military standards of conduct, dress and appearance and to render appropriate military courtesies whether inside or outside of the medical centers. Residents will yearly sign a new Residency Training Agreement (RTA) after careful review and seeking clarification on questions or concerns. The RTA may be found at the following link:

<http://www.bamc.amedd.army.mil/saushec/general/policies/>

A. In addition to the RTA, each SAUSHEC resident is expected to:

1. Provide safe, effective, cost effective and compassionate patient care under supervision commensurate with his/her level of advancement and responsibilities.
2. Maintain accurate and complete patient medical records that document patient care and staff supervision in a timely manner as required by medical center directives and SAUSHEC Policies.
3. Immediately report to his/her program director any circumstances or stressors that may impact the ability to provide safe and competent patient care. Such circumstances include, but are not limited to, illness, use of medications during duty hours that may impair judgment, fatigue, significant socio-economic stressors, etc. The intent of reporting is to allow the PD to assist the resident, as necessary, to find appropriate solutions to these issues, and to avoid sub-optimal performance while completing the duties of a trainee. Such reports will be kept confidential, unless otherwise indicated by the UCMJ.

B. Each SAUSHEC resident is required to complete all educational, military and other professional administrative duties in a timely fashion.

1. Residents are required to provide current copies of documents that are renewable (to include their medical license and certifications such as BLS) to the appropriate GME office in a timely fashion. (If an individual program's administrative requirements exceed these SAUSHEC expectations, residents must comply with their program's policies.)
2. Residents are required by the Texas State Board of Medical Examiners to obtain a Postgraduate Training Permit (if they do not have a valid Texas medical license) to do training in civilian health care facilities in Texas. Application for a permit should be made a minimum of 60 days in advance of the scheduled rotation. An application is submitted online after receiving a personal ID number from Texas Medical Board (obtained through the program coordinator). The fee covers the duration of the training program and may or may not be reimbursable depending on budgets and command policies. Please review the Reporting Adverse Actions Policy regarding resident and program director reporting requirements in light of an adverse action.

3. Residents are required to learn and actively participate in quality improvement and patient safety programs (QIPS). Residents are introduced to QIPS programs and must meet the SAUSHEC Common Core Quality Requirements (C3QR) in order to graduate. Program directors must ensure residents are meeting the C3QR at the program level. Program Directors must also assure that residents are given data to show personal clinical effectiveness.

4. Residents must be afforded the opportunity to learn basic coding techniques and skills specific to their specialty. Such training should take place under the purview of the Residency Program and be tailored to the needs of trainees at the different PGY levels.

5. Residents and Program Directors should familiarize themselves with the Use of Internet and Social Networking Policy.

V. Benefits and Opportunities for SAUSHEC Residents

A. Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

1. Compensation: All residents are active duty military officers, who are paid according to their grade and time in service. Each resident shall be provided a detailed record of pay and compensation by the service-specific accounting center at the end of each established pay period. Residents shall be provided assistance by the program director, associate Deans and/or the Dean, Graduate Medical Education, to ensure they receive proper assistance from the appropriate military authority on pay matters.

2. Liability insurance: Residents acting within the scope of their military duties are covered under the provisions of the Federal Tort Claims Act (Title 28, U.S.C., Section 2679) which provides protection for military physicians from individual tort liability (although they may still be listed in a malpractice suit). If required for outside rotations, malpractice insurance will be provided at no expense to the resident. Program Directors must ensure Training Affiliation Agreements are in place for all rotations external to SAUSHEC.

3. Disability insurance: Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

4. Medical and dental care: Benefits for residents and their families shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

5. Legal assistance: Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

6. Counseling services: Frequent, periodic feedback will be provided for residents by the attending/teaching staff and program directors to assist residents with adjustments to the demands and stresses of residency. Where desirable, counseling and psychological support through mental health professionals will be offered and made available to residents at no charge. All residents are eligible for and encouraged to use mental health and family counseling services whenever necessary. Chaplains offer marriage counseling, crisis intervention, stress management, grief and loss counseling and conflict resolution. Voluntary drug and alcohol treatment facilities are available at no charge to active duty personnel and to family members at minimal charge.

7. Provider Health Program for physician impairment.

a. Trainees receive this training on a yearly basis during annual TJC training or equivalent training at SAMMC or WHASC.

b. Military officers are obligated to report suspected drug or alcohol abuse or any unusual behavior that may indicate a resident is struggling and needs assistance. Physician impairment should be reported by the involved resident or by any individual cognizant of the impairment to the resident's program director who will take appropriate action. Program directors are responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction and for taking appropriate action. Residents are required to report to the program director the use of

medications, during duty hours that could adversely impact cognitive ability, judgment, or ability to perform clinical and educational duties. Examples of this type of medication include (but are not limited to) opioids, benzodiazepines, barbiturates, and sedative/hypnotics.”

c. US Army and US Air Force have extensive services available for evaluation and treatment of physical and mental impairment--including substance abuse--in staff and resident care providers. Both medical centers have provider health programs with multidisciplinary committees responsible for the evaluation and management of providers (including residents) with medical, psychological, or substance abuse impairments in a confidential manner. The committee’s goals are to facilitate full recovery and to serve as an active advocate for impaired providers.

d. Severe physical or mental impairment inconsistent with continued active duty service may result in termination of participation in the training program and separation or retirement from the military in accordance with applicable service directives and regulations.

8. Leave Policies: Policies on ordinary leave, emergency leave, passes, permissive TDY (temporary duty), elective surgery, parental leave and leave of absences

a. Background: All military personnel earn 30 days of leave per year. Residents may not be able to use all 30 days while in training because of more restrictive ACGME and Board Training time requirements, but unused days accumulate for later use. For educational purposes, a GME training year (there may be minor differences for specific specialties) consists of 48 weeks of training. This is the training time required to meet RRC and most Specialty Board requirements. For purposes of definition, “GME training” at SAUSHEC shall include all scheduled rotations and educational courses/experiences such as the Combat Casualty Care Course and other required military medical training (whether local or off-site). Missing more than 4 weeks from GME training in a year (for vacation, convalescent leave and/or illness) which cannot be made up within the allocated training time of the residency, may require either an extension of training or withdrawal from training. Residents should be aware that DoD policy specifies that an individual who requires extension of training for other than medical reasons generally incur additional military obligations. Residents should not be gone from any one-month rotation for longer than 10 calendar days for any reason (leave, pass, TDY). For rotations longer than a month, absences longer than 10 calendar days may be approved by the program director. All leaves, passes, and TDYs must be coordinated through the appropriate service supervisor and the individual responsible for creating the call schedule for the time period in question, and must be approved by resident’s program director and military chain of command. Request for vacation leave must be submitted *at least* six weeks in advance (minimum) to allow for scheduling.

b. Explanation of terms: “Military leave”, “vacation,” “time away from training” overlap and can be confusing because they result from two different systems--military requirements and ACGME/RRC/Board requirements. The military (but not the ACGME) requires soldiers/airmen to be in “leave/pass” status when away from duty station (250 miles for army and 1 day travel time in CONUS for Air Force) even if these are on non-duty days (e.g. weekend travel); or when not working during normal duty times even if the resident is at home. Military leave may or may not be time away from training. If the resident is on vacation for a week (in Hawaii or at home) this is time away from training and military leave. If a resident, on a 4-day holiday weekend which he/she has no scheduled duties, travels to go to New Orleans, he/she may have to take military leave (or a pass- see below) but this is not time away from GME training.

c. Vacation Leave: Vacation leave is to be scheduled by mutual agreement between the resident, clinic and program leadership, and counts as time away from training. In the interest of physician resilience and

well-being, recommended leave for PGY-1 residents (interns) is a minimum of 2 weeks but 3 weeks is encouraged. All other residents and fellows should be allowed 3-4 weeks per year. For each training level, program directors may approve additional leave if it complies with licensing board and accrediting body's requirements for time away from the program. Military residents must understand that an individual may not leave the region until the first day of leave and must return on the last day of leave. If an individual will leave on Saturday and return the following Sunday leave must cover the entire nine-day period. Leave may be taken in conjunction with TDY; however, leave may not be taken in conjunction with passes. It is usually optimal, but not required, to take vacation leave on either the first or last week of a rotation. Once scheduled and approved, vacation leave must be taken as programmed unless emergency situations intervene on the part of the resident or the program. Residents in UTHSCSA programs will follow the vacation policies of the UTHSCSA GMEC but also must comply with military leave regulations. Scheduling requests for vacation leave must be submitted in a timely manner in accordance with individual program procedures.

d. Emergency leave: Emergency leave may be granted on any service with less than 6 weeks' notice. It will count against the military leave time and will count as time away from training. In the event of an emergency, the individual must contact their program director and their direct supervisor for that rotation to arrange for emergency leave. Regular vacation leave may still be available to the resident provided that he/she still has military leave days remaining and if time away from the program will not exceed the ACGME requirement. This will be coordinated with the Program Director on a case by case basis. Any conflicts can be addressed to the ADGME or the Dean.

e. Illness related absences: Periods of hospitalization, "Quarters status" for illness or injury or convalescent (sick) leave for an illness or qualifying condition (such as post-partum status) are authorized for all active duty officers including residents per military regulations. There is no limit on the amount of illness or convalescent absences per year by the military however, this time will count against the time away from training for GME possibly resulting in extension of training if this limit is violated. Residents will comply with Medical Center policy concerning excusal from duty due to illness or injury. Basically, these policies require that active duty military personnel not fit for duty for more than 24 hours as a result of illness or injury be evaluated by a staff physician of the Medical Center who will determine whether the resident needs to be hospitalized or placed on quarters and the length of time of the quarters. This should be documented in the resident's medical record. Residents will notify the program director and Chief of Service/attending physician whenever they are officially excused from duty by reason of illness or injury. Residents who require more than several days to recover from an illness, injury or condition such as pregnancy should be placed on Leave of Absence status. This allows residency training to be extended without incurring additional obligated time. Consult with the service-specific ADGME for details.

f. Permissive TDY (Professional Leave): Permissive TDY allows travel for various professional reasons and is not counted against military leave. Examples of reasons for permissive TDY would include: licensure examination, paper/poster presentations and interviews for advanced training at other institutions. Permissive TDY in general should not exceed 5 days. Residents who have confirmed Permanent Change of Station (PCS) orders may be granted Permissive TDY for the purpose of house hunting. Up to 10 days Permissive TDY for house hunting may be granted before or after completion of training only after coordination and approval by the Program Director and as specified by AF and Army regulations. Absences of other residents, mission, training requirements, or excessive time away from training impacting board eligibility may preclude an individual resident from being allowed either partial or full service-specified time away for house hunting prior to graduation. The resident will not receive paid expenses for this form of travel. Army and AF regulations prohibit the use of permissive TDY for the performance of a soldier's assigned duties; therefore

permissive TDY in general may not be used to send residents out on a training rotation. Certain forms of permissive TDY are considered part of GME training (attending medical education meetings) other forms are not GME training and count time away from GME training (i.e. house hunting). The Program Director for each training program will identify what training impact exists.

g. Passes: Please reference Army and Air Force policies in regard to passes. Passes must be applied for through the program director and be approved by the rotation supervisor and the chain of command.

h. Off time away from duty station: Even if a resident has no assigned duties (i.e. over a weekend), they still fall under service-specific travel regulations. Army residents need a “mileage pass” if they want to travel more than 250 miles from their duty station during weekends when they have no scheduled clinical duties. Air Force residents can travel anywhere in CONUS during weekends when they have no scheduled clinical duties as long as they can return within a day. If residents are going on an overnight trip away from the local area, their program needs to know how to contact them. Programs are encouraged not to restrict residents’ travels on “off” weekends, but residents must ensure that when they report for duty after an “off” weekend they are properly rested and that the frequency of weekend travel does not impair their ability to complete program requirements.

i. Prolonged absences from training of an elective nature: Prolonged absences from training of residents, which cannot be made up within the residency training time, may require either an extension of or withdrawal from training. Residents should be aware that DoD policy requires that an individual who has an extension of training for other than medical purposes generally incurs an additional military obligation. Individuals who withdraw from training may apply to return to training at a later date, but such return is not assured. Residents with planned absences that may result in program extensions e.g. elective surgery, pregnancy, etc should discuss this with their program director early in the academic year. Program directors may be able to arrange alternative rotations, but these must be at the approval of the RRC and board in each specialty. In addition, each program director must be confident that their residents meet training requirements for the RRC and the specialty board. As the RRCs and boards differ in their particular training requirements, a uniform institutional policy cannot be established for medically related extensions of training.

j. Parental leave: Maternity leave of up to 42 days will be granted residents as authorized in DoD regulations. This time will be counted as time away from training and the resident placed in a Medical Leave of Absence (MLOA) status. To ensure resiliency of our trainees and parity within and across programs, the resident’s training will be extended for the time out of training on MOLA (up to 42 days). This allows residency training to be extended without incurring additional obligated time and will be considered a “Non-Adverse Extension.” Program directors may consider exceptions to policy on an individual basis, but exceptions must be approved by the SAUSHEC Executive Committee. Paternity leave of up to ten days will be granted, (even on short notice) after coordinating with the Program Director. Please reference service specific policy on the time period after the birth in which paternity leave must be taken. This time will count as time away from GME training but is not charged against military leave time typically granted for the year in training. However, a program may limit ordinary vacation time if taking the full complement of ordinary vacation time and paternity leave would exceed the amount of time away from training resulting in a need for extension in training. Any questions or conflicts that arise may be directed to the ADGME or the Dean.

k. The Leave of Absence policy may be appropriate for residents who miss significant periods of training, because of medical, surgical, mental health or obstetrical conditions. Residents will be placed on Leave of Absence at the onset of the illness. Time lost to illness will be added to the expected completion date but will not result in an increased active duty service obligation. Leave of Absence is not relevant to residents

whose training is extended because of inability to achieve the ACGME general competencies. Absence from training for these purposes is counted against time-in-training requirements and may result in program extension and increased active duty service commitment. Military residents will receive full pay and allowances for these periods of absence as long as they are on active duty. It is imperative the service-specific ADGME is engaged early to ensure appropriate implementation of the policy. Residents who complete training before the end of August may participate in the regular SAUSHEC Summer Graduation Ceremony.

1. PCS Issues: A graduating resident may need to out-process and move to a new duty station. Unless the resident is off cycle, the training year runs until 30 June. It is critical the resident and the program director plan the report date to the new duty station, leave taking during the academic year and the out-processing process in a way that does not disrupt patient care and training of other residents, and delivers the resident to his/her new assignment on time. Advanced planning is especially critical when the resident is supposed to report to a new GME position on 1 July and may need to take the last week of June as leave. It is critical that this planning ensures that the graduating resident completes the required (by the ACGME and/or the specialty board) training time for that academic year (generally 46-48 weeks). It typically takes about 5 working days to pack household goods and complete other out-processing tasks. For some of these tasks it may be better to do them in ½ day blocks so that training can be done on part of those days. The program director must specify the amount of out-processing time and when it will be accomplished for his/her graduating residents. Please reference Permissive TDY section above for rules on house hunting. It is critical that a resident is always in a defined status when he/she completes one assignment and moves to a new one. Residents should either be working in their program, performing required out processing duties, performing permissive TDY house hunting, or taking approved leave or PCS travel time to their new duty station. Any other status is unauthorized and puts the resident at risk.

m. Religious Holidays: Residents and applicants should be aware of the SAUSHEC’s Policy on Religious Holidays found on the website.

B. Leadership positions and opportunities.

1. Residents are encouraged to participate in policy development and review at periodic resident/staff conferences in their program and through the activities of their Housestaff Councils.

2. ACGME directs that residents participate on institutional committees whose actions affect their education and/or patient care. The intent of this ACGME mandate is that residents have a voice in committee decisions. This is not a resident introduction to the committee process. The GMEC identifies committees that meet the ACGME requirements and could benefit from resident input. Housestaff Councils are tasked to identify those residents best suited to assume these positions. Once assigned to a medical center committee, the resident should make every effort to attend all meetings, since attendance is tracked. An alternate resident may also be appointed to share committee duties.

C. Military Medals and Awards

1. Program directors can recommend residents for military awards and medals. The service-specific authorities must approve military awards.

2. Within SAUSHEC, resident awards will not be given as “completion of training” awards for the satisfactory completion of a residency. Resident awards--like all military awards recognize an individual for unusual and exceptional performance during his/her assignment. Exceptional performance means the resident completed significant achievement and/or had significant impact on their program or military medicine above

what is expected of the average program. Please consult with ADGME on service-specific differences in regarding military awards.

VI. Resources Available to SAUSHEC Residents

GME training is one of the most demanding times in a physician's career. SAUSHEC residents have a large number of resources to help them achieve their goal of successfully completing training while continuing to achieve their personal and family goals. SAUSHEC residents are never alone in trying to make it through their program. The entire structure of SAUSHEC from the Dean to the program director and faculty has only one goal for the resident: successful completion of their residency. Residents should feel free to talk to and work with their peers, faculty and program director when they have issues or concerns.

A. Extensive resources are available to residents outside their program such as chaplains, lawyers, mental health professionals etc. These are outlined in detail in the Resident Grievance policy (see website <http://www.bamc.amedd.army.mil/saushec/general/policies/>).

B. An important resource for residents is the SAUSHEC Ombudsmen system. Ombudsmen (male and female) are available at both WHASC and SAMMC to advise and to help residents address unresolved questions/complaints/grievances in a confidential manner- see website for more information:
<http://www.bamc.amedd.army.mil/saushec/general/policies/docs/OMBUDS%20TriFold.pdf>

C. The Dean, Associate Deans, and all the program and associate program directors have an open door policy for residents and are willing to meet with them at any time.

VII. Resident Training Agreements

All residents are required to sign an institutional training agreement yearly. This agreement outlines specific resident responsibilities, liability, benefits, advancement, and graduation requirements. It also references several key SAUSHEC policies. See website:
(<http://www.bamc.amedd.army.mil/saushec/>)

VIII. References and web sites

References:

AR 351-3	AMEDD Professional Education and Training Programs
AFCAT 36-2223	USAF Formal Schools
AFI 36-2402	Officer Evaluation System
AR 623-3	Evaluation Reporting System
AFI 41-117	Medical Service Officer Education
AFI 44-102	Patient Care and Management of Clinical Services
AR 40-68	Clinical Quality Management
AFI 36-2706	Military Equal Opportunity Program
TC26-6	Commander's Equal Opportunity Handbook
MCI 40-10	Management of Suspected Impaired Health Care Providers
ACGME	Institutional and Common Program Requirements
TJC	Accreditation Manual for Health Care Organizations

WEB sites

Accreditation Association for Ambulatory Health Care	www.aaahc.org
Accreditation Council for Graduate Medical Education (ACGME)	www.acgme.org
Air Force Medical Service	http://www.airforcemedicine.af.mil/About/Organizations/Physician-Education-Branch
Air Force Personnel Command	http://ask.afpc.randolph.af.mil/
American Osteopathic Association	www.am-osteo-assn.org
Army Directorate of Brooke Army Medical Center (BAMC) Graduate Medical Education (GME)	http://www.bamc.amedd.army.mil/
Army Directorate of Graduate Medical Education	www.mods.army.mil/medicaleducation/
Army Human Resources Command	https://www.hrc.army.mil/
Federation of State Medical Boards	www.fsmb.org
National Board of Osteopathic Medical Examiners (COMLEX Examination)	www.nbome.org
San Antonio Uniformed Services Health Education Consortium (SAUSHEC)	http://www.bamc.amedd.army.mil/saushec/
The Joint Commission	http://www.jointcommission.org/
Uniformed Services University of the Health Sciences (USUHS)	http://www.usuhs.mil/
United States Medical Licensing Exam (USMLE)	http://www.usmle.org/
University of Texas HSC San Antonio	http://www.uthscsa.edu/gme/

Appendix 1

SAUSHEC Key Personnel

Position	59th MDW	BAMC
Commander		
CMO/DCCS		
SAUSHEC Dean		
Associate Deans for GME		
SAUSHEC Executive Manger		
Institutional Coordinator		
Dean's Admin Assistant		
GME Administrators		
HS Council President		
Ombudsmen		

Appendix 2

SAUSHEC GME Programs

[NAMES REMOVED FROM WEB VERSION DUE TO SEURITY RESTRICTIONS.]